



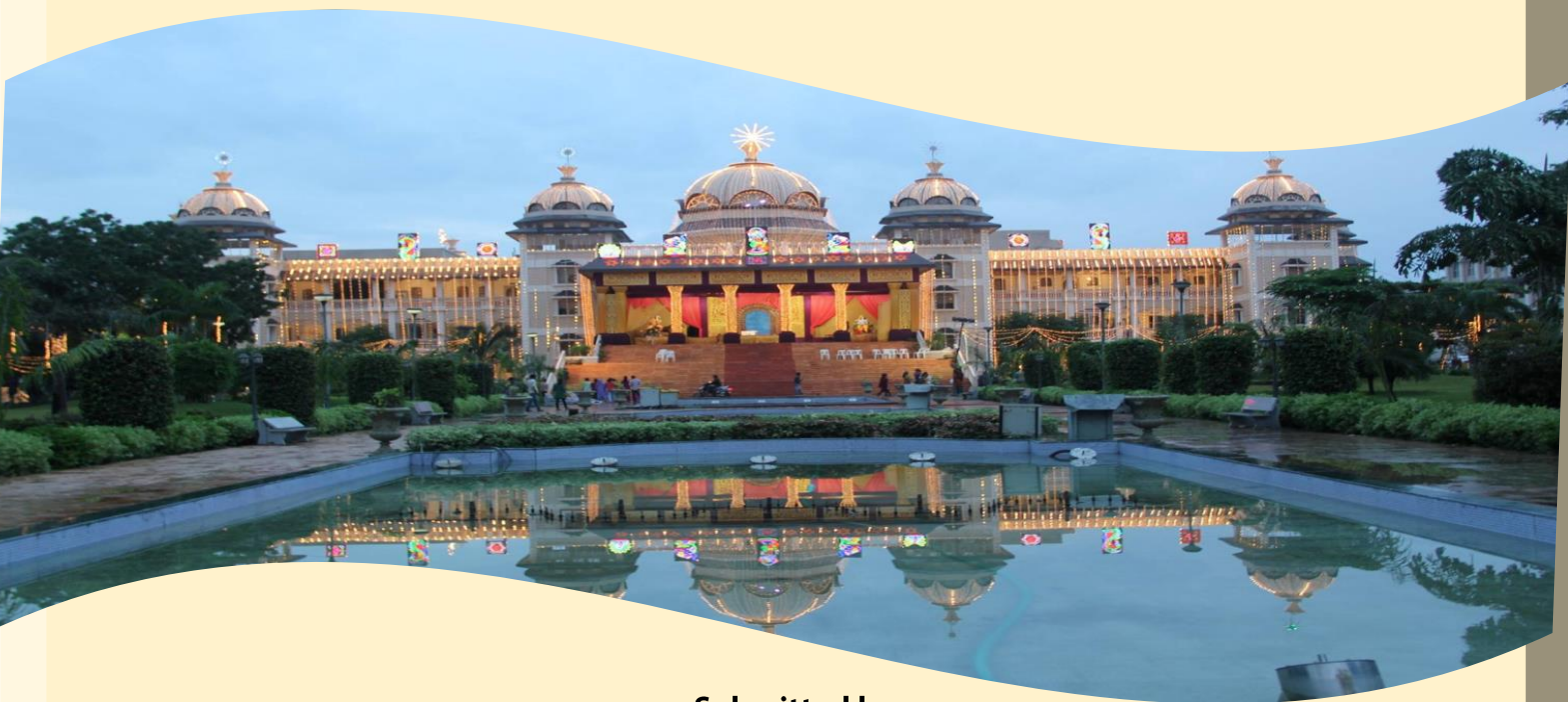
DATTA MEGHE  
INSTITUTE OF MEDICAL SCIENCES  
(Deemed University)

**Self-Study Report 2017**

Vol.-I

**Submitted to**

National Assessment and Accreditation Council (NAAC)  
For Re-accreditation



**Submitted by**

**Datta Meghe Institute of Medical Sciences (Deemed University),  
Sawangi (Meghe), Wardha-442 004, Maharashtra State, India**

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# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

**(Deemed University)**

**(Declared as Deemed to be University Under Section 3 of UGC Act 1956)**

**Accredited by NAAC with 'A' Grade (CGPA 3.36 on 4 Point Scale)**

**Conferred 'A' Grade Status by HRD Ministry, Govt. of India Sawangi**

**(Meghe), Wardha-442 004**

**Maharashtra State, India**

## EXECUTIVE SUMMARY



## EXECUTIVE SUMMARY

In conformity with the objective stated in the registration document of the parent trust to the effect that the educational institutions jointly or severally under its ambit would acquire the status of a full-fledged University, **Datta Meghe Institute of Medical Sciences** was conferred Deemed University Status by the Ministry of Human Resource Development, Government of India on the recommendations of the University Grants Commission in terms of the provisions included at section 3 of the UGC Act, 1956 through a notification No F 9-48/2004- U.3 dated 24.05.2005 with two faculties under its ambit namely Jawaharlal Nehru Medical College (Medical Sciences) and Sharad Pawar Dental College (Dental Sciences). As such it has exclusively turned out to be a Deemed University for Health Sciences genre.

Within less than two years of its conferment of the Deemed University status; DMIMS (DU) was accredited with an “A” grade by the National Assessment and Accreditation Council (NAAC) in 2007. Since then; the University has been expanding endlessly in various aspects of educational programs in Health Sciences domain with commensurate infrastructure, and sumptuously addressing all the Quality Concerns.

The scope of the university was further broadened by incorporation of other streams of health sciences through addition of Mahatma Gandhi Ayurveda College, Shrimati Radhikabai Meghe Memorial College of Nursing and Ravi Nair College of Physiotherapy vide letter No. F.9-48/2004-U.3 dated 23<sup>rd</sup> July, 2009 after a diligent assessment by the experts committee appointed by the University Grants Commission and the Ministry of HRD, Government of India.

DMIMS(DU); a leading NAAC A Grade university (for two consecutive cycles of five years) in the region, spans six disciplines namely Medicine, Dentistry, Ayurveda, Physiotherapy, Nursing and Interdisciplinary. The University is widely seen as among the best Deemed universities in the country since its inclusion in elite ‘A’ category by the Ministry of HRD Government of India in 2013.

DMIMS(DU) offers a distinctive experience that is grounded in maximizing the potential of students with professional attributes and broad-based research excellence that enables beneficial translation. Renowned for pioneering new models of education; the University is highly regarded as a hallmark for rigor and breadth of its academic programs, innovative education, and experiential learning.

The Vision and Mission of the university was re-formulated by the committee which had representations from all the relevant stakeholders of the University. While formulating the

Vision, Mission document due credence was given to the objectives of University Education System with specific focus on health sciences education. It was also ensured that the document addressed the needs of the society and had relevance to the Regional / National / global trends and developmental needs. The Vision and Mission thus formulated is as under:

### **THE VISION**

“To emerge as the global center of excellence in the best evidence based higher education encompassing a quality centric, innovative and interdisciplinary approach, generating refutitive research and offering effective and affordable health care for the benefit of the mankind”

### **THE MISSION**

- DMIMS shall develop competent, confident, concerned, compassionate and globally relevant professionals by quality, learner, community and evidence centric ‘competency based model’ of higher education with value orientation, through all its constituent units.
- It shall foster a conducive milieu for interdisciplinary research practices generating consequential and meaningful outcomes for the nation in general and the region in particular
- It shall deliver comprehensive quality health care services to the rural, needy, marginalized and underprivileged populace.
- This shall be achieved through appropriate collaborative linkages and a proactive, transparent and accountable decentralized governance system.

The academic programs of the University are framed in tune with the ‘Goals’ and the ‘Objectives’ crystallized out of the ‘Vision and Mission’ document.

### **Goals and objectives of the University are stated as under:**

1. To provide for need based, learner, community and quality centric education in all such branches of learning as may be deemed appropriate from time to time, so as to enable a student to reap the fruits of tertiary education.
2. To institute Degrees, Diplomas, Fellowships, Certificates and other academic distinctions on the basis of examinations and other permissible methods of evaluation.
3. To create higher intellectual capacities and abilities towards generation of globally relevant trained health manpower.
4. To venture into innovations and evidence based modifications in various domains of educational process as a whole.
5. To provide for generation of new knowledge through interdisciplinary research relevant to the societal needs.

6. To create centers of excellence for research and development, and for dissemination of knowledge and its relevant application Regionally, Nationally and Globally.
7. To offer continuing educational programs to update knowledge and skills and to generate and promote amongst the students, teachers and employees an awareness and understanding of the societal needs of the country and ready them for all such needs
8. To undertake innovations, extramural studies, extension programs and outreach activities to cater and to contribute to the sustainable development of the society.
9. To provide need based consultancy to the relevant industries and public health organizations.
10. To ensure the faithful adherence to directions and/ or guidelines issued by the University Grants Commission and other Regulatory Statutory Bodies from time to time.
11. To undertake all such initiatives as may be necessary and desirable towards furtherance of the Objectives and Goals as are set from time to time.

**Salient Achievements of the University:**

The Significant milestones in the journey of the University are:

- Accredited with 'Grade A' by NAAC twice in two consecutive cycles and included in elite 'A' Category by Ministry of HRD, Government of India.
- Accredited by American Heart Association as International Training Center, ISO 9001:2008 and International Accreditation Organization.
- Recognized by Medical Council of India as Nodal Center for Faculty Development, Indian Council for Medical Research as Center for Antimicrobial Stewardship Program, AYUSH for Public Health Initiative for Diabetic intervention, CCIM as faculty development Nodal Centre for Ayurveda, Centre of Excellence by Smile Train Inc, USA and Centre for Evidence Based Nursing by Karlstad University, Sweden.
- Conferred upon the prestigious BC Roy award of the Medical Council of India for Institutional research by the Hon. President of India.
- Six constituent faculties offering 191 programs in PhD, Super- specialty, Post Graduate and Undergraduate levels with more than 2,500 enrolled students.
- More than 50 active collaborations with Internationally recognized Institutions/ Bodies.
- More than Rs.25 crores extramural research funding, 2050 publications, 300 awards, more than 100 books and monographs, 32 copyrights granted, 21 published and 27 filed patents and more than 400 ongoing research projects.
- 382 well-trained and competent faculties with more than 200 National/ International recognitions/ awards.
- Sprawling infrastructure spreading over 125 acres;1,600 bedded state-of-art tertiary care rural teaching hospitals with specialty, sub-specialty and super-specialty services including cardiac surgeries, neurosurgeries, joint replacements, cancer surgeries, minimal access surgeries and renal transplants.

**Growth Profile of the University:**

	<b>First Assessment</b>	<b>Second Assessment</b>	<b>Current Status</b>
<b>Years of Existence</b>	00	04	12
<b>Vision and Mission</b>	Yes	Yes	Revised and made more meaningfully focused to the objectives of the University Education System
<b>No. of faculties</b>	02	02	06
<b>Teaching Learning and Evaluation</b>			
<b>No. of Programmes offered</b>	3 UG, 15 PG Degree Diploma, 3 Certificate	56 (3 UG, 36 PG Degree diploma, 3 Certificate and 14 PhD)	191( 7 UG, 47 PG, 16 Diploma, 37 fellowships, 44 certificate 37 PhD, 1 M.Phil., SS-02)
<b>Admissions to Flagship Courses</b>	All India Entrance Tests Conducted by the University	All India Entrance Tests Conducted by the University	Through National Eligibility and Entrance Examination (NEET) Conducted by Government
<b>Distance Learning Programs/ Off shore Campuses</b>	Not Offered	Not Offered	Not Offered
<b>No. of Programmes UG/ Students</b>	03/1245	03/1311	07/2119
<b>No. of Programmes PG/ Students</b>	15/ 73	33/468	63/538
<b>No. of Super-specialty Programmes</b>	00	00	02/03
<b>No. of Interdisciplinary programmes/ Students</b>	03/30	03/58	37/24
<b>Ph D Programmes students (Including Interdisciplinary)</b>	00	14/6	37/104
<b>Certificate Courses (Including EWL)</b>	00	--	44/108
<b>Total No. of Students enrolled with university</b>	1348	1779	2915
<b>Total No. of International Students</b>	29	54	165

<b>No of Countries Represented</b>	6	10	19
<b>No. of Departments Recognized for Doctoral Research</b>	3	14	37

<b>No. of PhD Supervisors</b>	3	21	54
<b>No. of PhDs Conferred</b>	0	0	24
<b>No of Fellowships Conferred</b>	0	11	39
<b>Percentage of Emerging Areas of Knowledge Covered through Fellowships</b>	0	24%	68%
<b>No of MPhils Conferred</b>	0	0	36
<b>No. of interdisciplinary PhD programmes in Emerging Areas</b>	0	0	09
<b>PhD selection process</b>	-	Open selection	Through All India Entrance Examination Conducted by the University
<b>No. of Superspecialty Programmes</b>	0	0	02
<b>No of Endowments</b>	0	0	87
<b>No of Chairs Constituted through endowments</b>	0	03	05
<b>Library and Equipments</b>			
<b>Library Books</b>	30683	39504	64220
<b>Total Journals</b>	430	1416	2185
<b>E Journals</b>	156	1154	1939
<b>E –books</b>	32	1665	11225
<b>Kiosks</b>	00	04	10
<b>Equipments</b>	13.73 Cr	22.31 crs	58.31 Cr



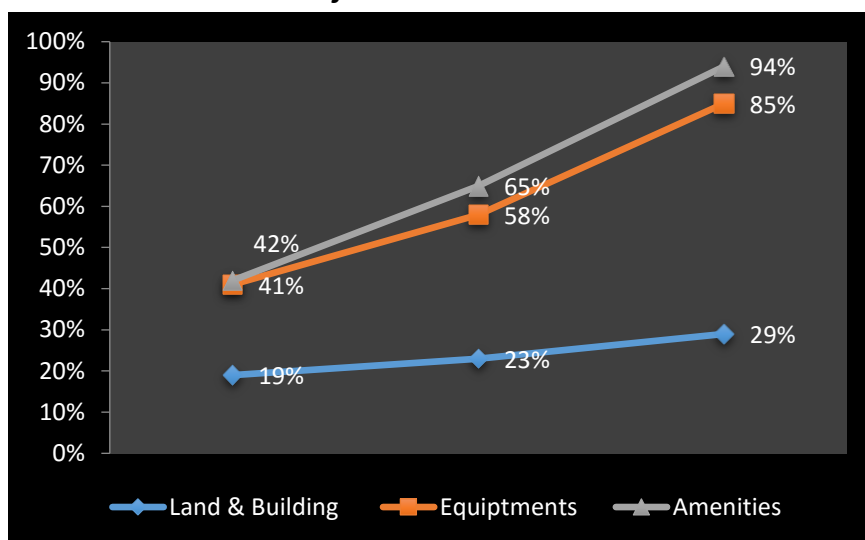
<b>Aspects of Governance</b>			
<b>Administrative</b>	Proposed as per	As per UGC	
<b>Hierarchy</b>	UGC Regulation	Regulations	As per UGC regulations 2016
<b>IQAC</b>		In Place	In Place
<b>E governance</b>	Basal Level	Basal Level	Administration, Teaching-learning, Research and Patient-care
<b>Planning and Monitoring Board</b>		--	Established
<b>Academic</b>	--	Internal	Both Internal as well as External
<b>Administrative Audit</b>			Standardized
<b>MIS and Financial Audit</b>	Proposed	Established	
<b>Committees</b>	2	Statutory + 4 Ancillary	Broadened and Enlarged Ancillary Committees to a total of 26 in addition to Statutory Committees
<b>Student representation in Decision making Bodies</b>	Hostel and Library Committee	Hostel and Library Committee	Representation on all Ancillary Bodies and inclusion in statutory committees
<b>Representation of Teaching Faculty on Committees</b>	21%	39%	67%
<b>Representation of Non Teaching Staff</b>	7%	12%	25%
<b>Research</b>			
<b>No of Publications for previous five years</b>	207	738	2060
<b>No of publication per faculty</b>	0.8	1.9	4.36
<b>Impact Factor</b>	--	0 to 2.9	0.04 to 18.03
<b>Publications in Scopus/ Web of Science/ PubMed Previous 5 years</b>	116	205	1333
<b>Books &amp; Monographs Published by faculty</b>	3	42	62
<b>No of Conferences/ workshops/CMEs Organized</b>	26	89	206
<b>No of Papers/ Posters presented in National/ International Conference by faculty</b>	104	288	395

<b>Extra Mural Funding Received</b>	7.38 Cr	11.72 Cr	28.78 crs
<b>Seed money</b>	2 lacs	4 lacs	57.4 lacs
<b>Funded Projects Received</b>	6	17	52
<b>Creation of IPR Cell</b>	---	---	Established with IPR Policy
<b>No of Patents Filed</b>	1	0	27
<b>No of Patents Published</b>	--	0	21
<b>No of Copyrights Granted</b>	--	0	32
<b>No of Research Collaborations Achieved</b>	<b>5</b>	<b>12</b>	<b>51</b>
<b>Multi-disciplinary journal Published by the University</b>	1 Non Indexed	1 Non indexed	6 peer reviewed journals including 1 in Scopus
<b>Consultancy (previous five years)</b>	--	2 lacs	2.527 crores
<b>No of ongoing research projects</b>	84	204	432
<b>Research recognitions to students and faculty</b>	18	22	158
<b>ICMR Short term and other research projects by UG students</b>	5	6	94
<b>Research Assistance</b>	Through Head	Research Cell	Research Guidance Clinic, Intramural Grant Scheme, Seed money, Workshops on scientific writing and Research methodology, financial aids for participation in scientific events, sabbatical leave for higher research, policies for enabling research environment, Central Research House, Assistance for Collaboration.
<b>Conversion of thesis into publication</b>	--	12%	93%
<b>Research Spending for previous 3 years</b>	6 Cr	13.73 crs	22.31 crs

<b>Faculty Resource and Teacher Quality</b>			
<b>No. of faculty availing international fellowship for advance studies</b>	03	03	12
<b>No. of Teachers with FAIMER Fellowship</b>	00	02	07
<b>Outstanding achievements/ Recognition by faculty/ both at National and International level</b>	48	81	188
<b>National recognitions for faculty for Teaching/ Research/Consultancy/ Extension (By reputed/recognized bodies)</b>	26	74	114
<b>National Faculty for Faculty Development Programme Recognized by MCI</b>	00	06	21
<b>Faculty Trained in Basic Course for Faculty Development</b>	<b>10%</b>	<b>54.5%</b>	<b>100%</b>
<b>Faculty Trained in Advanced Course for Faculty Development</b>	1.6%	12%	31%
<b>No of faculty Members with Fellowships/ Super specialty/ PhD qualifications</b>	6	10	52 (12% of total faculty)
<b>Increase in Faculty Resource</b>	207	288	382
<b>Faculty Stability Index</b>	84%	87%	89%
<b>Extension</b>			
<b>Rural Center for 24x7 Health care in Tribal malnourished and Naxalite Affected Region of Vidarbha</b>	00	00	02

<b>Transportation Facilities for patients</b>	5 Routes Covering 54 Villages	14 routes covering 100 villages	22 routes covering 206 villages
<b>Telemedicine Centers</b>	00	02	03
<b>Total Primary Health Centers Self as well as government under PPP</b>	01	02	05
<b>Teaching Hospitals</b>	02	02	04
<b>No of Hospital beds/ Chairs</b>	780	960	1600
<b>No. of beneficiaries of teaching hospitals</b>	1400 per day	2200 per day	3500 per day
<b>NSS Unit Activities</b>	4 per annum	6 per annum	12 per annum
<b>No of Villages Adopted for totalistic health care</b>	01	02	20
<b>Mobile Services</b>	00	02 – Ophthalmology Dental	04 –Mammography Ophthalmology, Dental, Mother and Child care
<b>AADHAR Scheme for Elderly and Pediatric Age Group</b>	--	--	Initiated with more than 50000 beneficiaries till date

**INFRASTRUCTURE**  
**Growth in infrastructure 2005-2009-2016**



**Innovations in Teaching Learning and Evaluation:**

It is our firm belief at DMIMS that the quest for quality and excellence is a never ending process and it is counterproductive to rest on our laurels. Quality is maintained through various systems of checks and balances which are an integral part of our systems. Our quest for excellence finds expression in the various innovations which are incorporated in all our essential processes. The School of Health Professions education is constituted with the aim to safeguard the academic ambience of the university with respect to teaching learning and evaluation and to ensure that the university processes remain updated and standardized. In addition to ensure time bound reforms in the examination related processes a evaluation and monitoring committee is charged with the responsibility of looking into the entire evaluation process and suggest suitable reforms.

The University lays great emphasis on making learning student centric. The following are the various reforms and innovations in curriculum, teaching learning and evaluations systems:

**A) Curriculum:**

To promote systematic approach to curriculum design, update and timely implementation through standing mechanism of curricular revision every three years. The University ensures structured evaluation of curricular revision process through its copyrighted curriculum evaluation model - 'FIPO Model'.

## **2) Teaching Learning:**

The University emphasizes learner centric teaching learning approaches directed towards development of professional competencies. Incorporation of teaching learning modalities, to name a few, are:

- PBL – Problem based learning
- MPBL – Modified problem based learning
- ITP – Integrated teaching program
- Tutorials
- Symbiosis
- ECE – Early clinical exposure
- Interactive Intra-group tutorials

The University has taken steps to facilitate transition from traditional classrooms into an e-learning environment are as follows through E-classrooms, E-learning resources, Wifi enabled classrooms, Use of virtual teaching modules, Kiosk with updated information, Knowledge portal through intranet, provision of e books and e-journals and Digital library

## **3) Assessment:** Few innovative initiatives taken by the University are:

1. Electronic question bank (e-QB) with Model answers
2. Primary and secondary test blueprints
3. Standardized question paper template
4. Validation of question paper with regards to format and content validation
5. Formative Assessments (Mini CEX/DOPS, OSPE/OSCE) in Postgraduate courses (for all domains of learning)
6. Incorporation of Choice Based Credit system (CBCS) for other postgraduate courses

## **4) Conduct of Examination:**

The University ensures transparency in the process of evaluation right from preparation of panel of examiners and paper setters to the declaration of results. The confidentiality is ensured through well laid out structured mechanisms during pre-examination, examination and post examination process.

The various innovative practices mentioned above are sincere attempts on the part of the various committees of the university to ensure that no stone is left unturned in its progress towards excellence. There is a constant drive to gain more and more analytical feedback of our processes so that constant innovations can be designed and each innovation leads us forward in our path towards excellence

### **Research Promotion Initiatives:**

The DMIMS (DU) is committed to enhancing the contribution of research to health and social care. Research is essential to the successful promotion and protection of health and wellbeing, and also to modern, effective health and social care services. At the same time, research can involve an element of risk, both in terms of return on investment and sometimes for the safety and wellbeing of the research participants. Research is a foremost mandatory activity of all University Divisions and departments along with regular teaching. All the divisions are actively engaged in research projects to facilitate manpower, skill and knowledge development, to serve the society in general and for academic excellence in particular research scholars register for PhD degree. Few initiatives of the University to develop research culture and aptitude are as follows;

1. Autonomous research Cell headed by the Director Research & Development
2. Participation of undergraduate and postgraduate students in research activities
4. Establishment of a subtle and sustainable financial base
5. An effective leadership and management in place at all levels of the organization,
6. A positive research environment to maximize the potential of staff,
7. Meaningful collaborations and contracts with industry and the public sector,
8. Periodic Need based review of the research policy

The University publishes six in-house multidisciplinary research journals namely; Journal of Datta Meghe Institute of Medical Sciences University, Journal of Indian system of Medicine, Journal of Rural Nursing, Journal of Orthopedics and life Sciences, Online Journal of Health Sciences Education and Online Journal of Students Journal of Health Sciences . The University patronizes research culture by promoting post-graduate students and faculty members to attend academic programs, conferences and to participate in meetings related to research programs. Staff Research Society (SRS) and Clinico-Pathology Conference (CPC)-provide researchers to present their work and seek feedback from peers and experts before final dissemination. Regular sessions and workshops are held on topics like Research Methodology, Scientific Writing, Grant Writing and Publications for faculties, and students. Oriental training and bridging course in research methodology & periodic academic programs for under graduate, post graduate students and faculty are organized by the University. University has also started an interdisciplinary course in Research Methodology and Biostatistics for capacity building of faculty and student in research.

**Seed Money and Research Grants:**

1. The University has an earmarked financial allocation for research and development activities.
2. The university provides the seed money for the researchers (Undergraduate Researchers; Post Graduate Researchers; Doctoral Researchers; Faculty level Researchers) to undertake research projects. The University provides funding support to the research projects of junior faculty and PG students to encourage them to initiate research.
3. In addition to seed money, the R&D Cell of the University
  - a. Sponsors National and International seminars / workshops and
  - b. Conduct Training programs which facilitate interaction and collaboration with other experts, institutes and universities.
4. Encourages submission of research proposals to funding agencies and a number of faculty are involved in conducting funded projects.

**Strength in Partnership:**

Over the years, DMIMS (DU) has built a global network of partner institutions in education and research, some of which are ranked among the world's best.

Such meaningful collaborations promote desired exchange of ideas targeted at areas of strategic interest and leverage, each institution's unique strengths, creating many opportunities for teaching, learning and discovery, and innovative new programmes.

Sr. No	Name	Purpose
1	Harvard University, Boston, USA	Research
2	Maina Foundation, USA	Research
3	Department of Cardiac, Thoracic and Vascular Sciences, University of PADOVA, ITALY	Faculty Exchange FDP
4	ANU, The University of SYDNEY University of Sydney Sydney Medical School, NSW 2006, Australia (SMS)	Student Exchange
5	World Health Organization Department of Reproductive Health and Research, Includes UNDP/ UNFPA/ World Bank	Research
6	Collaborative Observational Clinical Study Agreement McMaster University , Canada	Research
7	Grand Challenges Canada Saving Brains: Scaling early childhood development at Anganwadi Centers in India.	Research
8	University of Chester	Faculty Exchange
9	University of California	Research
10	Smile Train, New York (Agreement)	Consultancy



11	Indian Ocean Dental School and Hospital, Mauritius	Faculty Exchange
12	International Training Agreement, American Heart Association	Consultancy
13	International Society for infectious Diseases (ISID)	Research
14	YAYASAN Institute Pengembangan, SuaraMitra, Indonesia	Research
15	Georgia Southern University, USA	FDP
16	Conservative Wild lands Trust (CWT)	Research
17	Facility based new born care (UNICEF Sponsored)	Training
18	Save Life at Birth Canada	Research
19	Facility for Integrated Management of Neonatal Care and Illness, WHO	Training
20	The George Institute of Global Health, Australia INFORMUS Study	Research
21	Centre for Public Health, Liverpool John Moores University, Liverpool, United Kingdom	Systematic Review
22	John Hopkins University, USA	Research
23	University of Sheffield, UK	Placement
24	Department Biostatistics, University of Western Sydney, Sydney, Australia	Systematic Review
25	SYRCLE – Radboudumc , The Netherlands	Systematic Review
26	South –Asia Research Hub for Systematic Reviews, DFID	Systematic Review
27	South Asian Cochrane Network & Center, Prof. BV Moses Center for Evidence-Informed Health Care and Health Policy, Christian Medical College, Vellore	Systematic Review
28	Indian Institute of Public Health- Gandhinagar,	Research
29	Public Health Foundation of India, New Delhi, India	Research
30	Indian Council for Medical Research, New Delhi, India	Various Projects
31	NEERI, Nagpur	Research
32	DST, New Delhi	Research, Academic Programs
33	Medical Council of India, New Delhi	FDP
34	National Institute of Nutrition (NIN)	Research
35	CCIM, New Delhi	FDP

### **Student Support and Progression:**

A DMIMS (DU) education includes learning from learned teachers in their respective fields, plethora of opportunities for interaction with industry leaders at home and abroad and projects that examine real-world issues. Our rigorous academic programs empower students to think critically across disciplines, and foster a resourceful and enterprising spirit. It also inspires them to be constructive and responsible members of the community as well as global citizens.

## **Effective Support Mechanisms for Students are:**

### **1. Students Guidance Clinic:**

The 'Students Guidance Clinic' is an innovative practice started by the Institute. It is manned by trained clinical psychologist to offer help, assistance and counseling to the needy and also provides psychological support to enhance their performance, building up their confidence and thus helping them in their all- round personality development.

### **2. Students Welfare Cell:**

The Students Welfare Cell guides the students about the free-ships, scholarships etc. available to them and also provides information, help and encouragement to participate in co-curricular activities like quizzes, debates etc. Encouraging the students by way of testimonials, awards, and prizes etc. to the best performers in academics and co-curricular activities is another noteworthy feature.

### **3. Autonomous International Students Cell:**

The cell caters to the needs of the NRI/FN/PIO students and acts as a facilitating link between them and their parents.

### **4. Grievance Redressal Mechanism:**

The institute has a structured three tier grievance redressal mechanism for providing a platform to the students to vent their grievances and get them redressed through preceptors, Institutional committee and the Grievance Redressal Cell of the University.

### **5. Preceptorship Programme:**

It is another innovative activity wherein senior teachers are allotted ten students each for whom they act as mentor teachers. They interact periodically to review their attendance, progress and counsel them towards sorting out their relevant grievances by taking them to the appropriate forum.

#### **6. Alumni Association:**

Every constituent college has an alumni association which organizes periodic interactive meetings, where they share their experiences and also take up activities for helping their alma mater.

#### **7. Parent Teacher Association (PTA):**

In an attempt to involve the parents into the implementation of the academic programmes, obtain their suggestions for its better implementation and to have healthy dialogue between the parents, teachers and the students; PTA has been established.

#### **8. Free Health Services:**

All hostels have been provided with first aid boxes facilities. The teaching hospital provides emergency care and free health services to the students. Biannual Medical examination of all the students is done free of cost by the teaching hospitals.

#### **9. Feedback system from stake holders:**

Constructive feedback from the stake holders is obtained for improving the implementation of academic programmes and policies.

#### **10. Value Education:**

The subject value education has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The DMIMS (DU) is one of the first Health Sciences University in the country to introduce value education in its curriculum.

#### **11. Anti Ragging cell :**

The Anti ragging committee is constituted and functions in accordance with the policy of "zero tolerance" as per Raghvan Committees report.

#### **12. Academic Appraisal Program:**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The Academic Appraisal Programme focuses on internally auditing the extent and the manner of dispensation of academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the university at the beginning of the academic term. It is as such a novel way of student led monitoring of quality of teaching, practiced in the University.

### 13. Co-curricular Aspects:

The students are encouraged to participate in various co-curricular activities including games and sports by giving them suitable platforms and opportunities. They are also encouraged and supported to participate in intercollegiate events and competitions. The college annual magazines are published to give opportunities to the students to express their literary and creative talent.

**14. Student Incentives :** There is a well crafted reward and incentive scheme of the university for encouraging and rewarding the meritorious students and support the learners from the lower socio-economical background. The university has policy for freeships, scholarship for the learners from the lower economical strata and for the meritorious performance.

### Stakeholder's Feedback:

“Stakeholders” (students, faculty, staff, alumni, parents, Patients, Community, employers, visitors) are the genuine “assets” of colleges and universities. The University follows a 360<sup>o</sup> Feedback Cycle for all its process improvement measures. There is a mechanism in place for defining the scope of the feedback , its real time analysis and improvement and control machinery to act upon actionable points arising out of such feedbacks in a timely manner.

The feedback taken on various aspects and the percentage of its implementation of their suggestions / recommendations is depicted in the following table:

S No	Stake holder	Areas of feedback	Percentage Implementation
01	Students	Curriculum / Infrastructure/T-L-E/Placement/ hospital services/ Extension	82%
02	Alumni	Curriculum/ Infrastructure/T-L-E/Placement	85%
03	Parents	infrastructure/ Placement/ T-L-E	72%
04	Employers	Curriculum/Placement/ Infrastructure	70%
05	Peers	Curriculum/ T-L-E	74%
06	Patients	hospital services/ Extension	93%
07	Community Leaders	hospital services/ Extension	79%

### **Centers of Excellence (COE):**

The Centre of Excellence at DMIMSU is dedicated to the advancement of knowledge to meet the great challenges of the 21<sup>st</sup> century. Located at the crossroads of the Nation's most growing region; the Institute brings together the most brilliant minds to drive cutting-edge discovery and scholarship for the betterment of mankind. DMIMS being a Deemed University has the privilege to design and implement education programs equivalent with Global standards that has led to creation of Centers of Excellence. The primary impulse for creating such centers is to offer special assistance to certain programs based on their quality as well as special needs. The Centers of Excellence are characterized by the innovation and uniqueness of their programs as well as the effectiveness and National and International visibility of its members. The emphasis of COEs is on creating an environment that nurtures creativity, flexibility and original thought.

GOALS AND OBJECTIVES of CoE are:

- To promote and develop the research capabilities and professional activities.
- To preserve, sustain and enhance practices towards effective health care delivery.
- Collaboration, research and development in technological assistance in health-related fields.
- To develop, promote, and coordinate programs through National/International collaborations on evidence-based nursing.
- To strengthen Local, National and Global partnerships with Public-health practitioners, organizations, Universities and to develop meaningful linkages with like-minded institutions.
- To validate, standardize and monitor teaching-learning activities, assessment & evaluation strategies and promote systematic approach to curriculum design, update and timely implementation.

## CENTRES OF EXCELLENCE:

Ten Centers of Excellence, as stated below, are created with relevant concept notes and core document of each Centre for periodic evaluation.

S/No	Name of the Center of Excellence	Name of Hon. Director
1.	Health Sciences Education Policy and Planning	Dr. Ved Prakash Mishra
2.	School for Health Professionals Education and Research	Dr. Mrs. Sunita Vagha
3.	School of Advanced Studies	Dr. Minal Chaudhary
4.	Arogya Setu	Dr. Sandeep Srivastava
5.	Global Collaboration & Accreditation	Mr. Rajiv Yashoroy
6.	School for Virtual Learning	Dr. Nikose
7.	School for Epidemiology & Public Health	Dr. Abhay Gaidhane
8.	Center of Interdisciplinary Clinical research & Life-style Modification	Mr. Manish Deshmukh
9.	Evidence-based Nursing	Mrs. Seema Singh
10.	Technological Interventions in Medicine	Dr. Chandrashekhar Mahakalkar

**Best Practices : The University has established, structured and stabilized many quality centric best practices as a regular feature:**

- 1) Ganesh Festival Celebration
- 2) Faculty Development
- 3) Aadhar Scheme- An Espionage for the elderly
- 4) School of Advanced Studies
- 5) Symbiosis A unique interdisciplinary Postgraduate activity model
- 6) Academic Appraisal Program – An innovative in process quality control program
- 7) Community Health team
- 8) Evidence Based Nursing
- 9) Free transportation for quality health care
- 10) Early Clinical Exposure in Indian System of Medicine

### **Conclusion:**

To conclude; DMIMS is producing the next generation of thoughtful leaders and innovators to discover, create and lead across many areas, including medical education, global public health and translational research. Our core strengths lie in the excellence and breadth of our research, the quality of our students and staff, global outlook and extensive domestic and International networks. As a central part of our International strategy, we are committed to fostering partnerships with other leading Institutions and promoting mobility of staff and students. Our partners include some of the world's leading universities, and with them, we take part in research collaborations and academic exchanges.

In a nutshell; the University during the impending period has ventured in addressing all the **"quality concerns"** and has thereby succeeded in ushering a **culture of Excellence** in the varied aspects of its functioning. The visionary leadership has ensured that this hard earned precious culture is not traumatized by "complacency and apathy" in any manner. The University realistically stands committed to fulfill the aspirations of the region, which looks up to it with hopes and expectations.



## CRITERION I: CURRICULUM PLANNING, DESIGN AND DEVELOPMENT

### 1.1.1 Does the institution have clearly stated goals and objectives for its educational program?

Yes. The academic programs of the University are framed in tune with the 'Goals' and the 'Objectives' crystallized out of the 'Vision and Mission' document. The curricula and syllabi for various programs are primarily designed and developed by the Board of Studies, so as to address the needs of the society keeping in mind the Local, National and Global trends and developmental perspectives.

#### **Goals and Objectives of the University are stated as under:**

1. To provide need based learner, a community and quality centric education in all such branches of learning as may be deemed appropriate from time to time, so as to enable students to acquire and excel in higher education.
2. To institute Degrees, Diplomas, Fellowships, Certificates and other Academic distinctions on the basis of examinations and other permissible methods of evaluation.
3. To create higher intellectual capacities and abilities towards generation of globally relevant trained health manpower.
4. To venture into innovations and evidence based modifications in various domains of educational process as a whole.
5. To provide for generation of new knowledge through interdisciplinary research relevant to the societal needs.
6. To create centers of excellence for research and development and for dissemination of knowledge and its relevant application regionally, nationally and globally.
7. To offer continuing educational programs to update knowledge and skills and to generate and promote amongst the students, teachers and employees, an awareness and understanding of the societal needs of the country and prepare them for all such needs.
8. To undertake innovations, extramural studies, extension programs and outreach activities to cater and to contribute to the sustainable development of the society.
9. To provide need based consultancy to the relevant industries and public health organizations.
10. To ensure the faithful adherence to directions and/or guidelines issued by the University Grants Commission and other Regulatory Statutory Bodies from time to time.
11. To undertake all such initiatives as may be necessary and desirable towards furtherance of the Goals and Objectives as are set from time to time.





The major concerns of **Health Sciences Higher Education Institutions** are effectively addressed by the Goals and Objectives of the University crystallized out of the ‘Vision and Mission’ as under:

S No	Concerns of Higher Education Institution	Goals & Objectives
1	Access to Disadvantaged	1,7,10
2	Equity	1,2,3,7,8,10
3	Self Development, Training, Research, higher intellectual capacities	1,2,3,4,5,6,8,9
4	Community & National Development	1,2,4,5,6,7,8,9,10
5	Ecology & Environment	7,8,9
6	Value Orientation	1,3,7,8
7	Employment	2,3
8	ICT introduction	1,3,4,5
9	Global and National Demands	All
10	NAAC Core Values	All
11	National Health Policy Expectations	All

1.1.2 How are the institutional goals and objectives reflected in the academic programs of the institution?

The goals and objectives of the institution are reflected in academic programs including research and comprehensive health care conducive to sustainable development. The academic programs offered in the institution cater to these major areas in varied dimensions as summarized below:

Academic programs:

- Programs offered are interdisciplinary which are relevant to National and Global needs.
- Skill oriented courses with high technical and scientific contents in disciplines of health sciences facilitating employability.
- Socially relevant academic programs having integrated outreach components and humanitarian considerations.
- Value-based education to expand learning experience beyond the syllabus facilitating overall personality development.

Research

- All programs have built-in research component.
- Programs provide hands-on research opportunities for all learners to enhance research skills and generate new knowledge with a core idea of developing futuristic healthcare, meeting the national and global demands.
- Training programs in research methodology, biostatistics, ethical research, writing for publications and research grants.
- Mandatory for postgraduates to complete research projects and dissertations.



Healthcare:

- The training in health care is an integral part of the academic programs.
- Students learn their skills primarily in health care set-up.
- The health care is delivered through a network of primary and tertiary care teaching hospitals acquiring competencies across all health care settings,
- Programs provide extension and outreach activities caterings towards the wellbeing of the society as well as create opportunities for community-based studies, researches and extramural projects.

1.1.3 Does the institution follow a systematic process in the design, development and revision of the curriculum? If yes, give details of the process (need assessment, feedback, etc.).

Yes. The institution has a systematic process in the design, development and revision of the curriculum. It is based on need assessment through 360<sup>0</sup> feedback. The periodic revision of the curricula is undertaken for upgradation. University has prescribed its own curricula from the academic session 2006-07 which is based upon:

- a) Student Centric Learning
- b) Problem Based Approach
- c) Community Oriented and Need based Training
- d) Discipline Based Core Curriculum
- e) Research Orientation
- f) System based Approach
- g) e-learning

Upgradation of the curriculum was done by procuring the desired information from “formal” as well as “informal” sources. Feedback is obtained from various stakeholders including Alumni and their employers. The eminent faculties, academic experts and various statutory bodies are consulted. In addition curricula from reputed National Universities are referred to make comprehensive curriculum of the University.

The University has evolved a curriculum revision model “DMIMS Eleven steps model for UG Curriculum Revision”, “DMIMS Eleven steps model for PG Curriculum Revision” and “DMIMS Five steps model for Fellowship Curriculum”

**‘A DMIMS model for undergraduate curriculum revision- An eleven step Approach’ and ‘DMIMS eleven step model for Postgraduate curriculum revision’ are copyrighted.**



## **Curriculum update process for Undergraduate Programs**

1. Number of feedbacks to be obtained as under:
  - Faculty : All faculty members (100% faculty)
  - UG Students : Minimum 100
  - Peer : Minimum 30
  - Alumni : Minimum 50
  - Community and Parents: Minimum 20
2. Weightage accruable vide the feedback analysis is as under;
  - 60% : Faculty and UG Students
  - 30% : Peers + Alumni
  - 10% : Community + Parents
3. Whole UG curriculum is divided 'Topic Wise' under three levels of competencies as follows:
  - Must know : 60%
  - Desirable to know : 30%
  - Nice to know : 10%
  - The curriculum is categorized into Didactic and Non-didactic components
4. While calculating the % of curriculum revision following aspects are considered:
  - Revision in course content
  - Revision in Teaching Learning methodology
  - Revision in scheme of assessment.
  - Percentage of curricular revision is calculated as follows;  
$$\% \text{ of curriculum revision} = \frac{\text{Total number of hours modified in terms of content or methodology}}{\text{Total number of teaching hrs.}}$$
5. Total curriculum revision is 10-20 % at a given time.

### **Eleven steps for UG Curriculum Revision – (IPR Reg no L-64023/2016)**

#### **Step-1: Formulation of Departmental Curriculum Committee (DCC)**

Each department formulates a DCC of three members as per following specifications,

1. Chairman – Head of the department
2. One Professor / Associate Professor
3. One Associate Professor/ Assistant Professor having more than 5 years of teaching experience
  - One of the members must have any one of the following qualifications
    1. DMIMS Advance Course in MET / Fellowship in Medical Education (FIME)
    2. M. Phil in (HPE)
    3. FAIMER Fellowship



**Step-2: Sensitization of the DCC for UG curriculum revision**

Sensitization of DCC members for UG curriculum revision is done through an appropriate workshop by the experts (faculty of SHPER/ MEU)

**Step-3: Need analysis for UG curriculum revision**

Need analysis is done by obtaining the feedback from all the stakeholders (people who would be directly or indirectly affected or are affected by the curriculum). DCC takes this onus.

**Step-4: Analysis of the feedback by DCC**

The analysis is carried out by Departmental curriculum committee.

**Step-5: Presentation of revised curriculum in front of outside subject expert.**

**The feedback analysis is presented in front of the following members:**

- Outside experts
- BOS Members
- Faculty members
- UG Students

**Step-6: Incorporation of suggestions of expert after presentation**

More than 75% of the suggestions obtained after feedback analysis are incorporated in the UG curriculum revision document.

**Step-7: Approval by the Board of Studies**

This revised curriculum is submitted for approval to the Board of Studies. It is later submitted to Deans committee for approval.

**Step-8: Approval by Deans Committee**

Deans committee records its approval and submits the same to the academic council for approval.

**Step-9: Approval by Academic Council**

Academic council records its approval

**Step-10: Noting by the Board of Management**

The revised curriculum is noted by the Board of Management.



### Step-11: Implementation of revised curriculum

After approval from academic council, it is implemented in undergraduate student curriculum from the subsequent academic year.

#### **b. Curriculum update process for Postgraduate programs:**

##### 1. Number of feedbacks to be obtained as under

- Faculty : All faculty members (100% faculty)
- PG Students : 100% (Jr. 2 and Jr. 3)
- Peer : Minimum 20
- Alumni : Minimum 10
- Community and Parents : 10

##### 2. Weightage for feedback while its analysis is as under.

- 60% : Faculty and PG Students
- 30% : Peers + Alumni
- 10% : Community + Parents

##### 3. Whole PG curriculum is divided paper wise into 3 categories as follows:

- Knowledge : 50%
- Psychomotor skills : 40%
- Attitude/Behaviour/Phonetic skills 10%

##### 4. While calculating the % of curriculum revision following heads are considered:

- Revision in course content
- Revision in Teaching Learning methodology
- Revision in scheme of assessment (Paper IV of Theory + Pedagogy)

#### **Eleven steps for PG Curriculum Revision(IPR Reg L-64631/2017 )**

##### Step-1: Formulation of Departmental Curriculum Committee (DCC)

Each department formulates a DCC of three members as per following Specification

1. Chairman – Head of the department
2. Professor / Associate Professor
3. Associate Professor
  - Two out of three members should be university approved PG guide.
  - One of the member must have any one of the following qualifications;
    1. DMIMS Advance Course in MET / Fellowship in Medical Education (FIME)
    2. M. Phil in (HPE)
    3. FAIMER Fellowship



**Step-2: Sensitization of the DCC for PG curriculum revision**

Sensitization of DCC members for PG curriculum revision is done through an appropriate workshop by the experts (faculty of SHPER/ MEU)

**Step-3: Need analysis for PG curriculum revision**

Need analysis is done by obtaining the feedback from all the stakeholders (people who would be directly or indirectly affected or are affected by the curriculum). DCC takes this onus.

**Step-4: Analysis of the feedback by DCC**

The analysis is carried out by Departmental Curriculum Committee.

**Step-5: Presentation of revised PG curriculum in front of outside subject expert.**

The feedback analysis is presented in front of the following members:

- 1) Outside experts
- 2) BOS Members
- 3) Faculty members
- 4) PG Students

**Step-6: Incorporation of suggestions of subject expert after presentation**

More than 75% of the suggestion obtained after feedback analysis is incorporated in the PG curriculum revision document.

**Step-7: Approval by the BOS**

This revised PG curriculum is submitted for approval to BOS. It is later submitted to Deans committee for approval.

**Step-8: Approval by Deans Committee**

Deans committee records its approval and submits the same to the academic council for approval.

**Step-9: Approval by Academic Council**

Academic Council records its approval.

**Step-10: Noting by the Board of Management**

The revised curriculum is noted by the Board of Management.

**Step-11: Implementation of revised curriculum**

After approval from academic council, it is implemented in Postgraduate curriculum from the subsequent academic year.



**c. Curriculum update process for Fellowship programs:**

1. Number of feedbacks to be obtained is as under

- Faculty : All faculty members
- Alumni : All Alumni
- Peer : 10
- Community : 10

2. Weight age accruable vide the feedback analysis is as under.

- 50% : Faculty
- 40% : Peers + Alumni
- 10% : Community

3. Whole fellowship curriculum is divided into 4 categories as follows:

- Knowledge : 50%
- Psychomotor skills : 30%
- Attitude/Behaviour/Phonetic skills : 10%
- Research Skill : 10%

4. While planning the course content it is divided into three sections as follows

- A. Basic Sciences allied with specialty : 20%
- B. Specialty part I : 40%
- C. Specialty part II : 40%

5. Assessment of students is done as per CGPA. While preparing the scheme of examination, the following points are considered :

A. Formative assessment

- Seminar Presentation
- Participation in the Colloquium
- Part completion test
- Compulsory externship for training
- Compulsory short research project

B. Summative Assessment

- Theory examination – Single Paper
- Practical examination
- Mock defense Viva on short research project



## **Five steps for Designing of Fellowship Curriculum:**

Step-1: Formulation & sensitization of standing expert committee for Curriculum designing for fellowship

Eight Member standing expert committee for Curriculum designing for fellowship is constituted at the level of School for Advanced Studies

A) Composition of standing expert committee for Curriculum designing for fellowship is as under:

1. Chairman – Director / Convener of Fellowship Program
2. Members - One Professor / Associate Professor each from the following disciplines
  - a. Medicine Faculty-
    - Pre-Clinical
    - Para-Clinical
    - Surgery & Allied
    - Medicine & Allied
  - b. Dental Faculty
  - c. Ayurved Faculty
  - d. Nursing Faculty
3. One of the above members is a member secretary

B) Duties of Members of standing expert committee are as follows

- Need analysis for Fellowship curriculum
- Analysis of the feedback
- Presentation of fellowship curriculum in front of outside subject expert in respective BOS Meeting
- Incorporation of suggestions of subject expert after presentation
- Submission of Curriculum document to respective BOS for Approval

C) Sensitization of the Members of standing expert committee for Curriculum designing for fellowship is done through an appropriate workshop by the experts (faculty of SHPER/ SOAS)

Step-2: Approval by the BOS

This fellowship curriculum is submitted for approval from respective Board of studies. It is later submitted to Deans committee for approval.

Step-3: Approval by Deans Committee

Deans committees records its approval and then submits it to the academic council.





Step-4: Approval by Academic Council  
Academic Council records its approval

Step-5: Noting by the Board of Management & implementation of the fellowship curriculum  
The fellowship curriculum is noted by the board of management and then it is implemented in fellowship curriculum from the subsequent academic year.

The process of curriculum revision is done at an interval of every three years. The University has also incorporated CBCS in all its courses wherever feasible, so as to provide for academic flexibility in terms of credit transfers. The University has Choice based credit system for Foundation course and Electives (Core and Optional) in Undergraduate program. University has also incorporated Choice Based Elective System in the fellowship program.

1.1.4 How does the curriculum design and development meet the following requirements?

- \* Community needs
- \* Professional skills and competencies
- \* Research in thrust / emerging areas
- \* Innovation
- \* Employability

#### **Community Needs**

The sponsoring Society and University aims to promote optimal health for public through community outreach programs. The community-based training and education constitute core of the curriculum designed. The clinical data on prevalence of disease available through rural, urban health centres and community health check-up camps help in the community-oriented education for undergraduate and postgraduates.

The demographic profile of the community is kept in mind for designing the curriculum for the relevant courses. As such, the region is an endemic zone for sickle cell disease, urolithiasis, filariasis, Hansen's disease etc. All these diseases / conditions are given due importance while designing the curriculum. An effort is made to incorporate the pandemic and endemic conditions of the country as a part of curriculum.

The University health programs emphasize on community-oriented health education, prevention and management of diseases. Curriculum is redesigned by incorporating themes and topics emphasized by international and national research agencies that promote and facilitate community health.



### **Professional skills and competencies**

For inculcating professional skills and competencies amongst students, the curriculum is developed by providing adequate weightage to Pre, Para and clinical exercises, laboratory exposure, training at Community level / industry and research-orientation with an objective of achieving the goals of health professionals. The curriculum of PG and UG is spread out in such a way that adequate opportunities are provided for overall development of professional skills and competencies through Foundation courses, Early Clinical Exposure, Value Education Courses, community based education, postings in Skill labs (Basic &Advanced), CAP labs, Simulation labs and Virtual learning labs.

### **Research in thrust / emerging areas**

- The thrust/emerging areas for research are identified based on the announcement made by different statutory councils, world health organization and other similar agencies considering the Local, National and Global needs and the research facilities available at the University.
- The undergraduate, postgraduate curricula focuses inclusion of research topics on these identified thrust areas.
- The Ph.D. students are encouraged to undertake their researches on these identified thrust / emerging areas.
- The fellowship programs offered through the School of Advanced Studies addresses the emerging area of knowledge domain for health Sciences including interdisciplinary integration.
- The faculty, Ph.D. Supervisors and all other concerned members are orientated towards these thrust/emerging areas.

The ICMR-STs projects are focused on the thrust areas as identified by ICMR every year. University research cell identifies and informs potential researchers about the thrust / emerging areas in Clinical research and intra-mural grants are provided for such project proposals as a matter of policy. SHPER Incubation Center identifies and nurtures potential researchers in emerging areas of educational research.



The following thrusts areas identified by different agencies are being investigated with ongoing research projects in the University.

<b>Sr. No.</b>	<b>Thrust Area</b>	<b>Project Title</b>	<b>Funding Agency</b>
1	Reproductive Child Health	Emergency obstetrics care Facilitators for District Quality Assurance program for RCH – 2 for Maharashtra State	UNFPA India Centre for Health and Social Justice
		Project RCH Phase - II RCH Service Delivery Intervention in underserved areas of Maharashtra Through Service NGO	Ministry of Health and Family Welfare, Government of India
		Rapid Diagnosis of Frail and Sick Newborns with a Handheld Vital Sign Monitor	USAID (through Harvard University)
		Development for thrive multisite study : open SRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	Sub Contract Agreement from the Summit Institute of Indonesia (WHO; Harvard University USA)
2	Reproductive Child Health & Health System research	Saving Brains : Scaling early childhood development at Anganwadi Centers in India	Grand Challenges Canada
		Training of Medical officers and health staff on facility based newborn care	UNICEF
3	Reproductive Child Health / Non-communicable diseases (Cardiovascular disease)	Accuracy of Pulse Oximetry screening to detect critical congenital heart defects in hospitalized neonates	Indian Council Medical Research (ICMR)



4	Health System Research Innovations	Relevance and excellence in Achieving new height in educational institutions (Centre of Relevance & Excellence)	Department of Sciences & Technology (DST) (TIFAC)
		Assessment of JSY Program under PPP in Amravati District of Maharashtra	FRCH, Pune
		Training of District Epidemiologist & DSO in Maharashtra and Chhattisgarh state	National Health Resource Centre (NHRC)
		Training Programme of Asha	District Integrated Health and Family Welfare Society NRHM, Wardha
			Dabur Research Foundation Ghaziabad
			Bharat Biotech Hyderabad ( Clinical Trial Project )
		Systematic Public Health Education Research and Empowerment Site (SPHERES)	Harvard School of Public Health Boston (USA)
		Collaboration between academy and clinical practice to promote evidence based practice in Indian and Swedish Health Care	Swedish International Development cooperation agency department for research cooperation (SIDA)
		Advance center for clinical pharmacology for antibiotic stewardship and research in the field of antimicrobial usage	Indian Council Medical Research (ICMR)
		Improving access to Pain Relief and Palliative Care in India	Pallium India, Palliative Care
		Effect of Social Media on Adolescent health : A systematic review &Meta-Analysis	Indian Council Medical Research (ICMR)
District Health Management and Public Service Delivery: Evidence from India	Public Health Foundation of India, Indian Institute of Public Health- Gandhinagar (PHFI)		
International orthopedic Multicenter Study in Fracture Care (INORMUS)	George Institute for Global Health Canada		



5	Communicable Diseases (Malaria)	Malaria Evolution in South Asia (MESA) (National Institutes of Health (NIH))	University of Washington (National Institutes of Health (NIH))
		Prospective dengue sero prevalence study in Indian Children (Dengue)	Sanofi Pasteur S.A. France
6	Communicable (Diarrheal diseases, Malaria, TB etc.) and Non-Communicable Diseases (Diabetes, CVD)	Community Based Participatory Research in Tribal Health in and around Pench Tiger Reserve, Maharashtra; Improving through Comprehensive Health Approach - Aarogya Plus in collaboration with Forest health Department Nagpur	Wildlife Conservation Trust (WCT) Mumbai
		Community Based Participatory Research In Tribal Health: Improving Health through Comprehensive Health Approach - Aarogya Plus Project in and around Pench Tiger Reserve Maharashtra.	Conservation Wild lands trust (CWT) Mumbai
7	Communicable Diseases (Tuberculosis)	Evaluation of Public Private Mix (PPM) Model under RNTCP for rural areas of Wardha District	Maharashtra state Anti TB Association Mumbai RNTCP
		Community engagement and awareness for tuberculosis prevention and control in rural Wardha	Catholic Health Association of India (CHAI)
		Drug –resistant tuberculosis : study of clinical practices of chest Physicians Maharashtra, India	Foundation for Medical Research (FMR)
		Study of Interferon Gamma and ADA in Exudative Pleural Effusions	District Integrated Health and Family Welfare Society - RNTCP Operation Research
		Assessment of clinically suspected and unsuspected tubercular Lymphadenopathy by PCR compared to non-molecular Methods in Lymph node Aspirates	International Society for Infectious Disease (ISID)
8	Communicable Diseases (HIV/AIDS)	Community care center for People living with HIV & AIDS : Training of TI NGOs in HIV Prevention and care	AVERT Society, Mumbai and MSACS Karnataka Health System Promotion Trust (KHPT)



9	Cancer	Breast cancer Awareness and screening programme	Mania Foundation, USA
10	Disability	Smile Train, Acharya Vinoba Bhave Rural Hospital Project	Smile Train, USA
11	Hematology and Hemoglobinopathies (Sickle cell)	Evaluation of Implementation of Sickle Cell Disease Control Programme in Maharashtra : Comparison of Performance of Selected districts covered by NGO's & ASHA's	State Health Resources Centre (SHRC)
12	Indian System of Medicine	Double blind randomized clinical study to evaluate safety and efficacy of Probiotic Honey in children	Ministry of Micro, Small and Medium Enterprises, Govt. of India
		Management of Lifestyle Disorder – Diabetes II – Ayurveda Practices.	Scheme for Promotion of AYUSH Intervention in Public Health Initiatives: Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy AYUSH
		Acute and Sub-acute toxicity studies (9 Projects)	Unijules Life sciences
13	Herbal Medicine	Herbal Garden : Conservation and demonstration center of medicinal plants in Vidarbha	National Medicinal Plant Board (NNPB)
14	Life Style Diseases	Lifestyle, health & wellbeing of Nepali migrants in India: A qualitative study	Bournemouth University, UK

**Innovation:**

The University encourages innovative practices to be incorporated in designing curriculum. The major innovations worked out by the University in the domain of Curriculum are:

1. Curricular Design:

Competency Based Curriculum for Post graduates, provision of foundation and electives (core and optional) in Undergraduate programs

2. Teaching Learning:

Modified Problem Based Learning (IPR ref L-62803/2015), Interactive Intra-group tutorials (IPR Ref.L-60802/2014), Peer led Teaching, evidence based journal clubs, Enrichment Courses in super-specialty/ sub specialty etc.



3. Assessments:

Formative Assessments in PG Curriculum, Introduction of higher levels of cognition in question paper (UG & PG), Standardization of primary and secondary test blueprints in all subjects across the University

4. Curriculum Evaluation:

University has evolved a model of curriculum evaluation “FIPO” (Formative Input Process Output & Outcome) model.

**Employability:**

A need assessment is conducted before starting of new courses in terms of its demand. The curriculum is designed for newer courses so as to meet expectations of the health sector and research organizations. Members from health sector, research organizations and alumni are invariably part of the curriculum design team and provide their inputs. Many programs offer subjects which have job orientation and better employability. Practical training, skill training and clinical exposure are adequately provided to enable students to make them employable.

1.1.5 To what extent does the institution use the guidelines of the regulatory bodies for developing and/or restructuring the curricula? Has the institution been instrumental in leading any curricular reform which has created a national impact?

The institution scrupulously adheres to the guidelines of the respective Apical Councils for developing or restructuring the curricula. As such the Apical Councils provide a minimum standard of the inclusions at each level. The institution incorporates these minimum standards as essential part of its curricula and builds upon them through various modes of incarnations in terms of the global trends, value education, soft skill enhancements etc.

The module prepared by University for vertical integration teaching program on HIV / AIDS, ICT, Mental Health – Public Health and Environmental study are introduced in the Undergraduate curriculum by the Apical Council.

In the Post graduate Curriculum, University has introduced 4th ‘P’ as participation in PGITP (Postgraduate Induction Training Program) in the existing PPP model. This PPPP (4P) Model has been approved and implemented by the apical councils.

“Introduction of CBCS in the Undergraduate Medical Curriculum”, document prepared by University has been accepted by the Medical Council as a basal document for study.

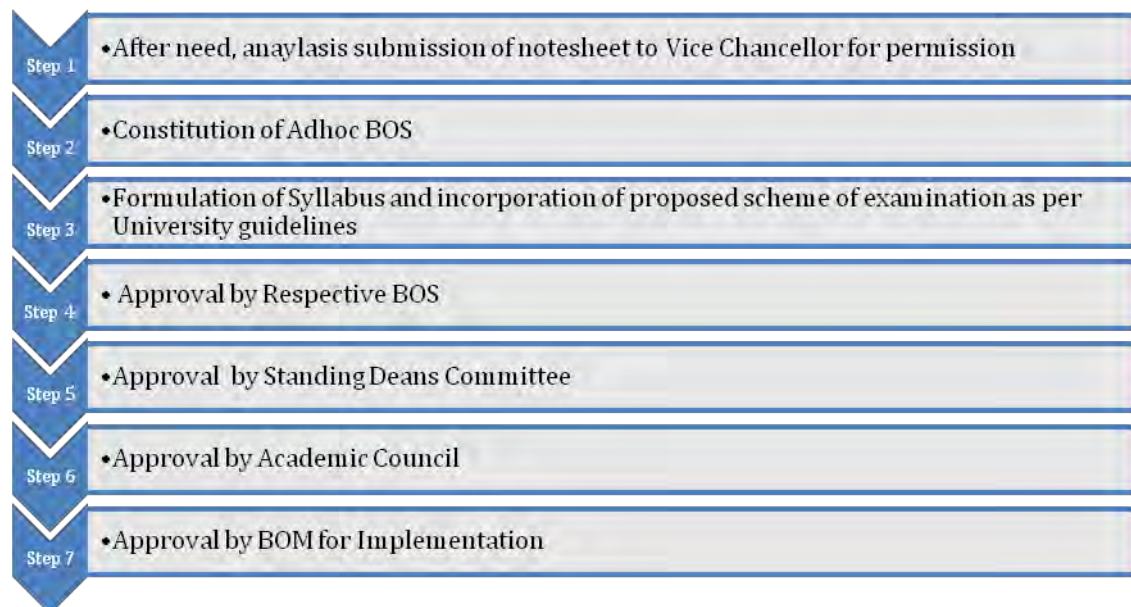
1.1.6 Does the institution interact with industry, research bodies and the civil society in the curriculum revision process? If so, how has the institution benefitted through interactions with the stakeholders?

Yes, the Board of Studies draws its members with wide representation from academia, industry, health care service providers and in some cases, international experts. They provide structured feedback to initiate, revise and redesign curricula as and when



necessary. The members discuss and analyze suggestions given periodically by faculty members and external examiners. After discussion and consideration of the relevant suggestions, the changes and inclusions are considered by the standing committee of Deans for its placement before the Academic Council. 7 steps model on Introduction of new programs and introduction of value added courses have also been evolved based on feedback provided by members.

### **7-Step approach for introduction of new teaching programs in the University:**



#### **1.1.7 How are the global trends in health science education reflected in the curriculum?**

University curriculum is based on Global trends in health sciences education which are broadly based upon four criteria namely ‘Knowledge, Skill, Aptitude and Ethics’. However, “Communication skills, Behavioral skills and attitudinal skills” are also reflected in the present curriculum. The present curriculum is based on the guidelines given by World Federation of Medical Education (WFME), as it addresses all the nine area and 35 sub-areas (Ref.WFME Global Standards for Quality Improvement-The 2015 Revision), in order to have ‘equivalence’ with International Standards.

The ‘core competencies’ expected from Health Professional Learner are aimed at providing quality services to the community and making them stand in the Global competition.

Thus, the curriculum includes:

- i. Professional and altruistic values, Attitude, Behavior and Ethics
- ii. Scientific foundation of Medicine





- iii. Clinical skills
- iv. Communication skills
- v. Critical thinking and Research Orientation
- vi. Population Medicine and Health Systems
- vii. Management of Information
- viii. Lifelong Learning

The entire PG curriculum is evolved as competency based.

- 1.1.8 Give details of how the institution facilitates the introduction of new programs of studies in its affiliated colleges.

The University is established under Sec. 3 of the UGC Act, 1956, as such it is unitary and does not have power/authority to affiliate the colleges.

In its constituent units, the new programs are introduced keeping in mind the five year Perspective Developmental Plan of the University, the current trends in Health sciences education and the emerging areas of knowledge as identified by a high level committee of the Ministry of HRD, Government of India. The preliminary proposals received from the constituent units are screened by the IQAC along with the Deans Committee and if found appropriate, a board of studies is constituted for the said programme.

- 1.1.9 Does the institution provide additional skill-oriented programs relevant to regional needs?

- The University provides skill oriented programs relevant to regional needs from early phase in the curriculum by “Early clinical exposure in community settings”. The ‘Family adoption scheme’ ensures the exposure of the students towards local and regional needs. Comprehensive Community Health team concept by University takes care of development of learners in the skill and the affective domain by regularly posting them in the community as an interdisciplinary team.
- All students are trained in management of emergencies including basic life support. The students are posted at the Basic and advanced clinical skill lab where they are oriented to various skills on manikins to practice the same in the real life situation. The state of Art virtual lab is helpful in incorporating the basic skills.
- The communication, phonetic and attitude (CAP) Lab helps the students in building the skills of communication and behavioral aspects pertaining to the regional health needs.
- Posting to rural and urban health centers during internship period is a mandatory part of the curriculum.



- Extension services by the teaching hospital in the form of camps and orientation programs at community level are a regular feature of the University.
- Epidemic, Pandemic and Endemic diseases prevalent in the region have been included in the curriculum namely Hepatitis B, HIV/AIDS, Sickle Cell Disease, Hansen's disease, Tuberculosis, Endemic Goiter, Filariasis, Malaria, Dengue fever, Chikungunya, Hydrated disease, Tobacco hazards, Endemic fluorosis, high neonatal mortality, declining sex ratio, Oral sub mucous fibrosis and malignant conditions are given due weightage while framing teaching schedule.
- Due emphasis is given to Need Based Community Oriented research at local and regional level such as Sickle Cell Diseases, Filariasis, Urolithiasis and oral cancer.
- Students are encouraged to take up Short term studentship (STS) project on regional health needs in consonance with ICMR thrust areas.
- Training in local language is given for students from other states and countries. At the same time, students are also trained by the trained personnel in English.

1.1.10 Explain the initiatives of the institution in the following areas:

- \* Behavioral and Social Science.
- \* Medical Ethics / Bio-ethics / Nursing Ethics.
- \* Practice Management towards curriculum and/or services.
- \* Orientation to research.
- \* Rehabilitation.
- \* Ancient scriptural practices.
- \* Health Economics.
- \* Medicolegal issues.
- \* Enhancement of quality of services and consumer satisfaction.

\* **Behavioral and Social Science.**

Department of community medicine, Psychologist and Social Scientist of Students Guidance Unit, deliver lectures on behavioral and social sciences related to the problems and needs of the society, value education, medical ethics, and has prepared a structured program to ensure the holistic development of students.

\* **Medical Ethics / Bio-ethics / Nursing Ethics.**

Ethics / guidelines for GLP (Good Laboratory Practice) and GCP (Good Clinical Practice) are part of curriculum in UG and PG course of all the faculties of the University. During the foundation program, adequate hours are allotted for Medical Ethics and introduced it as a part of the foundation program for undergraduates and a part of PGITP for post-graduates. Series of lectures are arranged by the departments of Community Medicine and Forensic Medicine on medical ethics.



Bio-ethics is part of the teaching module of CAP (Communication, Attitude & Phonetic) lab and all students are taught the principles of bioethics during rotatory posting in Communication lab.

Emphasis is laid on setting up of the system for developing ethical decision making skills and creating supportive learning environment congruent to the needs of the Profession and Society.

\* **Practice Management towards curriculum and/or services.**

Well-equipped Urban Health Centre is established in Wardha and a satellite center in urban slum area to provide comprehensive health services. Six primary health care centers are functioning in peripheral areas, where the students and interns are posted under the supervision of the senior faculty. Exposure to Medical camps, various community based organizations, NGO's, specialties camps, involvement in funded projects, along with adoption of families and villages are included in the curriculum.

\* **Orientation to research.**

- The Institute is committed to promote and assist meaningful research.
- Research cell of the University offers opportunities and motivates the faculty and students to practice meaningful research.
- Research guidance clinic offers guidance and support to potential researchers in all aspects.
- The undergraduate curriculum incorporates small in-house projects as a part of internal assessment, thereby orienting them towards scientific enquiry since foundation years. They are encouraged to apply for STS-ICMR projects and also present their scientific work in various National and International platforms.
- Post Graduate students are oriented with the research methodology during PGITP. The **PPPP** model (PGITP, Poster, Paper and Publication) ensures adequate orientation and relevant contribution towards generation of scientific evidence.
- Evidence based journal clubs are a part of PG activity in all departments of the university wherein students are taught to practice evidence based medicine.
- Research methodology - systematic literature search workshop is biannually conducted for Ph.D. scholars and Ph.D. Supervisors.

\* **Rehabilitation.**

Institute has rehabilitation services as follows;

- \* De-addiction therapy and counseling by department of Psychiatry.
- \* Physical, Psychosocial, Spiritual and occupational support through Palliative care clinic by Department of Medicine.
- \* Speech therapy by Department of Otorhinolaryngology.
- \* Neurodevelopment therapy for Cerebral Palsy patient by Physiotherapy and



### Occupational Therapy Unit.

- \* Maxillofacial Prosthesis by Department of Orthopedics and Prosthodontics.

- \* Ancient scriptural practices :

Maintenance of health, knowledge of diseases and treatment are three facets of any health care system, especially Ayurveda. At each of this level, the students are motivated to learn the concepts of Ayurveda from ancient scriptures with applied aspects. The students are encouraged to visit the archives in places developed in University as e-museum on History of Medicine.

- \* Health Economics :

The Master of Public Health Program offered by the Department of Environmental Health Engineering includes Disease Burden Studies, morbidity and mortality profile as a part of their curriculum. In addition, the university has entered into strategic collaborations for academic exchanges in the field of health economics with the Department of Economics, Hislop College, Nagpur (A NAAC reaccredited grade A institute in the region) to keep in pace with the latest developments in the domains of health care system, quality improvements and health macro-economics. Health economics is a feature of nursing curriculum of the University and it is a part of Fellowship on Nursing Management.

- \* Enhancement of quality of services and consumer satisfaction

Constant and continuous efforts by the institution for enhancement of quality Medical Education and Community Health care services are made to achieve the targets of the University. Acharya Vinobha Bhave Rural Hospital and its laboratory services, Mahatma Gandhi Ayurved Hospital & Research center have applied for accreditation of NABH & NABL for quality enhancement.

Structured feedback received from Patients, Medico-Social Workers and NGO's are periodically evaluated for betterment of hospital services. Grievances Redressal Committee established by the university deals with the grievances placed before it falling within its purview and jurisdiction in a time bound manner.

- \* Medicolegal issues

Forensic Medicine department deals with Medicolegal issues and trains the students on the basic aspects of report writing. They are also taught about legal procedures and efforts are made to train the students on the legal aspects of medical practice including information regarding relevant statutes like Consumer Protection Act, Prenatal Diagnostic Test Act and Human Organ Transplantation Act.

Innovative Clinical forensic unit (ICFU) is established in the teaching hospital which trains the residents posted in casualty to deal with real life Medico-legal aspects of health care and they are trained in this area through structured Modular teaching program. Medico Legal issues are also a part of CAP lab module which is dealt with during rotatory posting of all students. PGITP Module has an exclusive session on Medico-legal issues based on real life scenarios for PG students.



1.1.11 How does the institution ensure that evidence based medicine and clinical practice guidelines are adopted to guide patient care wherever possible?

The university ensures that evidence based medicine and clinical practice guidelines are adopted to guide patient care. The university has established Centre of excellence for Evidence based nursing in collaboration with Karlstad University, Sweden. Evidence based journal clubs (as a mandatory PG activity) and reorientation sessions on evidence based medicine ensure its practice. Doctoral degree work has been completed by the research scholar at University on “A study to assess the effectiveness of planned post-operative nursing care rendered by registered nurses to the patients with conventional abdominal surgery with reference to the patients’ outcome in selected hospitals”.

1.1.12 What are the newly introduced value added programs and how are they related to the internship programs?

The newly introduced value added programs for interns are:

- Basic Life Support – Accredited by American Heart Association
- Advanced Critical Life Support – Accredited by American Heart Association
- Training for NEET PG through meaningful collaborations.
- Community Research Projects
- Mind body medicine
- Doctor Patient Relationship & Communication Skills
- Ethical & Medicolegal issues
- Data Analysis in Medical Research,
- Telemedicine services for rural & remote community
- Safe injection practices & Rational use of drugs,

1.1.13 How does the institution contribute to the development of integrated learning methods and Integrated Health Care Management?

- \* Vertical and horizontal integration of subjects taught.
- \* Integration of subjects taught with their clinical application.
- \* Integration of different systems of health care (Ayurveda, Yoga, Unani, Homeopathy, etc.) in the teaching hospital.

- The University contributes to the development of integrated learning methods through the vertical and horizontal integrated teaching program which is a well-established teaching modality of the university.
- Other modalities like Problem based learning, Modified problem based learning, and Team Based Learning and Case Based Learning contribute to integrated teaching with their clinical applications.



- Integrated Health Care Management is achieved through Comprehensive Health Care Program (CHCP) where in the students from different health care system (Medical, Dental, Ayurved, Nursing and Physiotherapy) constitute a 'comprehensive health team' and contribute to health care of the community.
- The University regularly conducts "Symbiosis" wherein integrated health care management is discussed for selected cases.
- The University encourages Inter-departmental and Inter-pathy research collaborations.

1.1.14 How is compatibility of programs with goals and objectives achieved with particular reference to priority of interface between Public Health, Medical Practice and Medical Education?

The compatibility of programs with goals and objectives is achieved with particular reference to priority of interface between Public Health, Evidence Based Medical Practice and Medical Education as under:

**A) PUBLIC HEALTH:**

Public health is included as core subject in the curriculum of the Community Medicine thus active participation of our graduates during their community posting is ensured.

The "Rural Public Health Care System" in many regions is unsatisfactory as the social determinants of health are in very poor state of affairs leading to increase in out of pocket expenses for the purposes of health care. India is in the midst of an epidemiological and demographic transition with proliferating problems of diseases.

An estimated 5 million people in the country are living with HIV/AIDS, a threat which has the potential to undermine the health and developmental gains. Non-communicable diseases such as Cardio-vascular diseases, Cancer, Blindness, Mental illness and Tobacco use related illnesses have imposed the chronic diseases burden on the already over stretched "Health Care System" in the country. Premature morbidity and mortality from chronic diseases can be a major economic and human resource loss to country. The large disparity across the country places the burden of these conditions, mostly on the poor, disadvantage and marginalized, especially those who dwell in the remote rural areas of the country.

Public spending on preventive health services has a low priority over curative health in the country as a whole. Indian public spending on health is among the lowest in the world.



Most of the public health determinants are co-related to high levels of poverty and degradation of the environment. Thus, the country has to deal with multiple health crises, rising costs of health care and mounting expectations of the people. The challenge of quality health services in remote rural regions has to be met with a sense of urgency. Given the scope and magnitude of the problem, it is no longer enough to focus on narrowly defined projects. The urgent need is to transform the public health system into an ‘Amenable, Accessible, Affordable, Achievable and Accountable’ system of “Quality services”. Our undergraduates are well aware of these problems during their community orientation posting. Thus, they understand the ground realities and thereby provide an efficient and effective quality health care to the community.

**B) MEDICAL PRACTICE:**

The University in its objectives has committed to bring considerable changes in Medical Education within the purview of regulations of the Apical Council. It aims at producing doctors with acquisition of minimum essential competency and problem solving abilities. The quality and extent of training will be a key determinant of how well the new health paradigm will be put in to effect. It not only requires structural, organizational and financial reforms but also needs innovative pattern of Medical practice.

University hopes to see its Graduate’s movements from “Ivory tower” to “Ground realities” in life, so that its product will be in a position to save community members from huge financial burden by applying clinical skills instead of subjecting them to undergo highly sophisticated, costly diagnostic procedures.

**C. MEDICAL EDUCATION:**

Medical education all over the world is undergoing tremendous change especially in the developing world. There is continuous change in the curriculum based on changing needs of the society and changing methods of teaching and learning. “Medical Education System” in India largely followed British approach to the curriculum, which is adopted by almost all the medical colleges in India and this University is no exception. Every medical college is required to design and develop its own curriculum based on local and regional needs within the framework of Apical Council.

Assessment system in medical education is often subjective and inadequate to test the important abilities. However, there are many areas where changes are on horizon. Therefore the University has identified these areas and introduced changes in curriculum so that its students are “Caring, Compassionate and Competent”. Emphasis is laid on popularizing “Student Centered Learning” while planning Curricula.



There has been a paradigm shift in the emphasis of teaching from “Disease Orientation” to “Community Orientation”, from “Disciplinary structures” to “Integrated structures” from “Acquisition of Information” to the “Development of skills” and “Problem Based Learning” from “Subjective Assessment To Objective Modalities of Assessment” and from “Individual Efforts To Institutional Arrangement”. The University has suitably redesigned its curricula for the effective redressal of the issue.

## 1.2 Academic Flexibility

1.2.1 Furnish the inventory for the following:

\* Programs offered on campus

Sr.No.	Name of College	Course	Sanctioned Intake capacity
1	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	MBBS	200
		PG (Courses)	2016 -17
		M.D. (Anatomy)	06
		M.D. (Physiology)	04
		M.D.(Biochemistry)	02
		M.D. (Microbiology)	02
		M.D.( Pathology)	09
		M.D. (Pharmacology)	06
		M.D. (Community Medicine)	05
		M.D. (General Medicine)	14
		M.D. (Psychiatry)	02
		M.S. (General Surgery)	12
		M.D.(Obstetrics & Gynecology)	09
		M.S. (Ophthalmology)	04
		M.S. (E.N.T.)	02
		M.D. (Anesthesia)	08
		M.D. (D.V.L.)	02
		M.D. (Pediatrics)	07
		M.S. (Orthopedics)	07
		M.D. (Radio diagnosis)	05
		M.D. (Respiratory Medicine)	03
M.Ch. (Cardio Thoracic & Vascular Surgery)	01		
DM (Cardiac Anesthesia)	01		
Diploma Courses	2016 -17		
D.G.O.	03		
D.O.	01		
D.A.	01		
D.D.V.L.	01		





		D.M.R.D.	02
		D. Ortho.	01
		D.C.H.	01
		D.P.M.	01
		D.C.P.	--
		D.L.O.	--
		Other Courses	2016 -17
		MPH	10
		M. Phil	--
		B.Sc. MIT	10
2	Sharad Pawar Dental College, Sawangi (Meghe), Wardha	BDS	100
		MDS	
		Prosthodontics, crown & bridge	06
		Orthodontics & Dent facial orthopedics	06
		Periodontology	03
		Oral Pathology & Microbiology	03
		Oral Medicine & Radiology	03
		Oral & Maxillofacial Surgery	05
		Conservative Dentistry & Endodontic	06
		Pedodontics & Preventive dentistry	03
		P.G. DIPLOMA	
		Prosthodontics, crown & bridge	01
		Orthodontics & Dent facial orthopedics	01
		Periodontology	01
		Conservative Dentistry & Endodontic	01
		Oral & Maxillofacial Surgery	01
3	Mahatma Gandhi Ayurveda College and Research Centre, Salod Hirapur	BAMS	60
		MD/MS (PG course)	
		Samhita Siddhant	04



		RachanaSharir	04
		Dravyaguna	04
		Agadtantra	06
		Rasashastra& B.K.	06
		Kayachikitsa	06
		Panchakarma	06
		Shalyatantra	02
		Balrog	06
4	Smt.Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha	B.B.Sc. Nursing	100
		P.B.B.Sc. Nursing	50
		MSc. Nursing	
		Med Surgical Nursing	06
		Child Health Nursing	05
		Psychiatric	05
		ObGy	06
		Community health NSG	03
.5	Ravi Nair College of Physiotherapy	B.P.Th.	50
		M.P.Th	
		Muscoloskelatal	03
		Neuro	03
		Cardio	03
		Community	03

\* Overseas programs offered on campus  
Nil

\* Programs available for colleges/students to choose from - interdisciplinary

Sr. No.	Name of College	Course	Sanctioned Intake capacity
1	School of Advanced Studies, Sawangi (Meghe), Wardha	Fellowship in Critical care	4
		Fellowship in Interventional Radiology(Sponsored by DST)	2
		Fellowship in Minimal Access Surgery	2
		Fellowship in Neonatology	2
		Fellowship in Spine Surgery	2
		Fellowship in Phaco surgery	2
		Fellowship in Pain Management	2
		Fellowship in Critical Care	-



	Medicine	
	Fellowship in Neonatology	-
	Fellowship in Spine	-
	Fellowship in Health Policy planning and Economics	2
	Fellowship in Palliative Care	2
	Fellowship in Bioethics	4
	Fellowship in occupational and environmental medicine	2
	Fellowship in Therapeutic drug Monitoring	2
	Fellowship in otology	1
	Fellowship in Limb Reconstruction & deformity correction	1
	Fellowship in Gynaec Endoscopy	1
	Fellowship in Infertility	2
	Fellowship in Neurophysiology	1
	Fellowship in Geriatric Medicine	1
	SPDC-	
	Fellowship in oral Oncology	2
	Fellowship in cleft orthodontics	2
	Fellowship in immunohistochemistry	2
	Fellowship in Cleft and Craniofacial surgery	2
	Fellowship in Cleft, Lip & Palate	1
	Fellowship in Frozen Section	1
	Fellowship in Micro-endodontics	2
	Fellowship in Maxillofacial Prosthodontics	1
	Fellowship in Pediatric-orthodontics	1
	Fellowship in Esthetic Dentistry	1
	Fellowship in Head & Neck Imaging	2



		Fellowship in Orthogenetic	1
		<b>SRMMCON</b>	
		Fellowship in Onco Nursing	2
		Fellowship in Evidenced based nursing	2
		Fellowship in Geriatric Nursing	1
		<b>MGAC</b>	
		Fellowship in Panchkarma	2
		<b>PDCC</b>	
		PDCC in Cardiac- Anesthesia	2
		PDCC in Critical Care Medicine	2
		PDCC in Pain Management	2
		PDCC in Interventional Radiology	2
		PDCC in Spine Surgery	2
2	<b>EWL COURSES LIST - DMIMS (DU) AY- 2015-16</b>	Certificate Course in Office Administration for Adm. Officer (AO)	7
		Certificate Course in Nutrition and Dietetics	5
		Certificate Course in Clinical Social Work	10
		Certificate Course in Advanced Clinical Social Work	10
		Certificate Course in Community Social Work	10
		Certificate Course in Counseling and Psychological Sciences	2
		Certificate Course in Specialty Laboratory Techniques	6
		Certificate Course in Biomedical Equipment upkeep	5
		Certificate Course in Health Services Marketing	2
		Certificate Course in Processing of Prescriptions for Pharmacist	5
		Certificate Course in Coding & Hospital Billing for Clerks	10



	Certificate Course in Advanced Panchakarma Techniques	8
	Certificate Course in Laboratory Techniques for Asst.	10
	Certificate Course in Dental Hygiene	5
	Certificate Course in Dental Mechanics	5
	Certificate Course in Advanced X-Ray & Ultrasound Techniques	6
	Certificate Course in Dental Chair Repairs	3
	Certificate Course in Dialysis Techniques	5
	Certificate Course in Cath-lab Techniques	5
	Certificate Course in Clinical Optometry	3
	Certificate Course in OT Techniques	8
	Certificate Course in Speech Audiology	2
	Certificate Course in Mammography Techniques	3
	Certificate Course in EMG/ECG Techniques	5
	Certificate Course in Hospital Nursing for ANM	30
	Certificate Course in Dentistry Nursing for ANM	10
	Certificate Course in Ayurved Nursing for ANM	10
	Certificate Course in OBGY Nursing for ANM	20
	Certificate Course in Surgical Nursing for ANM	20
	Certificate Course in Emergency Care for ANM	20
	Certificate Course in Advanced Nursing Care for ANM	50



		Certificate Course in Rashshala Assistant	8
		Certificate Course in Panchakarma Assistant	8
		Certificate Course in Sanitary Supervisor	2
		Certificate Course in Office Administration for Clerks	30
		Certificate Course in Establishment Process for Clerks	20
		Certificate Course in Advanced Rasashala Technique	04
		Certificate Course for Ward Attendants	40
		Certificate Course in Clinical Secretary	10

1.2.2 Give details on the following provisions with reference to academic flexibility

- a. Core options
- b. Elective options
- c. Bridge course
- d. Enrichment courses
- e. Credit accumulation and transfer facility
- f. Courses offered in modular form
- g. Lateral and vertical mobility within and across programs, courses and disciplines and between higher education institutions
- h. Twinning programs
- i. Dual degree programs

The Courses governed by the Apical Council norms do not permit these flexibilities as of now.

However, Credit Based Semester System (CBSS) with facility for credit accumulation, core options, elective options and modular syllabi have been implemented for fellowship courses offered under the School of advanced studies and M.Phil. programme for health Sciences Education.



The Bridge Courses are introduced by the University to bridge the gap between the diploma and degree by introducing two years Post Diploma Fellowship.

The enrichment courses in the form of electives are offered to the postgraduates in subspecialty and super-specialty areas.

1.2.3 Does the institution have an explicit policy and strategy for attracting students from

- \* Other states
- \* Socially and financially backward sections
- \* International students

The University has a Pan India presence in terms of the representation of the students. The University caters to the students from every state of the country. The University has an admission cell, which ensures the branding, and publicity of the various courses offered, the innovative methods of TLE as well as the placements of the students from various courses. In addition, the University participates in various National and International Ranking/Accreditation activities of the reputed organization making it a desirable destination for students from other states. Currently, the University has a ratio of 60:40 for students from Maharashtra verses other states of the Country.

The various opportunities for the financially and socially backward students are provided through facilitation of educational loans, earn while learn opportunities and providing the applicants with subsidized campus accommodations as well as book bank facilities.

The University has explicit policy and strategy to attract international students. As a part of the strategy, the University has established an Autonomous International Student Cell (ISC) headed by a Director and an advisory committee to monitor and review the activities of the ISC.

In order to attract students, information brochures are published on website with information relevant to overseas students such as programme options available, fee structures, hostel facilities for international students, services available etc. These brochures are distributed to foreign embassies in India as well as Indian embassies abroad.

Every year, the University participates in Annual Educational Fair conducted at overseas destinations. In those fairs, information about the programs and facilities available for international students is presented to the visitors in the form of posters and videos. As a unique feature, parents meet is conducted at Dubai.



**a) Non availability of a warden in the Guest House where rooms have been allotted to some UG and PG students leading to acts of indiscipline**

Further, when representatives in India of the embassies of foreign countries visit the University, they are informally briefed about the programs, facilities, services and guidance available to foreign students. As a regular feature, National Day of all countries from where students are admitted to this campus is celebrated and the celebration report is submitted to the respective embassies.

The outcome of the explicit policy and strategy adopted by the University for attracting international students has helped to attract 158 students from 14 countries.

1.2.4 Does the institution offer self-financing programs? If yes, list them and indicate if policies regarding admission, fee structure, teacher qualification and salary are at par with the aided programs?

All the programs offered by the University are of self-financing nature.

1.2.5 Has the institution adopted the Choice Based Credit System (CBCS) / credit based system? If yes, for how many programs? What efforts have been made by the institution to encourage the introduction of CBCS in its affiliated colleges?

The University has adopted the Choice Based Credit System (CBCS) for the all programs except those governed by the apical councils.

University has prepared a plan for introduction of CBCS in Undergraduate Medical Education and submitted the same to the apical council. University has encouraged to introduce CBCS in its units by incorporating electives in the respective curricula. CBCS is introduced in the fellowship courses by the University.

1.2.6 What percentage of programs offered by the institution follow :

- \* Annual system : 100% programs governed by Apical Council
- \* Semester system : 100% programs governed by the University
- \* Trimester system : NA

1.2.7 How does the institution promote multi/inter-disciplinary programs? Name a few programs and comment on their outcome.

Apart from effectively offering the Conventional Programs in the Domain of Health Sciences, the University established a distinctive **faculty of Inter-disciplinary Health Sciences** to come out of the shackled, suffocative, rigid and regimented segmentation and initiated programs and courses which are innovative, need based and relevant to current higher education landscape and are conceived out of a diligent feedback received from all the relevant stakeholders.





**The Interdisciplinary Faculty of Health Sciences** offers an administrative structure that enhances learning in complex health problems that require interdisciplinary approaches. Students learn augmentation of their inquisitions and apply strong scientific principles to complex health contexts that are not necessarily disciplinary in character. The Teachers who are scholars in their own disciplines adopt interdisciplinary visions of their work and the work of others while navigating between disciplinary and interdisciplinary contexts in both teaching and research. All the faculty members are experts in their given fields and they take interest in diverse health problems working together in an interdisciplinary framework. The meaningful and purposive collaboration is one of the great strengths of this faculty and they are worked out with efforts to provide a specialized training and research experience in the academia as well as health science industry.

Current Health Sciences Education scenario in the Country suffers from acute shortage of Super-Specialty and Sub-Specialty options, more so in the rural and sub-urban areas. To bridge this ever-growing gap, the School of Advanced Studies has launched many fellowship programs which encompass the complete spectrum of super and subspecialty options in the health sciences domain right from the ethical issues to the **emerging areas of knowledge**. The process of starting of fellowship programs began in the year 2008-09 and after a diligent phase of incubation, the various fellowship programs launched are competency based providing an opportunity right at their doorsteps for the takers in the rural areas and the collaborations worked out with the following centers.

1. GEM Hospital and Research Center, Coimbatore
2. GMC , Nagpur
3. Apollo Hospital Delhi
4. New Era Hospital, Nagpur
5. Mewar Hospital, Udaipur.
6. Mahatme Eye Hospital, Nagpur.
7. NEERI, Nagpur
8. Mahatma Gandhi Institute of Rural Installation, Wardha.
9. Maa Institute, Hyderabad.
10. Swasthi Yog Pratisthan & PG Institute of Orthopaedics at Miraj.
11. Maulana Azaad Medical College, Delhi.
12. OMCH, Hyderabad
13. RSTM, Nagpur
14. Tata Memorial Hospital, Mumbai
15. Hiranandani Hospital, Mumbai
16. Indian Panel Injury Centre, Delhi.
17. Ganga Ram Hospital, Delhi.
18. Care Hospital, Hyderabad.
19. Arumana Hospital, Thiruvanthapuram, Kerala.



## 20. Metro-Scan Hospital, Nagpur.

The programs have resulted in providing a super-specialist manpower as desired by the society/ industry trained in a specific emerging area of knowledge.

### 1.2.8 What programs are offered for practicing health professionals for skills training and career advancement?

The university freely supports and promotes the professional development of the faculty.

- The deputation is granted to the faculty for attending the International, National & State conferences, as per the notified policy.
- The meritorious performances of the faculty at such conferences are rewarded as per the notified policy.
- The faculty is also provided with the incentives for publications in research journals of repute, publication of books, and contribution of chapters, receiving patents or intellectual property registration as per the publications incentive policy.
- Grants are given for conducting research activities by the various departments under the constituent colleges.
- The candidates who wish to pursue higher education or professional updates are granted special paid leaves.
- Faculty members who are on the executive committees of the professional bodies are provided special leaves.
- The university has made a separate budgetary allocation for the staff development activities and actively volunteers for organizing National/State conferences of the professional bodies at the University Campus.
- The University has a well-established School for Health Professions Education & Research (SHPER) which imparts regular training to the faculty members of this institution in the domain of health sciences education.

## 1.3 Curriculum Enrichment

### 1.3.1 How often is the curriculum of the institution reviewed and upgraded for making it socially relevant and/or skill oriented / knowledge intensive and meeting the emerging needs of students and other stakeholders?

Every three years the curriculum of the University is reviewed and upgraded for making it socially relevant and/or skill oriented / knowledge intensive and meeting the emerging needs of students and other stakeholders.

### 1.3.2 During the last four years, how many new programs were introduced at the UG and PG levels? Give details.

- \* Multi/inter-disciplinary programs in emerging areas



In last four years, following multi/inter-disciplinary programs in emerging areas have been introduced

- All the Courses beyond the purview of the apical council are innovative in nature focused at either emerging areas of knowledge or specific health manpower needs. The experts from industry are incorporated as members of the board of studies for their specific inputs

SN	Courses	Nature of Innovations
1	Fellowships	Interdisciplinary as well as covering the emerging areas of knowledge. Incorporation of CBCS
2	EWL	Vocational Courses keeping in mind health care needs
3	MHA&M MPH B.Sc.(MIT)	Incorporation of CBCS

- Out of the 22 identified emerging areas of knowledge, the Deemed University is covering 15 through its 22 fellowship programs. Thus, addressing 68% of the total emerging areas of knowledge.

1.3.3 What are the strategies adopted for the revision of the existing programs? What percentage of courses underwent a syllabus revision?

100% courses under the ambit of DMIMS (DU) undergo syllabi revision every three years. For syllabi revision, University has developed a structured mechanism as DMIMS model of UG and PG revision. The same has been granted a Copyright.

1.3.4 What are the value-added courses offered by the institution and how does the institution ensure that all students have access to them?

Value added courses are being offered by the university to enable students to acquire skills beyond their curricular expectation and to enhance employability and equip them to the needs of the National and Global demands. These courses are choice based and are offered as certificate programs conducted across departments. They are offered beyond regular hours so as to enable students undergoing a regular program to enroll for these programs in order to avoid overlap with departmental hours of teaching.

1.3.5 Has the institution introduced skills development programs in consonance with the national health programs?

Yes, most of the academic programs offered by the University have built-in multi skill development potential that enables the students to take up the challenges and effectively deal with the National health programs.

The curriculum of all programs encourages grass root level research community based on National health programs.



Sr. No.	National Health Program	Academic Programs Introduced in consonance with the national health programs	
		Knowledge	Skill
1	Revised national tuberculosis control program	Orientation on implementation of Program	Hands-on skill training in Sputum smear microscopy
			Orientation at outreach centers for implementing the program
2	National vector Borne disease control program	Jan-Jagran and Other Outreach camps - Deliver IEC and BCC messages through skits and role plays	-
3	Integrated disease surveillance program	-	Hands-on training in outbreak Investigation
4	National Blindness control program	-	Training in Sub specialty clinics for skills development
			Hands-on training in cataract surgery
5	National AIDS Control program	-	Skills in counseling in ICTC
6	National Program for prevention and control of Cancer, Diabetes, CVD and stroke.	Research projects in community for Diagnosis of above said cancer screening	Hands-on skill training in PAP Smear and Mammography procedures through state of art Mobile Mammography Clinic for screening of Cervical and breast cancers
		Research in the form of Cohort studies for Hypertension and Diabetes	
7	National Leprosy eradication program	-	Hands-on training in dermatology for procedures related to Diagnosis
		-	Hands-on training in Counseling skills - IEC and BCC in Various camps
8	National Mental Health Program	-	Hands-on training in counseling skills at De addiction center
9	Pharmaco-vigilance Program of India	-	Hands-on training in the Nodal center for ADR

1.3.6 How does the institution incorporate the aspects of overall personality development addressing physical, mental, emotional and spiritual wellbeing of the student?

The University incorporates the aspects of overall personality development addressing physical, mental, emotional and spiritual wellbeing of the student through its structured mechanism by conducting programs on value education and posting students regularly in CAP Lab.



**Physical** – Students are encouraged to participate in sports. Facilities for football; volley ball, swimming pool, cricket etc. are available in the campus along with gymnasium. Annual Sports Inter-university, Intra University meets are organized every year. Physical health check-ups are conducted for all the students. Free Medical facilities are available in all the hospitals of the University.

**Mental, Emotional and Spiritual wellbeing of students**-Good conduct and good behavioral practice is a part of the curricula which reflects in mind building of the students. Students participate in various extracurricular activities like cultural programs to refresh their minds.

The student guidance Unit, Preceptorship programs and Mentor Cells play crucial role in maintaining the emotional homeostasis of the students.

Value education programme along with yoga helps in providing spiritual wellbeing.

- 1.3.7 Does the curriculum provide for adequate emphasis on patient safety, confidentiality, rights and education?

Yes, in addition to units in regular curricula, specific educational programs and CMEs are conducted to provide intense knowledge and training. The Orientation program conducted for the new students (UG and PG) include sessions on Patient Safety, Infection control and Medication safety. Medical ethics and bioethics are an integral part of UG and PG curriculum. The postgraduate students who undertake the research are subjected to present their research proposal in front of Scientific Advisory Committee and Institutional Ethics Committee. Research project protocols are designed as per ICMR / WHO guidelines.

- 1.3.8 Does the curriculum cover additional value systems?

The subject value education has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The Policy declares: “the growing concern over the erosion of essential values and an increasing cynicism in society has brought to the focus, the need for readjustments in the curriculum in order to make education a forceful tool for the cultivation of social and moral values”.

The DMIMS (DU) is one of the first Health Sciences University in the country to introduce value education in its curriculum in a structured and incremental manner. Value education or social citizenship role is taught to students by the following mechanisms:

- Value education cell is established.
- Curriculum framed and approved for various disciplines includes a section on social citizenship roles.
- Value orientation through ‘Value Education Module’ is incorporated in curriculum.
- Twenty hours of teaching program are allotted to cover additional value system at three different phases of the undergraduate curriculum.



## 1.4 Feedback System

- 1.4.1 Does the institution have a formal mechanism to obtain feedback from students regarding the curriculum and how is it made use of?

Yes, structured feedback from the student is obtained at regular periodicity, based on matters related to Academics, Infrastructural facilities, Library, Faculty and Hospital facilities etc. These feedback forms do not disclose the identity of the ‘furnisher’. The feedback thus obtained, is thoroughly scrutinized & timely conclusions are drawn for effective operational implementation.

### **Academic Appraisal Program:**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The Academic Appraisal Programme focuses on internally auditing the extent and the manner of dispensation of academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the university at the beginning of the academic term, essentially in the form of feedback received from the students. It is as such a novel way of student led monitoring of quality of teaching, practiced in the University.

Doctoral degree has been awarded by the University on the research work carried out by the scholar on “A Study on Academic Appraisal Program: An Innovation towards Quality Assurance in Undergraduate Medical Education” and a hand book has been also published on the process of Academic Appraisal Program.

### **Exit feedback:**

Exit feedback is obtained after completion of internship training regarding all aspects of the curriculum and their suggestions are recorded.

- 1.4.2 Does the institution elicit feedback on the curriculum from national and international faculty? If yes, specify a few methods such as conducting webinars, workshops, online discussions, etc. and their impact.

Yes, as a part of curriculum revision process wherein feedback from subject expert is sought, by conducting webinars, workshops, and online discussions. It is reflected in the DMIMS model of curriculum revision

- 1.4.3 Specify the mechanism through which affiliated institutions give feedback on curriculum and the extent to which it is made use of.

Sensitization workshop for faculty members of constituent units are conducted and questionnaire based feedback is obtained.



Being a Deemed University, it does not have any affiliating colleges. All the Constituent units are represented in the process of curricular revision through their respective deans of the faculty who are ex officio members of the standing Committee of Deans.

1.4.4 Based on feedback, what are the quality sustenance and quality enhancement measures undertaken by the institution in ensuring the effective development of the curricula?

- Creation of Centers of excellence
- Initiation of newer Inter-disciplinary courses
- Conduction of value added courses
- Faculty development programs to improve teacher competency
- Virtual Learning Centre
- Introduction of Competency based PG curriculum
- Introduction of Competency based Fellowship Curriculum

1.4.5 What mechanisms are adopted by the management of the institution to obtain adequate information and feedback from faculty, students, patients, parents, industry, hospitals, general public, employers, alumni and interns, etc. and review the activities of the institution?

Questionnaire based feedback, 360 degree feedback, online feedback, patient feedback form; such modalities are adopted by the management of the University to obtain adequate information and feedback.

Feedbacks are mostly taken online for the ease of analysis and retrieval. Depending upon the stakeholders, the feedback analysis is conveyed to the concerned in-charges as depicted in the table. Suitable suggestions are incorporated and conveyed to the respective feedback givers via website and personal communications wherever possible.

“Stakeholders” (students, faculty, staff, alumni, parents, patients, community, employers, visitors) are the genuine “assets” of colleges and universities. The University follows a 360° Feedback Cycle for all its process improvement measures. There is a mechanism in place for defining the scope of the feedback, measuring and real time analysis of the feedbacks as also the improvement and control machinery to act upon actionable points arising out of such feedbacks in a timely manner.



The feedback taken on various aspects and the percentage of its implementation is depicted in the following table

S No	Name of the Stake holder	Areas of feedback	Percentage Implementation
01	Students	Curriculum / Infrastructure/T-L-E/Placement/ hospital services/ Extension/ Exit Feedback	89%
02	Alumni	Curriculum/ Infrastructure/T-L-E/Placement	73%
03	Parents	infrastructure/ Placement/ T-L-E	62%
04	Employers	Curriculum/Placement/ Infrastructure	43%
05	Peers	Curriculum/ T-L-E	78%
06	Patients	Hospital services/ Extension	65%
07	Community Leaders	Hospital services/ Extension	69%

The various types of feedbacks and their further modus-operandi has been depicted as under:

Sr. No.	Type of feedback	Evaluated by	Action Taken By	Communicated back via
1	Student feedback on academic aspects	Department of Medical Education	Heads of the Institutions	Circulars , Website display
2	Infrastructures like hostels, library, lecture theatre	IQAC	Hostel administration, Maintenance Department	Hostel Admin Office, Notice boards
3	NRI / Foreign Nationals/ Parents/ Employers	IQAC	Registrar, Director international Affairs, Heads of the Institutions	Personal Emails, website

4	Clinical Services, Community services	Director Outreach Activities	Chief Medical Superintendent	Intranet, ensuing Meeting
5	Academic Peers	IQAC	BOS	Ensuing meeting

1.4.6 Any other information regarding Curricular Aspects which the institution would like to include.

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## CRITERION II : TEACHING-LEARNING AND EVALUATION

### Student Enrolment and Profile

How does the institution ensure publicity and transparency in the admission process?

Publicity

- a. **Prospectus:** Self-contained prospectus is available for each course, with all the details of the course, including admission process. Such Prospectus is available, well ahead of the date of common entrance test.
- b. **Institutional Website:** The admission notice and application forms are announced well in advance, displayed and can be downloaded from the university website: [www.dmimsu.edu.in](http://www.dmimsu.edu.in).
- c. **Advertisement in Regional / National Newspapers:** Wide Publicity is given to the admission process by advertising in newspaper of regional & national relevancies.
- d. **Other Measures**
  - Through **International Students Cell**, by participating in educational events being held at National, International levels.
  - **Membership of Ed CIL India Ltd:** This globally publicizes information pertaining to University through their network and website.
  - Liberal use of **electronic media** like popular FM stations and Social Networking sites
  - The advantages of studying at the DMIMS(DU) are spread to the targeted aspirants in and around the region through **career counseling workshops**, and also by the **‘word of mouth’** by the students, staff and alumni.

The Transparency of the admission process is maintained by strictly adhering to the guidelines issued for the admission by the various apical councils and the UGC. The University is Signatory to the Memorandum of Association with UGC in terms of UGC deemed to be University Regulation 2016. The University follows the admission procedure mentioned in these regulations in true spirit.



Explain in detail the process of admission put in place by the institution. List the criteria for admission: (e.g.: (i) merit, (ii) merit with entrance test, (iii) merit, entrance test, aptitude and interview, (iv) common entrance test conducted by state agencies and national agencies (v) any other criteria (specify).

PROCEDURE FOR ADMISSION UPTO 2016-2017

Admission Notification on Institution's Website & National Newspapers



Online submission of Applications Forms for DMIMS(DU) Entrance Test



Distribution of Admit Card



Conduction of DMIMS(DU) Entrance Examination



Display of merit list



Counseling of the basis of Merit with DMIMS(DU) Entrance Test



Payment of Fees



Completion of admission formalities

The admissions were done to all the courses on the basis of Inter se merit of the All India Entrance test conducted by the university till last year. However in view of the decision of the Hon'ble. Supreme Court and the subsequent notifications issued by the MCI & DCI, the admissions to the flagship courses like MBBS/ BDS are done on the basis of Inter se merit in the National Eligibility Entrance Test (NEET). Thus, the University has strictly adhered to the admission norms set out by the Government/ Apical Councils.

In view of the notification issued by the CCIM, the admissions to the BAMS course were done on the basis of the inter se merit of the MHCET conducted by the Govt. of Maharashtra and the University on its own decided to do admissions to B.Sc. Nursing and the B.P.Th. courses also through the MHCET conducted by the Govt. of Maharashtra, although it was not directed by any statutory body.

However, before the said decision of the Hon'ble Supreme Court and the notifications by the MCI & DCI, the All India entrance test was conducted by the University for Admissions to the Post Graduate and Super-Specialty Courses under the faculties of Medicine and Dentistry and the admissions were done on the basis of inter se merit of this examination.

The University also conducted AI CET for admissions to the PhD courses, M.Phil. Course, Post graduate courses under faculty of Ayurveda sciences and the admissions to the super specialty courses under the faculty of Medicine for the academic year 2016-17.



Students are selected for admission to the professional courses on the basis of Inter-se-Merit generated out of **All India Common Entrance Test** conducted by the University as per the Hon'ble Supreme Court Judgment, with strict adherence to the eligibility criteria prescribed by the Apical Council.

More-over, following general measures are also incorporated to further enhance transparency in conduction of admission process:-

- Video Recording of whole entrance examination
- Pre-notified Counseling Process in the order of merit
- Interviews are conducted by panel incorporating subject experts from outside for other courses such as Doctoral.

### DMIMS(DU) CET-2016

S n	Name of the CET	Date	Time	No. of Center	Total	Appeared	Absent
1.	AIPGM CET	31.01.2016	1P.M. to 4.30P.M.	4	446	394	52
2.	AIPhD CET	31.01.2016	1P.M. to 3.00P.M.	1	41	37	04
3.	AIPGD CET	31.01.2016	1.00PM. to 4.00 P.M.	4	127	122	05
4.	AI PhD	26.06.2016	1 PM to 2.45 PM	1	67	63	04
5.	M.Phil	26.06.2016	11.00 A.M. to 12.45	1	9	08	01
6.	AI PGA	16.10.2016	1.00PM to 4.00 P.M	1	58	54	04
7.	AI SS CET	15.07.2016	1 PM TO 3.30 PM	1	2	2	00

Provide details of admission process in the affiliated colleges and the university's role in monitoring the same.

The University is established under section 3 of UGC act 1956; hence, does not have an affiliating character. All the admissions in the constituent units are conducted by the admission cell of the University.



Does the institution have a mechanism to review its admission process and student profile annually? If yes, what is the outcome of such an analysis and how has it contributed to the improvement of the process?

Yes, the Institution has a mechanism to review its admission process and student profile annually.

The competent Authority for the Examination and Admission Committee analyses and submits report on Conduct of Examinations and Admission profile to the Board of Management. Based upon the analysis regarding trends of admissions, following policies are adopted as follows;

1. Kottayam was introduced as an *additional center* for subsequent Examinations as the major chunk of Nursing admissions in 2012 were from Kerala.
2. *Focused Branding Activities* on specific geographic location depending upon the admissions to a particular course from that location.
3. Gender mapping, based on student profile, is adopted for the purposes of creating Hostel and other Infrastructure for subsequent years.
4. Based on the analysis report, Policy decisions are taken regarding *introduction of new courses, increasing intake capacity* of various courses and *discontinuation* of certain courses.

What are the strategies adopted to increase / improve access for students belonging to the following categories :

- \* SC/ST
- \* OBC
- \* Women
- \* Persons with varied disabilities
- \* Economically weaker sections
- \* Outstanding achievers in sports and other extracurricular activities

The University does not come under the statutory adaptation of reservation policy on communal basis. Students belonging to SC/ST/OBC are admitted based on admission criteria for the program. Statistics shows female students out number male in many courses. Individuals with disability are admitted based on their medical certification to be fit to join the program to which they apply. Sports persons are given all facilities and encouragement during their course period.

Number of students admitted in the institution in the last four academic years:

CATEGORY	2013 - 14 Batch		2014-15 Batch		2015 - 16 Batch		2016-17 Batch	
	Male	Female	Male	Female	Male	Female	Male	Female
SC	10	60	42	112	40	157	48	144
ST	4	10	3	22	12	30	9	10
OBC	48	173	110	188	138	239	132	219
General	142	209	174	259	181	268	154	288
Others	13	28	17	51	25	48	26	33
Total:	217	480	346	632	396	742	369	694



Has the university conducted any analysis of demand ratio for the various programs of the university departments and affiliated colleges? If so, highlight the significant trends explaining the reasons for increase / decrease.

Yes, the Demand ratio for each course is analyzed on yearly basis. The trends in the matter are predominantly used to take a policy decision on introducing new courses, increasing intake capacity of various courses and discontinuing certain courses.

**Significant Trends of demand in various constituent units are as under:**

1. There is 43% increase in terms of applicants to undergraduate programme in faculty of medicine, 6% Drop in Demand for faculty of Dentistry, 17% increase for faculty of Ayurveda, 73% increase in the faculty of paramedical sciences ( Physiotherapy Programme) and 2% rise in the demand for Nursing programme, specific for this University. The trend matches with the overall National trend for admission to the health sciences programmes.
2. There is significant increase in demand (nearly 28%) for PG in clinical Departments while there are very few takers for basic sciences programmes.
3. The demand to avail PG diploma programmes has decreased to a great extent in the faculty of dentistry while it has slightly dipped in the faculty of Medicine.
4. There is an ascendency in demand for super specialty and doctoral programmes in all the faculties.

**Depending upon the trends in the last four years, following important decision were taken by the University:**

1. Increase in intake for various PG programmes in the faculty of Medicine and Ayurveda.
2. Decrease in the intake of Basic Sciences PG programmes in Dentistry.
3. Re-introducing of physiotherapy Undergraduate and Postgraduate Programmes.
4. Addition of Fellowship programmes under School of Advanced Studies.
5. Discontinuation of PG diploma programmes in the faculty of Dentistry.

Were any programs discontinued/staggered by the institution in the last four years? If yes, specify the reasons.

As explained in point no 2.17, the Postgraduate diploma courses in faculty of Dentistry were discontinued owing to decreased demand and less employability. The trend at the University matches the general scenario in the country about these courses.

Does the institution organize orientation / induction program for freshers? If yes, give details such as the duration, issues covered, experts involved and mechanism for using the feedback in subsequent years.

Yes, the institution has a policy of holding Orientation/ Induction program at every important transition stage of the learner. These are included in the Comprehensive Academic Calendar and are conducted in a structured format.



This induction is carried out in 4 stages on different progression milestones:

On entrance to	Event	Duration	Issues covered	Experts involved
UG course	Freshers Induction Program	7 days	Preceptorship Program, Anti-ragging Measures, Student welfare cell , Institutional forum for women, Sexual harassment at workplace, Academic appraisal program, Attendance cell, Teaching _learning, Examination Cell, Assessment, Hostel Discipline, Integrated community services, Value Education, Yoga and Meditation, Orientation to teaching hospital, orientation towards community based training, communication skills etc.	Expert
Clinical settings	White Coat ceremony	3 days	Clinical skill lab Demonstration, Introduction to Research Methodology, How to make Research proposal ,Research facilities for MBBS Students (Including ICMR Scholarship), Medical Ethics and Communication skills , Doctor Patient Relationship, Student welfare cell etc.	
Internship	Internship Orientation Program	5 days	Motivational lecture on how to utilize internship period, Medico-legal issues ,Research Methodology, Health care delivery systems in India, Infection control, Immunization, community health services, Hospital schemes, Orientation of PG entrance test, Career opportunities, essential drugs, CPR, BLS & ACLS etc.	
PG Course	Post Graduate Orientation Course	10 days	Learning and Knowledge resources, Mandate for Residency programs, Professionalism, Research resources, Thesis writing, BLS & ACLS, Infection Control, Bio-waste management, medico-legal situations, evidence based medicine, seminar presentations, data management and analysis, pedagogy, scheme of examinations, Hospital schemes	

The learning gain is assessed by calculating Absolute Learning Gain (ALG) on the basis of pre-test & post-test evaluation.

Feedback received from candidates is used to improve the process in subsequent years.



- i. Does the institution have a mechanism through which the “differential requirements of the student population” are analyzed after admission and before the commencement of classes? If so, how are the key issues identified and addressed?

The University admits the students on the basis of All India Entrance Tests through the common counseling. Hence, the first opportunity to understand the student population and its diversity is during the orientation programmes. Taking cognizance of the variations in the students’ knowledge and skills, the university conducts Induction and short Orientation courses for all the levels of entrants including the undergraduates and the Postgraduates, before the commencement of programme. This also helps in effective mitigation of the diverse needs of the learners, renders necessary cushioning and bridges the palpable gaps between levels of competence, for incoming students. Based on their interaction and feedback, students are referred to need based institutionalized mechanisms like student’s guidance clinic, behavioral and attitudinal skill labs, linguistic labs, computer skill labs for ensuing measures to level up the competencies towards coping with the curriculum he/she is supposed to undertake.

- ii. How does the institution identify and respond to the learning needs of advanced and slow learners?

The institution provides an enriched academic ambience for advanced learners in the following ways:

1. Deputation to International Universities for higher learning.
2. Representing the Institution in academic competitions (Quiz, Debates, etc.).
3. Encouragement to apply for extra mural funded projects (by one is to one academic mentoring)
4. Participation in scientific presentations at National and International scientific forums.
5. Involvement of students with exceptional scientific temperament in the ongoing funded projects.
6. Identification of high achievers as “Peer Tutors” for teaching and mentoring peers.
7. Opportunity to represent their batch in various Institutional committees.
8. Recognition of merit by awarding a Laptop as per the well-defined scheme of the University.
9. Recognition of merit by providing opportunity to the University topper (by rotation) to hoist the National flag on Independence and Republic day



### Performance enhancement for slow learners:

- a. The Institute identifies students who require special learning conditions as “Potential learners”. They are identified on the basis of their academic performance in formative assessment and reviewed via well-defined mechanisms (like preceptor-ship meetings, autonomous cell meetings and college councils).
  - b. Academic counseling for potential learners is routed through Students Guidance clinic for students referred via Preceptor meeting, Attendance cell, and Examination cell and in solicitation.
  - c. Academic support is provided through remedial and booster teaching, peer assisted teaching and in-class formative assessments.
  - d. In addition, all other facilities like Skill labs, virtual learning labs, e-museum and student kiosks etc. are also available for learning reinforcements.
- iii. Does the institution offer bridge / remedial / add-on courses? If yes, how are they structured into the time table? Give details of the courses offered, department-wise/faculty-wise?

The institution offers remedial teaching and capsulated teaching to the potential learners and to students who have missed some part of the academic term on medical grounds.

Various training programs are imparted by the university to enable students to acquire professional skills and competencies;

- Value Education
- BLS & ACLS
- Communication Skill Classes with emphasis on role plays
- Dale Carnegie workshops

*Choice based credit system* is introduced for undergraduate curriculum that widens the scope of professional development by incorporating foundation course and electives.

The Bridge Courses are introduced by the University to bridge the gap between the diploma and degree by introducing two years Post Diploma Fellowship.

The enrichment courses in the form of electives are offered to the postgraduates in subspecialty and super-specialty areas.

- iv. Has the institution conducted any study on the academic growth of students from disadvantaged sections of society, economically disadvantaged, differently-abled, etc.? If yes, what are the main findings?

Yes, IQAC regularly conducts studies on pattern of academic growth amongst diverse student community. Recent study was conducted on developing a *Booster Mechanism for Interrupted learners* from disadvantaged section of students under Nursing Faculty. The challenges in front of educationists are the integration of these students in the mainstream of





Academics and make them confident and productive members of the society. The IQAC has developed a SOP for bringing them back in the mainstream.

The admissions to the health sciences courses are restrictive in terms of the regulatory guidelines of the councils to the effect that the permissible disability is limited to the extent of 40% of the lower extremity. Therefore, the differently-abled students are scarcely admitted in the University, hence no specific study on their academic growth is conducted by the University

- v. Is there a provision to teach the local language to students from other states/countries?

Yes, there is provision to teach local language as well as English to students from different states of India and other countries. A modular value added course has been prepared to impart basic language skills by linguistic teachers. These are scheduled outside the scheduled academic hours and are carried out in structured interactive manner.

- vi. What are the institution's efforts to teach the students moral and ethical values and their citizenship roles?

The subject “value education” has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The Policy declares: “the growing concern over the erosion of essential values and an increasing cynicism in society has brought to focus the need for readjustments in the curriculum in order to make education a forceful tool for the cultivation of social and moral values”.

**The DMIMS (DU) is one of the first Health Sciences University in the country that has introduced Value Education in its curriculum for all its constituent colleges. .**

It is held in two parts

1. Initial module held in the first year for all faculties i.e 1 MBBS, 1 BDS, 1BAMS, 1BPTH, and 1BSc nursing. The duration is for 10 hours and topics covered are values in family, values in professional life, values for self-development and happy living.
2. The 2nd consolidation module is held in the 3rd year for all faculties. The duration is 10 hours and topics covered are active listening, creativity, empathy leadership, respect etc.

- vii. Describe details of orientation/ foundation courses which sensitize students to National integration, Constitution of India, art and culture, empathy, women's empowerment, etc.

- National integration sensitization is done by celebration of various National days like Republic Day, Independence Day, etc.
- NSS cell is active in the university. It celebrates various days of National importance is as under:



### ANNUAL TIME TABLE FOR NSS ACTIVITIES 2016 - 2017

Sr.No.	Month & Year	Date	Activities
1	Jun-16	22 <sup>nd</sup> June	N.S.S. New session start with Tree Plantation
		29 <sup>th</sup> June	Registration for New students
2	July –2016	11 <sup>th</sup> July	World Population Day
		13 <sup>th</sup> July	Constitution of NSS Advisory Committee
		29 <sup>th</sup> July	World ORS Day
3	Aug-16	1 <sup>st</sup> to 7 <sup>th</sup> Aug.	Breastfeeding Week
		8 <sup>th</sup> to 14 <sup>th</sup>	Preparation for Independence Day (March past,demo etc.)
		15 <sup>th</sup> Aug.	Independence Day and Tree plantation
4	Sept. – 2016	1 <sup>st</sup> to 7 <sup>th</sup>	Nutrition Week
		5 <sup>th</sup> Sept.	Teachers Day
		24 <sup>th</sup> Sept.	N.S.S. Foundation Day
5	Oct-16	1 <sup>st</sup> Oct.	International Day for Older Person
		2 <sup>nd</sup> to 9 <sup>th</sup> Oct.	Clean & Green Campaign Week
		10 <sup>th</sup> Oct.	Mental Health Day
		12 <sup>th</sup> to 17 <sup>th</sup>	Road Safety Week & Annual Camp (MGAC)
		31 <sup>st</sup> Oct.	National Unity Day
6	Nov-16	11 <sup>th</sup> Nov.	National Education Day
		14 <sup>th</sup> Nov.	Children's Day
		19 <sup>th</sup> to 24 <sup>th</sup>	Annual Camp (SRMMCON)
		25 <sup>th</sup> to 30 <sup>th</sup>	Annual Camp (JNMC)
7	Dec-16	1 <sup>st</sup> to 7 <sup>th</sup>	World AIDS Day
		9 <sup>th</sup> to 13 <sup>th</sup>	Annual Camp (SPDC)
8	Jan-17	12 <sup>th</sup> Jan.	National Youth Day
		26 <sup>th</sup> Jan.	Republic Day (March past,demo etc.)
9	Feb-17	4 <sup>th</sup> Feb.	World Cancer Day
10	March – 2017	8 <sup>th</sup> March	International Womens Day
11	Apr-17	7 <sup>th</sup> April	World Health Day
12	May – 2017	23 <sup>rd</sup> May	DMIMS (DU) University Foundation Day
		31 <sup>st</sup> May	World No Tobacco Day

- Empathy is ensured by Value education module.
- Constitution of India sensitization is done through lectures by eminent speakers
- Art and culture sensitization is done by exposure to popular authors, cultural events held during Ganesh Festival Celebration)

Women empowerment orientation is done through circulation of manual and orientation courses held every year during Fresher's and PG orientation and observing various National and International days of women empowerment.



- viii. Has the institution incorporated the principles of Life Style Modifications for students based on Eastern approaches in their day to day activities?

Yes, the institution incorporates the principles of Life Style Modifications for students which is routed through Mind Body Medicine Clinic wherein the lifestyle modification activities are conducted during foundation and refresher courses. Yoga and meditation techniques are a part of this program.

Students are encouraged to take up extra- curricular activities like sports and cultural events.

- ix. Has Yoga/Meditation/any other such techniques been practiced by students regularly as self-discipline?

Yes, the students are exposed to yoga and meditation during Induction programs which are carried out by experts in the field.

- x. How does the institution attend to the diverse health issues (physical and mental) of students and staff?

The DMIMS being a health university is morally bound to attend to the diverse health issues of its stakeholders. *Physical, Mental and Psychological* wellbeing of the students and staff are ensured as follows;

*Physical health:* Physical health issues are addressed by compulsory free yearly health checkups and provision for free treatment for both staff and students. There is state of art sports and health club facility which is easily accessible to all staff and students.

*Mental health:* Yoga, Meditation and value education programs are practiced in the Mind-Body Clinic under the supervision of expert faculty.

*Psychological health:* The mental health issues are intercepted by providing a stress free working environment. Student's guidance clinic provides relevant counseling and support to staff and students by trained counselors and psychiatrists that can also be solicited with ensured confidentiality.

- xi. Does the institution cater to the needs of groups / individuals requiring special attention by conducting group classes / special individual trainings / focused group discussion / additional training measures etc.?

Yes, a mechanism has been put in place to cater the needs of groups / individuals requiring special attention. A standardized SOP with provision for subjective customization is provided by the IQAC.

It includes;

**Special Academic needs:** Special needs in academics are catered by various strategies like Home assignments, projects, student seminars, Remedial teaching, capsulated teaching and booster teaching. An option of additional formative examination for increase of score is given. The candidate have the option of giving a fresh set of formative examinations, the results of which will not be linked with the candidates eligibility for the summative exam .Also the best of scores of all attempted FA will be considered. This form of reiterative learning is very student centric.

**Special Psychological needs:** Psychological needs are catered by various strategies like counseling via Student guidance clinic and preceptorship program.



## **b. Teaching-Learning Process**

- i. How does the institution plan and organize the teaching-learning and evaluation schedules such as ;
  - \* academic calendar
  - \* master plan
  - \* teaching plan
  - \* rotation plan
  - \* course plan
  - \* unit plan
  - \* evaluation blue print
  - \* outpatient teaching
  - \* in-patient teaching
  - \* clinical teaching in other sites
  - \* teaching in the community

### **Institutional Planning:**

All the academic programs including teaching learning and evaluation schedules are prepared well in advance, before the commencement of the academic year.

- Such academic calendar for the whole academic year is planned in consultation with Board of studies and approval thereof by the Academic Council of the University
- It depicts the term period, number of working days, vacation period (summer & winter) examination schedule for formative and summative.
- The academic calendars are circulated to all concerned including HOIs, HODs, faculties, non-teaching staff, students and on Website.
- Evaluation blue print is prepared for formative evaluation by Examination cell.
- For summative evaluation it is prepared by Controller of examinations and include the schedule for preparatory process as well ensuring timely dispensing of all the tasks including results.

### **Organizing Teaching –Learning / evaluation:**

#### **Teaching Learning:**

Phase wise curricular committee meets and decides about teaching plan and structures the time table including theory, practical and clinical schedules, which are then placed in students' information brochures for wide circulation to all stakeholders, for each batch when they get admitted to the course and during their inductions.



Included in the brochure are:

- Master Time-Table including department, theme, topic, and time wise depictions
- Clinical posting time table
- Detailed schedule of Part Completion Tests, Terminal examinations Preliminary examinations.
- Schedule of University examinations.
- Cultural event time table,
- Co-curricular-Sports time table.

Regular evaluation of teaching-learning process is done by HOD and HOIs through, Academic appraisal programs, academic audits, Attendance cell and student feedbacks .The unfolding of these schedules including course / syllabus progress and completion are closely monitored by them. At the end of every month such reports are then submitted in the college councils. Any deviations noted are appropriately dealt. The adherence to such planned teaching learning schedules is almost to the tune 100% in each college.

#### **Organizing Evaluation:**

- The program for evaluation are planned and notified at the beginning of academic year, includes preparation of examination schedules like-dates of Paper setting , moderations , conduction of examination, declaration of result and Grievances. All the theory papers are held centrally at examination hall and valued centrally through central assessment programme.
- For Formative evaluation there is an independent Cell- Examination cell which organizes, supervises, monitors and oversees all the evaluation process round the year, being conducted by the different institutions.
- Similarly, Summative examinations are organized and overseen by the Office of Controller of Examination of the university.
- The entire examination process is monitored for strict adherence through structured mechanisms.

#### **Monitoring Process:**

The whole Teaching – learning and evaluation process have continuous monitoring. - A “Three Tier” Monitoring System for Teaching-Learning and Evaluation.

#### **First Tier – Department:**

The head of the department Supervises, monitors and evaluates implementation of teaching & learning by conducting monthly internal meeting of all the faculty.

#### **Second Tier – Institution:**

College council meets at regular intervals to discuss and decide about “progress, problems, deficiencies, improvements to be made and future plan of action”.



### **Third Tier –University:**

An Academic audit (Joint College council meeting) is organized quarterly to review the progress made and new decisions to be taken under the chairmanship of the Vice Chancellor along with members of the college council.

**Academic calendar:** The comprehensive academic calendar is finalized by the Standing committee of Deans at the beginning of each academic year. It includes number of day's term wise, the dates of commencement and duration of vacations, Formative and Summative examination schedule, and dates of declaration of results.

**Master plan:** This is the Comprehensive academic calendar which contains details of curricular, co-curricular and extracurricular activities. Annexure attached.

### **\* Teaching plan:**

All the institutions under the DMIM meticulously plans &organizes its teaching schedules

**Plan:-**The term-wise academic plan is formulated at the commencement of each term. This includes master Time table, split time-Table and operative Time Table which includes details like number of lectures, concerned teacher, name of the Lecture Hall & time. Monthly Review of the said schedule is carried out at the College Council meetings and any deviation from this schedule is addressed.

- \* **Rotation plan:** is put in place where ever necessary.  
Rotation is incorporated in clinical posting, ward duty, internship as per the academic schedule of the concerned faculty.
- \* **Course plan:** A blueprint is proposed for each subject. Each subject is organized into themes which are further divided into MK/DK/NK categories and accorded 60/30/10 weight age. The organization of the teaching schedule is made in such a way so as to facilitate proper spread of syllabus through the available calendar days and also to help in incorporation of advanced T/L strategies like PBL, ECE, ITP etc.
- \* **Unit plan:** The entire syllabus is divided into the units. The unit plan comprises of portion of syllabus covered, number of teaching hours allotted for both cognitive and psychomotor domain, allotted teaching faculty, method of evaluation and weightage in summative examination.
- \* **Evaluation blue print:** The department of medical health professionals education has formulated blueprints for standardization of the evaluation process. This is carried out by adherence to
  - a) Primary test blueprint which standardizes the number of questions, time available and the types of questions asked (format)
  - b) Secondary test blueprint which standardizes the level of difficulties, distribution of



Syllabus weightage, and balancing of the question paper (content)

The test blueprints have been validated by both internal and external validators. They are utilized in both formative and summative evaluation.

\* **Outpatient teaching & In-Patient teaching**

Plan: the apical council has outlined the number of days for outpatient and in-patient teaching for each subject in each faculty that is mandatory for each student. The institution takes this into consideration while planning and organizing the postings

Organization: fixed number of days are allotted in the term-wise schedule. 10-15 students per batch are posted on a rotational basis. Ward leaving evaluation are conducted to assess the cognitive, psychomotor, affective and communication skills.

- \* **Clinical teaching in other sites:** Community Oriented, Need based & Problem Solving Learning is one of the thrust areas in Medical Education at this Institute, to equip Medical Graduates with desired knowledge and skills to serve the humanity. The University has adopted the “Community Academic Partnership Program” to foster health promoting partnership between communities and educational institutions that builds each other’s strength, confidence, and capabilities and develop health professional education relevant to the country through continuous dialogue between “Community – Student – Teacher & health care providers”.

This program helps:

- i. Student, teachers & community to share ideas, knowledge, resources and experiences to create healthier communities and appropriate community physician.
- ii. Community-Teacher inter-action and provides opportunity for the students to learn various methods in Research and Development of knowledge.
- iii. In contribution by the Community to provide opportunities for teaching- learning.
- iv. Providers of Professional education and students in developing excellent understanding and thrive for learning in the communities by
  - Exposure to allied health institutions – AYUSH institutes
  - Exposure to Health and Medical care Organization: Students are exposed to various health & medical settings like District TB Center, District Leprosy Center, District Malaria & Filariasis centers, DHO, Mentally Retarded Homes, Remand Homes, Elderly Homes, School for Deaf & Dumb, Non-Governmental Organization, PHC visits, Leprosy clinics, Destitute Homes, and General Practitioners

- \* **Teaching in the community:** A group of students from each faculty are attached to different department during the camps organized by the University in consultation with the community in remote rural areas to learn socio – clinical aspects of the patients attending the camp. Students are also involved in Health education and social communication. The students participate in camps of different specialties like Medicine, Ophthalmology, Dental, Gynecology and other discipline



- ii. Does the institution provide course objectives, outlines and schedules at the commencement of the academic session? If yes, how is the effectiveness of the process ensured?

Yes the institution provides course objectives, outlines and schedules at the commencement of the academic session with the help of a comprehensive booklet in which a detailed description of all these processes is documented.

Students are also oriented in the induction programs at various levels.

The effectiveness of the process is ensured and evaluated by periodic assessment known as the academic appraisal program with respect to adherence to schedule and completion of set objectives on the set marker points on 5 point likert scale.

Periodic reviews of the academic process are done at various administrative levels of the University like, college councils, joint college councils, autonomous cell meetings etc.

The input of students is also taken into account via the feedback taken for this purpose and conclusions drawn from these are used for updation of curriculum which is regular and ongoing process of the University.

- iii. Does the institution face any challenges in completing the curriculum within the stipulated time frame and calendar? If yes, elaborate on the challenges encountered and the institutional measures to overcome these.

No, the institution does not face any challenges in completing the curriculum within the stipulated time frame (with regards to didactic and non-didactic teaching) and calendar as there are 280 days in the academic year of DMIMS as against the mandatory 240 as stipulated by apical councils. These extra days are sufficient to tide over shortcoming if any.

- iv. How is learning made student-centric? Give a list of participatory learning activities adopted by the faculty that contributes to holistic development and improved student learning, besides facilitating life-long learning and knowledge management.

The University lays great emphasis on making learning student centric. There is a deliberate attempt to shift the learning from the conventional Teacher centric to student centric mode. This is ensured by the incorporation of the following modalities that contribute totalistic development and improved student learning, besides facilitating life- long learning and knowledge management.

1. Small group teaching learning activities like PBL and CBL
2. ITP
3. Early clinical exposure
4. Inclusion in Comprehensive health team
5. Training in skill labs
6. Short term research projects





7. Simulation based training
8. Organization and participation in student conferences
9. Encouragement towards reflective learning
10. Student led seminars, projects
11. Theme based seminars
12. Structured journal clubs
13. Log book for interns and PG

- v. What is the institution's policy on inviting experts / people of eminence to augment teaching-learning activities?

The university has a yearly targeted schedule for programs and CMEs targeted towards augmentation of T/L activities. Yearly themes are decided and people of eminence and experts are invited. Theme based workshops are also held for the purpose.

Adjunct faculty and visiting faculty are identified by each department and their services are utilized for knowledge updation for UG as well as PG.

- vi. Does the institution formally encourage learning by using e-learning resources?

Yes the Institution formally encourages learning by using e-learning resources by its various policies. They are as follows:

- a) WiFi Campus with 4G connectivity
- b) The digital library which is assessable to all stakeholders. Online availability of latest journals and textbooks, e books , e-journals
- c) LRM is available to the students in kiosk
- d) E-class rooms,
- e) E- Museums
- f) Webinars
- g) Telemedicine
- h) School of Virtual learning

- vii. What are the technologies and facilities such as virtual laboratories, e-learning and open educational resources used by the faculty for effective teaching?

Yes, facilities such as e-learning and open educational resources like BMJ evidence Based Learning, Royal Society of Medicine Library, Clinical Key used by the faculty for effective teaching.

These are made available to all stakeholders via the digital library, easy access to the net and archiving of open resource materials for ready reference. The librarian often plays a facilitator role in this.

The School of virtual learning is the latest modality added to the university's repertoire. It has a state of the art interactive virtual dissection table .It is easily accessible to aid in e-learning.



- viii. Is there any designated group among the faculty to monitor the trends and issues regarding developments in Open Source Community and integrate its benefits in the institution's educational processes?

A subcommittee of the Library committee has been allocated the responsibility of monitoring the trends and issues regarding developments in Open Source Community and they integrate its benefits in the institution's educational processes by dispersing of information to relevant stakeholders and also by display on pertinent notice boards and websites. This is done in a monthly scheduled manner.

- ix. What steps has the institution taken to transition from traditional classrooms into an e- learning environment?

The steps taken by the institution to facilitate transition from traditional classrooms into an e-learning environment are as follows:

1. E-classrooms
2. E-learning resources
3. Wifi enabled classrooms
4. Use of virtual teaching modules
5. Kiosk with updated information
6. Knowledge portal through intranet
7. e books , e-journals
8. Digital library

- x. Is there provision for the services of counselors / mentors/ advisors for each class or group of students for academic, personal and psycho-social guidance? If yes, give details of the process and the number of students who have benefitted.

Yes, to facilitate and help in creation of desired academic ambience for the students during their tenure in the institution, the University has institutionalized the “Preceptor-Ship” programme with Senior teachers as preceptors, who are duly oriented for the purpose and are allotted 10 students each for the entire duration of the course.

The “Mentor teacher” (preceptor) acts as a “Friend, Philosopher & Guide” for students to provide “Academic, Social & Psychological” support with “Care, Concern and Cushion” Regular semiformal get together is scheduled ones a month where student grievances are solved.

Psycho-social guidance- It is an unfortunate albeit an uncommon occurrence that a minute percentage of our students become the victims of a complex interplay of self, parental, institutional and societal apathy. Caught in a vicious cycle of lack of self-confidence, leading to poor attendance, and subsequently. Poor assimilation of knowledge and skills. These interrupted learners have often lost the will to assert and have given up on all forms of



Conventional education. The university has facility of psycho-social guidance for such students.

The university has appointed counselors to facilitate a frictionless transition of students into professionals.

- xi. Were any innovative teaching approaches/methods/practices adopted and implemented by the faculty during the last four years? If yes, did they improve learning? What were the methods used to evaluate the impact of such practices? What are the efforts made by the institution in giving the faculty due recognition for innovation in teaching?

The University considers innovation as an integral part of its growth and development. The major innovations worked out by the University in the various domains are:

**Teaching Learning: Innovative TL methods viz;**

- LRM format
- Critical Self Thinking Inventory for Clinical Examination (CSTI-CE)
- Revisiting Problem Based Learning
- Think pair share technique in classroom teaching
- Peer-led Quiz and tutorials
- Question a week
- Thematic seminar in PG
- Evidence based journal club
- Self-Assertive Learning (SAL)(Copy Right)
- Interactive Intragroup Tutorials(Copy Right)
- Pathak -Chimurkar Assignment Method Of Recording Attendance And Attendance Based Learning (Abl)
- Incorporation Of ‘Sack’ Model In The Conduction Of Integrated Teaching Program
- Modified Problem Based Learning
- DMIMS Model for nursing education unit for qualitative improvisation in nursing education
- Daigavane and Hazarey classification for Unilateral Cleft lip and palate to aid in Presurgical Orthopedics
- “Early Research Exposure Model” (ERE Model) for Medical Undergraduates
- Module on Early Clinical Exposure (ECE) in Ayurved Education
- Enrichment Courses in super-specialty/ sub specialty etc.
- E-portfolio

All these methods have resulted in benefits to the students which are reflected in both the qualitative and quantitative parameters of the results. There is an overall increase in the passing percentage and also in number of students above in first class and honors.



Table reflecting improvement in learning

Course	Previous%	Current %	% Improvement in learning
MBBS	85	97	12
BDS	90	97	7
BAMS	86	98	12
Nursing	83	100	17

Method adopted for evaluation of the impact of such innovations is done on the basis of the various feedbacks taken by the University for Evaluation of teaching learning processes.

Faculty involved in these innovative practices are publicly appreciated and are financial incentives are awarded.

- xii. How does the institution create a culture of instilling and nurturing creativity and scientific temper among the learners?

The university instills and nurtures creativity and scientific temper amongst the learners in the following ways:

The students are inducted to enquiry based learning and imbibing scientific temper by involving them in research activities right from foundation years of the curriculum. They are provided with platform to present the scientific data by organizing in house student conferences. Involvement of students in funded projects like AVERT project, ICMR funded Short Term Studentship program and PPTCT is also ensured. Community & need based short term research and field studies are made mandatory. Evidence based journal club, Reflective learning are routinely followed and help in generating scientific temper. In house scientific student journal and annual student magazine provides a platform for nurturing scientific temperament and creativity. Other than that Students are encouraged to attend International and National Workshops, Symposia, Seminars, CME's.

Students are provided with immense opportunities to develop and practice co-curricular activities of their choice. They are encouraged and supported to publish their literary creative output through student magazines.

Rational thinking is encouraged through guided referrals and report back mechanisms which in turn encourages creativity and logical thinking.



- xiii. Does the institution consider student projects mandatory in the learning program? If yes, for how many programs have they been (percentage of total) made mandatory?

Yes the institution considers student projects mandatory in the learning program. The projects are made mandatory in all PG degree and diploma courses. Small projects are a part of internal assessment in UG program.

\* The number of projects executed within the Institution are :**2732**

\* Role of faculty in facilitating such projects:

A need based topic for research is selected by the students and carried out under appropriate guidance and supervision of appointed faculty as 'guide'. Guidance is provided to the student right from framing of research protocol till publication of the research work. The students are also guided in Research Methodology including "collection compilation and analysis" of data, application of statistics and development of ability to present the data and submission of a written report of the study including "conclusions", if any, thereof.

- xiv. Does the institution have a well-qualified pool of human resource to meet the requirements of the curriculum? If there is a shortfall, how is it supplemented?

The institution has a more than adequate, well qualified pool of human resource to meet the requirements of the curriculum. In case there is any shortcoming generated by resignation, all necessary steps are taken to mitigate the deficiency immediately by fresh appointments which are carried out in a prescribed manner and the orientation of the said faculty through periodic workshops as a part of capacity building towards handling the issues.

- xv. How are the faculty enabled to prepare computer-aided teaching/learning materials? What are the facilities available in the institution for such efforts?

The University issues guidelines and structured format for generation of standardized Learning resource material. The LRM so generated is validated by internal and external experts. Continuous up-gradation of LRM in alignment with curricular revisions is carried out in a time bound manner. LRM for every topic, for every subject, in each faculty is generated and validated.

University is wi-fi enabled with facilities like Artist, Photographer, Modeler, and Computer Operator to prepare power point presentations, Audio – video Compact Disc, reprography, health education films, digital recording of unique major operations, including timely generation of teaching resource material and optimal utilization and validation and standardization thereof is done on a continual basis.



- xvi. Does the institution have a mechanism for the evaluation of teachers by the students / alumni? If yes, how is the evaluation feedback used to improve the quality of the teaching- learning process?

Structured feedback from the student is obtained at regular periodicity, based on matters related to Academics, Infrastructural facilities, Library, Faculty and Hospital facilities etc. These feedback forms do not disclose the identity of the ‘furnisher’. The feedback thus obtained, is thoroughly scrutinized & timely conclusions are drawn for effective operational implementation.

**Academic Appraisal Program:**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The Academic Appraisal Programme focuses on internally auditing the extent and the manner of dispensation of academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the university at the beginning of the academic term, essentially in the form of feedback received from the students. It is as such a novel way of student led monitoring of quality of teaching, practiced in the University.

Doctoral degree has been awarded by the University on the research work carried out by the scholar on “A Study on Academic Appraisal Program: An Innovation towards Quality Assurance in Undergraduate Medical Education” and a hand book has been also published on the process of Academic Appraisal Program.

**Exit feedback:**

Exit feedback is obtained after completion of internship training regarding all aspects of the curriculum and their suggestions are recorded.

Feedbacks are mostly taken online for the ease of analysis and retrieval. Depending upon the stakeholders, the feedback analysis is conveyed to the concerned in-charges as depicted in the table. Suitable suggestions are incorporated and conveyed to the respective feedback givers via website and personal communications wherever possible.

“Stakeholders” (students, faculty, staff, alumni, parents, Patients, Community, employers, visitors) are the genuine “assets” of colleges and universities. The University follows a 360<sup>o</sup> Feedback Cycle for all its process improvement measures. There is a mechanism in place for defining the scope of the feedback, measuring and real time analysis of the feedbacks as also the improvement and control machinery to act upon actionable points arising out of such feedbacks in a timely manner.



The feedback taken on various aspects and the percentage of its implementation is depicted in the following table

S No	Name of the Stake holder	Areas of feedback	Percentage Implementation
01	Students	Curriculum / Infrastructure/T-L-E/Placement/ hospital services/ Extension/ Exit Feedback	89%
02	Alumni	Curriculum/ Infrastructure/T-L-E/Placement	73%

The various types of feedbacks and their further modus-operandi has been depicted as under:

Sr. No.	Type of feedback	Evaluated by	Action Taken By	Communicated back via
1	Student feedback on academic aspects	Department of Medical Education	Heads of the Institutions	Circulars , Website display

xvii. Does the institution use telemedicine facilities for teaching-learning processes? If yes, cite a few instances.

Yes, the institution uses telemedicine facilities for teaching-learning processes. This is done by the use of webinars and use of tele-diagnosis facilities with the satellite centers located at remote locations.

The institution has fully equipped state of art telemedicine centers located at RHTC Seloo, RHC Deoli and Adegaon connected with central telemedicine unit at AVBRH. Undergraduate students posted at the Centre for community orientation posting are sensitized to the concept of telemedicine and are given tutorial through senior facilities at AVBRH.

Interns posted at this outreach telemedicine unit use the technology to get expert opinion at day-to-day basis.

Postgraduate students posted at outreach Centre are also sensitized and use the technologies for direct patient care under supervision from specialist located at AVBRH.

Various short trainings are held for students, interns, post-graduates and other staff located at peripheral unit from the nodal Centre at AVBRH.

Tele oral pathology is used as a tool for discussion of interesting cases with senior faculty in all parts of the country.



xviii. Does the institution utilize any of the following innovations in its teaching-learning processes?

- \* ICT enabled flexible teaching system.
- \* Reflective learning.
- \* Simulations.
- \* Evidence based medicine.
- \* Emphasis on development of required skills, adequate knowledge and appropriate attitude to practice medicine.
- \* Problem based learning (PBL).
- \* Student assisted teaching (SAT).
- \* Self-directed learning and skills development (SDL).
- \* Narrative based medicine.
- \* Medical humanities.
- \* Drug and poison information assistance Centre.
- \* Ayurveda practices.
- \* Yoga practices.
- \* Yoga therapy techniques.
- \* Naturopathy and its practices.
- \* Any other.

The institution utilizes the following innovations in its teaching-learning processes

**Reflective learning:** Reflective learning is availed by including e- portfolio and journal for undergraduates and log book for internship and post graduate courses.

**Simulations:** Incorporation of simulation is done for various psychomotor skills. The students are posted by the respective departments in the simulation ward and virtual learning lab for incorporation of necessary skills on a rotational basis.

**Evidence based medicine.** The students are oriented to EBM through modular teaching which depicts the 6 steps of ascertaining evidence based medicine. Mandatory participation of undergraduates in clinic-pathological conferences and symbiosis is utilized for handy orientation. Evidence based journal clubs are conducted as part of the prescribed PG curriculum.

**PBL:** is a regular scheduled teaching learning activity for undergraduates and depicted in the time table.

**Self-directed Learning:** This is separately carved in the time- table vide visits to the museum, virtual learning lab, skill labs and library with a structured focus.





**Student Assisted Learning:** Peer Assisted Learning (PAL) is practiced in the form of peer- led tutorials, peer led quiz, peer tutoring and peer mentoring, by identification of high achievers as peer tutors.

**Narrative Based Medicine:** This is carried out through clinical postings, bedside teaching, writing journals and participation in targeted group discussions for undergraduates and post graduates under the supervision of senior faculty.

**Drug and poison information assistance Centre:** it is preclinical toxicity center which deals with toxicity testing, acute, sub-acute toxicity etc. It is related to problems critical to human health and environment.

**Yoga practices:** Yoga and Meditation techniques are taught to the students through value education classes conducted by the value education cell.

Yearlong yoga classes are held by the institution every day from 7:00 – 8: 00 am for those who are interested in regular pursuit of the same. These are a free of cost, open to all and conducted by expert yoga teacher.

**Meditation:** Meditation is institutionalized through Mind-Body Clinic.

**Any other:**

**Clinical skill lab** - students are posted from all the disciplines for basic as well as advanced skill training.

**CAP lab** – communication, attitude and phonetic skill ensures the training of students in affective domain and linguistics.

**School of Virtual Learning**-Latest addition to the ICT based learning modalities. Helps in virtual dissection.

xix. Does the institution have an Electronic Medical Records facility, staffed by trained and qualified personnel? Is it used for teaching-learning process?

Yes the institution has an Electronic Medical Records facility, staffed by trained and qualified personnel comprising of a computer operator, clerks and data compilers.

It is used in the teaching learning process in the following manner

- a) compilation of epidemiological data to design study protocols
- b) for need analysis to be used in curriculum updates
- c) to generate survival data
- d) to assist in carrying out retrospective studies
- e) for training in medico legal aspects of medicine
- f) diagnosis with ICD coding
- g) Analysis of length of hospital stay
- h) Management of post-operative complications



- i) To calculate Apache scores
- j) To calculate various prevalence rates like IMR, MMR
- k) Cancer staging and survival etc

xx. Does the institution have well documented procedures for case sheet writing, obtaining informed consent and the discharge process of the patients?

Yes, the institution has a well-documented and structured protocol for case sheet writing, obtaining informed consent and the discharge process of the patients. The students are oriented towards the same during the various orientation programmes for respective phases. Assessment during ward leave and summative practical examination is carried out on the basis of these protocols.

E-case sheet is an innovative approach for the shift of data storage from hard to paperless documentation by the generation of electronic medical records. This has recently been incorporated as a management system for data compilation and analysis.

xxi. Does the institution produce videos of clinical cases and use them for teaching- learning processes?

Yes, the institute has an entire archival section with videos of clinical cases which are used for demonstrative T/L for example early clinical exposure in classroom settings. This method is also used for learning reinforcements. There are more than 700 videos which have been archived for T-L procedures.

xxii. Does the institution perform medico legal/post-mortem procedures with a view to train the undergraduate and post-graduate students in medico legal procedures?

Yes, the institute perform medico legal/post-mortem procedures with a view to train the undergraduate and post-graduate students in collaboration with civil hospital which is attended by in house faculty.

There are legal limitations to the performance of post mortem in the institute.

xxiii. Does the institution have drug and poison information and poison detection centers? How are these used to train the students?

Yes, A functional drug and poison information is available and associated with department of forensic Medicine.



- xxiv. Does the institution have a Pharmacovigilance / Toxicology Centre /clinical pharmacy facility / drug information Centre/Centre for disease surveillance and control/ Prevention through Yoga/Promotion of positive health/Well-equipped Psychology Laboratory/ Naturopathic diagnostic Centre, etc. ?

**ADR Monitoring Center (AMC), DMIMS(DU) under Pharmacovigilance Programme of India:** Department of Pharmacology JNMC Sawangi (M), is recognized as an ADR Monitoring Center since July 2016 by Pharmacovigilance Programme of India (PVPI)

,run by central government. It is reporting Adverse Drug reaction to National coordinating center through the software **vigiflow**.

The center is contributing in the efforts towards monitoring of adverse drug reaction. We have reported 264 ADRs to the National Coordinating Center. This number is 5<sup>th</sup> highest in the country. There is conduction of regular meetings of Pharmacovigilance Programme of India at AMC.

Also, we are maintaining the essential data required for the smooth functioning of AMC. It is receiving **Drug alerts** periodically from National coordinating center. These drug alerts are discussed in the Department of Pharmacology every Saturday as **confab**. Center circulates these Drug alerts amongst all the healthcare professionals of the Institute as well as all the members of IMA Wardha which include all the general practioners and specialist in Wardha district. For the awareness about Pharmacovigilance conducts training sessions of ADR reporting among resident doctors and Nursing staff of AVBRH. The Center also have conducted one radio interview for increasing awareness about drug use and its adverse effects.

**Clinical Pharmacy Lab:** Department of Pharmacology JNMC has clinical Pharmacology lab well equipped with various chemicals to formulate various drug formulations. The lab not only gives the hands on experience of formulating the various formulations but it also gives the practical experience of prescription of various medicines their interactions and therapeutic problems. The lab also works in collaboration with the Therapeutic Drug Monitoring lab in the central research laboratory for the estimation of antiepileptic and anti-ulcer drugs.

**Prevention through Yoga:** Yearlong yoga classes are held by the institution every day from 7:00 – 8: 00 am for those who are interested in regular pursuit of the same. These are a free of cost, open to all and conducted by expert yoga teacher.

**Promotion of Positive Health:** Meditation is taught and practiced in the Mind-Body Clinic under the supervision of expert faculty.

**Drug Information Centre:** Department of Forensic Medicine has a toxicological Assistance Center for the proposes of reporting poisoning



xxv. Laboratories / Diagnostics

How is the student's learning process in the laboratories/ diagnostics monitored?  
Provide the laboratory time table (for the different courses).

To ensure the skill development of the students in the university various training protocols are designed. Accordingly, learners are posted in a rotatory manner into the skill labs established in the university campus. They are as follows:

- Student laboratories- specific for the concerned subject as per apical council guidelines
- Basic clinical skill labs
- Advanced clinical skill labs
- Communication, attitude and phonetic lab

The student's learning process in the laboratories/ diagnostics is closely monitored by structured mechanisms. The students are divided into small batches of 10 students and a teacher is assigned to each batch for facilitation and supervision. Also a structured manual is given to each student for ready reference and documentation which are periodically assessed by the concerned supervisor

Student staff ratio in the laboratories / diagnostics.

- 1:10 is the ratio for the under-graduates
- 1:1 is the ratio for the post-graduates

xxvi. How many procedures / clinical cases / surgeries are observed, assisted, performed with assistance and carried out independently by students in order to fulfill learning objectives ?

The number of procedures / clinical cases / surgeries are observed, assisted, performed with assistance and carried out independently by students as per the prescribed norms of the apical council. The norms are strictly adhered to. Logbook and practical record is maintained which documents the various procedures and surgeries observed, assisted and performed.

xxvii. Does the institution provide patients with information on complementary and alternative systems of Medicine?

The DMIMS is a composite health University with incorporation of Ayurveda, Nursing, Dentistry and Physiotherapy in its ambit. There is a judicious and seamless merging of various pathies in health care for the benefit of patient. The patients are informed about complementary and alternative systems of Medicine via pamphlets, video recording, and communication by social workers, health melas, camps, and banners at prominent places for dissemination of information as a matter of policy.

There is a comprehensive health team which comprises of members of each faculty i.e Medicine, Dentistry, Ayurveda, Physiotherapy and nursing, This ensures awareness amongst all the team members regarding complementary and alternative systems of medicine available. Resultantly a holistic therapeutic approach develops that is beneficial to the community.



xxviii. What are the methods used to promote teaching-learning process in the clinical setting?

Methods used to promote teaching-learning process in the clinical setting are as follows;

1. Early clinical exposure
2. Clinical postings
3. Bed side clinics
4. Comprehensive community health team approach
5. Combined clinics
6. Objective Structured clinical/practical Examination
7. Summarise, Narrate, Analyse the differential, Probe by the preceptor, Plan management , Select issue for self-directed learning (SNAPPS)
8. Evening clinics
9. One Minute Preceptorship method
10. Advanced clinical skill lab
11. small skills project
12. enquiry based projects

xxix. Do students maintain log books of their teaching-learning activities?

Yes. The log books are meticulously maintained and assessed periodically.

xxx. Is there a structured mechanism for post graduate teaching-learning process?

Yes, there is a structured mechanism for post graduate teaching-learning process. There are day and time wise scheduled activities for the cognitive and psychomotor component. The University has a compulsory 4-P policy i.e certification of PGITP, poster, paper presentation and publication. A candidate becomes eligible for appearance in university exams only on completion of 4P. The number of seminars, Journal clubs, Case discussions, OSPE/OSCE modules, and composite activities are pre-decided and periodic appraisal for confirmation of completion is done by PG incharge of the institute and review is taken in college council meetings. Student maintain a log book of all such activities which is regularly assessed.



xxxii. Provide the following details about each of the teaching programs : \* Number of didactic lectures

- \* Number of students in each batch
- \* Number of rotations
- \* Details of student case study / drug study
- \* Nursing Care Conference (NCC)
- \* Number of medical / dental procedures that the students get to see
- \* Mannequins / Simulation / skills laboratory for student teaching
- \* Number of students inside the operation rooms at a given time
- \* Average number of procedures in the ORs per week, month and year
- \* Autopsy / Post-mortem facility

**Number of didactic lectures:** Hours are allocated as per guidelines of Statutory Councils. The didactic lecture hours in undergraduate program ranges between 1500 and 4200.

\* **Number of students in each batch:**

* Faculty	UG students in each class	PG
Medical	200	As per the number of seats sanctioned by Statutory Councils.
Dental	100	
Nursing	100	
Physiotherapy	50	
Ayurveda	50	

**Number of rotations:** During the internship period, in medicine, clinical rotation of students ranges between 2 weeks to 27 weeks during the course period. In faculty of dental sciences students have 1989 hours of clinical rotation. In faculty of nursing, clinical rotation is 1150 hours. In all other undergraduate program the clinical rotation hours ranges between 750 hours to 2000 hours. Details are available with individual faculty/specialty.

- \* **Details of student case study / drug study:** Students evaluate cases during their clinical postings and the number of cases evaluated during their course period depends on the governing bodies regulations. The students maintain the record as per the requirement of the governing bodies of each course.
- \* **Nursing Care Conference (NCC):** Each post graduate student is given 1 patient in Advanced Nursing Practice and 4 patients each in clinical specialty I and II with a total of 9 NCC for a period of 2 years. An Undergraduate student gets similar opportunities to discuss on 2 patients each in nursing related specialty subjects namely Medical Surgical Nursing, Pediatric Nursing, Obstetrics & Gynecology



Nursing, Psychiatric Nursing and Community Health Nursing with a total of 10 NCC per student in a period of 4 years.

- \* **Number of medical / dental procedures that the students get to see:** Procedures provided for each student is as per the Regulations of the Medical and Dental Councils. An example, is given below:

Department of Dental Sciences	Procedures /student/ year
Oral Medicine	10 Long case history and 25 iopa
Pedodontics and Preventive Dentistry	45 Restorations and 10 extractions
Oral surgery	50 extractions and 15 minor oral surgery
Periodontics	50 Scaling
Conservative dentistry and Endodontics	15 Cavity preparation and restoration
Prosthodontics	5 Complete denture and 5 Removable partial denture

\***Mannequins / Simulation / skills laboratory for student teaching:** Clinical skills lab for undergraduates is efficiently run in the University. Skills lab is also available in the departments of General surgery, Orthopedics, ENT, Ophthalmology, Emergency medicine, Faculty of Dentistry, Faculty of Nursing, etc.,

\***Number of students inside the operation rooms at a given time:**

8 to 10 / theater.

\***Average number of procedures in the ORs per week, month and year:**

30 to 40 procedures / week / theater.

\***Autopsy / Post-mortem facility:** Well-maintained state - of - the art autopsy/ postmortem facility is available in the Dept. of Forensic medicine. UG students can view on screens just outside the autopsy room the procedures, while PG students have hands –on training.

### 2.3 Teacher Quality

How does the institution plan and facilitate its faculty to meet the changing requirements of the curriculum?

The University has adopted policies for a well-defined and structured continuing professional development program as follows;

1. Involving faculty in curricular committees at various level (Departmental, Institutional and University).
2. Mandatory training in Basic education technology in respective faculties.
3. Training in Advance education technology in respective faculties for 30% of faculty



4. Mandatory annual CPU activities for every department as specified in the annual calendar.
5. Monthly Staff research society and symbiosis activity
6. Capacity building workshops in research methodology, scientific publications, TLE methods and quality assurance.
7. In house PhD , fellowship and diploma courses in all the subjects
8. Special and sabbatical leaves for professional development activities
9. Well placed mechanisms for Review, Monitoring and Quality of CPU activities.
10. Annual Intramural budget allocation for in-house CPD activities (Departmental, Interdepartmental, Inter-institutional, Regional/State, National , International)
11. Financial aid for participation in CPU activities in other National/international Institutes.
12. Due weightage to organization and participation in CPU activities in promotions through Career advancement scheme (CAS).

Does the institution encourage diversity in its faculty recruitment? Provide the following details (department / school-wise).

	<b>% of faculty from the same institution</b>	<b>% of faculty from other Institutions within the State</b>	<b>% of faculty from Institutions outside the State</b>	<b>% of faculty from other countries</b>
JNMC	23	<b>58</b>	<b>19</b>	0
SPDC	50	<b>40</b>	<b>10</b>	0
MGAC	0	<b>77</b>	<b>23</b>	0
SRMMCON	14	<b>80</b>	<b>05</b>	0
RNPC	61	<b>33</b>	<b>06</b>	0

How does the institution ensure that qualified faculty are appointed for new programs / emerging areas of study? How many faculty members were appointed to teach new programs during the last four years ?

Apart from effectively offering the Conventional Programmes in the Domain of Health Sciences, the University established a distinctive **faculty of Inter-disciplinary Health Sciences** to come out of the shackled, suffocative, rigid and regimented segmentation and initiated programmes and courses which are innovative, need based and relevant to current higher education landscape and are conceived out of a diligent feedback received from all the relevant stakeholders.





**The Interdisciplinary Faculty of Health Sciences<sup>6</sup>** offers an administrative structure that enhances learning in complex health problems that require interdisciplinary approaches. Students learn augmentation of their inquisitions and apply strong scientific principles to complex health contexts that are not necessarily disciplinary in character. The Teachers who are scholars in their own disciplines adopt interdisciplinary visions of their work and the work of others while navigating between disciplinary and interdisciplinary contexts in both teaching and research. All the faculty members are experts in their given fields and they take interest in diverse health problems working together in an interdisciplinary framework. The meaningful and purposive collaboration is one of the great strengths of this faculty and they are worked out with efforts to provide a specialized training and research experience in the academia as well as health science industry. Ever vigilant to preserve its distinctive character and harness a rich, stimulating and creative organizational culture, the Inter disciplinary faculty of Health Sciences is committed to training competent professionals, who wish to contribute in the most efficient way possible to the promotion and improvement of the health and wellbeing of individuals and of populations.

During last 4 years 32 faculty members were appointed to teach new programmes.

How many Emeritus / Adjunct Faculty / Visiting Professors are on the rolls of the institution ?

The additional faculty required for teaching new courses or subjects, the workload of which does not call for appointment of full time faculty, are appointed on contract basis as visiting faculty. Applications from experienced and qualified faculty / professionals, as per the prescribed norms are invited by the constituent units. The Director / Principal of the constituent unit holds personal discussions with them before their appointment, it is ensured that their qualifications meet the norms as laid down by the university. Generally, faculty with experience in either industry or academics or both is preferred as visiting faculty for these programmes. Final appointments are made with prior approval of the Vice Chancellor. They are paid honorarium at par with the credentials at their disposal.



- Currently there are 19 Professor Emeritus, 46 Adjunct Faculties and 9 Visiting Faculties on roll of the University

What policies/systems are in place to academically recharge and rejuvenate teachers? (*e.g.* providing research grants, study leave, nomination to national/international conferences/seminars, in-service training, organizing national/international conferences etc.)

There are numerous mechanisms to recharge and rejuvenate teachers as follows;

- The university freely supports and promotes the professional development of the faculty.
- The deputation is granted to the faculty for attending the International, National & State conferences, as per the notified policy.
- The meritorious performances of the faculty at such conferences are rewarded as per the notified policy.
- The faculty is also provided with the incentives for publications in research journals of repute, publication of books, contribution of chapters, receiving patents or intellectual property registration as per the publications incentive policy.
- Grants are given for conducting research activities by the various departments under the constituent colleges.
- The candidates who wish to pursue higher education or professional updates are granted special paid leaves.
- Faculty members who are on the executive committees of the professional bodies are provided special leaves.
- In house PhD , fellowship and diploma courses in all the subjects
- Sabbatical leaves for higher learning and additional qualification
- The university has made a separate budgetary allocation for the staff development activities and actively volunteers for organizing National/State conferences of the professional bodies at the University Campus
- Financial aid for participation in CPU activities in other National/international Institutes.
- Due weightage to organization and participation in CPU activities in promotions through Career advancement scheme (CAS).

How many faculty received awards / recognitions for excellence in teaching at the state, national and international level during the last four years?

In last four years Outstanding achievements/Recognition by faculty/ both at National and International level are 188 to go along with 114 National recognitions for faculty for Teaching/Research/Consultancy/Extension  
(By reputed/recognized bodies)

How many faculty underwent professional development programs during the last four years? (add any other program if necessary)

<b>Faculty Development Programs</b>	<b>Number of faculty attended</b>
Induction programs	106
Re-orientation programs	280
Refresher courses	935
Capacity building programs - Basic and Advance workshops in medical education technology.	194
Programs by regulatory / apex bodies	230

How often does the institution organize academic development programs (*e.g.*: curriculum development, teaching-learning methods, examination reforms, content / knowledge management, etc.) for its faculty aimed at enriching the teaching- learning process?

The University has a well-established School for Health Professions Education and Research. All through the year the school conducts theme based and need based activities in the domain of curriculum development and revision, T/L Methods, Examination reforms, Evaluations and Assessments, Educational Research, innovations in teaching learning and assessment process. All the Constituent Colleges have individual Education Units, the Department of Medical Education of the Medical College and Ayurveda College are recognized by MCI and CCIM as nodal Centers for faculty development respectively.

On an average **30** such activities are conducted by SHPER and its constituent educational units in an academic year as per pre notified CME/ Workshop Calendar.

The list of the activities conducted, themes and participants in last four years are following.



Sr. No.	Month & Year	Department	Activity	Benefi.
1	28 <sup>th</sup> July 2012	CHPER	Workshop on Evidence - Based Medicine	50
2	Sept. 2012	Faculty, CHPER	Sensitization workshops on Evidence - Based Medicine for in -house faculties of all constituent colleges to implement EBM Modular Teaching (JNMC, SPDC, MGAC, SRMMCON)	All faculties
3	Sept. – Oct. 2012	Faculty, CHPER & Trained faculties on EBM	Implementation Evidence - Based Medicine Modular Teaching for all	All Students
4	22 <sup>nd</sup> January 2013	CHPER	QUALITY CRISIS IN HEALTH SCIENCES EDUCATION & REMEDIES THEREOF	94
5	25 <sup>th</sup> Feb. 2014	SHPER	workshop on One Minute Preceptorship (OMP) (JNMC, SPDC, MGAC, SRMMCON)	32
6	12 <sup>th</sup> March 2014	SHPER	workshop on One Minute Preceptorship (OMP) JNMC	20
7	22 <sup>nd</sup> August 2014	Curriculum	Workshop on Curriculum	45
8	13 <sup>th</sup> to 14 <sup>th</sup> Oct. 2014	Assessment & Evaluation	Workshop on “Mechanics of Paper Setting and Paper Moderation”	74
9	08 <sup>th</sup> Nov. 2014	SHPER	Workshop on ‘Mentorship’	35
10	20 <sup>th</sup> Nov. 2014	Teaching & Learning	Workshop on OMP Orientation	24
11	2 <sup>nd</sup> to 5 <sup>th</sup> Dec. 2014	Curriculum	Workshop on process of curriculum revision	103
12	30 <sup>th</sup> Jan. 2015	Assessment & Evaluation	Orientation workshop for PG paper IV (JNMC + SPDC)	57
13	6 <sup>th</sup> Feb. 2015	Competencies	Orientation workshop for facilitators of Communication Skill Lab	45
14	13 <sup>th</sup> Feb. 2015	Competencies	Orientation workshop for facilitators of Clinical Skill Lab	44
15	16 <sup>th</sup> & 20 <sup>th</sup> Feb. 2015	Educational Research	Orientation workshop for designing pre test / post test questionnaire	48
16	20 <sup>th</sup> July 2015	Assessment & Evaluation	“Orientation Workshop for Internal Validators”	24
17	24 <sup>th</sup> July 2015	DEU	“Orientation Workshop for Internal Validators”	15
18	27 <sup>th</sup> July 2015	NEU	“Orientation Workshop for Internal Validators”	15



19	27 <sup>th</sup> July 2015	AEU	“Orientation Workshop for Internal Validators”	15
20	31 <sup>st</sup> August 2015	Educational Research	Workshop on need analysis	22
21	14 <sup>th</sup> & 15 <sup>th</sup> Sept. 2015	Assessment & Evaluation	Sensitization Workshop on “Formative Assessment for Post Graduates at DMIMS”	39
22	7 <sup>th</sup> Oct. 2015	Assessment & Evaluation	Formative Assessment (Clinical/ Practical) for Post Graduates faculty of Dentistry, Nursing & Ayurved	48
23	7 <sup>th</sup> Oct. 2015	Assessment & Evaluation	Workshop on Question Paper Template preparation faculty of Dentistry, Nursing & Ayurved	51
24	29 <sup>th</sup> Dec. 2015	Assessment & Evaluation	Sensitization Workshop on for Paper Setters & Moderators	13
25	16 <sup>th</sup> & 20 <sup>th</sup> Feb. 2016	Educational Research	Orientation Workshop for “Designing of Questionnaire”	47
26	23 <sup>rd</sup> Feb. 2016	DEU	Workshop for “Designing of Questionnaire	15
27	24 <sup>th</sup> Feb. 2016	NEU	Workshop for “Designing of Questionnaire	13
28	25 <sup>th</sup> Feb. 2016	AEU	Workshop for “Designing of Questionnaire	12
29	24 <sup>th</sup> Feb. 2016	Assessment & Evaluation	Sensitization Workshop on for Paper Setters & Validators	34
30	10 <sup>th</sup> March 2016	Curriculum	WORKSHOP ON “CURRICULUM DESIGNING FOR FELLOWSHIP”	22
31	6 <sup>th</sup> April 2016	Teaching & Learning	Sensitization Workshop for Tutorial Planning	30
32	27-28 Sept. 2016	Assessment & Evaluation	“Orientation Workshop for Paper Setters and Internal Validators”	102
33	20 <sup>th</sup> Oct. 2016	NEU	Orientation Workshop for Paper Setters and Internal Validators	15
34	21 <sup>st</sup> Oct. 2016	AEU	Orientation Workshop for Paper Setters and Internal Validators	15
35	4 <sup>th</sup> Oct. 2016	Educational Research	Sensitization Workshop for Post Graduate Teachers on Policy of DMIMS, University on Evaluation of P.G. Thesis	73
36	5/10/2016	NEU	Sensitization Workshop for postgraduate teachers on Evaluation of PG thesis	06
37	6/10/2016	AEU	Sensitization Workshop for postgraduate teachers on Evaluation of PG thesis	12
38	6/10/2016	DEU	sensitization workshop for P.G teachers for thesis evaluation of SPDC Faculty	28
39	03/10/2016	DEU	Orientation Workshop for Paper Setters and Internal Validators	20
40	16 <sup>th</sup> Dec. 2016	Assessment & Evaluation	Orientation workshop for paper setters & Internal Validators	33
41	25/01/2017	SHPER	WORKSHOP ON eQB (KIMS, KARAD)	37
42	18 <sup>th</sup> & 19 <sup>th</sup> Feb. 2017	SHPER	International Conclave on Educational Research (ERICON 2017)	132



Does the institution have a mechanism to retain faculty? What is the annual attrition rate among the faculty?

Yes, the Faculty Retention Strategies are;

- Salary as per sixth pay commissions recommendations
- Time bound promotions in terms of prescribed guidelines.
- Campus ambience –CBSE school, Shopping complex, bank with ATM, post office, Party Hall all at a walking distance from the campus
- Incentive Policies for extra ordinary works
- Subsidized residential Facilities
- Free health Services
- Fee concessions to the wards, loan facilities without requirement of any mortgage
- Career enhancement avenues in terms of depositions to higher centers, study leaves, regular conduct of CME/workshop/symposia.
- Resultantly the university has a very high Senior Faculty stability Index of 89%

Does the institution have a mechanism to encourage

- \* mobility of faculty between institutions /universities for teaching/research ?

Yes the Institution has a mechanism to encourage mobility of faculty between institutions. Numerous policies are in place to encourage and facilitate faculty for exchange program with higher centres of research and teaching. Inter-faculty exchange is also routinely scheduled for research methodology workshops that are conducted by the Research Cell for all the faculties of the universities.

- \* faculty exchange programs with national and international bodies ?

There are 13 faculty exchange programs with International Universities. These have resulted in 15 faculty members to have benefitted from the exchange program.

If yes, how have these schemes helped in enriching the quality of the faculty?

1. The resultant impact is visible in terms of the research output of the faculty which has doubled in comparison to the previous five years cycle.
2. There is representation of substantial number of faculty in various academic bodies of National and International Institutes/organizations.

Does the institution have well defined career advancement policy for Health Science professionals? If yes, outline the policy.

Yes.

- The Career Advancement Scheme (CAS) of UGC was introduced in 2009.
- As per the career advancement policy of the University, an excess of up to 33% of the sanctioned posts are promoted on the basis of eligibility and merit. This is done once in a year wherein applications invited for the posts, scrutinized, and eligible candidates are interviewed, and promoted as per the UGC norms currently in vogue.
- The existing vacancy is calculated on the basis of total approved strength for the institution.

How does the institution create synergies with other PG institutes for generating required number of specialists and super specialists?

The University has created synergies with other postgraduate institutes to promote the development of research relationships. This has fostered the training and development provided to the postgraduate students. The collaborative linkages are available with credible PG institutes of international repute like NIMHANS, JIPMER, SGPGI, Shri Chitra and AIIMS New Delhi. The Institute also has collaborations for externship of all the fellowship courses with reputed Institutes and Hospitals for skill training.

Does the institution conduct capacity building programs / courses in subspecialties for its faculty?

Yes.

The Institution conducts capacity building programs / courses in subspecialties for its faculty. There is a CME yearly schedule which ensures that at least 1 CME is held for capacity building in each speciality. Other than this composite seminars, hands on workshops and lectures by eminent speakers also aid in capacity building.

### **Evaluation Process and Reforms**

How does the institution ensure that all the stakeholders are aware of the evaluation processes that are in place?

Evaluation process is communicated to students and parents during their orientation program. The details of evaluation are given in the student's brochure for each course. It includes syllabus, examination pattern, dates of examination along with the dates of declaration of results. Students are timely sensitized for any evaluation /examination reforms.

Faculties are oriented to the evaluation pattern during their orientation after joining the institution. All the faculties are trained in innovative tools and techniques of evaluation in a timely manner.

The regulations for every course which inter alia include the syllabus and examination pattern after approval by the Board of Studies and Academic Council are circulated to the heads of the departments by the Chairman of the curriculum committee of each phase.



What are the important examination reforms implemented by the institution? Cite a few examples which have positively impacted the examination system.

S No	Name of the Examination reform Implemented	Impact
01	Autonomous Examination Cell	Timely conduction and monitoring of all the formative assessments at the
02	Central Assessment Programme	Ensuring the Strict Confidentiality of the Assessment process
03	Examination Software- "Eklavya"	Digitization of all Pre and Post Examination Processes leading to Result declaration within 15 days
04	Validated Question Bank with Model Answers	Facilitative for the Paper Setters, moderators
05	Standardization of Question paper Template and incorporation of higher cognitive levels in theory papers	The question paper templates are standardized for each unit of examination with primary and secondary test blueprints- a unique feature of the University achieving
06	Formative Assessment for PGs	Improvement in performance at the Summative Examinations
07	Objectively Structured Viva Voce, OSCE, OSPE, OSLER, MiniCex, DOPS	All these have helped in minimizing the Subjectivity of practical Examinations

What is the average time taken by the university for declaration of examination results ? In case of delay, what measures have been taken to address them? Indicate the mode adopted by the institution for the publication of examination results (e.g. website, SMS, email, etc.).

Average time taken by the University to declare result is 15 days. The date of declaration of result is incorporated as a part of Comprehensive Academic Calendar. The adherence to the Academic Calendar related to Examination is more than 95%. The University extensively communicates with the students in terms of the examination related information through SMS and websites including the change of schedule if any.

How does the institution ensure transparency in the evaluation process?

The University ensures transparency in the process of evaluation right from preparation of panel of examiners and paper setters to the declaration of results.

The

Core

Committee





appoints the internal and external examiners from the panel prepared by the respective Board of Studies, as per the norms of the respective Central Councils.

- The paper setters are requested to set three parallel equivalent paper sets for each course with model answers and scheme of marking.
- The e-question bank along with model answer is made accessible to the paper setter and validator.
- The question papers, model answers and scheme of marking are moderated by Chairman of Board of Paper Setters and then handed over to the Controller of Examinations in sealed covers.
- The Vice Chancellor selects one set at random and the same is printed in necessary copies. The printed question papers are kept under safe custody of Controller of Examinations. Question papers are delivered to the centers in sealed envelopes.
- Examinations are conducted under strict vigilance and the answer books are collected and sealed in packets and sent to the Director, Central Assessment Programme (CAP). At the CAP center, all the containers are opened and answer books are counted, masked and bundles containing 30 answer books are prepared.
- After completion of assessment, answer books are damasked and marks are entered against the seat number of the candidates and result is processed through software. After the result is declared, all the answer books and related records are sealed and kept in the custody of Controller of Examinations.
- A moderation system is adopted for greater transparency. Thus the entire process of conduct of examinations is highly confidential and at the same time objective and transparent.
- The records for various stages in the evaluation process are maintained in the office of the Controller of Examinations [COE]. These data can be accessed when required. Various check lists are devised to scrutinize the accuracy of data entered and generated by the computer at every stage of evaluation process till declaration of results. The office of the COE frames the standard operative procedures for different stages of evaluation till the declaration of results.

What are the rigorous features introduced by the university to ensure confidentiality in the conduct of the examinations?

### **Theory Exam**

**Paper Setting:** The faculty are required to sign statement of confidentiality during question paper setting. Unique ID are provided to the paper setters, moderators and



validators for a defined period. The questions are randomly selected from the question bank. The questions are printed a day before the commencement of examinations. A strong room is available to ensure storage without leakage of questions.

**Conduct of examination:** Entry and exit record is maintained strictly at examination center. Any communication device is not allowed inside the examination section. Unauthorized personnel are not allowed to see or handle examination related materials. The examination materials are kept sealed, both the question papers and answer booklets/MCQ booklets till they are opened in the examination hall in presence of two students. Faculty appointed for onsite question paper verification is not allowed to leave the exam section till half an hour after commencement of examination.

The manuscript verification of question paper by respective heads of the department is scrupulously followed, half an hour before the commencement of examination and lasts for one hour.

The bar coded theory answer scripts are evaluated after providing dummy numbers. The external examiners, as approved by the university carry out a central evaluation.

#### **Practical/Clinical Exam**

- Appointment of external and internal examiners are appointed by Controller of examination and kept confidential.
- One observer is deputed by University to monitor the conduct of practical examination based on a structured criteria.
- Different exam cases and practical exercises are kept on different days of examination to ensure confidentiality.

Does the institution have an integrated examination platform for the following processes?

- \* pre-examination processes – Paper setting, Moderation, Validation, appointment of internal and external examiners , Time table generation, hall ticket, OMR, student list generation, invigilators, squads, attendance sheet, online payment gateway, online transmission of questions and marks, etc.
- \* examination process – Question paper verification, Confidentiality in the conduct of examination, Examination material management, logistics, etc.
- \* post-examination process – Appointment of answer paper valuers, Valuation, declaration of results, Attendance capture, OMR-based exam result, auto processing, result processing, certification, etc.

All the pre-examination process are planned and carried out by Controller of examination section. Student's section assists COE section in distribution of

hall ticket and accounts section assists in collection of examination related



fees. COE appoints squads to check the examination during practical/ clinical examination. Being a University with all the constituent colleges within the campus, the invigilators are part of the faculty of various colleges and COE section.

\* **examination process – Examination material management, logistics, etc.**

Examination related materials are confidentially managed by the office of COE only. Unauthorized personnel are not allowed to see or handle examination related materials. The materials are kept sealed, both the question papers and answer booklets/MCQ booklets till they are opened in the examination hall. Being a university with examination halls within the campus, security and timely transfer of material to examination hall is never a compromise.

\* **post-examination process–Attendance capture, OMR-based exam result, auto processing, result processing, certification, etc.**

Attendance capture, OMR sheets recording are processed with software and double confirmed by manual verification. The results are confirmed by COE office before placed for approval of Boards of Examiners. During the Boards, the results are again confirmed for correctness. Certification is prepared by the COE and results are announced well in time by notice boards and web portal. The results are informed to respective faculty head to take further action.

Has the university / institution introduced any reforms in its evaluation process?

Yes. The University has introduced reforms in the assessment process as follows;

1. Generation of a validated electronic question bank and Model answer as per Difficulty level :Must know (60%), Desirable to know(30%) and Nice to know (10%) and levels of learning: Level I - 80% ( Recall & Comprehension) &Level II- 20% ( problem solving) in all question types (MCQ, BAQ, SAQ and LAQ) for all subjects of all faculties of the University.
2. Designing and standardization of Primary (format) and Secondary (content) test blueprint for all subjects and adherence to the same in question paper setting.
3. Concept of question paper validation against primary and secondary test blue print.
4. Formative Assessment in Post graduate curriculum for theory and Practicals.
5. Structuring and unitization of post graduate question paper for all levels of learning.
6. Thematic depiction and incorporation of all levels of learning in paper IV (essay) of PG exam.



What is the mechanism for redressal of grievances with reference to examinations? Give details.

The institution has an effective and robust mechanism for redressal of grievances pertaining to examinations

**For formative evaluation a three-stage methodology** is adopted to redress the grievances.

**First Stage** – Teacher level: by providing with answer books to students corrected by the teacher along with the model answer, so as to enable them to clear their doubts, if any.

**Second stage** – Departmental level: in case the student is not satisfied with the modality at level one, he/she can approach to the head of the concerned department who is required to look into the matter and do the needful.

**Third stage** is through an Institutional Student Grievance Redressal Committee. In case the student is aggrieved with the decision at the departmental level also, he / she can “appeal” in writing to the Institutional Student Grievance Redressal Committee, which will decide the issue at hand, upon hearing the appellant, if need be, and decide the matter appropriately. The decision so given by the committee is final, binding and conclusive.

This entire procedure is completed within a period of 15 days from declaration of results for all three stages

**For Summative Examination**

The student has to apply to the University for verification & Re-totaling of the marks obtained at summative assessment conducted by the University, within ten days from the date of declaration of the result by the University. The University upon looking into the matter will decide the issue within one month from the prescribed last date of the receipt of the application pertaining to grievances.

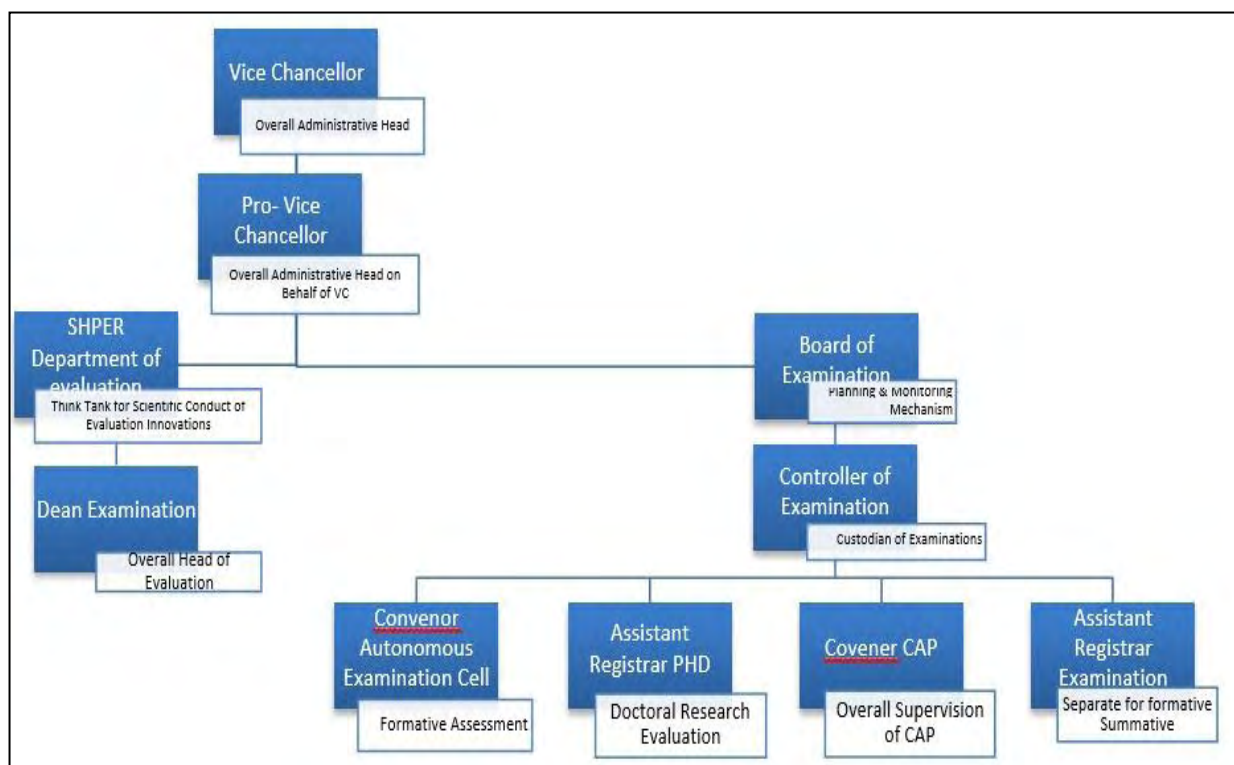
Does the institution have a Manual for Examinations and if yes, does it specifically take cognizance of examination malpractices by students, faculty and non-teaching staff?

Yes. A manual for examinations adopted by the BoM is available since inception of the Deemed University, which was revised in 2016. The Manual addresses the issues of malpractices and the matcheable disciplinary actions to deal with them.

What efforts have been made by the university to streamline the operations at the Office of the Controller of Examinations? Mention any significant efforts which have improved the process and functioning of the examination division/section.



Examination Section Organogram is as under:



There are clear cut job descriptions for each person/ committee involved in the process of evaluation. As such the Operations at the COE office are streamlined diligently. Round the clock security guards are available in the COE office. Biometric security has been installed. There is provision of strong room. The office has a structured hierarchy with the controller as the head, coordinated by his various deputies. It is staffed adequately with persons, who are well versed with the assessment policies. CCTV is installed for monitoring all the activities within the COE office.

What are the efforts of the institution in the assessment of educational outcomes of its students? Give examples against the practices indicated below :

- \* Compatibility of education objectives and learning methods with assessment principles, methods and practices.
- \* Balance between formative and summative assessments.
- \* Increasing objectivity in formative assessments.
- \* Formative (theory / orals / clinical / practical) internal assessment; choice based credit system; grading / marking.
- \* Summative (theory / orals / clinical / practical).
- \* Theory – structure and setting of question papers – Essays, long answers, shorts answers and MCQs etc. Questions bank and Key answers.
- \* Objective Structured Clinical Examination (OSCE).
- \* Objective Structured Practical Examination (OSPE).
- \* Any other.



\* **Compatibility of education objectives and learning methods with assessment principles, methods and practices:**

The learning objectives with aligned teaching learning and assessment methods are pre-identified within the curriculum for each subject in all faculty of health sciences. The same objectives are dealt with throughout the academic year with relevant ongoing need based adjustments.

Incorporation of all levels of cognition are ensured in educational objectives, Teaching learning and assessments by identifying the Must know (60%), Desirable to know (30%) and Nice to know (10%) component in the syllabus, TL methods that align with the respective level of cognition (level I and Level II) and assessments that represent the various level in the theory paper and practical/clinical examinations.

\* **Balance between formative and summative assessments:**

The University has given due emphasis to formative assessments, apart from summative, in both UG and PG programs. Formative assessments are well placed in the curriculum and are conducted periodically throughout the academic year for UG and PG courses. They are principally inclined to improve learning by readjustments in TL methods and constructive formative feedback. Formative examination for UG takes into consideration all domains of learning through class room assessments, students seminars, projects and viva voce. The Post graduate curriculum incorporates formative assessment (cognitive, psychomotor, communication and affective skills) by periodic theory and practical assessments by OSCE/OSPE, Mini Cex and DOPS. Summative assessments at the end of each term / semester and is mainly aimed for grading purposes.

\* **Increasing objectivity in formative assessments:**

- \* Objectivity of Formative assessments is ensured by using structured checklists (OSCE/OSPE Mini Cex, DOPS) of various assessment tools with pre-decided thematic areas. Continuous, frequent assessments, utilization of multiple formative assessment techniques for different domains of learning and with multiple assessors is practiced strive for improving overall validity and reliability.

\* **Formative (theory / orals / clinical / practical) internal assessment; choice based credit system; grading / marking:**

- \* Formative (theory / orals / clinical / practical) internal assessment is in place for UG with due weightage to students seminars, presentations, journals, log books, projects and attendance. The Internal assessment marks are reflected in summative. Formative assessment has similar pattern as final summative examination. The components include theory, oral and clinical /practical depends on the component of the course being examined.



In view of curricular restrictions from the apical councils, the CBCS is adopted in all other courses which are not under such restrictive guidelines.

- \* **Summative (theory / orals / clinical / practical):** Summative assessment has components of theory, oral and clinical/practical depending on the subject.

Summative evaluation is carried out by the COE section. The question paper and method of examination are regulated by the COE section.

- \* **Theory – structure and setting of question papers – Essays, long answers, shorts answers and MCQs etc. Questions bank and Key answers.**

**Structure of Question paper:** The question paper structure is standardized for all subjects with MCQ , SAQ and LAQ as type of questions. Every question type is balanced for Must know, desirable to know and nice to know component and levels of difficulty, across all subjects. All the questions are structured and unitized Essay question of PG theory paper is structured to cater to all levels of cognition. Question bank and Model answers are created for all subjects.

**Setting of question paper:** Question paper setting is done as per specifications in primary (format) and secondary (content) blueprint that is created for every subject in all faculties of the University and is available on the portal. Paper setting, moderation and validation is done online via software especially designed for the same.

- \* **Objective Structured Clinical Examination (OSCE):** All faculty members are sensitized regarding OSCE in faculty development program. The same is used in formative as well as summative assessment
- \* **Objective Structured Practical Examination (OSPE):** All faculty members are sensitized regarding OSPE in faculty development program. The same is used in formative as well as summative assessment
- \* **Any other.** Mini Cex, DOPS, Assignments and seminars are also used to evaluate students in some faculty like nursing, physiotherapy.

Describe the methods of prevention of malpractice, and mention the number of cases reported and how are they dealt with?

The methods of prevention of malpractices adopted by the University are to safeguard the sanctity of health care profession. The University has stayed abreast with newer technologies of malpractice adopted by students.

All the examination halls are under CCTV surveillance.

The restriction of carrying things in the examination is displayed outside all places of examinations. The mobile jammers are installed during examinations



Students are informed about consequences of malpractices.

The examinations are conducted under strict supervision and external observers are appointed from outside Universities.

In last 4 years, 7 cases of malpractices were reported and students were penalized in accordance with Bye-Laws of University after thorough enquiry by Disciplinary Committee, which includes punishments like annulment of the examination, exclusion of the candidate from examination for one additional examination, withholding of result, fine and declaration after an apology letter and fine by the candidate.

The manual for conduct of examinations includes the consequences of malpractices.

### Student Performance and Learning Outcomes

Has the institution articulated its Graduate Attributes? If so, how does it facilitate and monitor its implementation and outcome?

Yes the University has articulated its graduate Attributes. The university envisages all its graduates to be Confident, Competent, Concerned, Compassionate, Caring and Altruistic.

In order to achieve such product the Center for Health Policy and Planning has articulated seven attributes common to both professional and research careers with the university

S No	Attribute	Definition And Process
01	Inquiring mind/curiosity	A motivation to understand and explain. It is fostered and encouraged during the undergraduate years by giving the tools to do this by the University, such as developing a hypothesis and testing it.
02	Core knowledge	A function of core knowledge is that it enables individuals to ask questions and challenge facts. The Core knowledge is continually developing and the University inculcates understanding of this in its graduates by various innovative Teaching/ Learning methods.
03	Critical appraisal	This is the ability to understand evidence to analyze, criticize and synthesize it. The University fosters this attribute amongst its graduates through various research inculcation strategies
04	Understanding of the evidence base for professional practice	Inculcation of scientific temperament through inquiry based learning by involving them in evidence generation by research activities in all phases of Curriculum.





05	Understanding of ethics and governance	This includes an understanding of ethical and legislative issues of professional and research practice such as ethical committees
06	Ability to work in team	The team is loosely defined and could include multi-professional teams in either a research or clinical setting. The University appreciates different team roles and their importance in ensuring teams work effectively.
07	Ability to communicate	This broad attribute covers all aspects of communication. It incorporates a variety of individuals such as patients, co-workers, and experts in the field or the general public. It also encompasses communication using various media, one to one interactions, public speaking, written notes, leaflets or journal articles. The theoretical as well as the practical elements of communication should be covered.

Does the institution have clearly stated learning outcomes for its academic programs/departments? If yes, give details on how the students and staff are made aware of these?

The learning outcomes are clearly stated in the syllabi of each program. The externally validated Learning Resource materials produced by various departments essentially carries the Learning outcomes specific to that topic (s). The details are made known to the students by the respective faculties. Faculty are aware of the learning outcomes because they are involved in the process of curriculum designing. The newly appointed faculty has to mandatorily undergo Orientation/ Refresher Courses through the Faculty Development Programs wherein they are oriented to the learning outcomes.

How are the institution's teaching-learning and assessment strategies structured to facilitate the achievement of the intended learning outcomes?

The entire curriculum of all the subjects are well structured with defined learning outcomes which are aligned with appropriate T/L methods and assessment tools.

SHPER takes the onus to train all the faculties regarding T/L methods and tools of assessment and innovations incorporated time to time. All the faculties are trained for the same process.

Students are told about the learning objectives at the beginning of the class and teacher ensures the attainment of the same in the summary part of his lecture class.



How does the institution ensure that the stated learning outcomes have been achieved?

College level: Academic appraisal program: The pre term, midterm and post term marker points are evaluated based on learning objectives on 5 point scale.

The University level:

- Examination results – both formative and summative  
Through the formative assessment, the learning objectives, T/L methods are modified.
- Alumni placement record.
- Employability at national and international level.
- High percentage of recruitment of students for higher studies at national and international level.
- Awards / recognitions won by staff and students in various academic, research, curricular and extracurricular platforms at state, national and international levels.
- Feedback by students/alumni/external examiners on teaching- learning and evaluation methods adopted by the constituent units and the University.
- Positive feedback from students on course content, infrastructure facility and teacher quality.
- Attainment of high positions by faculty or alumni in regulatory bodies, statutory bodies, national and international agencies / associations.
- High esteem of university is reflected by the continued patronage from industry and institutions



### CRITERION III: RESEARCH, CONSULTANCY AND EXTENSION

#### 3.1 Promotion of Research

##### 3.1.1 Is there an Institutional Research Committee which monitors and addresses issues related to research? If yes, what is its composition? Mention a few recommendations which have been implemented and their impact.

Yes, University has an autonomous Research and Development (R&D) Cell headed by having Director R&D who is the convener of the Institutional Research Committee to monitor and address matters related to research.

##### Composition of the Committee:

The Composition of the Committee is as under:

Designation	Name of the Members
Director	Dr. Quazi Syed Zahiruddin
Member Secretary	Dr B R Singh
<b>Members</b>	
Dr. Abhay Gaidhane	Dr. M. L. Bhongade
Dr. C. Mahakalkar	Dr. Pavan Bajaj
Dr. Sourya Acharya	Dr. Anita Wanjari
Dr. Sunil Kumar	Dr. Sri Hari
Dr. Meenakashi Yeola	Dr. Irshad Qureshi
Dr. Amar Taksande	Mr. Manish Deshmukh
Dr. ShaileshNagpure	Ms. Seema Singh
Dr. Samarth Shukla	

##### Major Recommendations which has been Implemented and their Impact:

The Recommendations of the University Research Committee has made a significant impact and developed a creative, supportive and conducive environment for research amongst the students and faculties of all constituent colleges.

The recommendations have led to significant increase in outcome of the research activities such as ;

1. Creation of 10 centers of excellence of global relevance, research policy modification impacting and enhancing conducive environment for interdisciplinary - cross cutting domains.
2. Established unified advanced research cell having all major facilities under one roof. Budget allocation and seed-grants has been increased for students, doctoral and postdoctoral fellows and research awards leading to increase in quality and in number of research projects and publications in peer reviewed journals. There has been a significant increase in ICMR - Short Term Studentship and doctoral researches in each department.
3. Recommendation on enforcement on plagiarism, and bio-ethics through establishment of UNESCO ethics unit and that has enhanced research aptitude in the faculties.



4. Major recommendations have led to incorporation of global health perspective with social innovation and partnering with academia, industries and NGOs. Consultancy and Collaboration had a significant impact and led to many interdisciplinary, multidisciplinary and translational researches. Consortium with national and international bodies for global health like South Asia Infant Feeding Research Network (SAIFRN), Global Consortium for Public Health and Research (GCPHR) have been formed which has led to joint publications, joint conference/workshops, increase in student and faculty exchange programs, joint grant submissions, and knowledge exchanges.
5. Recommendations on incentives, , training on research methodology and advanced statistics has led to increase in high quality peer-reviewed publication with more than 2060 publications in last 4 years in International reputed data-bases with more than 1333 publications in 5 electronic databases (Scopus, PubMed, Indian Citation Index (ICI), Web-of-Sciences and Google Scholar). The significant achievement of publications per year in International database is at par with the best institutes and universities in the country.
6. The recommendations have led to Six in-house journals published by the university.
7. The recommendation also has led to increase in copyright and patent filing and publication with 27 patent applications have been filed/registered out of which 21 have been published. One Patent has been granted / accepted.
8. The impact of recommendation is evident in Medical-Education-Research (MER) with number of publications being 87 in last four years, 14 Doctoral projects and 33 Copyrights.
9. Special focus on enhancing facilities for grant submission, collaboration has led to enrichment and increase in number of grant submission, including joint grant submissions with reputed universities like Harvard University (USA), University of Sydney (Australia), Sheffield University (UK), Bournemouth University (UK), Liverpool John-Moores University (UK), Public Health Foundation of India (PHFI).

**3.1.2 Does the institution have an institutional ethics committee to monitor matters related to the ethics of inclusion of humans and animals in research?**

Yes, The University has an Institutional Ethics Committee for Human Research and an Animal Ethics Committee to monitor matter related to inclusion research in Animals as per the ICMR and CPCSEA guidelines. The University also has a UNESCO Bioethics Unit.

S.No.	Role in Ethics Committee	Name of Member & Qualification	Designation
1	Chairperson	Hon.ShriA.H.Patil B.A. L/L.M.,GDC&A, Appellate Court Judge (Retd.)	Chairman
2	Member Secretary	Dr.(Mrs.)VidyaBaliga, Asso. Professor, MDS (Periodontics), SPDC	Member Secretary
3	Clinician & Basic Scientist	Dr.V.V.Shahapurkar, Prof. of Surgery, JNMC M.S.(Gen. Surgery)	Member



4	Clinician & Basic Scientist	Dr.AmarTaksande Professor of Pediatrics M.D.(Pediatrics)	Member
5	Basic Medical Scientist & Pharmacologist	Dr.R.K.Jha, Prof. of Pharmacology, JNMC M.D. (Pharmacology)	Member
6	Community Scientist	Dr.AbhayGaidhane Prof. of Community Medicine, JNMC M.D. (PSM)	Member
7	Ayurvedic Faculty	Dr.BharatChouragade, Prof. of Sanskrit SamhitaSiddhant M.D. (SamhitaSiddhant) MGACH & RC	Member
8	Non-Govt. Organization (NGO) Representative	Ms.SadhanaSaraf, NGO, Wardha M.Com.M.A.(Eco.)	Member
9	Lay Person from Community	Mrs.GeeetaWaghmare, M.Com.	Member
10	Legal Expert	Adv.GajendraA.Jachak, B.Com. LL.B.,	Member
11	Social Scientist	Mr.N.P.Shingne, Social Worker M.S.W.	Member
12	Expert from Dentistry	Dr.Minal Chaudhary, Professor Oral Pathology, SPDC M.D.S. (Oral Pathology)	Member

**Composition of Animal Ethics Committee:**

Sr. No	NAME OF MEMBER	DESIGNATION	ORGANIZATION TO WHICH THEY BELONG
1	Dr. SangitaTotade	Chairperson	Jawaharlal Nehru Medical College
2	Dr. Ujwal Gajbe	Member	Jawaharlal Nehru Medical College
3	Dr. Madhuri Gawande	Member	Sharad Pawar Dental College
4	Dr. Sandeep V. Joge	Member	Jawaharlal Nehru Medical College
5	Mr. Manish P.Deshmukh	Member Secretary	Datta Meghe Institute of Medical Sciences (Deemed University)



### **3.1.3 What is the policy of the university to promote research in its affiliated / constituent colleges?**

The broad aim of research policy of the University is to ensure smooth governance and promotion of research and also safeguard the wellbeing of research participants/subjects. The Policy sets out principles, requirements and standard. It defines mechanism to deliver them and describe the monitoring and assessment arrangements. The various policies of the University to promote research along with their salient characters are enlisted as under:

- a) **University research funds** - The University has an annual research budget which is routed through autonomous research cell for various research activities of the University. Head of Institutes/ Deans/ Department heads prepare research budget for their respective Institute / Department and forwards the same to research cell. The budget is utilized for creating necessary infrastructure for research, capacity building activities for research, providing seed money for researchers, providing incentives for the researchers who published scientific papers.
- b) **Intra-mural Grant Scheme (Seed money for researcher):** URC sends recommendations to the Registrar of the University for seed money that is aligned strategic priority.
- c) **Incentives for publication:** The University provides financial incentives for publications in reputed journals.
- d) **Special leave for faculty and students:** All faculties / staff and students of the University shall have a right to avail the special leave for research activities (Maximum permissible limit for special leave is of 15 days annually). For leaves extending more than 15 day, permission can be availed on recommendation of the Director, Research and Development.

### **3.1.4 What are the proactive mechanisms adopted by the institution to facilitate the smooth implementation of research schemes/projects?**

**The variousproactivemechanismsadopted by the University:**

1. Training given for writing proposals.
2. Writing proposals for funding.
3. Advancing funds for sanctioned projects.
4. Providing seed money.
5. Simplification of procedures related to sanctions / purchases to be made by the investigators.
6. Autonomy to the principal investigator/coordinator for utilizing overhead charges.
7. Timely release of grants.
8. Timely auditing.
9. Submission of utilization certificate to the funding authorities.
10. Availability of access to online data bases.

#### **Training given for writing proposals:**

Research Guidance Clinic (RGC) provides periodic orientation, trainings, workshops, sessions and assistance, linkages and peer-support from experienced researchers for enhancing the number of grant submissions and enhance the quality of writing proposal for funding and post-submission discussion and follow up assistance for the revision, counseling, encouragement and support for the rejected proposals and promote them to reapply with the appropriate enhancements. The researchers doing formative/pilot research projects are supported and ensured to apply for writing proposals with mentoring and training from RGC.



### **Writing proposals for funding:**

R&D shares and disseminates the information regarding the advertisement for Calls for Proposal (CFP) and Request for Proposals (RFP) to the faculties, departments and collaborators/partners. Frequent reminders of the last date of submission and deadlines are sent to the interested researchers of the CFP/RFP of national and international funding agencies. Opportunity is even to work with the consortium partners, collaborate and apply for joint grant submission. The RGC facilitates and orients the early level researchers and students for writing the proposals for funding.

### **Advancing funds for sanctioned projects:**

The University acknowledges and supports the researchers on the sanctioned projects in providing advance funds whenever required from institutes to adhere to the timeline and schedule of the research projects. Advance funds were sanctioned in numerous grants like in Qualitative Research – Migrant Nepali Migrants in India (Bournemouth UK amount of INR 40,000), Frial Vital sign monitoring of new born in a USAID project of INR 821812: INORMUS – INR 158000, AYUSH – Public Health Initiative – INR 10000000, and Pallium India study of INR – 457600).

### **Providing seed money through Intramural Grant Scheme:**

1. The University has an earmarked seed money in the annual budget plan for R&D activities.
2. The university provides the seed money for all the career-stage researchers. (Undergraduate; Post Graduate; Doctoral; Post-Doctoral Fellow, Faculty level - Early Career; Mid-Career and Senior Career level) to undertake financial assistance for research projects.
3. Formative/pilot testing of research prior to submission to funding agencies
4. For collaborative multi/interdisciplinary research
5. For publication processing charges.

### **Simplification of procedures related to sanctions / purchases to be made by the investigators.**

R&D fully supports, mentors and orients faculty members and students of “fast track mechanism” and policies for the researchers to carry out the research by providing timely release of grants and assistance from the procurement offices for equipment’s, kits and facilities from the existing research infrastructure.

R&D simplified the procedures for all the Intramural and Extramural Grants so that the researchers can avail the research facilities and assistance from support department like Procurement Office, Finance Department to acquire and purchase the related material, equipment’s and needs of the investigator.

### **Autonomy to the principal investigator/coordinator for utilizing overhead charges.**

The Principal Investigators/Coordinators is given the autonomy for the overhead charges by the R&D for the utilization and dispensation of the activities of the projects so that the targets are achieved in time-bound manner.

**Timely release of grants:**

R&D has policies to adhere to the agreements and approvals from funding agencies to initiate and provide steps to ensure timely and in-need advance release of grants.

**Timely auditing:**

R&D coordinates and facilitates with the finance department to ensure the timely auditing of the research grants providing support to the researcher.

**Submission of utilization certificate to the funding authorities:**

Coordination and orientation is provided to the researcher to facilitate submission of utilisation certificate to the funding authorities in the stipulated time frame in coordination with the Finance Department.

**Availability of access to online data bases.**

Online Facilities of INFLIB-NET, EBSCO (HOST), CINAHL, MD-Consult, Clinics, MUHS (D.L) all full text database are available in IP address in campus is provided to all the researchers. The software used by library is LiBnet. The internet connectivity is provided and campus is Wifi enabled.

**Give details of the library holdings :**

\* *Print (books, back volumes, theses, journals)*

INFORMATIONS	TOTAL
Text Books	37616
Reference Books	23575
Journals	(Hardcopy 268) (Softcopy 1905) 2173
Archive journals (Bound vol)	6008
Thesis	1788

\* Electronic (e-books, e-journals)

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON
<b>E-books downloaded</b>	4162	2417	236	4356
<b>E-Journals(online)</b>	198	242	33	1538

\* *Special collections (e.g. text books, reference books, standards, patents)*

INFORMATIONS	TOTAL
<b>Research Topics</b>	72
<b>CD Animation</b>	377
<b>Digital Database</b>	1629
<b>CD &amp; Video</b>	2557





### **3.1.5 How is multidisciplinary / interdisciplinary / transdisciplinary research promoted within the institution?**

**\* between/among different departments / and**

**\* collaboration with national/international institutes / industries.**

Multidisciplinary / interdisciplinary / transdisciplinary research is promoted within the institution between/among different departments by;

- Creation of 10 Centres of Excellence
  - Doctoral Program in Interdisciplinary research
  - Promotion and deputation of faculty and research staff for inter/ multidisciplinary research
  - Sharing of labs and facilitates and resources amongst the researchers.
  - Promoting conduction of national, international conference, workshops, sessions, talks, of multidisciplinary / interdisciplinary / transdisciplinary research to bring together social scientist, community health experts, public health experts, clinical scientists and behavioral scientists and engineers on one platform.
  - Promoting competition for innovative ideas amongst researchers.
  - Conferring awards and recognitions to the researchers.
  - Promoting visits of Professors and adjunct faculties.
  - Coffee club, Bramhi group, ginger-group and incubation centre schedule innovative research promotion related activities for concept and idea sharing.
- \* Multidisciplinary / interdisciplinary / transdisciplinary research is promoted through proactive Collaborations with national/international institutes / industries in terms of faculty/student exchange, joint research proposals for funding, joint publications, experience sharing and reviews, multicentric research projects etc.

#### **Various Collaborations with International Organizations are as under:**

1. Bournemouth, University, UK
2. Chester University, UK
3. Liverpool John Moores University, UK
4. South - Asia Research Hub, DFID, UK
5. University of Sheffield, UK
6. Harvard University, Boston, USA
7. University of California-Davis (UC-Davis, USA)
8. John Hopkin University USA
9. Maina Foundation, USA
10. Vanderbilt University USA
11. Collaborative Observational Clinical Study Agreement McMaster University, Canada
12. Saving Brains, Grand Challenge Canada
13. Saving Lives – USAID
14. International Society for infectious Diseases (ISID)
15. International Training Agreement, American Heart Association
16. University of Padova, Italy
17. SYRCLE, Radboud University, Netherland
18. University of Sydney, Australia



19. University of Western Sydney, Australia
20. CME, Dhaka, Bangladesh
21. Sri Lanka Medical Council, Colombo
22. World Health Organization Department of Reproductive Health and Research (Open SRP)
23. Smile Train, New York (Agreement)
24. SemeyState Medical University, Kazakhstan
25. SUMMIT, Indonesia
26. University of Genoa, Italy (Agreement)
27. Georgia Southern University, USA
28. The Nebraska Medical Center
29. The George Institute of Global Health, Australia INFORMUS Study
30. Indian Ocean Dental School and Hospital, Mauritius
31. Rak Medical & Health Sciences University, UAE
32. Rangsit University, Thailand
33. Mania Foundation, USA
34. Bournemouth University, UK
35. USAID
36. International Society for Infectious Disease (ISID)
37. George Institute for Global Health Canada
38. University of Washington, USA
39. National Institutes of Allergy and Infectious Diseases (NIAID)
40. Sanofi Pasteur S.A. France
41. Smile Train Inc. USA
42. Swedish International Development cooperation agency department for research cooperation (SIDA)
43. Sri Vajera foundation, Brazila, Brazil
44. Indo-US Science and Technology Forum (IUSSTF)
45. United States-India Education Foundation (USIEF)
46. Centre of Education Innovations
47. Global Consortium for Epidemiology and Public Health (GCEPH)
48. South Asia Infant Feeding Research Network (SAIFRN)
49. University of Genova, Italy
50. Indian ocean dental school and hospital, Mauritius
51. Cancer Research, Malaysia

**Various Collaborations with National Organizations are as under:**

1. RSTM, Regional Cancer Centre, Nagpur
2. Indian Institute of Public Health- Gandhinagar
3. Indian Council of Medical Research (ICMR)
4. Shodhganga (INFLIBNET)
5. Bhopal Memorial Hospital And Research Centre (BMHRC)
6. National Environmental Engineering and Research Institute, Nagpur
7. Medical Council of India, New Delhi
8. Hislop College, Nagpur
9. DY Patil University, Kolhapur
10. Facility based new born care (UNICEF Sponsored) - MOU



11. GEM Hospital & Research Centre Pvt. Ltd, Coimbatore
12. Herbal Naturals, Nagpur
13. Mahatma Gandhi Institute for Rural Industrialization
14. National Institute of Nutrition (NIN), Hyderabad
15. PALLIUM INDIA, PALLIATIVE CARE
16. Tata Institute of Social Sciences (TISS) Student Placement
17. NIMHANS, Bangalore - Placement for Training
18. SEARCH (Society for Education, Action and Research in Community Health, Gadchiroli (Maharashtra), India
19. AVP Research Foundation, Coimbatore, Tamilnadu
20. GSR Institute of Cranio Maxillo-Facial And Facial Plastic Surgery, Vinaynagar Colony, Saidabad, Hyderabad
21. Lok Biradari Prakalp, Hemalkasa, Tah. Bhamragad, Dist Gadchiroli.
22. CCIM, New Delhi
23. Shri Ramachandra University
24. UNICEF India
25. Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI)
26. Conservation Wildlands trust (CWT) Mumbai
27. Wildlife Conservation Trust (WCT) Mumbai
28. State Health Resources Centre (SHRC)
29. UNFPA India Centre for Health and Social Justice
30. AVERT Society, Mumbai and MSACS
31. Dabar Research Foundation Ghaziabad
32. National Medicinal Plant Board (NNPB)
33. Unijules Life sciences
34. VNIT, Nagpur

**3.1.6 Give details of workshops/ training programs/ sensitization programs conducted by the institution to promote a research culture in the institution.**

The workshops/training programs/orientation and sensitization programs like research methodology, scientific writing, proposal writing, evidence synthesis, systematic review and meta-analysis, statistics analysis are periodically conducted for undergraduates, post-graduates, doctoral scholars, postdoctoral fellows and faculties (early, mid and senior level researchers) to promote research culture in the University. Inter/multidisciplinary and joint workshops/training are promoted particularly in cross-cutting domains.

Name of College	2012 - 13	2013 -14	2014 -15	2015 -16	2016 – 17 till date	Total
<b>Medical</b>	31	18	19	15	15	98
<b>Dental</b>	14	8	9	9	8	48
<b>Ayurvedic</b>	11	14	14	8	9	56
<b>Nursing</b>	6	7	5	5	5	28
<b>TOTAL</b>	<b>68</b>	<b>47</b>	<b>47</b>	<b>37</b>	<b>37</b>	<b>236</b>



3.1.7 How does the institution facilitate researchers of eminence to visit the campus? What is the impact of such efforts on the research activities of the institution?

The University facilitates and promotes visits of eminent scientists, researchers and consultants of national and international repute from academia, industries, NGOs and grant agencies.

- \* University provides financial assistance to the constituent units for travel, accommodation (in university guest house) and related expenses for the visit of the eminent scientists and researchers. The visiting professors and scientists are provided with facilities like computer with internet facility and access to central research lab.
- Guest lectures have been arranged on various relevant and important topics with particular emphasis on multidisciplinary/interdisciplinary / transdisciplinary, and on topics like *evidence synthesis, theory of change model framework, bioethics in research, research methodology and advanced statistics.*
- Eminent scientists and researchers of national and international repute have been invited as resource persons/speakers for conference, CMEs, workshops. National and international faculties from Harvard School of Public health, Liverpool John Moores University and the Bournemouth University have conducted Research & Grant Writing workshops and Mentoring Session Programs.

**The impact of such activities in the university is as under:**

- Increase in quality peer review high impact national and international publications like PloS One, BMC-Public Health, GUT, Cochrane Database Systematic Review (Cochrane Heart Review Group and Cochrane Pain and Palliative Review Group).
- 18 Joint Publications in high impact factor journal (Thomson Reuter) ranging from 02 to 54.
- Increase in Grants from International funding agencies such as Grand Challenge Canada, Smile Train, USAID, National Institute of Allergy and Infectious Diseases and National funding agencies like ICMR, DST, DBT, Ministry of Health and Family Welfare). 06 Joint Grant Application sanctioned by international funding agencies worth more than 6.8 crores
- 03 joint international conferences organized in the campus and currently 09 joint collaborative research projects ongoing in the campus

3.1.8 What percentage of the total budget is earmarked for research? Give details of heads of expenditure, financial allocation and actual utilization.

**The percentage of total budget is earmarked for research and details are of heads of expenditure, financial allocation and actual utilization is given in the following tables**

S N	Financial Year	Annual Budget - DMIMS	Annual Budget – Research Budget	% of funds for research
1	2013-2014	14242.54	1130.51	7.94%
2	2014-2015	16220.13	1037.17	6.39%
3	2015-2016	19679.24	1237.33	6.29%
4	2016-2017	21893.48	1239.08	5.66%



**The heads of expenditure for financial allocation are:**

**DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DU), WARDHA**

**Research & Development Budget**

**RS. IN LACS**

PARTICULARS/FY	2013-2014		2014-2015		2015-2016		2016-2017	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
<b>Recurring Expenditure</b>								
Seminar/Conference CME/Orientation program etc.	66.00	63.37	66.00	64.67	70.00	59.39	71.00	63.80
TIFAC Core in IR	45.00	42.28	45.00	44.20	45.00	43.50	45.00	44.13
Research & Development funding to Teaching Staff Award &Incentives	53.00	46.75	53.00	41.26	55.00	54.17	55.00	52.45
University Funded Research Projects	50.00	44.32	50.00	35.85	52.00	41.80	51.00	41.06
Maintenance of Research Infrastructure	66.00	58.71	66.00	67.68	78.00	73.67	66.50	76.32
Upgradation of Equipment (AMC/CMC)	50.00	44.50	60.00	64.18	65.00	69.22	75.50	71.12
Medicine & Consumables	59.00	64.11	59.00	72.67	91.00	87.48	80.50	86.35
Remuneration to the various cell chairs			6.00	6.20	6.00	6.30	25.00	24.56
<b>DOHPE</b>								
Nodal Centre	10.00	9.35	10.00	8.78	15.00	14.30	15.00	14.56
Faculty Development	21.00	19.11	21.00	17.86	26.00	22.86	26.50	24.30
School of Advance Studies					10.00	9.50	10.00	9.60
PHD Cell					20.00	19.80	20.00	19.78
<b>Total A</b>	<b>420.00</b>	<b>392.50</b>	<b>436.00</b>	<b>423.35</b>	<b>533.00</b>	<b>501.99</b>	<b>541.00</b>	<b>528.03</b>
Non Recuring expenditure/FY	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Building	70.00	90.26	70.00	66.90	230.00	209.15	225.00	170.29
Equipment Furniture & Computer	155.00	151.91	155.00	180.85	170.00	143.62	173.00	170.66
Tifac Core IR	25.00	24.34	25.00	23.90	25.00	24.13	25.00	23.40
<b>Total B</b>	<b>250.00</b>	<b>266.51</b>	<b>250.00</b>	<b>271.65</b>	<b>425.00</b>	<b>376.90</b>	<b>423.00</b>	<b>364.35</b>
Library Books & Journals/FY	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Books	58.50	78.63	60.50	105.00	31.00	96.34	47.00	105.62
Journals	40.50	9.81	40.50	0.00	47.00	0.00	38.00	0.00
Other Infrastructure	17.00	0.30	17.00	0.00	22.00	0.00	18.00	0.00
<b>Total C</b>	<b>116.00</b>	<b>88.74</b>	<b>118.00</b>	<b>105.00</b>	<b>100.00</b>	<b>96.34</b>	<b>103.00</b>	<b>105.62</b>
Research Funded Projects	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
International	317.86	317.75	96.00	49.14	143.11	106.71	83.70	115.75
National	23.81	20.51	136.63	92.71	35.75	18.42	62.09	22.30
Consultancy & Clinical Trails	2.84	3.84	0.54	0.51	0.47	0.07	26.29	13.69
<b>Total C</b>	<b>344.51</b>	<b>342.10</b>	<b>233.17</b>	<b>142.36</b>	<b>179.33</b>	<b>125.20</b>	<b>172.08</b>	<b>151.74</b>
<b>GRAND TOTAL (A+B+C)</b>	<b>1130.51</b>	<b>1089.85</b>	<b>1037.17</b>	<b>942.36</b>	<b>1237.33</b>	<b>1100.43</b>	<b>1239.08</b>	<b>1149.74</b>
<b>TOTAL BUDGET</b>	<b>14242.54</b>		<b>16220.13</b>		<b>19679.24</b>		<b>21893.48</b>	
% OF R&D IN TOTAL BUDGET	7.94%		6.39%		6.29%		5.66%	



3.1.9 In its budget, does the university earmark funds for promoting research in its affiliated colleges?

If yes, provide details.

Yes, the University earmarks funds for promoting research in its affiliated colleges. The research budget is allocated for promoting research through expansion and up-gradation of infrastructure and equipments, creation of advanced labs, facilitating manpower training, organization of conferences/ workshops/ CMEs, and providing expenses on visiting eminent scientists and scholars.

3.1.10 Does the institution encourage research by awarding Postdoctoral Fellowships/Research Associate ships? If yes, provide details like number of students registered, funding by the institution and other sources.– to be mentioned

Yes, the University provides Fellowships/Research Associate ships with incentives and awards to encourage research. The Total Number of student Registered in last four years is 63.

#### **Fellowship List - 2013-2014**

Sr. No.	Name of Fellowship Candidate	Fellowship Course Name	Department Name
1	Dr. Samata Kela	Neonatology	Paediatrics
2	Dr. Ashish Verma.	Neonatology	Paediatrics
3	Dr. Akash Saoji	Fellowship in spine	Orthopaedics
4	Dr. Sonali Choudhari	Health policy planning & economics	Dept community Medicine
5	Deeplata Mende	Fellowship in Palliative care	Dept of Medicine
6	Ruchira Ankar	Fellowship in Palliative care	Dept of Medicine
7	Dr. Neeta Varma	Pain management	Dept of Anaesthesia
8	Dr. C. Cham	Pain management	Dept of Anaesthesia
9	Dr. Smrutiranjana Nayak	Occupational and environmental medicine	Dept community Medicine

#### **Fellowship List - 2014-2015**

Sr. No.	Name of Fellowship Candidate	Fellowship Course Name	Department Name
1	Dr. G. N. Chavan	Critical care	Cardiac Anesthesia
2	Dr. Pankaj N.Hiwarkar	Critical care	Cardiac Anaesthesia



3	Dr. Samata Kela	Neonatology	Paediatrics
4	Dr. Ashish Verma.	Neonatology	Paediatrics
5	Dr. Akash Saoji	Fellowship in spine	Orthopaedics
6	Dr. Vasant Gawande	Fellowship in spine	Orthopaedics
7	Dr. Sonali Choudhari	Health policy planning & economics	Dept community Medicine
8	Deeplata Mende	Fellowship in Palliative care	Dept of Medicine
9	Ruchira Ankar	Fellowship in Palliative care	Dept of Medicine
10	Dr. Neeta Varma	Pain management	Dept of Anaesthesia
11	Dr. Mohmad Ahsan	Pain management	Dept of Anaesthesia
12	Dr. C. Cham	Pain management	Dept of Anaesthesia
13	Dr. Smrutiranjana Nayak	Occupational and environmental medicine	Dept community Medicine
14	Dr. Meenakshi Khapre	Occupational and environmental medicine	Dept community Medicine

#### **Fellowship List - 2015-2016**

Sr. No.	Name of Fellowship Candidate	Fellowship Course Name	Department Name
1	Dr. Manish M. Sharma	Fellowship in occupational and environmental medicine	Dept community Medicine
2	Dr. Thangjam Gautam Singh	Fellowship in Interventional Radiology (Sponsored by DST)	Dept. of Radiology
3	Dr. Premeshwar Niwant	Fellowship in Bioethics	Forensic Medicine
4	Dr. Shravani Deolia	Fellowship in Bioethics	Forensic Medicine
5	Mrs. Ruchira	Fellowship in Bioethics	Forensic Medicine
6	Dr. Tusharkumar Sinhal	Fellowship in Neonatology	Pediatrics
7	Dr. Kirti Swarnkar	Fellowship in Neonatology	Pediatrics
8	Dr. Nagpure	Fellowship in Therapeutic drug Monitoring	Pharmacology
PDCC			
9	Dr. Vaibhav Kumar Shrivastava	PDCC in interventional Radiology	Radiology
10	Dr. Pankaj Hivarkar	PDCC in cardiac-Anesthesia	Cardiac Anesthesia
11	Dr. Gurmindar	PDCC in Spine Surgery	Orthopedics

**Fellowship List -2015-2016**

Sr. No.	Name of Fellowship Candidate	Fellowship Course Name	Department Name
1	Dr. Vishal Agrawal	Fellowship in Interventional Radiology (Sponsored by DST)	Radiology
2	Dr. Mishra Gavrav Vedprakash	Fellowship in Interventional Radiology (Sponsored by DST)	Radiology
	Dr. Prasad Manish Awadesh	Fellowship in occupational and environmental medicine	Dept community Medicine
3	Dr. Wanjari Anita Santoshrao	Fellowship in Therapeutic drug Monitoring	Pharmacology
4	Dr. Gudhe Mahendra Anantrao	Fellowship in Spine Surgery	Orthopedics
5	Dr. Ambade Ratnakar Eknath	Fellowship in Spine Surgery	Orthopedics
6	Dr. Ashish Kumar Khetan	Fellowship in Minimal Access Surgery	Surgery
7	Dr. Moushmi Shivshankar Rao	Fellowship in Gynecology Endoscopy	Gynecology
8	Dr. Kamble Bhavna Bhimrao	Fellowship in Otology	ENT
9	Dr. Nareshkumar	Fellowship in Limb Reconstruction & Deformity Correction	Orthopedics

**PDCC**

11	Dr. Sadaverte Tejas Prafulla	PDCC IN interventional Radiology	Radiology
12	Dr. Mundada Gavrav Omprakash	PDCC IN Spine Surgery	Orthopedics
13	Dr. Khan Sohael Anjum Mohammed	PDCC in Spine Surgery	Orthopedics
14	Dr. Hiwarkar Pankaj	PDCC in Cardiac- Anesthesia	Cardiac- Anesthesia

**Fellowship List -2016-2017**

Sr. No.	Name of candidates	Name of fellowship	Name of Coordinator
	JNMC		
1	Dr. Monika K. Katpalliwar	Fellowship in Infertility	Sr. Trupti Shrivastava
2	Dr. Deepika Dewani	Fellowship in Gynac Endoscopy	Dr. Neema Acharya
3	Dr. Anup Patil	Fellowship in Gynac Endoscopy	Dr. Neema Acharya
4	Dr. Avinash B. Taksande	Fellowship in Neurophysiology	Dr. Mrs Rawekar
5	Dr. Nikhil D. Dhande	Fellowship in Occupational & Environmental Medicine	Dr. Abhay Mudey





6	Dr. Rajkiran Rathi	Fellowship in Interventional Radiology	Dr. P. Banode
7	Dr. Gavrav Kumar	Fellowship in Interventional Radiology	Dr. P. Banode
8	Dr. Abhinav Mohan	Fellowship in Interventional Radiology	Dr. P. Banode
9	Dr. Pawan Wankhade	Fellowship in Bioethics	Dr. P. Mohite
10	Dr. Apoorva Mahalle	Fellowship in Pain Management	Dr. Mrs. Chandak
	SPDC		
11	Dr. Shivlal M. Rawlani	Fellowship in Head & Neck Imaging	Dr. R. Bhowate
12	Dr. Ravikant V. Sune	Fellowship in Head & Neck Imaging	Dr. R. Bhowate
13	Dr. Shubham Agarwal	Fellowship in Oral Oncology	Dr. Borle Sir
14	Dr. Prachet Dakshinkar	Fellowship in Oral Oncology	Dr. Borle Sir
15	Dr. Vasudevan	Fellowship in Orthognathic Surgery	Dr. Sunita Shrivastav

3.1.11 What percentage of faculty have utilized facilities like sabbatical leave for pursuit of higher research in premier institutions within the country and abroad? How does the institution monitor the output of these scholars? Monitoring mechanisms to be charted?

The university promotes facilities like sabbatical leave for pursuing higher research in premier institutes within the country and abroad. Many scholars from the university have availed the facility. Many faculties have been abroad for various research promotion activities like fellowships, conferences, workshops, short courses for advanced skill development. Sabbatical leave for higher research deputation at higher centers and assistance for international fellowships in last 4 years was taken by 68 Faculties.

The faculties are required to submit the full report of deputation to R&D cell which in turn identifies the feasible thrust areas of research to work at the university. Competency, training and dissemination of the learning is shared by the researcher within and inter departments promoting Inter/Multidisciplinary research at various forums like Staff Research Society. The researcher presents the research which is monitored & Charted by the R&D on quarterly basis in terms of research projects conducted, symposium, conferences, workshop conducted, publications and collaborative projects initiated.

**3.1.12 Provide details of national and international conferences organized by the institution highlighting the names of eminent scientists/scholars who participated in these events.**

The University regularly and periodically promotes departments and constituent colleges to organize conferences and workshops at national and international level.

The university has organized 80 National & 9 International Conferences / Conclave / Workshop/ Symposium in which 352 eminent scientists / scholars who have participated in events.



### 3.1.13 Mention the initiatives of the institution to facilitate a research culture in the below mentioned areas:

- \* Training in research methodology, research ethics and biostatistics.
- \* Development of scientific temperament.
- \* Presence of Medical / Bio-Ethics Committee.
- \* Research linkages with other institutions, universities and centers of excellence. (National and international).
- \* Research programs in Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics, etc.
- \* Promotional avenues for multi-disciplinary, inter-disciplinary research.
- \* Promotional avenues for translational research.
- \* Instilling a culture of research among undergraduate students.
- \* Publication-based promotion/incentives.
- \* Providing travel grant for attending national/international conference and workshops.

\* **Training in research methodology, research ethics and biostatistics:** To nurture the scientific temperament of the University, various initiatives have been taken to facilitate research culture in domains like research methodology, research ethics and biostatistics.

i. **Training in Research methodology:** University conducts various interdisciplinary and collaborative workshops/ trainings in constituent colleges on research methodology, scientific writing, biostatistics, systematic review and meta-analysis, grant writing aimed at enhancing research capacity of faculty and students.

*At undergraduate and postgraduate level:* All the constituent colleges annually conduct sessions on research methodology in undergraduate orientation and post-graduate Induction programs. Training in research methodology is also augmented by facilitating participation in researches in the form of community surveys, which are included in the curriculum leading to a better understanding of research concepts amongst students. Constant training by the university assists the student encouragement to apply for ICMR Student Fellowship and intra-mural undergraduate research grants.

*At faculty level:* The University regularly conducts structured training programs in research methodology and scientific writing at institutional / departmental / levels. Faculties are also deputed to other university / institutes/ research organizations for workshop / trainings. Guides and Scholars are enrolled in advanced studies like PhD, fellowship are encouraged to undergo research orientation workshops.

ii. **Research Ethics:** University also ensures teaching anecdotal issues at the level of individual research ethical review and systemic issues related to the institution apart from teaching the epistemological and philosophical issues of the research. University organizes workshop on ICH-GCP certification program for all the members of the ethics committee and the principal investigators of clinical trials. “UNESCO Ethics Unit” which is established in the university provides bio-ethics guidance. University has also started fellowship in bio-ethics for training in ethical issues regarding research.

iii. **Training in Biostatistics:** R & D cell of the university prepares the students to practice biostatistics on wide range of scientific teams and it develops groundbreaking thinkers through its programs. Workshops on basic statistics, applied statistics, data analysis and interpretation, regression modeling, inferential statistics, meta-analysis, data handling in STATA, SPSS, EPIINFO etc is a consistent part of the University R&D cell.



**\* Development of scientific temperament:**

**The university promotes development of scientific temperament from the inception to the professional course. Various mechanisms are as follows:**

- At the university level, guidance on solicitation and capacity building trainings to the researchers is delivered by Research Guidance Clinic (RGC), which has various research divisions like evidence synthesis, clinical epidemiology and biostatistics.
- All the constituent colleges of the university has a Staff Research Society (SRS) which provides a platform to present the research done by staff and post-graduate students.
- For promoting multidisciplinary / interdisciplinary/ translational researches, University has a forum for an informal meeting of like-minded early career researchers who meets once a month which is designated as Research Coffee Club.
- University partakes a Ginger group of highly motivated professionals consisting of health experts from DMIMS(DU)Wardha and technology experts from YCCE, Nagpur working on technology side to improve the research capabilities of the health professionals so that they can make healthcare more efficient and effective in rural areas.
- The University encourages the students and faculties to present research papers at various national and international platforms, for which the faculty receives, special leaves and travel grants.
- The University encourages the undergraduate and post-graduate students to attend scientific forums, conferences and workshops organized specially for undergraduate and post-graduate students, and present scientific papers by providing special leaves.
- Fellowship scholars and post-graduates from various departments are deputed to other Universities for learning about super specialties, subspecialties like interventional radiology, cardiology, and palliative care.
- The research culture in the University is reinforced by providing scholarships for Ph.D scholars and cash incentives to teachers for paper/poster presentations and publication fee in reputed journals.
- Numerous international and national extra-mural funded projects are completed and on-going in the constituent colleges of the university.
- Research Guidance Policy of the university aims at creating centers of excellence for research and development, and for disseminating knowledge and its relevant application regionally, nationally and Globally.

**\* Presence of Medical / Bio Ethics Committee:** R&D Cell of the University has a ‘Research Committee’ which aims to foster, design and execute high quality multidisciplinary research covering spectrum of health and medical research. The committee is headed by the Director Research & Development as the Chairperson. The University has “UNESCO Ethics Unit”, Ethics Committee and Animal Ethics Committee as per guidelines of ICMR (registered with DCGI) and CPCSEA. It is the Mandate of ethical committee to view all research projects by the faculty members and the students.

**\* Research linkages with other institutions, universities and centers of excellence (national and international):** Linkages with various reputed national and international universities and organizations has led to promoting research culture. The collaboration have resulted in enriched and increased number of joint publications, joint researches, visiting professors,



student and faculty exchange programs and joint grant submissions with the reputed universities like Harvard University (USA), University of Sydney (Australia), Sheffield University (UK), Bournemouth University (UK), Liverpool John Moores University (UK), Public Health Foundation of India (PHFI).

- \* **Research programs in Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics, etc.:** The University has grown in an open and free academic environment where dedicated teaching, state-of-the-art laboratories, fast information networks and well-stocked libraries have come into being for researches in arenas like Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics.

*Basic Sciences:* Doctoral research program has been approved in basic science departments of the constituent colleges. In addition to this, the University has research programs like Diploma in Neurophysiology.

*Clinical:* Doctoral research program has been approved in clinical departments of the constituent colleges.

*Operational research and Epidemiology:* R & D cell and Centre of Excellence- School of Epidemiology and Public Health (SEPH) in collaboration with other departments / institutes are undertaking abundant operational research as well as in the field of epidemiology. University runs many courses like diploma in Research Methodology and Biostatistics, Diploma in Health and Medical Record technology.

*Health economics:* University is running a Fellowship in Health Policy Planning and Economics for dealing the issues related to health economics.

- \* **Promotional avenues for multi-disciplinary, inter-disciplinary research**

*Inter-disciplinary:*

- University motivates Interdisciplinary research (IDR) by teams or individuals that integrates information, data, techniques, tools, perspectives, concepts, and/or theories to advance fundamental understanding or to solve problems whose solutions are beyond the scope of a single discipline or field of research practice.
- A number of interdisciplinary research projects have been funded involving scholars from multiple disciplines.
- Guest lectures have been arranged on various relevant and important topics with particular emphasis on interdisciplinary researches.
- University recognizes and supports the concept of interdisciplinary research as a valuable experience for the students. These experiences may take the form of internships, intensive study of specialized techniques with personnel at other institutions, and conducting research at research facilities.
- Center for interdisciplinary research and lifestyle modification has been established for the propagation of research in Indian System of Medicine.
- Under the umbrella of School of Advanced Studies, University aims to start new and need-based courses especially interdisciplinary courses. The efforts are made to focus on HRD recognized emergent areas.



### *Multidisciplinary:*

- The well-equipped multidisciplinary research team comprises of faculties who are experts in health service researches including cost-benefit and cost-effectiveness analysis, medical informatics, decision analysis, survey researches, operations researches and health economics.
- The University facilitates collaborations across the campus and minimizes investments in multiple and superfluous instrumentation facilities by housing core facilities for sustaining and escalating research growth.
- The university promotes researches aiming at standardization of medicines, clinical studies through concept of reverse pharmacology under the roof of Centre of Excellence for Interdisciplinary Clinical research and Lifestyle Modifications which provide expertise for researchers from different disciplines to work together with special emphasis on Indian system of medicine.
- The university has collaborations /MoU's with well-renowned international and national organizations including Global Consortium which has resulted in joint symposium/ workshops/conferences and have provided a juncture for multidisciplinary researches.
- Concepts of faculty and student exchange programmes around the globe have been nurtured for developing new areas of teaching and research.

Joint grant submissions: For providing effective health-care; numerous interdisciplinary projects bridging Ayurveda and Dental streams have been conducted and still on-going for betterment in health care. Fiscal and non-fiscal backing for multidisciplinary /inter-disciplinary research are being provided by the University in the form of scholarships and contingency grant including incentives for publications.

### ▪ **Promotional avenues for translational research**

- University has laid platform for various translational researches for the realization of scientific discovery to be delivered to patients for their clinical benefit and to give our scientific findings a practical vision to improve human health nationally and across the globe.
- The university supports and believes in the evidence-based practices and has taken sincere efforts to establish Centre of Excellence on evidence-based nursing.
- The University has Center of Excellence section in inter-disciplinary sciences and healthy lifestyles to promote benefits of leading healthy lifestyles.
- University has established Research policy and SOP for investigators and their teams obtaining multidisciplinary guidance to solve clinical and translational research problems.
- The University aims to provide comprehensive training to under-graduate and post-graduate students, practicing physicians and the research team, thereby promoting effective, efficient and collaborative translational research enterprise.
- The University provides continual encouragement to research teams and supports them to learn new skills necessary to create interventions that will be beneficial for the public.



- \* Instilling a culture of research among undergraduate students:
  
- \* **At Undergraduate/Postgraduate Level:**
  - Students are divulged in research environment from the period of commencement in various courses in Induction/Orientation Programs through introductory lectures on research methodology.
  - For incorporation of virtuous research culture, the University annually conducts special lectures / seminars / workshops on the issues of ethical conduct and practices in the field of research.
  - The University facilitates students to apply for ICMR - STS scholarship for short term UG research projects.
  - Intramural grants for short-term UG research projects are also available for the enhancement of research cultures.
  - The University also provides scholarships for UG/PG students for winning prizes at national/ international conferences for paper/poster presentation.
  - Special leaves are sanctioned for the purpose of participating /presenting research papers in national/ international conferences for paper/poster.
  - Various constituent colleges of the University have made the completion of at-least one research project mandatory in their curriculum even at the undergraduate level.
  - University has Central Research Lab (CRL) and collateral labs for conveying upright research culture.
  - The University organizes scientific forums for undergraduate students.
  - For amplification of research culture; the University has made it mandatory for the Postgraduate students to complete 4”Ps”: PG Orientation, Paper presentation, Poster presentation and Publication of research project.
  
- \* **Publication-based promotion/incentives:**
  - The university has formulated University policy guidelines for “Incentives/ Awards for research publications, publication of book, contribution of chapter in a book and getting patents”.
  - Due weight age to publications are given for promotions under the Career advancement scheme (CAS) of the University.
  - The policy motivates publication by providing more incentives in renowned and indexed journals, monographs and reference books.
  - The university has allocated a total of budget of INR 1255500 till date as incentives for publications.
  - Significant achievement of the University lies in the fact that the faculties are publishing around 130 publications per year in Scopus database, which is competing with the best Institutes, and Universities across India.
  
- \* **Providing travel grant for attending national/international conference and workshops:**

The University provides financial assistance towards travel, accommodation and registration charges for participating and presenting paper/poster presentation/or for being chairman/resource person for scientific sessions at national/international conferences and workshops.



### 3.1.14 Does the institution facilitate

- \* R&D for capacity building and analytical skills in product development like diagnostic kits, biomedical products, etc. for the national / international market
- \* Development of entrepreneur skills in health care
- \* Taking leadership role for stem cell research, organ transplantation and harvesting, Biotechnology, Medical Informatics, Genomics, Proteomics, Cellular and Molecular Biology, Nanoscience, etc.

*The University facilitates R&D for capacity building and analytical skills in product development like diagnostic kits, and biomedical products for national and international market.*

- The University has received grants from many industries and pharmaceutical companies for biomedical products.
- The University has also linkages with industries like Qualcomm and Harvard School of Public Health for diagnostic kits.
- The university promotes seed grant and through Intellectual Property Rights (IPR) gives facilities and support to apply for copyright and patent filing for biotechnology and diagnostic kits.

*The University also facilitates the development of entrepreneur skills in health care.*

- The University has received a joint grant for social innovation and entrepreneur development from Erasmus+ funded by European Commission.

*Taking leadership role for stem cell research, organ transplantation and harvesting, Biotechnology, Medical Informatics, Genomics, Proteomics, Cellular and Molecular Biology, Nanoscience, etc.*

- The university has multi/interdisciplinary research in the areas of the stem cell research like with Raghavendra technology in the area of periodontal regeneration
- Various initiatives has been taken by the University for Organ Transplant including cadaveric organ donation like renal, liver, cornea, and heart donation and also taken the leadership in shifting of the organs to the prominent hospitals whenever required. Total 71 renal transplant has been conducted till date out of which 33 have been done in last four years. 66 Corneal collection and transplant done till date.
- The institution is taking steps and facilitating to develop Biotechnology lab in collaboration with national and international partners and collaborators, Medical Informatics with emphasis on data mining and learning machine initiatives, Genomics, Proteomics, Cellular and Molecular Biology like Oral oncology with prominent organization like Cancer Research Malaysia.



- Initiatives have been taken to promote projects on application of Nano-science in the traditional formulation in the Indian system of medicine (ISM) and to enhance the inter/multidisciplinary research.

### 3.1.15 Are students encouraged to conduct any experimental research in Yoga and / or Naturopathy?

Yes, students, and research scholars are encouraged to conduct experimental research in yoga and/or naturopathy. All available Advanced Research facilities like Department of Mind Body Medicine has conducted several research initiatives in various areas of Yoga and Meditation for Non-Communicable diseases like Diabetes Mellitus Type – II, hypertension, mental disorders are provided to the researchers.

PhD Scholars have undertaken research work on Yoga and one PhD is awarded on the topic of Rajyoga. Teaching faculty from the university have also published a protocol titled Yoga and Chronic Heart Failure in Cochrane Heart Group, the first of its kind from the Indian University. University has received a grant of Rs 1 lakh from AYUSH to create awareness and advocacy for promotion of Yoga.

## 3.2 Resource Mobilization for Research

3.2.1 How many departments of the institution have been recognized for their research activities by national / international agencies (ICMR, DST, DBT, WHO, UNESCO, AYUSH, CSIR, AICTE, etc.) and what is the quantum of assistance received? Mention any two significant outcomes or breakthroughs achieved by this recognition.

- The University currently has 49 departments out of which 15 departments of the constituent units have been receiving recognition for the research activities from various National and International reputed agencies. The National and International agencies which have given recognition to the departments are ICMR, AYUSH, DST, Ministry of Health and Welfare (MoHFW), UNESCO, USAID, Saving Brain, Grand Challenge Canada, Erasmus+ (European Commission), DFID, UK; AusAID; Bill Melinda Gates Foundation, MSME, CCRAS, International Society of Infectious Diseases (ISID), UNICEF. A Total Of 432 research projects are ongoing under all its constituent units.
- Quantum of Assistance received till date amounts is 471.97 lakhs in last 4 years in the table below Rupees in Lakhs.

SN	Financial Year	Research Extramural Grant	Consultancy/Clinical Trial	Total
1	2013-2014	108.83	3.84	112.67
2	2014-2015	81.85	0.51	82.36
3	2015-2016	125.13	0.07	125.20
4	2016-2017	138.05	13.69	151.74
	Total	453.86	18.11	471.97





- Two Significant Outcomes achieved by the recognition:
  - **Technology Information, Forecasting and Assessment Council (TIFAC):** Mission reached under TIFAC funded and recognized by Department of Science & Technology (DST) in the domain of interventional radiology & total project grant cost was 15 Crore.
  - **Saving Brains: Stepping Stones-Scaling of Anganwadi Centres for Early Childhood Development project:** Funded by Saving Brains Grand Challenge Canada has been selected as a pioneer and innovative center with bold ideas by Centre of Education Innovation for Early Childhood Development.  
The center has developed linkages and faculties from reputed universities like National Institute of Nutrition (Hyderabad, India), Harvard University (USA), University of California-Davis (USA). Various workshops and training has been conducted for the frontline workers, peer volunteers and caregivers for early childhood development of India. Total project grant cost was 2.6 Crore.
  - **Public Health Initiative for propagation of Ayurveda:** The Mahatma Gandhi Ayurveda College Hospital and Research Center has been recognized for its research in Diabetes and received grant from Ministry of AYUSH under the scheme Public Health Initiative for the propagation Ayurveda intervention for DM Type-2 in rural area. Total project grant cost was 1.6 Crore.

3.2.2 Provide the following details of ongoing research projects of faculty:

A. University awarded projects

Minor projects

Major projects

B. Other agencies - national and international (specify)

Minor projects

Major projects

**University Awarded and financially supported Intramural Ongoing Research Projects:**

Intramural Ongoing Research	Number of Research projects
Short term projects(<1 year) – Minor Projects	205
Mid-term projects(1 to 3 years project) – Major Projects	118
Long term projects(More than 3 years project) – Major Projects	109
Total	432

**Ongoing Extramural Minor and Major Projects:**

Nature of project	Extramural Funding agency
Ongoing Major (More than INR 5 lakhs)	16 (Saving Brains - Grand Challenges Canada, Smile train, ISID, Harvard School of Public Health Boston (USA), UNICEF, USAID, USA, , ICMR, SHRC, WCT, CWT, RNTCP, Pallium India, Palliative Care, District Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI), AYUSH, Govt. of India, Sanofi Pasteur S.A. France.



Ongoing Minor (Less than INR 5 Lakhs	14 ( ICMR, RNTCP- State operation Research Grant, , Ministry of Micro, Small and Medium Enterprises, Govt. of India, National Medicinal Plant Board (NNPB), Bournemouth University, UK, Mania Foundation, Integrated Health and Family Welfare Society - RNTCP Operation Research)
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**Ongoing Major extramural projects are:**

Sr No	Project Title	PI Name	Funding Agency	Duration	Total Received Budget/Sanctioned
1	Community Based Participatory Research In Tribal Health: Improving Health through Comprehensive Health Approach - Aarogya Plus Project in and around Pench Tiger Reserve Maharashtra.	Dr. Abhay Gaidhane, Dr. S.Z. Quazi	Conservation Wild lands trust (CWT) Mumbai	2015	5416400
2	Epidemiological study on estimating the burden of soil transmitted helminths infections in antenatal women in select states of India	Dr. Abhay Gaidhane, Dr. S.Z. Quazi	Public Health Foundation of India	2016-2017	2900000
3	Training of Medical officers and health staff on facility based newborn care	Dr. B. Lakhar	UNICEF	2011	1035268
4	Improving access to pain Relief and Palliative Care, in India	Dr. Sandeep Shrivastava	Pallium India, Palliative Care	2015	500000
5	Effect of Social Media on Adolescent health : A systematic review & Meta-Analysis	Dr. S.Z. Quazi, Dr. AbhayGaidhane , MahalaquaNazl iKhatib	Indian Council Medical Reseach (ICMR)	2015-2017	521000



6	Relevance and excellence in Achieving new height in educational institutions (Centre of Relevance & Excellence)	Dr. Pankaj Banode	Department of Sciences & Technology (DST) (TIFAC)	2006	15000000
7	Project RCH Phase - II RCH Service Delivery Intervention in underserved areas of Maharashtra Through Service NGO	Dr. Abhay Gaidhane, Dr. S.Z. Quazi	Ministry of Health and family welfare, Government of India	2010	4500000
8	District Health Management and Public Service Delivery: Evidence from India	Dr. AbhayGaidhane, Dr. S.Z. Quazi	Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI)	2015-2017	562500
9	Management of Lifestyle Disorder Namely Diabetes Mellitus II – by Ayurveda principles and Practices.	Dr Bharat Chouragarde	Scheme for Promotion of AYUSH Intervention in Public Health Initiatives: Ministry of Ayurvedic, Yoga & Naturopathy, Unani, Siddha & Homoeopathy AYUSH	2015-2018	6000000
10	Breast cancer Awareness and screening programme	Dr. Abhay Mudey& Dr. Rajiv Borle	Mania Foundation, USA	2016-2017	129728
11	Rapid Diagnosis of Frail and Sick Newborns with a Handheld Vital Sign Moniator	Dr. Abhay Gaidhane, Dr. S.Z. Quazi, Dr. Arpita Jaiswal Dr. Sachin Dhamke	USAID (through Harvard University)	2016-2017	2674964
12	Development for thrive multisite study: OpenSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative.	Dr. Abhay Gaidhane, Dr. S.Z. Quazi	Sub Contract Agreement from the Summit Institute of Indonesia (WHO; Harvard University USA)	2016-2017	991880



13	Assessment of clinically suspected and unsuspected tubercular Lymphadenopathy by PCR compared to non molecular Methods in Lymphnode Aspirates	Dr. Vivek Gupta	International Society for Infectious Disease (ISID)	2015-2016	500000
14	Scaling early childhood development at Anganwadi Centers in India	Dr. Abhay Gaidhane, Dr. S.Z. Quazi	Grand Challenges Canada	2015-2019	13220868
15	Cleft Lip and Cleft Palate: Smile Train Acharya VinobhaBhave Rural Hospital Project	Dr. Rajiv Borle	Smile Train	2006	38101473
16	Effectiveness of maternal nutrition and parenting program on cognitive development of children from rural India at 2 Years of age : A Cluster RCT	Dr. Abhay Gaidhane, Dr. S.Z. Quazi	Grand Challenges Canada	2017	12500000

#### Extramural Minor Funded Project Ongoing

Sr No	Name of the Funding Agency	Title of the Project	Amount Received in 2016-2017 (In Rupees)
1	Bournemouth University, UK	Lifestyle, health & wellbeing of Nepali migrants in India: A qualitative study	Two lakh eighty thousand (GBP 5000)
2	Mania Foundation, USA	Breast cancer Awareness and screening programme	2,65,0000
3	District Integrated Health and Family Welfare Society - RNTCP	Study of Interferon Gamma and ADA in Pleural Effusions	98000
4	George Institute for Global Health Canada	International orthopedic Multi-centre Study in Fracture Care (INORMUS)	1.58 Lakh
5	National Medicinal Plant Board (NMPB)	Herbal Garden	2,80,000
6	MSME Govt. of India	Double blind randomised clinical study to evaluate safety and efficacy of Probiotic Honey in children	98,000 (Ongoing. 45, 000 Grant expected in last week of June)



7	Govt. College Of Pharmacy, Amravati	Development and Evaluation of Anti-inflammatory herbal gel formulation	Rs 7500
8	State Operational Research (RNTCP)	Study of diabetes mellitus in association with tuberculosis	30,000
9	ICMR	Variation in Branches of Coeliac Trunk.	10,000
10	ICMR	Study of virulence mechanism and antibiotic resistance of extra intestinal escherichia coli causing urinary tract infection.	10,000
11	ICMR	A study of clinico-microbiological profile of surgical site infections in a tertiary care hospital.	10,000
12	ICMR	Identification of Stressors causing Suicidal Tendency and Impact of Psychotherapy in comparison to Drug Therapy: A Cross-sectional Study among budding health professionals.	10,000
13	ICMR	Myocardial Performance index in Prediabetes, in Medical Staff	10,000
14	ICMR	Assessment of mean platelet volume (MPV) in patients with type 2 diabetes mellitus (T2DM) in a rural back drop of central India.	10,000

### 3.2.3 Does the institution have an Intellectual Property Rights (IPR) Cell?

Yes. An Intellectual Property Right Cell, DMIMS(DU) was established on 22nd April, 2012.

### 3.2.4 Has the institution taken any special efforts to encourage its faculty to file for patents? If so, how many have been registered and accepted?

The university encourages the faculty to file applications to get their intellectual property patented or copyrighted through appropriate statutory agencies for which budgetary allocation is made by the university. IPR looks after the activities related to the Intellectual Property of the University, Evaluation and filling of patents, copyrights and design. It also works as a facilitative and guiding mechanism to the researchers to get their research work patented or copyrighted. IPR cell facilitates the development of inventions and technology resulting from University research, and facilitates the transfer of such technology via patents, for the use and benefit of the public, the University and the Creator.

The initiatives taken by the IPR cell of the university has resulted in total 27 patent and 75 copyright applications by the faculty in last 5 years . Out of the 27 patent applications one patent is granted and 21 patents are published. Considering the long and exhaustive process of registering the patents, the various applications are in advanced stage of processing. The university has received 32 copyrights till date and 43 applications are in advanced stage of processing.



Name of the faculty	Patents filed	Patents granted	Copyrights filed	Copyrights granted	Total copy rights processed
JNMC	04	-	7	11	18
SPDC	14	-	7	7	14
MGAC	09	01	3	1	4
Nursing	-	-	2	1	3
SHPER	-	-	24	12	36
Total	27 (21 published)		43	32	75

3.2.5 Does the institution have any projects sponsored by the industry / corporate houses? If yes, give details such as the name of the project, funding agency and grants received.

The University has research projects sponsored by the industry and corporate houses.

The details of the projects and funding agencies and grants received are mentioned as below:

Client Organization	Title of Consultancy of project	Amount received (in Rupees)
Qualcomm	Development for thrive multisite study : openSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	1,983,760
Confidential Consultancy (Business Development, Licensing and Distribution, M&A)	Perspective HGH in India	\$100
Rajiv Dixit Foundation, Sewagram	Formulation and Development. Production of Herbal Medicine	181315.5
Unijues Life Sciences, Nagpur	Formulation and Development. Production of Herbal Medicine	29870
Dr.SatyamSupare, Motharkar Hospital, Bhandara	Production of Herbal Medicine	6510
Dr. ShaileshMelekar(Shree BramhachaitanyaChikitsalaya, Karad)	Production of Herbal Medicine	9000
AmbikaNutristio, Wardha	Formulation and Development. Production of Herbal Medicine	11,780
Bramhachatnya, Karad	Formulation and Development. Production of Herbal Medicine	41419.5
Herba Natural, Nagpur	Formulation and Development. Production of Herbal Medicine	156423
Dr. MyshkerWardha	Production of Herbal Medicine	22600



### 3.2.3 List details of

- a. Research projects completed and grants received during the last four years (funded by National/International agencies).

Till date the University has completed 26 extramurally funded projects. The details of the completed extramural projects are as under:

Sr No	Project Title	Funding Agency	Status	Total Proposed Budget / Sanctioned Budget
1	Accuracy of Pulse Oximetry screening to detect critical congenital heart defects in hospitalized neonates	Indian Council Medical Research (ICMR)	Completed	4170289
2	Community Based Participatory Research in Tribal Health in and around Pench Tiger Reserve, Maharashtra; Improving through Comprehensive Health Approach -Aarogya Plus in collaboration with Forest health Department Nagpur.	Wildlife Conservation Trust (WCT) Mumbai	Completed	2554400
3	Evaluation of Public Private Mix (PPM) Model under RNTCP for rural area Wardha District	Maharashtra state Anti TB Association Mumbai RNTCP	Completed	1345906
4	Evaluation of Implementation of Sickle Cell Disease Control Programme in Maharashtra : Comparison of Performance of Selected districts covered by NGOs & ASHAs	State Health Resources Centre (SHRC)	Completed	234300
5	Community engagement and awareness for tuberculosis prevention and control in rural Wardha	Catholic Health Association of India (CHAI)	Completed	13100
6	Emergency obstetrics care Facilitators for District Quality Assurance program for RCH – 2 for Maharashtra State	UNFPA India Centre for Health and Social Justice	Completed	450000
7	Community care center for People living with HIV & AIDS : Training of TI NGOs in HIV Prevention and care	AVERT Society, Mumbai and MSACS Karnataka Health System	Completed	7500000



		Promotion Trust (KHPT)		
8	Drug –resistant tuberculosis : study of clinical practices of chest Physicians Maharashtra, India	Foundation for Medical Research (FMR)	Completed	5000
9	Assessment of JSY Program under PPP in Amravati District of Maharashtra	FRCH Pune	Completed	250000
10	Training of District Epidemiologist & DSO in Maharashtra and Chattisgarh state	National Health Resource Centre (NHRC)	Completed	717404
11	Training Programme of Asha	District Integrated Health and Family Welfare Society NRHM, Wardha	completed	419752
12	Systematic Public Health Education Research and Empowerment Site (SPHERES)	Harvard School of Public Health Boston (USA)	Completed	1915290
13	Malaria Evolution in South Asia (MESA) (National Institutes of Health (NIH))	University of Washington (National Institutes of Health (NIH))	Completed	2310348
14	Prospective dengue seroprevalence study in Indian Children (Dengue)	Sanofi Pasteur S.A. France	Completed	598256
15	Collaboration between academy and clinical practice to promote evidence based practice in Indian and Swedish Health Care	Swedish International Development cooperation agency department for research cooperation (SIDA)	Completed	3580993
16	“Evaluation of Variation in the cranial base nasomaxillary complex and airway space in cleft cases as compared to normal cases – an in – vivo study using lateral cephalogram and CT scan”	ICMR	Completed	25000
17	Evaluation of the 3 Dimensional changes in airway volume due to Mandibular Advancement and vertical opening in	ICMR	Completed	25000





	patients with skeletal class II Growth patterns as compared with skeletal class I Growth pattern – A MRI In Vivo Study.			
18	Comparative evaluation between hyaluronic acid and subepithelial connective tissue graft for the treatment of suprabony pocket to minimize post surgical gingival recession in esthetic zone- a clinical study	ICMR	Completed	25000
19	Evaluation of effectiveness of sinus augmentation using crestal approach in posterior maxilla- A clinical and radiographic study	ICMR	Completed	25000

b. Inter-institutional collaborative projects and grants received

- i) National collaborations
- ii) International collaborations

The Grant for National and International collaborative projects received by the University are as under :

Sr No	Project Title	Funding Agency	Total Amount Received
1	Saving Brains : Effectiveness of maternal nutrition and parenting program on cognitive development of children from rural India at 2 Years of age : A Cluster RCT	Grand Challenges Canada	2900000
2	Lifestyle, health & wellbeing of Nepali migrants in India: A qualitative study	Bournemouth University, UK	206693
3	Rapid Diagnosis of Frail and Sick Newborns with a Handheld Vital Sign Monitor	USAID (through Harvard University)	2674964
4	Development for thrive multisite study : openSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	Sub Contract Agreement from the Summit Institute of Indonesia (WHO; Harvard University USA)	1983760
5	Systematic Public Health Education Research and Empowerment Site (SPHERES)	Harvard School of Public Health Boston (USA)	1915290
6	Saving Brains : Scaling early childhood development at Anganwadi Centers in India	Grand Challenges Canada	13246677
7	International orthopedic Multicentre Study in Fracture Care (INORMUS)	George Institute for Global Health Canada	158000
8	Malaria Evolution in South Asia (MESA) (National Institutes of Health (NIH))	University of Washington (National Institutes of Health (NIH))	2310348
9	Prospective dengue seroprevalence study in Indian Children (Dengue)	Sanofi Pasteur S.A. France	598256



10	Collaboration between academy and clinical practice to promote evidence based practice in Indian and Swedish Health Care	Swedish International Development cooperation agency department for research cooperation (SIDA)	3580993
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### 3.2.3 What are the financial provisions made in the institution budget for supporting students' research projects?

The total financial outlay for research under the university is INR 4275.12 Lakhs for last four financial years. The research projects of the institution, departments, faculty, and doctoral, post graduate and undergraduate students, which are not supported by the external funding agencies are supported through the intramural grant provided through this allocation. The university converts all the UG research projects (STS-not supported by the ICMR) into intramural projects for which financial assistance equivalent to that of ICMR is provided.

There is a structured mechanism for providing financial assistance to the young budding student researchers. The scrutiny committee constituted under the ambit of the Research cell, scrutinizes the applications and recommends the financial assistance for each project which is sanctioned in a timely manner to ensure that no deserving research projects are held up for the want of grants.

In house diagnostic facilities, facilities at the CRL and the satellite/collateral research labs, animal house established in the different constituent units are extended to the researchers free of cost and through appropriate subsidies, thereby providing indirect funding for research. For the clinical research, subsidized or free treatment is offered to the patients included in the research projects thereby facilitating the research work.

The doctoral and Post graduate thesis are provided institutional (Intramural Funding), in case assistance is not provided by the funding agencies.

Intramural grants for research projects to all the constituent colleges are as under:  
INR 10000 per undergraduate students, INR 25000 for the postgraduates and INR 40000 for doctoral research scholars has been allocated.

#### Annual Budget – Research Budget (Rupees in Lakhs)

SN	Financial Year	Annual Budget – Research Budget
1	2013-2014	901.08
2	2014-2015	897.63
3	2015-2016	1237.33
4	2016-2017	1239.08
	Total	4275.12



### 3.3 Research Facilities

#### 3.3.1 What efforts have been made by the institution to improve its infrastructure requirements to facilitate research? What strategies have been evolved to meet the needs of researchers in emerging disciplines?

The efforts to improve institutional infrastructure requirement to facilitate research has been an ongoing mechanism. Annually, all the constituent units are given an opportunity to present their research ideas with infrastructural requirements. These suggestions are then incorporated in the University action plan.

Some of the key initiatives undertaken by the University are as under:

- Creation and establishment of Centre of Excellences - The university has taken initiatives and created 10 Centres of Excellence under its ambit. The university has created a chair for each centre and corpus of Rs 25 lacs is created for each centre. Each centre is headed by the director and co-conveners from the different constituent units. The centres are provided with separate infrastructural facility and support staff. The primary thrust of each centre is to promote & undertake research in the relevant area. The following centres of excellence have been created by the university:

<b>Name of Center of Excellence</b>	<b>Honorary Director</b>
• Center for Health Sciences Education Policy & Planning	Hon. Dr. Vedprakash Mishra
• School for Health Professionals Education & Research	Dr. Mrs. Sunita Vagha
• School of Advanced Studies	Dr. Mrs. Minal Chaudhary
• Center of Excellence for healthcare quality, patient safety and health economics	Dr. Sunil Nikose, Professor of Orthopedics
• COE for Arogya Setu	Dr. Sandeep Srivastava, Dean, JNMC
• School for Epidemiology & Public Health	Dr. Abhay Gaidhane, Professor Community Medicine, JNMC
• Evidence based Nursing	Mrs. Seema Singh, Prof. Medical Surgical Nursing, SRMMCON
• Interdisciplinary Clinical Research & Lifestyle Modifications	Dr. Manish Deshmukh, Dy. Director (Interdisciplinary Research), DMIMS(DU)
• Centre of Excellence for Technological interventions	Dr. Chandrashekhar Mahakalkar Professor of Surgery, JNMC
• Centre of excellence for Global Collaboration & accreditation	Mr. Rajiv Yashroy, Director



Other infrastructural augmentations for research are as follows:

- A dedicated R&D centre
- Advanced Central Research Lab
- Highly sophisticated FDA approved laboratory for Formulation and Development of Herbal Medicines
- Laboratory for Standardization, Quality Control and Assurance of Herbal Medicines
- Herbal Garden with Poly House, Green House and Demonstration Hall for Pharmacognostic research of Medicinal Plants
- Animal House Up gradation for Pre-Clinical Research and Safety Toxicity Research Studies
- Molecular Biology & Epidemiology Lab
- Bio Medical Engineering and Technology (Incubation) Centre - BeTIC

3.3.2 Does the institution have an Advanced Central Research facility? If yes, have the facilities been made available to research scholars? What is the funding allocated to the facility?

Yes, the Institution has an advanced Central Research Facility with all major equipments and resources under one roof mentioned as follows:

1. Therapeutic Drug Monitoring (TDM) for Phenytoin, Carbamazepine, Lamotrigine, Valproate and Lithium estimation by HPLC techniques.
2. Genetics and pharmacogenomics using real time PCR machine
3. Estimation of markers of oxidative stress (MDA/SOD).
4. Research in hormonal studies utilizing mini VIDAS.
5. Research in enzymatic studies in various clinical conditions.
6. Spectrophotometric determination of drugs.
7. Colorimetric determinations of analytes in blood and body fluids.
8. Electrophoretic patterns in various conditions.
9. Isolation of active principles from the ayurvedic drugs as a part of reverse pharmacology.

The establishment of Advanced central Research Lab ensures participation from all teaching departments of JNMC, SPDC, MGAC, RNPC and Nursing Colleges of the DMIMS. **More than 100 research projects have been completed till date since the inception of the lab.**

Satellite/ collateral labs are also located in the constituent units of the university. The facilities present in these labs are as under:

- Central clinical lab - all biochemical, hematological investigations
- Mycology, immunology, bacteriology and virology labs under the microbiology department
- Cytogenetic lab under department of anatomy
- Immunohematology lab in the department of pathology
- IHC and histopathology labs under department of pathology and Oral pathology
- DNA lab in department of oral pathology
- Clinical physiology lab with facilities of ECG, EEG, BERA, TMT, HRV
- Polysomography Lab in the department of Respiratory Medicine.

Funding allocated:



PARTICULARS	2013-2014		2014-2015		2015-2016		2016-2017	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Total	175	167.32	191	210.73	240	236.67	247.5	258.35

**3.3.3 Does the institution have a Drug Information Centre to cater to the needs of researchers? If yes, provide details of the facility.**

Yes, the Department of Pharmacology JNMC, is recognized as an Adverse Drug Reactions (ADR) Monitoring Center since July 2016 by Pharmacovigilance Programme of India (PVPI), run by the central government. The ADRs are reported to the National coordinating center through the software vigiflow.

The department has so far reported 264 ADRs to the National Coordinating Center. This number is 5th highest in the country. Meetings are regularly conducted under Pharmacovigilance Programme of India at adverse drug reaction monitoring centre (AMC) and all the relevant records and essential data is maintained for the smooth functioning of AMC.

The Drug alerts are periodically received from National coordinating center. These drug alerts are discussed in the department of Pharmacology. The received information is shared with all the healthcare professionals working in the hospitals run by the university and all the general practitioners and specialists in Wardha district.

For creating awareness about Pharmacovigilance the department is conducting periodic training and sensitization sessions of ADR reporting for faculty members, resident doctors and Nursing staff of AVBRH.

For orientation of the community, radio-interviews are also held for increasing awareness about rational drug use and its adverse effects.

ADR Monitoring Center has been established at Mahatma Gandhi Ayurved College Hospital and Research Center for the identification and reporting of Adverse Drug Reaction and Adverse Events related to Ayurveda Medicines. This center is also committed for creating awareness among Ayurveda clinicians for ADR, AE of Ayurveda, Medicines and Drug interaction between Ayurveda and Allopathic Drugs. The Center works under National Center of Gujarat Ayurved University, Jamnagar, Gujarat.

**3.3.4 Does the institution provide residential facilities (with computer and internet facilities) for research scholars, post-doctoral fellows, research associates, summer fellows of various academies and visiting scientists (national/international)?**

The University provides residential facilities to the research scholars in the campus with Wi-Fi facility. The computer facilities are provided at their place of work. They include research scholars, post-doctoral fellows, research associates, summer fellows and visiting scientists of academies like fellows coming from Indian Institute of Public Health (Gandhinagar), Public Health Foundation of India (New Delhi, India), Tata Institute of Social Sciences (Mumbai, India), Fulbright Scholars from Harvard School of Public Health (Boston, USA), John Hopkins University (USA), University of California - Davis (USA), University of Sydney (Sydney, Australia), Sheffield University (UK), Bournemouth University (UK), Liverpool John Moores University (UK), trainees deputed by Smile train.



3.3.5 Does the institution have centres of national and international recognition/repute? Give a brief description of how these facilities are made use of by researchers from other laboratories.

Yes, The University has centres of national and international repute. They are as follows:

- i. **Technology Information, Forecasting and Assessment Council (TIFAC):** Mission reach under TIFAC funded and recognized by Department of Science & Technology (DST) in the domain of interventional radiology. Faculties from Central India receive training and enhance the competency, skills in Interventional Radiology and do collaborative research.
- ii. **UNESCO Bioethics Unit:** DMIMS has been selected to have an UNESCO chair on Bioethics. Has conducted International workshops and has trained 43 faculties in Bioethics. Student wing for Bioethics has been created. Bioethics Unit is the Zonal Centre for the entire Central India region.
- iii. **Adverse Drug Reaction Monitoring Centre:** Department of Pharmacology JNMC Sawangi (M), is recognized as an ADR Monitoring Center since July 2016 by Pharmacovigilance Programme of India (PVPI), run by central government. The centre is reporting Adverse Drug reaction to National coordinating center through the software 'vigiflow'. The center is contributing in the efforts towards monitoring of adverse drug reaction. It has reported 264 ADRs to the National Coordinating Center. The center is conducting regular meetings of Pharmacovigilance Programme of India at AMC. It is maintaining the essential data required for the smooth functioning of AMC. The center is receiving Drug alerts periodically from National coordinating center which are discussed in the department of Pharmacology every Saturday as 'confab'. Also the center is circulating these Drug alerts amongst all the healthcare professionals of the Institute as well as all the members of IMA Wardha; which include all the general practitioners and specialist in Wardha district. For the awareness about Pharmacovigilance the center has conducted training sessions of ADR reporting among resident doctors and nursing staff of AVBRH and also radio interviews for increasing awareness about drug use and its adverse effects.
- iv. **Centre of Education Innovation for Early Childhood Development (ECD):** The center for ECD has been funded by Saving Brains Innovations, Grand Challenge; Canada has been recognized to be the Centre of Education Innovation for Early Childhood Development. The center aims to enhance early childhood development (ECD) programs for children from 0 to 6 years old. The Stepping Stones program aims to improve the government's existing Anganwadi early childhood development centres for indigenous tribal groups in rural communities through the development of an enhanced curriculum, use of technology to track implementation and child outcomes, public-private partnerships, and community engagement. The centre has developed linkages and faculties from reputed universities like National Institute of Nutrition (Hyderabad, India), Harvard University (USA), University of California-Davis (USA). Various workshops and training has been conducted for the frontline workers, peer volunteers and caregivers for early childhood development of India. The outcome of the research has been presented in various international platforms. The funding to the research center has been provided till 2019.
- v. **Division of Evidence Synthesis:** Centre of Excellence in School of Epidemiology and Public Health (SEPH) has a division of Evidence Synthesis. It promotes rational decision-making by conducting research in, and teaching the principles of research synthesis (systematic review and meta-analysis) and evidence contextualization. Research and training programs of the



center provides experiential learning and research opportunities for undergraduates, graduates and post-graduates, scholars, faculties and healthcare professionals within and outside DMIMS(DU). The center is conducting various projects and received funding from ICMR, PHESA, Manipal University and South Asia Research Hub (SARH)-DFID, UK. It has linkages with various reputed national and international universities, and has joint publications with faculties from Harvard University (USA), Liverpool John Moores University (UK), University of Western Sydney(Australia), CMC (Vellore, India), Manipal University (Manipal, India) and Public Health Foundation of India (New Delhi, India), ICMR (New Delhi). Joint workshop has been organized with the Cochrane South-Asia Centre, CMC, Vellore.

vi. **Training Centre for Cleft Orthodontics and Surgery:** This centre is recognized, supported and funded by Smile Train Inc. for training of budding orthodontics and surgery from the surgeons living in Low Income Countries and Low Middle Income Countries.

vii. **Centre for Research in Formulation Development and Standardization of Herbal Formulation:** This centre is devoted for research in innovative formulation in Ayurveda and development of newer techniques for standardization of herbal medicine. It is also involved in training of budding scientist. Ancillary facility of herbal garden is value addition for development of phyto-medicine.

These facilities are made available and promoted to the researchers for inter/multidisciplinary research for faculties in Central India who use facilities from other Institutes/organization. All the facilities are highlighted among the collateral labs and linkages are developed and expertise is shared for developing and enhancing the cross cutting domain research.

viii. **Biomedical Engineering and Technology (Incubation) Centre (BeTIC):**

In collaboration with IIT Mumbai, College of Engineering – Pune and VNIT, Nagpur funded by Department of Science and Technology. To bring clinicians and engineers together for indigenous medical device innovation, a Biomedical Engineering and Technology (incubation) Centre has been set up DMIMS, The major objectives are to: Establish an integrated facility, Develop select medical devices, Facilitate translation to industry, Train suitable human resources. The team is establishing close links with industry for pilot production and technology transfer. Some of the team members are incubating startup companies to bring their innovations into clinical practice.

ix. **Innovation of Collaborative Partners:** The objective of this innovative collaborative partners are to Identification of interdisciplinary health care leadership competencies relevant to the medical, nursing, and public health professional education in India. Conceptualization of and piloting an inter-professional training model to develop physician, nursing, and public health leadership skills relevant for the 21st-century health system in India.

Partners of the Innovation Collaborative

The Innovation Collaborative is a partnership between the following three schools:

- Public Health Foundation of India, New Delhi—Public Health Institute
- Datta Meghe Institute of Medical Sciences, Sawangi, Wardha—Medical School
- Symbiosis College of Nursing, Pune—Nursing School



The center has come up with joint research and series of publications in collaboration with the partners of the innovation collaboration in scopus and pubmed high impact factor international peer reviewed journals.

- x. **“School for Health Professions Education and Research”** along with its five departments of Curriculum , Department of Teaching & Learning , Department of Assessment & Evaluation, Department of , Educational & Research, Department of Competences and three educational Units Dental Education Unit(DEU) at SPDC, Ayurved Education Unit (AEU) at MCAC & Nursing Education Unit (NEU) at SRMMCON at the constituent colleges to take care of academic ambience of the university and premier to promote improvement in quality of medical education at par with Global contest , ultimately leading to quality augmentation of Health care for the mankind. Medical-Education-Research (MER) in research has made great strides and is leading in education research innovation with number of publications being 87 in last four years, 14 Doctoral projects and 33 Copyrights.
- xi. **South Asia International Centre of Excellence for Malaria Research:** The centre is supported by National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The objective of the centre has been (1) design and conduct multidisciplinary research on the epidemiology, transmission, and pathogenesis of malaria in endemic geographic regions; (2) design and conduct special projects to capitalize on new opportunities and emerging public health needs; and (3) develop and conduct training/career development programs for researchers from malaria-endemic areas.
- xii. **Centre of Herbal Gardening:** The centre is supported by National Medical Plant Board. The centre is growing species of useful herbal plants have medicinal usage in folk and documented systems of medicine, like Ayurveda, Siddha, Unani and Homoeopathy.
- xiii. **Evidence Based Nursing:** The center of evidence based nursing has been supported by the SIDA and in collaboration with Karsted University, Sweden has been taking collaborative research, publications and has collaborative student and faculty exchange programs.
- xiv. **Resource Centre of HIV/AIDS:** This centre is supported by MSACS and Avert Society. The centre supports and provides resources and research facilities to all the researchers working in the field of HIV/AIDS.
- xv. **International Training Centre for Basic and Advanced Life Support:** Under technical guidance from American Heart Association the centre has been the providing services in and around Central India and has enhanced the competency and skills of the community and health care professionals of various disciplines in this much required field of life support.

#### 3.3.6 Clinical trials and research

- \* Are all the clinical trials registered with CTRI (Clinical Trials Research of India)?
- \* List a few major clinical trials conducted with their outcomes.

Yes, all the Clinical trials are registered with Central Trial Research of India (CTRI).  
Few major clinical trials conducted have with their outcomes:





Sr. No	Principal Investigator	Title	Sponsor	Status of the Clinical trial	SMO
1	Dr. Gajendra Manakshe	Protocol Number: EFC11570: "A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Effect of Alirocumab (SAR236553/REGN727) on the Occurrence of Cardiovascular Events in Patients Who Have Recently Experienced an Acute Coronary Syndrome"	Sanofi Aventis	Ongoing	GDD Experts
2	Dr. Babaji Ghewade	A multicenter, randomized, 52-week, double-blind, parallel group, active controlled study to compare the efficacy and safety of QVM149 with QMF149 in patients with asthma	Novartis	Ongoing	GDD Experts
3	Dr. Jayant Vagha	A seamless, sequential Phase III, randomized, multi centre single-blind study to evaluate immunogenicity, safety, reactogenicity of liquid ROTAVAC 5C formulation of the live attenuated rotavirus vaccine as a 3- dose series when compared with ROTAVAC in infants.	Bharat Biotech	Closing out	CTSI
4	Dr. Jayant Vagha	A seamless, sequential Phase III, randomized, multi centre single-blind study to evaluate immunogenicity, safety, reactogenicity of liquid ROTAVAC 5C formulation of the live attenuated rotavirus vaccine as a 3- dose series when compared with ROTAVAC in infants.	Bharat Biotech	Closing out	CTSI
<b>Trials Yet to Start</b>					
1	Dr. Chandrashekhar Mahakalkar	A Randomized, Open Label, Two Period, Single Dose, Crossover, Bioavailability Study of Paclitaxel Injection Concentrate for Nanodispersion (PICN) and Abraxane® in Subjects with Locally Recurrent or Metastatic Breast Cancer.	Sunpharma	Yet to start	
2	Dr. Chandrashekhar Mahakalkar	A phase III, multi-centre, randomized study to compare the efficacy and safety of WCK 771 (IV) and WCK 2349 (Oral) switch-over therapy with Linezolid in Acute Bacterial	Wokhardt	Yet to start	



		Skin and Skin Structure Infections (ABSSSI).			
3	Dr. Sachin Diagavane	QRK207 “A Phase 2/3, Randomized, Double-Masked, Sham-Controlled Trial of QPI-1007 Delivered by Single or Multi-Dose Intravitreal Injection(s) to Subjects with Acute Nonarteritic Anterior Ischemic Optic Neuropathy (NAION)”	Parexel	Yet to start	

### 3.4 Research Publications and Awards

3.4.1 Does the institution publish any research journal(s)? If yes, indicate the composition of the editorial board, editorial policies and state whether it/they is/are listed in any international database.

Yes, the University publishes six scientific journals in order to create a platform for dissemination of knowledge generated at various constituent colleges of the University through researches and innovations in the field of health care and health care delivery.

The details are:

Name of the journals	Year of inception	ISSN no	Indexing	Frequency of publication	Editor-In chief	Nature
JDMIMSU	2005	Print ISSN : 0974-3901 Online ISSN : 2250-1231	Scopus, Index Copernicus	Quarterly	Dr Arvind Bhake Editor-In chief	Print & Online
Journal of Rural Nursing	2011	(ISSN-2320-6748)		Biannually	Prof Seema Singh Editor in Chief	Print & Online
Journal of Health Sciences Education (JHSE)	2014	eISSN 2349-8560	SIS indexing	Biannually	Prof Tripti Waghmare Editor in Chief	Online
Journal of Indian System of Medicine (JISM)	2013	Print ISSN-2320-4419 Eissn 2455-5029	Ayush portal, Research bib, Open academic J index, Euraci	Quarterly	Dr K S R Prasad Editor in Chief	Print & Online



			an scientific J Index			
DMIMS Journal of Dental Research (JODRDMIMS)	2017	ISSN		Quarterly	Dr M L Bhongade Editor in Chief	Print & Online
Students Journal of Health Sciences	2017	In process		Biannually	Dr Abhay Gaidhane	Online

### **JOURNAL of DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES UNIVERSITY - JDMIMSU**

The Journal of Datta Meghe Institute of Medical Sciences University (JDMIMSU) is an official publication of Staff Research Society of Datta Meghe Institute of Medical Sciences Deemed University (DMIMSDU), started in year 2005. It is in the 11<sup>th</sup> year of publication. JDMIMSU is a multidisciplinary medical journal brought out by DMIMSDU in fulfillment of its aim to serve the cause of research and service to humanity through it. It publishes the researches on wide topics and multiple disciplines that give it the advantage of being a comprehensive medical research journal. It is in tune to the modern medicine demands to keep oneself update in one's specialty of academics and practice. It is widely circulated in India especially to the medical and dental institutes which run the post graduate courses.

It accepts articles from other medical and dental institutes of India as a principle of practice of sharing the research. JDMIMSU is sent to all premier institutes of medicine and dentistry in India and also to the statutory bodies governing medical education in India. It is published regularly and adheres to guidelines published by WAME.

### **JOURNAL OF RURAL NURSING**

The Journal of Rural Nursing is a Bi-annual journal. This is research based journal and the main purpose is to disseminate the research findings among readers in field of modern nursing.

### **JOURNAL OF INDIAN SYSTEM OF MEDICINE**

The Journal of Indian System of Medicine is a Quarterly journal. The journal provides a platform to develop collaborative research aptitude and attitude in Ayurveda and allied pathies.

### **JOURNAL OF HEALTH SCIENCES EDUCATION - JHSE**

The Journal of Health Sciences Education (JHSE) is an official publication School of Health professions education and research. It is National, open-access, biannual, peer-reviewed journal for scholarly work addressing all aspects of the Professional development and Continuing Health Education



## DMIMS JOURNAL OF DENTAL RESEARCH – JODRDMIMS

The DMIMS journal of Dental research is a National, peer reviewed quarterly journal. The journal aims at quality centric researches and clinical practices in dentistry.

## STUDENTS JOURNAL OF HEALTH SCIENCES:

The Students Journal of Health Sciences is a peer reviewed biannual journal and aims at the student's research.

### 3.4.2 Give details of publications by the faculty and students:

\* Number of papers published in peer reviewed journals (national / international)

Total Publications in all database including Index Copernicus, Scopus, Pubmed, ICI, Google scholar, AYUSH portal, research bib, open academic journal index, Eurasian scientific journal index etc:

Sr No	Year	Total	International	National
1	2013	529	201	328
2	2014	540	194	346
3	2015	497	203	294
4	2016	494	207	287
	<b>Total</b>	<b>2060</b>	<b>805</b>	<b>1255</b>

The 1333 number of papers published in peer reviewed national and international journals in 5 International reputed data-base (Scopus, Pubmed, ICI, Web-of-Science, and Google Scholar) with 534 international and 799 national journals.

Sr No	Year	Total	International	National
1	2013	342	137	205
2	2014	311	124	187
3	2015	325	130	195
4	2016	355	143	212
	<b>Total</b>	<b>1333</b>	<b>534</b>	<b>799</b>

- \* Monographs : 35
- \* Chapters in Books : 165
- \* Books edited : 09
- \* Books with ISBN with details of publishers : 62
- \* Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, EBSCO host, Google scholar, etc.)



### DATABASE-WISE PUBLICATIONS SPREAD



YEAR	SCOPUS	WOS	ICI	PUBMED	GOOGLE SCHOLAR
2013	146	27	47	92	281
2014	119	21	39	67	266
2015	141	48	57	71	268
2016	153	51	59	73	289
	559	147	202	303	1104

**\*Citation Index – range / average:**

Citation Index Scopus : 21.69 (Total Citation: 1063)

Citation Index Google Scholar : 5.39 (Total Citation: 3339)

\* Impact Factor – range / average : Range- 0.109- 54

\* Source Normalized Impact per Paper (SNIP) : 0.034 - 18.697

\* SCImagoJournalRank (SJR) : 0.100 - 6.474

\* h-index :

	H – Index	Number
1	h- Google scholar	35
2	h-Index scopus	21

3.4.3 Does the institution publish any reports/compilations/clinical round-ups as a part of clinical research to enrich knowledge, skills and attitudes?

Yes, the University promotes and motivates the researchers to publish reports/compilations/clinical round-ups. The emphasis is given to generate evidences and create interest to enhance the knowledge, attitudes and enable the researchers to develop complex thinking, problem resolving and competency. Various platforms are given to the researchers to publish such reports/compilations/clinical round-ups in websites (STARS therapy), journals(six in-house), monthly news bulletins (Meghwani) and sharing among the collaborators. All reports are available in the respective departments and constituent units.

3.4.4 Give details of

\* faculty serving on the editorial boards of national and international journals

\* faculty serving as members of steering committees of national and international conferences recognised by reputed organisations / societies

Faculty serving on the editorial boards of national and international journals: faculties are promoted to serve on the editorial boards of national and international journals. Faculties have served on editorial board like Frontier – Public Health, BMC Public Health – special supplement. Faculty serving as members of steering committees of national and international conferences recognized by reputed organizations / societies: More than 35% faculties have been members of the steering committees of various national and international conferences/workshops recognized by the reputed associations and societies like FOGSY,



AMASI, IAPSM, Pediatric Association of India, APPI, World Medical Association, Global Consortium of Public Health and Research (GCPHR), South Asia Infant Feeding Research Network (SAIFRN), UNESCO Chair Bioethics, Haifa, AOMSI, Maharashtra State AOMSI, Asian Association of Oral and Maxillofacial Surgery, Prosthodontics Society of India, Indian society of Pediatric dentistry, IPS, IOS, PSI. Indian association of Oral med & Radiology, IAOP, IMA, Association of Surgeon of India, National Ayurveda Nidan and Challenges.

#### 3.4.5 **Provide details for the last four years**

**\* Research awards received by the faculty and students**

**\* National and international recognition received by the faculty from reputed professional bodies and agencies**

\* *Research awards received by the faculty and students:* Many prestigious national and international awards have been received by students and faculties from renowned organizations, associations and universities.

\* More than 350 awards have been given to the faculties like B C Roy Award, Fellowship of plastic and craniofacial surgery education foundation and Smile Train award, Fellowship of Indian Board of oral and maxillofacial surgery, CDC Fellowship Award, Khorana Program for Scholars 2016 from the Department of Biotechnology (DBT), R Ahmad Oration Award, Ginwala Oration Award, Colgate Oration Award, Young Scientist Awards, Bursary Award from International Initiative for Impact Evaluation, Australian Leadership Award Fellowship, Many prestigious awards has also been won by students like University of Sydney Scholarship awards, , Government of India, Indo-US Science and Technology Forum (IUSSTF), ICMR Short Term Studentship Awards, Innovative Ideas Competition, best paper/poster/essay competition, debate, quiz has been won at the national and international conferences organized by the professional bodies and association.

\* *National and international recognition received by the faculty from reputed professional bodies and agencies:* Renowned and reputed national and international professional bodies and agencies have given recognition to 253 faculties of constituent colleges like World Medical Association, Medical Council of India, Dental Council of India, AYUSH, FAIMER, AMASI, FOGSY, IAP, Global Consortium for Public Health and Research, South Asia Infant Feeding Research Network, UNESCO Chair Bioethics, AOMSI. Indian society of Pediatric dentistry, IPS, IOS, PSI, Indian Association of Oral Medicine & Radiology, IAOP, Smile train Inc, AOCMF, Central Council of Indian Medicine (CCIM), Sweden International Development Agency(SIDA).

#### 3.4.6 **Indicate the average number of post graduate and doctoral scholars guided by each faculty during the last four years.**

Number of post-graduate and doctoral scholars guided by each faculty in the last four years is as per the norms laid by the apical council of respective constituent colleges.

The average number of recognized 220 post-graduate guides (recognized PG teachers) in last four years is 1 per year i.e. 4 in past four years.



The average number of doctoral scholars guided by the faculty (recognized PhD guide) in last four years is 130 scholars guided by 48 guides. Hence, average of 3 Doctoral Scholar per guide.

#### FACULTY OF MEDICINE

S.N.	Department	Recognized PG Teachers
1	ANATOMY	5
2	PHYSIOLOGY	6
3	BIOCHEMISTRY	3
4	PATHOLOGY	10
5	MICROBIOLOGY	3
6	PHARMACOLOGY	5
7	FORENSIC MEDICINE	2
8	COMMUNITY MEDICINE	5
9	MEDICINE	13
10	Psychiatry	3
11	Dermatology	5
12	Respiratory Medicine	3
13	Surgery	16
14	Orthopedics	9
15	E.N.T.	2
16	Ophthalmology	7
17	Radiodiagnosis	7
18	Obst. &Gyne	14
19	Paediatrics	10
20	Anesthesia	12



21	CVTS	1
22	Cardiac Anaesthesia	1
	Total	142

#### FACULTY OF DENTISTRY

S.N.	Department	Recognized PG Teachers
1	PROSTHODONTIA	6
2	ORAL MEDICINE & RADIOLOGY	5
3	ORTHODONTIA	6
4	PEDODONTIA	3
5	ORAL SURGERY	6
6	PERIODONTIA	4
7	ORAL PATHOLOGY	4
8	CONSERVATIVE	7
	Total	41

#### FACULTY OF AYURVED

1	Dept. of Samhita	3
2	Dept. of RachanaSharir	4
3	Dept. of Dravyaguna	2
4	Dept. of Rasshastra	2
5	Dept. of Agadtantra	3
6	Dept. of Kayachikitsa	3
7	Dept. ShlayaTantra	1
8	Dept. of Panchakarma	2





9	Dept. of Kumarbhrutya	3
		23

#### FACULTY OF NURSING

1	Community Health Nursing	2
2	Child Health Nursing	2
3	Obgy Nursing	2
4	Mental Health Nursing	4
5	Medical Surgical Nursing	5
	Total	15

Recognized supervisors and scholars enrolled for doctoral research program

Sr. No.	Year	No. of candidates enrolled	No of Recognised Supervisors
1	2012-13	35	49
2	2013-14	34	49
3	2014-15	20	49
4	2015-16	41	49
5	2016-17	10	54

#### 3.4.7 What is the official policy of the institution to check malpractices and plagiarism in research? Mention the number of plagiarism cases reported and action taken.

The official policy of the university to check malpractices and plagiarism in research is very stringent. Under-graduates, post-graduate students and doctoral scholars are explained about the potential errors and mistakes leading to malpractices and plagiarism in the annual UG and PG orientation programs. The students who are doing research for ICMR-STs and receiving intramural grants are explained and oriented for the malpractices and plagiarism.

The faculties are regularly oriented to the details, technicalities and complexities to check malpractices and plagiarism in various workshops and conferences. Orientation to



originality detection software such as Turnitin, Viper, copyrights, Intellectual Property Rights and legal issues arising here-of are discussed in various forums like in Staff Research Society (SRS), Research Guidance Clinic (RGC) and Research Coffee Club (RCC). The university takes an undertaking and declaration from the researchers and the similarity index is kept below less than 10% as per the international norms and it is strictly monitored prior to the submission.

There is no-reports of serious offence for malpractices and plagiarism. University Research Guidance Cell is responsible for looking into the matters for malpractices and plagiarism. To impart transparency, all doctoral thesis are uploaded as per the norms of the UGC in Shodhganga@INFLIBNET Centre. We have not received adverse feedback there-of till date.

**3.4.8 Does the institution promote multi/interdisciplinary research? If yes, how many such research projects have been undertaken and mention the number of departments involved in such endeavors?**

Yes, the university promotes multi/interdisciplinary research. Conferences, workshops and colloquium have been held which were of multi/interdisciplinary in nature. The innovative idea competition is taken annually for all students from engineering, medical, Indian system of medicine, dental, nursing and allied sciences with an integrated approach. Departments - 28 from constituent colleges have been involved in 67 multi/ interdisciplinary research projects. Few funded projects from reputed international agencies has been involved like Saving Brains, Grand Challenge Canada project in which social scientist, behavioral scientist, pediatricians, public health experts, engineers and frontline workers are involved. Many researchers from medical, dental college, nursing, physiotherapy and ayurveda researchers in joint multi/interdisciplinary research and also involve engineering colleges.

Interdisciplinary Doctoral program, cadres dedicated to Multi/Interdisciplinary research, creation of Centre of Excellence, innovative fellowship programs in the emerging areas of knowledge, academic programs like Master Hospital Administration (MHA) in multi/interdisciplinary research in nature.

**3.4.9 Has the university instituted any research awards? If yes, list the awards.**

The University has instituted research awards for all categories of students, postgraduates, doctoral, post-doctoral fellows, and faculties in all career stages: early-level career, mid-level career and senior-level career stage.

- i. *For undergraduate level:* Intramural Research Award Grant of Rs 10000 is given for the researchers from all constituent colleges. Travel and accommodation grant, Registration Grant for conference presentation are also provided.
- ii. *For post graduates level:* Intramural Thesis Research Award Grant of INR 25000/- and Best Thesis award is given to the researchers from all constituent colleges. Travel and accommodation grant, Registration Grant for conference presentation are also provided.



- iii. *For Doctoral Scholars:* Intra-mural Doctoral Scholar Award Grant of INR 40000/- is given for the researchers from all constituent colleges. Paid special leave is granted for thesis writing. Three notional increments are granted on successful completion of doctoral scholars.
- iv. *For Fellowship-Externship Award:* Fellowship Externship Grant for 1 to 3 months is awarded to the candidates pursuing fellowship in which paid study leave is sanctioned to the candidate. The facilities of the advanced research labs are provided and financial assistance is provided to the candidates. One notional increment is granted on successful completion of Fellowship.
- v. *For M. Phil Programs:* The facilities of the advanced research labs are provided and financial assistance is provided to the candidates. Two notional increments are granted on successful completion of Fellowship. Paid special leave is granted for thesis writing to the candidate.
- vi. *For Faculty Level:* Intramural Faculty Award Grant of INR 100000/- is given for the researchers from all constituent colleges.

#### **3.4.10 What are the incentives given to the faculty and students for receiving state, national and international recognition for research contributions?**

- The incentives are given to the faculty and students for receiving state, national and international recognition for research contribution.
- Financial assistance and Special leaves are sanctioned for workshops/CMEs/conferences/chairpersons
- Researcher of the year award: Annual Research Award is given to the researcher for the best researcher of the university (INR 25000).
- Publication Award: INR 5000 per publication is awarded for the publication in scopus and pubmed indexed journals.
- Best Scientific Presentation Award: Amount of INR 5000/- is given to the post graduate student.
- Best Poster Award: Post graduate student amount of INR 3000/- is given for the best Poster Award.
- Text Book/Reference Book: The faculty involved in writing of the book/ Monograph is provided all technical and financial assistance by the University. Researchers publishing Text/Reference book published is given an amount of INR 50000/- and Monographs: INR 25000
- Patent: The entire cost of processing the application for grant of patent is borne by the University. On successful grant of patent/copyright the researcher is awarded with the cash of INR 50000 and INR 10000/- respectively.



### 3.4.11 Give details of the postgraduate and research guides of the institution during the last four years.

The details of the postgraduates and research guides of the University during the last four years.

The number of postgraduate guides:

(Faculty of Medicine- 142, Faculty of Dentistry - 41, Faculty of Nursing – 15, Faculty of Ayurveda - 23)

The number of doctoral guides are 54

### 3.5 Consultancy:

The Datta Meghe Institute of Medical Sciences (DU) provides consultancy services to many commercial, governmental, voluntary and other not-for-profit organizations. Constituent colleges are involved in applying their world-leading research and teaching expertise to deliver services to suit individual business requirements.

#### 3.5.1 What are the official policy/rules of the institution for structured consultancy? List a few important consultancies undertaken by the institution during the last four years.

The University has worked out a policy for consultancies provided by the University. The Institute has a policy to encourage consultancy, in order to facilitate the interaction of its faculty members with industry. All consultancy work is facilitated through the R&D cell to assist faculties and research to achieve objectives of consultancy projects. The faculties take up a consultancy assignment, as well as for details of how any revenue from such activity is to be shared.

Sr. No	Name of Consultant	Consultancy given to	Consultancy Given for	Amount Generated
1	Dr. S. Z. Quazi & Dr. Abhay Gaidhane	Qualcomm	Development for thrive multisite study : openSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	1,983,760
2	Dr. Mahalacqua Nazli Khatib	Lata Medical Research Foundation	Capacity building on systematic Review	200,000
4	SPDC & JNMC Clinical Trial	Bharat Biotech Hyderabad ( Clinical Trial Project )	Bharat Biotech Hyderabad ( Clinical Trial Project )	253,250
5	Dr. B. Lakhar	UNICEF	Facility Based Newborn Care	1,035,268
6	Dr. S. Z. Quazi & Dr. Abhay Gaidhane	Public Health Foundation of India,	District Health Management and Public	562,500



		Indian Institute of Public Health- Gandhi Nagar(PHFI)	Service Delivery: Evidence from India	
7	Dr. Mahalaxa Nazli Khatib	Confidential Consultancy (Business Development, Licensing and Distribution, M&A)	Perspective HGH in India	8000
8	Mr. Manish P.Deshmukh	Unijules Lifesciences, Kalmeshwar	Protocol development for Safety Toxicity Study	5,000
9	Dr. Anita Wanjari	Ayurved College, Akola	Standardization of Herbal Medicine	2,500
10	Mr. M.Deshmukh/Dr. B.Rathi	Rajiv Dixit Foundation, Sewagram	Formulation and Development. Production of Herbal Medicine	2,62,235
11	Mr. M.Deshmukh/Dr. B.Rathi	Unijules Life Sciences, Nagpur	Formulation and Development. Production of Herbal Medicine	70,238
12	Mr. M.Deshmukh/Dr. B.Rathi	Motharkar Hospital, Bhandara	Production of Herbal Medicine	6,510
13	Mr. M.Deshmukh/Dr. B.Rathi	Shree Bramhachaitanya, Karad	Production of Herbal Medicine	63,827
14	Mr. M.Deshmukh/Dr. B.Rathi	Ambika Nutrition, Wardha	Formulation and Development. Production of Herbal Medicine	11,780
15	Mr. M.Deshmukh/Dr. B.Rathi	Bramhachatnya Clinic, Karad	Formulation and Development. Production of Herbal Medicine	9,000
16	Mr. M.Deshmukh/Dr. B.Rathi	Herba Naturals, Nagpur	Formulation and Development. Production of Herbal Medicine	1,56,423
17	Mr.M.Deshmukh/Dr. B.Rathi	Dr. Meshkar Wardha	Production of Herbal Medicine	45,385
<b>Total Amount of Consultancy generated</b>				<b>42,57,018</b>

**3.5.2 Does the university have an industry institution partnership cell? If yes, what is its scope and range of activities?**

Yes, The University has an 'Industry Institute Partnership Cell' for healthcare Entrepreneurship.

The scope of Industry Institute Partnership Cell is:

1. To work for the development of capabilities and skill sets in faculties and researchers through joint ventures to create awareness about Industry trends and practices.
2. To establish platform for funding of research ideas of mutual interest.



3. To act as facility center where academicians can provide expertise in terms of consultancy to industry.
4. To promote the expertise and facilities of University to meet growth and developmental needs of the industry
5. To coordinate the research and developmental activities with Industry
6. Conduct all other activities as are incidental or conducive to the functioning of the center

The ranges of activities of Industry Institute Partnership Cell are:

1. Arrange interaction of faculties and students with Industry representatives
2. Facilitation of Research projects sponsored by Industry
3. Arrange technical talks of Industry experts
4. Conduct workshops and symposium on the issues related to need of Academia and Industry
5. Felicitate faculty and Student research projects of Industry interest
6. Submitting joint proposal for research funding to funding agencies
7. Joint publications and patents with industry
8. Commercialization of joint prototype developed
9. Industrial Visits and Training
10. Involving industrial experts in University Research panels
11. Facilitation center for consultancy

**3.5.3 What is the mode of publicizing the expertise of the institution for consultancy services? Which are the departments from whom consultancy has been sought?**

**Modalities of publicizing the expertise:** The technical expertise available in the University faculties are made available through various activities like skill development program, workshops and conferences, forums of industrial associations, where University representatives participates for the mutual benefit. All the activities are regularly displayed on University website. Also, MoU has been established with various Industries to offer range of consultancies.

**Departments from whom consultancy has been sought:**

1. PSM
2. Pharmacology
3. Orthopedics
4. Pediatrics
5. Oral Surgery
6. Medicine
7. CVTS
8. Central Preclinical Research Facility and Animal House
9. Dattatraya Ayurved Rasashala



### **3.5.4 How does the institution utilize the expertise of its faculty with regard to consultancy services ?**

University utilizes the expertise of the faculty members through Industry Institute Partnership Cell, which generally establishes a linkage with various industries/organizations by taking their feedback in terms of their specific requirements for consultancy. The same requirement is then circulated among the experts of the University. The Industry Institute Partnership Cell may prepare a suitable MOU after mutual agreements for the successful execution of consultancy work.

### **3.5.5 List the broad areas of consultancy services provided by the institution and the revenue generated during the last four years.**

1. Training and Skill development program for industry and needy organizations.
2. Safety toxicity studies and preclinical research projects at Central Preclinical Research Facility.
3. Sharing of existing facility of University to conduct animal research for other Organizations and Industries
4. Expertise and sharing of facilities for conducting research at different Clinical Laboratories
5. Training and skill development program at Central Research Laboratories for Therapeutic Drug Monitoring and Research on sophisticated instruments like HPLC, GC, etc.
6. Formulation and Development of novel herbal formulations at DattatrayaAyurvedRasashala
7. Manufacturing of various formulations for Pharmaceutical companies
8. Providing facility and expertise for standardization, Quality Control and Quality Assurance of Herbal Medicine at Dattatraya Ayurved Rasashala

### **3.6 Extension Activities and Institutional Social Responsibility (ISR)**

3.6.1 How does the institution sensitize its faculty and students on its Institutional Social Responsibilities? List the social outreach programs which have created an impact on students' campus experience during the last four years.

Students are sensitized regarding Institutional Social Responsibilities during special orientation lectures that are held every year before they begin community field visits in adopted villages.

They also acquire hands on sensitization during various extramural visits planned through the Community medicine posting of constituents collages like visits to some social institutes like School for blind people, Water purification Plant, DOTS center, DTT center, Leprosy foundation, Yoga center, Sewage treatment plant, Government milk dairy etc.

Sensitization also occurs during actual visits to communities in adopted villages, Jan-jagran sessions and other various outreach service camps and during internship Orientation Program.



The University has taken cognizance of social responsibility and social accountability and in accordance to its “Mission”, University organizes various Extension Service Programs to provide quality health and allied services to individuals and populations to improve the quality of life in the region and the country.

These extension services and teaching program ensure student’s need are met and academic standards are maintained and at the same time community also benefitted.

The University is doing enviable exemplary work in community oriented medical care to bring succour and health care to the doorsteps of the rural, poor, marginalized and needy, especially in un-served and under- served region.

The University has established, a “Community Health & Extension Unit” headed by Director Community Health, to conceive, develop, ensure implementation, monitor, supervise and evaluate all activities relevant to societal needs, it runs various innovative outreach programs for the rural masses:

- \* Health care through a network of Peripheral Community Health Centers
- \* Community Health Team (CHT) Approach to provide holistic health care and imbibe among student the feeling and confidence to work as team member.
- \* University - Community Health Partnership (UCHP)
- \* Adoption of the villages
- \* Medical, Dental & Nursing care at door steps through Community HealthTeam
- \* Health Camps (Intra district, inter district, intra-state and inter-state health camps)
- \* Health and social activities through Community Based Organizations
- \* Jan JagranAbhiyan (health education & awareness)
- \* Safe motherhood program
- \* Mobile e-health technology for ANC & neonates
- \* Anti-Tobacco Campaign
- \* Transportation services
- \* School health Surveys and Services
- \* Health exhibition, Rallies, role plays etc
- \* Health Worker Scheme
- \* Mobile dental clinics
- \* Tele-medicine program.

Ganesh festival: This social event is organized to celebrate Ganesh Festival for 10 days where in nearly more than 200,000 people visit this mega event and benefitted by following health activities arranged during this period by the constituent colleges of the University:

- General Health Camps
- Specialized medical, dental and Ayurved camps for screening, diagnosis and Management
- Health exhibition, Puppet show, role plays for Health awareness & Education





3.6.2 How does the institution promote university-neighborhood network and student engagement, contributing to the holistic development of students and sustained community development?

The University promotes institution-neighbourhood network by taking Initiative, responding to the local health and social needs and demands of the community.

The University creates supportive environments, strengthen community actions, develop personal skills and reorient its health services as needed.

The University involves faculties, students and the communities for community development in

- a) Community needs assessments,
- b) Strategic planning,
- c) Decision-making,
- d) Evaluation,
- e) Vision/values/mission development,
- f) Community forums/dialogues, and
- g) Skill training and development.

The University-Neighbourhood Network fosters health-promoting partnership between communities and educational institutions that build each other's Strength, Confidence, and Capabilities and Develop Health Professional Education relevant to the country and the Globe through "Continuous Dialogue" between Community – Student – Faculty & Health Care Provider.

Some of the activities in which students acquire attitude for service and training, contributed to community development are as follows:

University Community Health Partnership (UCHP)

The University-Community Health Partnership, started in 2006-07, seeks to promote a healthy interface between the university and the community for mutual benefit and advancement of knowledge. The UCHP seeks to involve and address the concerns of the community by making available the expertise of the University faculty for their holistic health care.

This university has adopted a unique concept of "Comprehensive Community Health Team" which was evolved more through the analysis perceived needs of the community through a focused interaction with Key Opinion Leaders in the community. A complete team of students from various disciplines like modern medicine, dentistry, Ayurveda, nursing and Physiotherapy visits villages along with their respective specialist supervisors so as to provide a holistic health package to the community at their doorsteps.

Health Promotion and prevention activities:

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities -their ownership and control of their own endeavors and destinies.



- Ensure safe water Supply (demonstrate and train local community)
- Promotion of kitchen gardens and healthy nutritional practices
- Promotion of smoke free environment in the house & vicinity
- Promote healthy life-style to reduce Non communicable disease
- Promoting healthy oral health practices
- Integration of ISM in health care

#### Swasthya Aadhar for Elderly:

The University launched Swasthya Aadhar scheme under UHCP as part of social commitments. The elderly people are provided with free medical, dental and Ayurvedic check up and investigations, basic yoga training to build up desirable life-style modifications, free basic treatment and heavily subsidized advanced treatment with free food and stay at the hospital free pickup and drop.

#### Swasthya Aadhar for orphanages and mentally challenged children:

As a part of social responsibility, the University has also started Swasthya Aadhar to the orphanages and mentally challenged children. The following services are provided:

- Free Pediatric check up
- Free ophthalmic check up
- Free dental check up
- Free IQ test
- Free Ayurvedic check up
- Free all investigations
- Free diet charges
- Free pickup & drop

#### Medical, Dental and ISM camps:

Community need based camps are organized where in community is mobilized, consulted, share in planning including resource mobilization and finally implementation in their community.

The University has developed Institution-Neighborhood Network with NGO working for vulnerable and marginalized sections of the society like Orphanage, old-age homes, schools for deaf & dumb etc.

Through this program student learn their empathy & social responsibility which is as an intrinsic requirement of a physician.

The faculty of university has been working as members of local advisory committee of the District level committee like District RCH Society, District TB Committee and PPP Committee, PIP, Quality Assurance committee etc. helps in planning, implementation and evaluation of health activities to bring quality changes in health care delivery.



All the activities are organized in consultation and with active participation of community for “Sustained Community Development”.

Residential camp at Rural Health Training center

Undergraduate students are posted at rural health training center for duration of 15 days.

During this period, students stay in the adopted village for a fortnight and visit their adopted families daily. With the help of interns and staff they conduct socio-demographic, dietary and health appraisals in their adopted families. The students also observe how community leaders, social organizations and village health committees work together for health. The roles of village health workers, village health committees, school teachers and other stakeholders are examined. This community–academic partnership offers a unique opportunity to learn the social and cultural determinants of health. Thus, the village serves as a laboratory and a demonstration center for the students to learn public health.

This institution-neighborhood network helps:

- To develop self-reliant and sustainable community programs which in turn have bearing on quality of life.
- Students, teachers & community to share Ideas, Knowledge, Resources and Experiences to create healthier communities and appropriate & responsible “Community Physicians/ family physician”.
- Community and teacher dialogue provides opportunity for the student to learn various methods in research and development of knowledge.
- Providing opportunity to utilize community as a source of teaching and learning material for faculty and students.

3.6.3 How does the institution promote the participation of the students and faculty in extension activities including participation in NSS, NCC, YRC and other National/ International programs?

The University has developed State-of-Art quality driven extension programs and activities based on relevant international, National, regional and local needs.

The Department of Community Medicine/ Community Dentistry /Swastha Vrita (Ayurveda) / Community Health Nursing and Physiotherapy coordinate these Extension/ Outreach Activities.

In addition to this, the University promotes active participation of the students and the faculty in extension activities of NSS and other NGOs. NSS units of JNMC and SPDC were established in 1998 under the aegis of MUHS.

The University has established NSS unit independently in January 2012 for its constituent colleges with the objective of contextual understanding, learning and holistic personality development of the students through community service.

The NSS also inculcates values that commensurate with Socio-cultural, economic immediate and far environment realities based on mutual trust, cooperation and understanding with society.

Presently a total 1275 students are on roll at NSS Unit.



The NSS volunteers carry out various social and health activities like:

- o Health Education and awareness programmes
- o Sanitation drive
- o Health Camps (Medical, dental and Ayurved)
- o Responding as volunteers to in the event of disaster
- o Tree plantation
- o Blood donation
- o Observance of health days
- o Observance of Oral Health Month
- o Participation in Swatch Bharat Abhiyaan
- o Pledge to blood donation to medical colleges.

10 days program is held in villages for NSS volunteers so that they can perceive and understand health determinants, health seeking behavior; health related social issues including women & Adolescent Health, Declining Sex Ratio, Addictions, Dowry System, environmental problems, political issues and scenario, taboos and culture of the rural India. They also help to provide health care services to the rural population.

Faculty actively participates and works shoulder to shoulder with NSS volunteers.

Apart from the NSS activities, student and faculty are also involved in the activities carried out by local NGO like Utkarsh Jan KalyanShikshanSanstha (UJKSS), Rotary club, Lions Club, ManoharKusthDham ,Dattapur and MaharogiSewaSamiti, Warora.

3.6.4 Give details of social surveys, research or extension work, if any, undertaken by the institution to ensure social justice and empower the underprivileged and the most vulnerable sections of society?

**ROLE OF THE INSTITUTION IN EXTENSION ACTIVITIES:**

- a. Adaptation of the population in the geographical area for total health care.  
Villages and urban slum areas are adopted for academic training and overall development. Students study various social and health determinants affecting the families, identify problem, health seeking behaviour and help find solution to their social and health problems. This endeavor helps in adaptation of the population for total health care.
- b. Creation for prevention of diseases and promotion of health through Information, Education and Communication. (IEC):

Jan Jagran Abhiyan: This is a health education & awareness / IEC activity. A team from DMIMS, comprising of Doctors, Students, Medical Social Worker, Link Worker (Sampark-Pramukh) visits a pre-decided village at the time suitable to the community. The purpose of this activity is to create health awareness for prevention of health problems, promote healthy life styles and various health schemes available at the institute. The community share their experiences and practices for generating the appropriate IEC material towards healthy practices in the community.



Observance of Health Days: The University observes all the National Health Days like World AIDS Day, World Health Day, Orjal Health Day, No Tobacco Day, Nutrition Week, Anti Leprosy Day, Anti TB Day, Blood Donation Day and utilizes the opportunity for interacting with the Community and increasing the health awareness.

Health Camps: Institute organizes various Health Camps independently and also by collaborating with various NGOs; CBOs; and Government Health Agencies to create awareness amongst masses. An IEC stall, targeting various health and social issues, is the common feature in all the camps.

School Health Services: Routinely the Institute conducts these activities in various schools. This opportunity is utilized to create awareness regarding hygiene, nutrition and prevention of illness in school children.

In order to provide Screening Diagnosis and Management of diseases by cost effective interventions the Institute organizes “Health Camps”. Institute arranges multi-diagnostic and Speciality camps and takes the health care facilities at the doorsteps of the people.

- c. Awareness creation regarding potable water supply, sanitation and nutrition.
- d. Sanitation, potable water and nutrition are the three most essential determinants of health of the people. Extensive regular extension activities like Health Awareness Programs, Health Exhibitions, Jan Jagran Abhiyan, Observance of National Health Days, Health Camps, and School Health Programs contribute in a major way in creating awareness regarding potable water supply, sanitation and nutrition. Apart from these, various Government Schemes related to water and sanitation, like water harvesting, construction of sanitary latrines is encouraged by the Institute in different villages from time to time.

The above-mentioned efforts also contribute positively towards creating awareness regarding water borne, air-borne communicable diseases and emerging diseases.

Outbreak Investigation: Whenever there is outbreak/epidemic of communicable disease, Institute coordinates with Public Health Authorities, Public Health Lab, and Civic Authorities to investigate the epidemic and take appropriate measures.

The institute identified remote, underserved areas and also marginalized and Under-privileged sections of the society in the district (Tribal area in Seloo block) and nearby district (Melghat area in Amravati Dist.)

Following extension activities, programmes and schemes are implemented by the University to reach out to under-privileged sections in particular women and children:

- Service NGO
- Dattatraya Arogya Dattak Yojana (DADY)
- Family Health Insurance Scheme
- Sanjivini Scheme
- Safe Motherhood Program and Vande Matram Yojana
- Janani Suraksha Yojana



- JijauKanyaRatna Promotion Yojna
- Mobile e- technology for ANC & Newborn
- Bal-Sanjivani Scheme
- KawaachKundalYojana
- Free transportation services for deliveries
- Establishment of Health Centres
- Mobile Dental Clinic

The University offers benefit to the community through a range of extension activities, out-reach programs and partnering with NGO and Govt. Organization by improving access specially to marginalized and disadvantaged groups.

These activities address community- health needs and concerns through the process of awareness, realization and utilization.

The university reviews performance periodically through a set of targets and performance thereof to ensure provision and quality of services.

Local community is benefited by the following programs, services and activities conducted by the institution:

#### A. Community Health Services

- Community Health Education to increase knowledge, change attitude & behaviour for better health practices.
- Community Based Clinical Services are provided through a network of health centers and camps.
- Health screening programs like diabetes, hypertension, cancer etc are offered at all the health centre run by the university.
- Health Care Support Services are delivered with the support from NGO at grass-root in remote and inaccessible areas.
- B. Health Professions Education
- CME/CDE/CAE for General Practitioners are organized and need based demand driven issues are discussed
- Health Professional Education: Village level health workers (ASHA) are trained to provide quality health care to the local community.
- Scholarships/Funding for Professional Education: Some of the needy local students (medical, dental, Ayurved and nursing) are provided education free / subsidize fee.
- Medical officers serving at Government Primary health centers are provided modular training in Revised National Tuberculosis Control and HIV program.

3.6.5 Does the institution have a mechanism to track the students' involvement in various social movements / activities that promote citizenship roles?

Yes institution has a sound mechanism to track the student's involvement in various social movements that promote citizenship roles in the form of routine monitoring system in place for attendance of community related activities and NSS has an annual schedule of activities that are followed and monitored for proper implementation for the same.



Students are felicitated and appreciated for various social ventures like participation in blood donation drive, tree plantation, promoting kitchen gardening, cleanliness drive during Swatch Bharat Abhiyaan.

3.6.6 How does the institution ensure the involvement of the community in its outreach activities and contribute to community development? Give details of the initiatives of the institution that have encouraged community participation in its activities.

The university seeks an active community participation in all its extension programs and activities. This provides an opportunity for the community to take active part as local governance to exercise their rights for a sustenance and quality control of the program. The community is involved throughout the process of developing and conducting the program. The process includes:

- Identifying the target community through community consultation
- Involving members of the community in planning, implementation and evaluation
- Conducting needs assessment;
- Establishing a community benefits programs/activities
- Resource generation like providing place, electricity, community mobilization and organizing, manpower (AHSA) etc.

Following are the activities where institution seeks community participation in its outreach/extension programs/ activities.

- Community Health Team (CHT) Approach to provide holistic health care
- Community academic partnership and Adoption of the villages
- Community health workers, Key Opinion Leaders (KOL), ASHA training
- Rapid appraisal survey - Training & involving the educated community members in community need assessment and other rapid surveys.
- Establishment of Self Help Group
- Involvement of CBO in health promotion – institute provide training to CBOsto promote health through its meeting and social programs.
- Involvement of school students for adolescent health awareness & Utilization through peer group BCC activities
- Resource generation for camps / NSS
- Epidemic investigation-Community provides information on epidemic occurrence, practice measures to control epidemic.
- Health Promotion through Community Participation
- Social programs like Haldi-kumkum, facilitation of ANC mothers who had undergone quality check-up etc. helps to increase community participation for better net-working and health care.

3.6.7 Give details of awards received by the institution for extension activities and/contributions to social/community development during the last four years.



The University is providing Quality Health care Services and allied facilities to the region of Vidarbha especially toward marginalized and disadvantaged society for more than One and a Half decades.

Acknowledging the contribution of these services following awards/recognitions are conferred upon:

Appreciation certificates for outstanding extension work by the following organizations:

- Adarsh sansatha, Kareli, MP
- Mitra Milan Society, Narsingpur, MP
- CAD Pulgaon (Ministry of Defense)
- VidarbhaVikasParishad
- Datta MegheVidyaMandir
- UJKSS
- Zindal Steel ,DistRaighad
- MoharogiSevaSamiti ,Anandwan, Warora
- Moharogi Seva Samiti ,Somnath, Dist Chandrapur
- Lok Biradari Prakalp, Hemalkasa, Dist. Chandrapur
- Jamnalal Bajaj Foundation, Wardha
- Rotary Club, Arvi, Wardha
- Gandhi VicharPratisthan, Wardha
- MGA Trust, Asti, Wardha
- Niramaya, Arvi, Wardha
- NIMA, Wardha
- Wardha Doctors Association
- Jain Samaj, Mahela mandal, Karanja.
- Certificate from ICDS (District branch) and Collector; for reducing the prevalence of Grade III & Grade IV malnutrition in Deoli Tehsil.
- HIV/AIDS awareness award in exhibition by Zilla Parishad; Wardha.

3.6.8 What intervention strategies have been adopted by the institution to promote the overall development of students from rural/ tribal backgrounds?

Students are provided books free of cost from central library for students belonging to rural and tribal background.

Various recent ventures in the form of state of art Communication skills lab, Digital E learning room Virtual Learning school which is first of its kind in Asia are operational for holistic development of Students especially from Rural and Tribal Background.

3.6.9 What initiatives have been taken by the institution to promote social-justice and good citizenship amongst its students and staff? How have such initiatives reached out to the community?





NSS imbibes the values required for developing in to good citizen of the nation. Other initiatives for promoting Social Justice are provisions of Grievance redressal committee and prevention of sexual harrassement of Women at workplace committee.

The University has developed Institution-Neighbourhood Network with NGO working for vulnerable and marginalized sections of the society like Orphanage, old-age homes, schools for deaf & dumb etc. Through this program students learn their empathy & social responsibility which is as an intrinsic requirement of a physician.

The faculty of university has been working as members of local advisory committee of the District level committee like District RCH Society, District TB Committee and PPP Committee, PIP, Quality Assurance committee etc. helps in planning, implementation and evaluation of health activities to bring quality changes in health care delivery.

All the activities are organized in consultation and with active participation of community for “Sustained Community Development”.

#### 3.6.10 How does the institution align itself with the annual themes/programs of WHO/ICMR?

Health related days as in accordance with WHO are regularly celebrated in Institution and related peripheral institutes in the form of Health day celebration, Skit performance, Flash Mob Dace. etc.

UG Students enthusiastically participate in ICMR STS program and Other ICMR related activities and Students and staff attend various short term Training program under ICMR.

#### 3.6.11 What is the role of the institution in the following extension activities?

Community outreach health programs for prevention, detection, screening, management of diseases and rehabilitation by cost effective interventions.

For prevention, detection, screening, management of diseases and rehabilitation by cost effective interventions services are provided by various peripheral health centers and adopted Primary health centers and satellite centres namely Seloo, deoli, Pimpalhuta, Arvi, Nachangaon, Pulgaon, Dahegaon and through various outreach service camps.

Screening clinics are held for Non communicable diseases and for cancers, also patients referred from this centers get subsidized state of art health care at AVBRH.

Service NGOs for ANC & PNC mothers, under-five children and adolescents girls providing services through mobile van covering rural and tribal area in and around Wardha district.

Mammography mobile bus for prevention, detection, screening of Breast cancer and cervical cancer diseases are providing free of cost services at the door step of community.

All the extension services are provided free of cost by the institutions.



Awareness creation regarding potable water supply, sanitation and nutrition

Awareness regarding Sanitation, potable water and nutrition done through regular extension activities like health awareness programs, health exhibitions, Observance of world Environment day, IEC during health camps, School Health Programs.

Apart from these, various Government Schemes related to water and sanitation, like water harvesting, construction of sanitary latrines is encouraged by the Institute in different adapted villages from time to time.

Breast feeding & Nutrition week and growth monitoring awareness programs are periodically organized to propagate the healthy eating practices to reduce Low birth weight and Malnutrition.

Awareness creation regarding water-borne and air-borne communicable diseases

The above-mentioned efforts also contribute positively towards creating awareness regarding water borne and air-borne communicable diseases.

Awareness programs for emerging communicable diseases like Swine flu ,SARS , MDR-TB , HIV are organized from time to time incorporating simple measure like hand hygiene, cough etiquettes and promotion of universal precaution

Awareness creation regarding non-communicable diseases-cardiovascular diseases, diabetes, cancer, mental health, accident and trauma, etc

Health education programs for emerging non communicable disease like Hypertension, Diabetes Mellitus , Cardiovascular diseases and Metabolic syndrome is given due emphasis to adopt healthy life style and various dietary and life style related changes that are appropriate for prevention of this diseases are advised.

Awareness creation regarding the role of healthy life styles and physical exercise for promotion of health and prevention of diseases

During school health education and exhibition programme, special sessions are conducted for promotion of physical exercises and how to maintain healthy and balanced diet. Sessions are also organized on social, economic & physical ill effects of addictions.

Awareness creation regarding AYUSH Systems of medicines in general and/or any system of medicine in particular

Institute is running a village adoption program since 2012 and students are creating awareness regarding daily regimen, seasonal regimen along with dos and don'ts in different diseases. Ayurvedic medicines are distributes through mini camps at adopted villages. Volunteers are creating awareness regarding AYUSH.



#### Complementary and alternative medicine

Research projects on DM is sanctioned by AYUSH department as long term 3 year project and is ongoing in Deoli Taluka, Ayurvedic medicines as well as Yogic intervention is the integral part of it.

#### Pharmaco economic evaluation in drug utilization

Drug utilization studies and prescription audit are conducted under Pharmacology department.

Participation in national programs like Family Welfare, Mother and Child Welfare, Population Control, Immunization, HIVAIDS, Blindness control, Malaria, Tuberculosis, School Health, anti tobacco campaigns, oral health care, etc.

Actively takes part in various National health programs like Pulse Polio, Family Health Awareness Campaign, Reproductive & Child Health Program, National AIDS Control Program, and Revised National Tuberculosis Control Program. For this, Institute also coordinates with local public health authorities and other implementing agencies.

DMIMS (DU) has been recognized as regional training center for HIV/AIDS, ASHA training and modular training of Medical Officers in RNTCP & TB /HIV and DOTS Center.

Institute coordinates with Public Health Authorities, Public Health Lab, and Civic Authorities to investigate the epidemic and take appropriate measures.

#### Promotion of mental health and prevention of substance abuse

DMIMS DU has its separate cell of students' guidance clinic and counseling center. Provision of Psychological counselor for students in Institute has been made. Various Sensitization programs regarding harmful effects of substance abuse is made.

#### Adoption of population in the geographical area for total health care

Villages and urban slum areas are adopted for academic training and overall development. Students study various social and health determinants affecting the families, identify problem, health seeking behaviour and help find solution to their social and health problems.

This endeavor helps in adaptation of the population for total health care.

A total 30 villages are adopted and entire families are provided with a DADY card for availing the total health care at University hospital and health centres.

To provide holistic health an innovative concept of Community health team is adopted wherein medical, dental, nursing student learn & serve to work as team in modern medicine. The student from Indian System of Medicine (Ayurved), Nursing & Physiotherapy has also adopted population to provide health services.

Research or extension work to reach out to marginalized populations.



The institute identified remote, underserved areas and also marginalized and under privileged sections of the society in the district (Tribal area in Seloo block) and nearby district (Melghat area in Amravati Dist.) and Bhamragad District Gadchiroli

Following extension activities, programmes and schemes are implemented by the University to reach out to under-privileged sections in particular women and children:

- Mobile Health clinic for ANC, PNC mothers and Paediatric age group children and adolescents is provided free of cost to the marginalized rural and tribal population at their door step completely free of cost.
- All referral are given services free of cost under various schemes of the institution.
- Mobile Mammography and PAP smear facilities are provided to rural and tribal populace free of cost for early detection of two most common cancers in female population namely Cervical and Breast cancer.
- Mobile Team for dental Services is also provided to marginalized population in Chandrapur district through PPP model with Baba Amte trust at Anandwan, Warora

Various research activities are carried out by institution to reach out to underprivileged sections in particular women and children like

- Utilization of Reproductive Health services
- Prevalence of Child Labor in rural areas
- Practices of breast-feeding in rural area
- Baseline Community Need Assessment
- Behavioural Communication Change.

Impact of extension services observed is as under:

- Increase in community awareness and understanding regarding determinants of health
- A strong community network of people interested in taking action on health issues
- Community Participation in Health Promotion
- Establishment of Self Help Group
- Improvement in Healthy Nutritional Practices

3.6.11 Do the faculty members participate in community health awareness programs? If yes, give details.

Yes Faculty members participate routinely participates in Community health awareness programs.

Faculty members accompany the Health Team that visit Adopted villages and participate in various community awareness programs.

Faculty members participate in Jan-Jagran program conducted at evenings in the Adopted villages and Field practice area.

Through involvement in various camps and screening programs conducted by the institutions.

3.6.13 How does the institution align itself and participate in National program for prevention and control of diseases?



Institute actively takes part in various National health programs like Pulse Polio, Family Health Awareness Campaign, Reproductive and Child Health Program, National AIDS Control Program, Revised National Tuberculosis Control Program. For this Institute also coordinates with local public health authorities and other implementing agencies.

Subspecialty clinics are run by various departments of JNMC for implementation of various National health programs as follows

- National Health mission and associated programs and initiatives like JSSY, JSY, etc.
- Revised national tuberculosis control program-Institute is a designated as a DMC under RNTCP
- National vector Borne disease control program by implementing Various IEC and BCC components of the program
- Integrated disease surveillance program by notifying any notifiable disease and Outbreak.
- National Blindness control program: sub specialty clinics by OPTH dept and collaboration with DBCS.
- National AIDS Control program- ICTC as per norms and referral services for ART centers
- National Program for prevention and control of Cancer, Diabetes, CVD and stroke.
- National Leprosy eradication program.
- National Mental Health Program.
- Pharmaco-vigilance Program of India- Institute is a nodal center for the same.

Apart from this various Health days are celebrated in alignment with NHPs like World Health day, world TB Day, National nutrition week, World breastfeeding Week and World population day to name a few.

3.7.1 How has the institution's collaboration with other agencies impacted the visibility, identity and diversity of campus activities? To what extent has the institution benefitted academically and financially because of collaborations?

University has developed significant collaborations and linkages with prominent and reputed universities and organizations across the world like US, UK, Australia, Italy, Netherland, Srilanka, Bangladesh, Brazil, Indonesia, and Kenya for academic and research activities in areas of health sciences, public health, dentistry, nursing, herbal medicine and life sciences.

Collaborations have an impact on visibility, identity and diversity of campus activities and have resulted in outcomes like:

- Student and Faculty Exchange: Eminent scientists and research scholars of national and international repute from recognized universities have visited the University for academic and research activities. The University had students from universities and organizations like Public Health Foundation of India (PHFI), Tata Institute of Social Sciences (TISS), University of Sydney (Australia) and Harvard School of Public Health (HSPH) in collaboration with



United States-India Education Foundation (USIEF) Fulbright-Nehru Scholarship exchange under the public health program. Many students from DMIMS have been to universities of repute like Sydney Scholarship award, prestigious Khorana Program for Scholars (awarded by Department of Biotechnology, Government of India, Indo-US Science and Technology Forum)

- **Joint Publications:** Joint Publications with collaborators in high impact reviewed journals like PloS one, Cochrane Database of Systematic Review (Cochrane Heart Review Group and Cochrane Palliative and Pain Review Group, and BMC-Public Health. Co-authors are from prominent institutions/universities like CMC Vellore, Manipal University, Public Health Foundation of India (PHFI), Tata Institute of Social Sciences (TISS), National Institute of Nutrition and international universities like Harvard School of Public Health (USA), John Hopkins University (USA), University of California Davis (USA), University of Washington (USA), Liverpool John Moores University (UK), Bournemouth University (UK), University of Sydney (Australia). University of Western Sydney (Australia).
- **Joint research funded projects:** DMIMS has received funding from reputed funding agencies like National Institute of Allergy and Infectious Diseases (NIAID- NIH), Saving Brains Grand Challenge Canada, USAID, AusAID, Harvard University under SPHERES program, South Asia Research Hub (SARH), DFID (UK), Smile Train Inc, Erasmus+ European Commission, Bournemouth University UK under Research Hub India, International Society for Infectious Diseases (ISID) and Qualcomm. The universities with which it has collaborated for the research projects are Harvard School of Public Health (USA), John Hopkins University (USA), University of California Davis (USA), University of Washington (USA), Liverpool John Moores University (UK), Bournemouth University (UK), University of Sydney (Australia).
- **Joint Symposium / Conference / Workshops:** Joint Symposium / Conference / Workshops have been organized with prominent and reputed organizations like Cochrane South Asia Centre, CMC Vellore (India), Public Health Foundation of India (New Delhi, India), Liverpool John Moores University (UK), Chester University (UK), Harvard School of Public Health (USA), Global Consortium of Epidemiology and Public Health.

The mission of University is not any longer alongside education and research, but it is more holistic, active cross-fertilization. Collaboration with Harvard University, Boston, USA has developed capacity to do quality research and helped to generate credible research data. Collaborations have helped the University to initiate strategic research projects that has ultimately resulted in identifying, understanding, and addressing expected future real-world challenge. The collaborations have resulted in high degree of commitment and interdependence among all partners involved in the collaboration. University researchers and academicians have developed skills to overcome challenges arising during the collaborative research project, sharing responsibilities and tasks and acknowledging valuable contributions throughout the collaboration process.



DMIMS has been benefitted by collaborations in terms of:

- Enhanced identification of scientific challenges outside academia through interaction with international and national collaborators
- Improvement of University profile which has attracted more funding for research partners and for researchers
- Enhanced credibility generated through joint activities which has positively impacted collaborating organizations and Universities
- Formation of interdisciplinary team including researchers from the academic and nonacademic sector
- Enhanced professional mobility of researchers in and out of the academic sector
- Better research management, better records in research assessment exercises
- Increased research capacity, competitive advantage and innovation
- Strengthened human resources
- Improvement in the skills of researchers and academicians like, general administration, quality monitoring, adaptation to fast-evolving environment, legal and intellectual property rights (IPR).

### 3.7.2. Mention specific examples of how these linkages promote

Examples of promotion of linkages are as follows:

Example No	Name	Area of Linkages/Collaboration
1	Chester University	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
2	California University (UC-Davis, USA)	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
3	Collaborative Observational Clinical Study Agreement McMaster University , Canada	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
4	Grand Challenge Canada: Early Childhood Development	<ul style="list-style-type: none"> <li>● Research</li> </ul>
5	Saving Lives – USAID	<ul style="list-style-type: none"> <li>● Research</li> </ul>



6	Harvard University, Boston, USA	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
7	International Society for infectious Diseases (ISID)	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>● Publication</li><li>● Joint research grants</li><li>● Joint Conference / Presentation</li></ul></li></ul>
8	International Training Agreement, American Heart Association	<ul style="list-style-type: none"><li>● Capacity Buidling</li><li>● Training</li></ul>
9	John Hopkin University USA	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
10	Liverpool John Moores University	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
11	Maina Foundation, USA	Creating Awareness on breast cancer
12	Padova University, Italy	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
13	SYRCLE, Radboud University, Netherland	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
14	South - Asia Research Hub, DFID, UK	Research
15	University of Sheffield	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li></ul></li></ul>





		<ul style="list-style-type: none"><li>▪ Joint Conference / Presentation</li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
16	University of Western Sydney, Australia	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
17	Vanderbilt University USA	<ul style="list-style-type: none"><li>● Electronic Data Capturing</li><li>● Data Management</li></ul>
18	University of SYDNEY University of Sydney Sydney Medical School, NSW 2006, Australia (SMS)	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
19	CME, Dhaka, Bangladesh - MOU	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
20	Sri Lanka Medical Council, Colombo	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
21	World Health Organization Department of Reproductive Health and Research, Includes (Open SRP)	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
22	Smile Train, New York (Agreement)	Capacity Building Services Research
23	Semey State Medical University, Kazakhstan	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>



24	World Health Organization (WHO), Geneva, Switzerland. Department of Reproductive Health & Research	Research
25	SUMMIT Indonesia	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>● Publication</li><li>● Joint research grants</li><li>● Joint Conference / Presentation</li></ul></li><li>Knowledge Transfer &amp; other</li></ul>
26	University of Genoa, Italy (Agreement)	<ul style="list-style-type: none"><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
27	Georgia Southern University, USA - MOU	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
28	The Nebraska Medical Center (Agreement)	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
29	Bournemouth, University UK	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
30	The George Institute of Global Health, Australia INFORMUS Study	<ul style="list-style-type: none"><li>● Research</li></ul>
31	Indian Ocean Dental School and Hospital, Mauritius	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
32	Rak Medical & Health Sciences University, UAE	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li></ul></li></ul>



		<ul style="list-style-type: none"><li>▪ Joint Conference / Presentation</li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
33	School of Health Sciences AnhembiMorumbi University, Sao Paulo, Brazil	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
34	Rangsit University , Thailand	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
35	Lawrence Technological University, MI, USA - - MOA	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
36	Purdue University, College of Engineering, Global Engineering Program (CoE) - MOA	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>

3.7.1 Has the institution signed MoUs or filed patents with institutions of national/international importance/other universities/industries/corporate houses etc.? If yes, how have they enhanced the research and development activities of the institution?

Yes,

DMIMS(DU) has academic and research collaborations with universities of national and international importance. The collaborations primarily provide an opportunity to academicians, researchers, undergraduate as well as postgraduate students of University to participate in various activities like research, joint publications, trainings, skill development programs, twinning programmes, joint conferences and presentations. Vice-versa, the collaborations are also encouraging students from the partner universities to attend short term internship programs and observer ships. In addition, it is encouraging exchange of faculty members for joint academic and research programmes. MoUs have resulted in reinforcing the research culture in the University.

3.7.4 Have the institution-industry interactions resulted in the establishment / creation of highly specialized laboratories / facilities?



The University is actively promoting development and association of local industries with academic programs of the University for mutual benefit. Discussions are currently going on with the reputed industries. Various international and national agencies have funded basic research to University which is of Industry importance. University is also offering consultancy services to many industries like Unijules Life Sciences, which is WHO GMP approved organization. Many faculty members received recognitions in the form of awards, fellowships in prestigious academic bodies for their contributions in diverse technical fields which are important to industry.

3.7.5 Give details of the collaborative activities of the institution with the following:

- \* Local bodies/ community
  - \* State government / Central government /NGOs
  - \* National bodies
  - \* International agencies
  - \* Health Care Industry – Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO)
  - \* Service sector:
  - \* Any other (specify)
- 
- \* Local bodies/ community: The University conducts multi-diagnostic and multi-specialty camps, blood donation camps, awareness and advocacy programs on gender equality and sanitation program in collaboration with local bodies, communities and local NGOs like Rotary Club, Lions Club, UJKSS and local associations like Deoli-FOGSI for antenatal postnatal care and general awareness on gender equality.
  - \* State government / Central government /NGOs: In collaboration with State/Central Government/NGOs the University has been involvement in National Health Programs, Health Promotion Activities and caters to preventive, promotive, and curative programs including Organ Transplantation and body donation programs. Centre for Adverse Monitoring Reaction recognized by Central Government provides general awareness and monitoring of adverse drug reaction for the region.
  - \* National bodies: The University is collaborating with the following organizations/Universities for Research, Academic including faculty and student exchange, knowledge transfer, services and extension services:
    1. RSTM, Regional Cancer Centre, Nagpur
    2. Indian Institute of Public Health- Gandhinagar
    3. Indian Council of Medical Research (ICMR)
    4. Shodhganga (INFLIBNET)
    5. Bhopal Memorial Hospital And Research Centre (BMHRC)
    6. National Environmental Engineering and Research Institute, Nagpur
    7. Medical Council of India, New Delhi
    8. Hislop College, Nagpur
    9. DY Patil University, Kohlapur



10. Facility based new born care (UNICEF Sponsored) - MOU
11. GEM Hospital & Research Centre Pvt. Ltd, Coimbatore
12. Herbal Naturals, Nagpur
13. Mahatma Gandhi Institute for Rural Industrialization
14. National Institute of Nutrition (NIN), Hyderabad
15. PALLIUM INDIA, PALLIATIVE CARE
16. Tata Institute of Social Sciences (TISS) Student Placement
17. NIMHANS, Bangalore - Placement for Training
18. SEARCH (Society for Education, Action and Research in Community Health, Gadchiroli (Maharashtra), India
19. AVP Research Foundation, Coimbatore, Tamilnadu
20. GSR Institute of CranioMaxillo-Facial And Facial Plastic Surgery, Vinaynagar Colony, Saidabad, Hyderabad
21. Lok Biradari Prakalp, Hemalkasa, Tah. Bhamragad, DistGadchiroli.
22. CCIM, New Delhi
23. Shri Ramachandra University
24. UNICEF India
25. Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI)
26. Conservation Wildlands trust (CWT) Mumbai
27. Wildlife Conservation Trust (WCT) Mumbai
28. State Health Resources Centre (SHRC)
29. UNFPA India Centre for Health and Social Justice
30. AVERT Society, Mumbai and MSACS
31. Dabar Research Foundation Ghaziabad
32. National Medicinal Plant Board (NNPB)
33. UnijulesLifesciences
34. VNIT, Nagpur

\* International agencies: The University is collaborating with the following organizations/Universities Research, Academic including faculty and student exchange, knowledge transfer, services and extension services:

1. Bournemouth, University, UK
2. Chester University, UK
3. Liverpool John Moores University, UK
4. South - Asia Research Hub, DFID, UK
5. University of Sheffield,UK
6. Harvard University, Boston, USA
7. University of California-Davis (UC-Davis, USA)
8. John Hopkin University USA
9. Maina Foundation, USA
10. Vanderbilt University USA
11. Collaborative Observational Clinical Study Agreement McMaster University, Canada
12. Saving Brains, Grand Challenge Canada



13. Saving Lives – USAID
14. International Society for infectious Diseases (ISID)
15. International Training Agreement, American Heart Association
16. University of Padova, Italy
17. SYRCLE, Radboud University, Netherland
18. University of Sydney, Australia
19. University of Western Sydney, Australia
20. CME, Dhaka, Bangladesh
21. Sri Lanka Medical Council, Colombo
22. World Health Organization Department of Reproductive Health and Research (Open SRP)
23. Smile Train, New York (Agreement)
24. Semey State Medical University, Kazakhstan
25. SUMMIT, Indonesia
26. University of Genoa, Italy (Agreement)
27. Georgia Southern University, USA
28. The Nebraska Medical Center
29. The George Institute of Global Health, Australia INFORMUS Study
30. Indian Ocean Dental School and Hospital, Mauritius
31. Rak Medical & Health Sciences University, UAE
32. Rangsit University, Thailand
33. Mania Foundation, USA
34. Bournemouth University, UK
35. USAID
36. International Society for Infectious Disease (ISID)
37. George Institute for Global Health Canada
38. University of Washington, USA
39. National Institutes of Allergy and Infectious Diseases (NIAID)
40. Sanofi Pasteur S.A. France
41. Smile Train Inc. USA
42. Swedish International Development cooperation agency department for research cooperation (SIDA)
43. Sri Vajera foundation, Brazila, Brazil
44. Indo-US Science and Technology Forum (IUSSTF)
45. United States-India Education Foundation (USIEF)
46. Centre of Education Innovations
47. Global Consortium for Epidemiology and Public Health (GCEPH)
48. South Asia Infant Feeding Research Network (SAIFRN)
49. University of Genova, Italy
50. Indian ocean dental school and hospital, Mauritius
51. Cancer Research, Malaysia

\* Health Care Industry– Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO): The University is collaborating with the Health Care Industry in Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO) for the benefit of improving



health care and technology. Various collaboration activities are going with the health-care industry like development of formulation, clinical trials and testing and making of biotechnology products. The outcome of the collaborative activities has been presented in conferences, forums, seminars and workshops. Many publications have been in high impact factor peer reviewed journals with health care industry and faculties as collaborators. Few publications have been made in WHO South Asia Bulletin and New England Journal of Medicine.

Datta-traya Ayurved Rasashala; a constituent unit of Mahatma Gandhi Ayurved College Hospital and Research Center is engaged with research and consultancy activities with Pharmaceutical companies. Dattatraya Ayurved Rasashala is sharing its facility for Formulation and Development of Novel herbal formulation for Pharmaceutical companies. Dattatraya Ayurved Rasashala is also engaged in standardization of Raw and Finished medicines of Pharmaceutical companies and contractual manufacturing for Herbal Pharmaceutical Companies.

Central Animal House is engaged in safety toxicity studies for Pharmaceutical companies and sharing its facility with Academic institution for Animal Research.

- \* Service sector: The University is providing various services particularly for the career progression of allied professionals by conducting various activities of training. The University is also involved in Palliative Care and received recognition and support from Pallium Care India.
- \* Any other (specify): Collaborative activities have immensely increased the quality of research and services.

### 3.7.6 Give details of the activities of the institution under public-private partnership.

The University is conducting various activities under Public Private Partnership. Few of the prominent activities of the institution under public-private partnership are:

- i. Centre for Facility for New Born Care (UNICEF, India): The Government of Maharashtra with the UNICEF (India) is collaborating with the University to give training to the nursing staff of the government district hospitals in taking care of newborn.
- ii. ASHA Training: The University is providing training of ASHA of Wardha District.
- iii. Enhancing Early Childhood Development – Anganwadi Workers: The University is collaborating with the District ICDS in training the Anganwadi Workers for enhancing Early Childhood Development (ECD) in under-five year children of rural areas of Wardha District.
- iv. Primary Health Centres: The University is providing various promotive, preventive, curative and referral services to the primary health centres and offers these services under the public private partnership.



## **CRITERION IV: INFRASTRUCTURE AND LEARNING RESOURCES**

### **4.1 Physical Facilities**

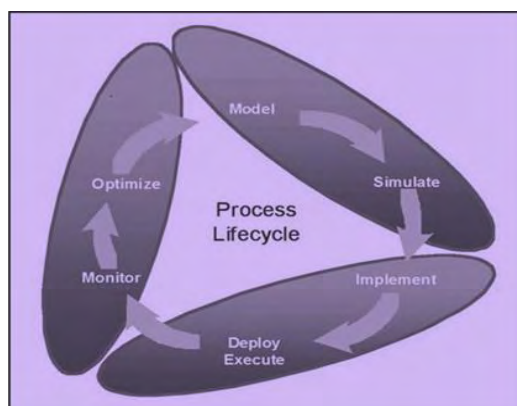
#### **4.1.1 How does the institution plan and ensure adequate availability of physical infrastructure and ensure its optimal utilization?**

The University ensures availability of adequate infrastructure and it is optimally utilized through well carved, structured mechanisms as under:

#### **Planning:**

- a. A 5-year perspective plan is prepared taking into account future academic enhancements likely students' intake, expansion of the services, starting of new courses, creation of the facilities and infrastructure to increase academic, research and campus environment. The 5 year perspective plan is unitized as annual targets, appropriate budgetary allocations are made and the periodic review of the targeted activities is undertaken through its various statutory bodies to ensure time bound compliance. The university has created 2 sub-committees under the finance committee namely, the purchase committee and the construction committee. Both these committees ensure time bound implementation. At the end of each academic year a compliance report pertaining to meeting the targets is furnished to the Planning and Monitoring board and the Board of Management.
- b. A structured feedback is obtained from all the relevant stake holders and based on their valid suggestions, a suitable incorporation is made in the perspective development plan and timely compliance is ensured. The faculty feedback is obtained annually through the departmental presentations done by various departments, which is an annual calendar activity. A 100% exit feedback is obtained from the patients and based on their valid suggestions appropriate target setting is done.
- c. The guidelines issued by the statutory bodies from time to time are incorporated in the plan for time bound execution.
- d. There is ongoing quest of the University not only to create and augment the infrastructure but also to ensure its proper upkeep and qualitative up gradation. The suggestions from IQAC for quality enhancement are considered as mandatory.

#### **Model of process life cycle is internalized by the university**







## **Utilization**

To ensure optimum utilization, thoughtful allocation, generating master timetable and fullest utilization of all teaching areas, pooling and sharing of major equipments for research & services. To avoid the duplication and optimal utilization the following facilities are centralized.

<b>1. University Research House:</b> a) <b>Central Research lab</b> b) <b>Research Guidance Unit</b> c) <b>Statistical Guidance and Assistance Unit</b> d) <b>Institutional Ethics Committee</b>	<b>2. Examination Hall</b>	<b>3. Animal House</b>
<b>4. Sport facilities</b>	<b>5. Auditorium</b>	<b>6. Guest houses</b>
<b>7. DOME</b>	<b>8. Transport</b>	<b>9. Central Supply Chain Management</b>
<b>10. Laboratories</b>	<b>11. Lecture Theatres</b>	<b>12. Learning resources</b>
<b>13. Community Health Services and Centres</b>		

### **4.1.2 Does the institution have a policy for the creation and enhancement of infrastructure in order to promote a good teaching-learning environment? If yes, mention a few recent initiatives.**

Yes, some of the recent initiatives taken by the University in this regard are:

- 1. Upgradation, renovation and re-christening the Central Research Lab as university research with addition of:**
  - a) Research Guidance Unit
  - b) Statistical Guidance and Assistance Unit
  - c) Institutional Ethics Committee
- 2. Creation of the skill labs under the faculty of Dentistry**
- 3. Creation of the virtual learning facility by installation of virtual dissection table “Anatamage”**
- 4. Augmentation of the facilities and modules in the existing communication and linguistic lab, basic skill lab and advanced skill lab**
- 5. Incorporation of the BLS (Basic Life Support) and ACLS(Advance Cardiac Life Support) modules in the advanced skill lab which are accredited by the AHA(American Heart Association).**
- 6. Upgradation of the museums for facilitating self learning**

### **4.1.3 Has the institution provided all its departments with facilities like office room, common room and separate rest rooms for women students and staff?**

**Yes.**



#### 4.1.4 How does the institution ensure that the infrastructure facilities are barrier free for providing easy access to college and hospital for the differently-abled persons?

The University has complied with all the statutory guidelines prescribed by the UGC and the Govt. of India pertaining to differently-abled persons to ensure “barrier free” access to the differently-abled stakeholders. The steps taken by the University in this regard are:

- Creation of ramps with railings at all the different level areas starting from parking area to the buildings
- Facility of manned wheel chairs are provided in all the buildings
- Lift facility
- Specially designed toilets

In terms of the binding regulations of the Apical council a candidate with maximum up to 40 % disability in lower extremity is the eligibility for the admission to the courses. Commensurate with the same the facilities are created for such students that include

- Preferential hostel allotment on ground floor
- Separate rest rooms with required facilities
- Transport services
- Special sitting arrangement in class rooms & labs
- Appropriate Ambulatory facilities

#### 4.1.5 What special Facilities are available on campus to promote students' interest in sports and cultural events/activities?

The University lays equal emphasis on promoting co-curricular and extracurricular activities, so as to ensure overall personality development of the learners. To ensure optimum student participation in the sports, cultural and other extracurricular activities the University has created a ‘**Student Welfare Cell**’ headed by a Director (Sports) and cultural committees are constituted in each constituent college which comprises of teacher in-charge and elected student council members. These committees work under the umbrella of the central student welfare cell of the University. The annual time table of all the co-curricular and extracurricular activities is prepared by the student welfare cell and is notified by the University at the beginning of each academic year and its compliance is ensured periodically through the structured MIS.

The University has sports facilities in the form of play grounds for cricket, football, volley ball, basket ball, and athletics. **The University has entered in a MOU with Vidarbha Cricket Association to develop State of art cricketing facilities in the campus.**

The indoor sports facilities like chess, carom, table tennis, badminton are provided in all the hostels. Similarly, centralized facilities for badminton, table tennis are provided for the staff. The facilities of “**State of Art**” **indoor and outdoor gymnasium** and **swimming pool** are provided centrally in the health club for staff and students.

The University organizes annual sports tournament ‘**ENERGIA**’ for boys and girls. The winners are awarded trophies and certificates. Similarly the University regularly conducts a State level inter health sciences colleges tournament “**IMPULSE**” annually for boys and girls and trophies and cash awards are given to the winners and runners.



The University organized a National level inter health sciences Universities cricket, volleyball, foot ball, table tennis tournament in the year 2013-14 for boys and girls.

The annual social gathering is held along with Ganesh festival celebration and over a period of 10 days, the students are provided opportunities to exhibit their talent in cultural activities. The students are encouraged to participate and are rewarded with cash prizes and testimonials for the excellence. The University grants deputation and special leaves to the students who participate in sports, cultural, debate & elocution competitions, quizzes organized by the regional, state, national bodies and Universities. The winners at such State and National level events are granted 25% concession in the tuition fees as an incentive.

#### **4.1.6 What measures does the institution take to ensure campus safety and security?**

The University ensures optimum safety of students, staff and patients in the campus through:

##### **Closed Circuit TV**

For personal safety of the stakeholders, security department is in place. Security guards are posted at all identified locations round the clock on 24x7 basis. The surveillance & CCTV camera are installed in the campus, college buildings, hostels, hospital at appropriate places and due surveillance is maintained.

##### **Fire Safety**

Other safety measures such as fire extinguishers are deployed in the entire campus and it is monitored by the fire department. All the buildings are provided with appropriate fire fighting systems and training pertaining to fire safety is imparted to all the staff members.

##### **Water Safety**

Water samples are periodically checked for ensuring the potability and RO systems and water softener plants are installed at locations to provide safe drinking water.

##### **Electrical Safety**

Electrical circuits incorporate safety devices to prevent electrical accidents.

##### **Road Safety**

The campus roads are broad and signages, street lights and speed barkers are provided making the roads safe for the commuters and making it pedestrian friendly.

##### **Hygiene Safety**

Waste management and biomedical waste management systems are in place as per the statutory norms to ensure that campus is clean, and hazard free.

#### **4.1.7 Facility of Animal House**

- \* **Is animal house maintained as per CPCSEA guidelines?**

The animal house is maintained strictly as per the CPCSEA guidelines.

- \* **Whether records of animal house are maintained for learning and research activities?**

All the relevant records pertaining to research undertaken at the animal house are maintained for learning and research activities.



- \* **Does the animal house have approval for breeding and selling experimental animals as per CPCSEA guidelines?**

Yes, the animal house has the approval of CPCSEA for breeding of experimental animals.

#### **4.1.8 Provide the following details on the use of laboratories / museums as learning resources:**

- \* **Number**

Each constituent unit has laboratories as per the UG & PG program requirements as stipulated by the apical councils. The University has created centralized labs like CRL, communication skill lab, linguistic skill lab, basic and advanced skill lab, virtual learning lab, computer skill lab, etc. The Acharaya Vinoba Bhave Rural Hospital (Teaching Hospital) has Cyto-genetics lab, Immune Histo-chemistry laboratory, Frozen Section labs, FD 20 Cath Lab, the clinical & Neuro-physiology labs, the polysomnography labs, temporal bone lab, PRP lab, etc and these are housed at different areas for convenience. The distribution and number of the labs in the different constituent units

<b>Name of constituent unit</b>	<b>Number of laboratories</b>
<b>JNMC</b>	<b>29</b>
<b>SPDC</b>	<b>22</b>
<b>SRMMCON</b>	<b>06</b>
<b>MGAC</b>	<b>06</b>
<b>RNPC</b>	<b>01</b>
<b>AVBRH</b>	<b>08</b>
<b>University Created labs</b>	<b>11</b>
<b>Total</b>	<b>82</b>

- \* **Maintenance and up-gradation**

The laboratories are periodically upgraded by improving the infrastructural facilities, replacement of old instruments/ equipments and addition of the new equipments and technology wherever desired. Advanced mannequins are procured to augment the quality of simulation labs.

Preventive maintenance of equipments is periodically undertaken through the in-house team of biomedical engineers and technicians and wherever indicated external agencies are hired for completion of the work. Major equipments are covered under the CMC/ AMC for preventive maintenance and to ensure timely repairs.

- \* **Descriptive catalogues in museums**

All the departments are having their own museum which is availed as self learning modality. The specimens are provided with appropriate legends and descriptive catalogues are maintained. Many museum resources are converted to digital form, to make them more user-friendly.

- \* **Usage of the above by the UG/PG students**

The laboratories and museum are primarily used by the undergraduate students but certain museum like anatomy museum is used by the PG students frequently as a self



learning aid. Special labs like communication skill lab, advanced skill labs, surgical skill labs, and virtual learning laboratory are used by both the UG and PG students.

#### 4.1.9 Dentistry

##### \* Dental chairs in clinic – specialty wise

Departments	Dental Chairs
Oral Medicine and Radiology	26
Periodontics	39
Oral Surgery	41
Conservative Dentistry	54
Oral Pathology	6
Orthodontics	38
Prosthodontics	52
Pedodontics	29
Public Health Dentistry	16
Sub-Center	26
<b>Total</b>	<b>327</b>

##### \* Total dental chairs –

327 chairs with all necessary attachments and facilities are available

##### \* Schedule of chair side teaching in clinics – specialty wise \*

The clinical chair side teaching starts in the 3<sup>rd</sup> year and is continued in final year. The students are distributed in batches and posted in different departments by rotation. The duration of the posting is as per the guidelines of apical council. The students are given an opportunity to avail elective posting in the subject of their choice during the vacation period.

PERIO	PROSTHO.	PEDO.	O.S	OMR	PHD	ORTHO.	CONSER.	PERIO.
Ist Term	A	B	C	D	E	F	G	H
Diwali Vacation								
IInd Term	A	B	C	D	E	F	G	H

PERIO	PROSTHO	PEDO.	O.S	OMR	PHD	ORTHO.	CONSER.	PERIO.
Ist Term	A	B	C	D	E	F	G	H
Diwali Vacation								
IInd Term	A	B	C	D	E	F	G	H

During the internship the students are required to perform the routine clinical procedures under observation and can assist more complicated procedures. The students are posted in the ward and OT during their posting in Oral surgery department during the internship to provide them orientation and training pertaining to care of the indoor patients, post-operative care, parenteral therapy and nutrition, drawing blood samples, administering the IM/ IV injections,



airway care, wound care etc. They get an opportunity to learn OT discipline, aseptic principles, OT and ICU protocols. The posting in the ward OT is of one month duration.

**\* Number of procedures in clinics per month and year**

SR. NO.	Department	Procedures	Year		
			2016	2015	2014
1	Prosthetics	Complete Denture	397	411	382
		RPD	474	452	439
		FPD	2130	2061	1998
		Special Prosthesis	15	11	12
2	Conservative	RCT	4666	4255	4180
		Restorations	6,467	5970	6003
3	Oral pathology	Biopsy	301	246	202
		Hematology	2020	1657	1821
4	Orthodontics	Removable appliances	43	37	32
		Fixed appliances	3012	3827	3552
		Myofunctional appliance	83	77	61
5	Periodontics	Scaling & curettage	8781	9130	8530
		Surgeries	16	18	21
6	Oral Surgery	Extraction	6170	6830	6970
		Minor surgeries	842	740	690
7	ODMR	IOPA	21327	20,223	19,332
		OPG	3878	3380	3487
		Extra oral	1635	1530	1428
8	Pedodontics	Restorations	1119	1087	989
		Extraction	182	202	129
		Scaling	1107	1030	1048
		RCT and pulp therapy	474	426	410

**\* Mobile dental care unit**

- One mobile dental unit with all the facilities on board is available for imparting basic dental treatment in the remote areas.
- The other van has the onboard facilities for oral cancer screening and detection.
- One additional van is donated by the Smile train for transporting the cleft lip palate patients to the hospital and conduction of screening camps.

MOBILE CLINIC-SPECIFICATIONS	
Mobile dental van	One dental chair with all attachment and sitting space for 4 to 5 people
Dental chair with unit	Hydraulically operated with spittoon attachment, halogen light with 2 intensity, air ventury suction, air rotor, micromotor, 3 way-scaler and x-ray viewer, instrument tray, operating stool
Autoclaves	Yes
Intraoral x-ray	Yes
Glass bead sterilizers	Yes
Compressor	Yes
Metal Cabinet	Yes
Portable dental chair	Yes
Stabilizer	Yes
Generator	Yes



Water tank	Yes
Oxygen cylinder	yes
Public address system	Yes
TV and video cassette player	Yes
Demonstration models	Yes

**\* Facilities for dental and maxillofacial procedures**

<b>Name of Department</b>	<b>Name of Facility</b>
Conservative Dentistry & Endodontics	<ul style="list-style-type: none"> <li>• Endodontic Operating Microscopes</li> <li>• Soft Tissue LASER</li> <li>• Digital X-Ray PSP</li> <li>• Microsurgical Kit with Ultrasonic Tips</li> <li>• LED Bleaching Unit</li> <li>• Advanced Rotary Endodontic Units</li> <li>• Apex Locators</li> <li>• Obturating Systems of Latest Technology</li> </ul>
Pedodontics & Preventive Dentistry	<ul style="list-style-type: none"> <li>• Conscious Sedation Unit</li> <li>• Diode LASER</li> <li>• Radio-Visiography</li> <li>• Rotary Endodontic Handpiece with Apex Locator</li> <li>• Hydrosolder</li> <li>• Magnifying Eye Loupe</li> </ul>
Orthodontics	<ul style="list-style-type: none"> <li>• Labial Orthodontics</li> <li>• Lingual Orthodontics</li> <li>• Pre-surgical Orthodontic Treatment</li> <li>• Post-surgical Orthodontics</li> <li>• Cleft Orthodontics</li> <li>• Growth Modulation Therapy</li> <li>• Implant Supported Orthodontics</li> </ul>
Oral & Maxillofacial Surgery	<ul style="list-style-type: none"> <li>• Maxillofacial Trauma Centre</li> <li>• Dental and Maxillofacial Implants</li> <li>• HDU and ICU Facilities</li> <li>• Chemotherapy Set-Up</li> <li>• Cleft Lip and Palate Surgery</li> <li>• Plastic and Reconstructive Surgery</li> <li>• Oral Cancer Unit</li> <li>• Orthognathic Surgery</li> </ul>
Oral Pathology	<ul style="list-style-type: none"> <li>• Complete Haemogram</li> <li>• Routine Histopathology</li> <li>• Exfoliative Cytology</li> <li>• Frozen Section Cytology</li> <li>• DNA extraction &amp; Banking</li> <li>• Binocular Microscope with Video Eyepiece</li> <li>• Pentahead microscope with Multi-Viewing Facility</li> <li>• Stereomicroscope</li> <li>• Immunohistochemistry</li> </ul>



Prosthodontics, Crown & Bridge	<ul style="list-style-type: none"> <li>• All ceramic lab</li> <li>• Maxillofacial Prosthesis – Medical Grade Silicones</li> <li>• Advanced Dental Implant Systems</li> <li>• Smile designing software</li> <li>• Wide view Articulators and Face bow</li> </ul>
Periodontology	<ul style="list-style-type: none"> <li>• LASER assisted Gum Surgery</li> <li>• Advanced Dental Implant Systems</li> <li>• Gum Surgery using Surgical Microscope</li> <li>• Piezosurgical Unit</li> <li>• Electrosurgery Unit</li> <li>• Ultrasonic scalers</li> <li>• Teeth Polishing Prophyjet</li> </ul>
Oral Medicine & Radiology	<ul style="list-style-type: none"> <li>• Orofacial Pain Clinic</li> <li>• TMD clinic</li> <li>• Oral Precancer/ Cancer Clinic</li> <li>• TENS And Ultrasound Physiotherapeutic Unit</li> <li>• Counseling/ de-addiction Centre for OSMF and Precancer /Cancer Patients</li> <li>• LAN connected Digital Imaging Centre</li> </ul>
Community dentistry	<ul style="list-style-type: none"> <li>* Satellite Treatment Centres</li> <li>* Mobile Dental units</li> <li>* Outreach Community Activities</li> <li>* Central Self Learning and Counseling Museum</li> </ul>

#### 4.1.10 Pharmacy

The University does not have faculty of Pharmacy under its ambit. However, the following facilities are available

Pharmaceutical Science Laboratories (Ras-Shala)

#### 4.1.11 Yoga and Naturopathy

The University does not have faculty of Yoga and Naturopathy under its ambit. However, the following facilities are available

- \* Demonstration hall with teaching facility to cater to the needs of the students.
- \* Diet Service Management Department
- \* Yoga cum multipurpose hall for meditation and prayer
- \* Solarium compatible for multimedia presentation
- \* Mud Storage Unit
- \* Outdoor Facilities - Walking track with reflexology segment.
- \* Swimming Pool
- \* Naturopathy blocks

#### 4.1.12 Homoeopathy

**4.1.13 The university does not have faculty of Homoeopathy under its ambit.**

#### 4.1.14 Nursing

The SRMMCON has well furnished laboratories for training of UG and PG students. The area of different nursing laboratories as under

Nursing Foundation lab
Medical Surgical Laboratory
Community Health Nursing Laboratory
Maternal and Child lab
Nutrition lab





All the labs are well furnished and all the necessary instruments, equipments, models, charts and mannequins are provided. Digital facilities and AV aids are provided for effective teaching learning process.

\* **Pre clinical Laboratories**

- \* Pre clinical Science Lab (Biochemistry, Microbiology, Biophysics, Anatomy & Physiology labs are shared with Jawaharlal Nehru Medical College constituent unit of Datta Meghe Institute Of Medical Sciences (Deemed University)
- \* Computer lab (digital Library): 30 terminals with internet facilities. Total area 1000 Sq.ft is available in the SRMMCON for training of the students
- \* The basic and advanced skill labs, linguistic and communication skill labs and the behavioral skill labs under the university are freely available for training of the nursing students.

\* **Specimens, Models and Mannequins**

There is a rich collection of charts, models, specimens in all the labs and mannequins are provided for effective simulation assisted training of the students. Educational videos demonstrating routine procedures are also demonstrated to the students for effective communication and better understanding.

#### 4.1.14 Ayurveda

##### Herbal Gardens

- \* Herbal garden is spread over 5 acres of land.
- \* More than 1500 plants of 328 species
- \* Nakshtra van, Shivpanchayat van, Saptarushi van, Ashok van and Navgraha van are created in the herbal garden.
- \* Poly-house and green house are available.
- \* Medicinal Plant Nursery

##### Museum Herbarium

- \* All the 14 departments have their self learning museums in conventional and digital form.
- \* Dravyaguna department established departmental herbaria with collection of over 150 species.

##### Panchakarma Facility

• Well equipped separate male and female Panchakarma procedure rooms	•Shirobhyanga ( Head massage) •Shirodhara •Takra dhara	} Stress/Relaxation Therapy	•Mukha Abhyanga ( Face Massage)
• Abhyanga (Full Body massage)	•Shiro-Basti		•Mardana
• Unmardana	• Samvāhana		•Udvartana, Padaghata (Churna/powder massage)- For weight Loss
• Māstiskya, Shiro Lepa (Tala Potichil)	• Various swedana procedure		• Agnikarma



<ul style="list-style-type: none"> <li>• Vamana</li> <li>• Virechana</li> <li>• Niruha basti</li> <li>• Anuvasana Vasti</li> </ul>	Body Purification Therapy	<ul style="list-style-type: none"> <li>• Matra vasti</li> </ul>	<ul style="list-style-type: none"> <li>• Uttaravasti</li> </ul>
<ul style="list-style-type: none"> <li>• Kativasti, Januvasti</li> <li>• (siravyadha), Jalauka</li> </ul>	<ul style="list-style-type: none"> <li>• Nasya</li> <li>• Keraliya Panchakarma Chikitsa</li> </ul>	<ul style="list-style-type: none"> <li>• Raktamokshana</li> <li>• Physiotherapy (various tractions, TENS, Infra red Lamp)</li> </ul>	

#### Special Treatment Facility for various diseases like:-

<ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• IVDP</li> </ul>	<ul style="list-style-type: none"> <li>• Bronchial Asthma</li> </ul>
<ul style="list-style-type: none"> <li>• Lumbar/cervical Spondylosis</li> </ul>	<ul style="list-style-type: none"> <li>• Male Infertility</li> </ul>	<ul style="list-style-type: none"> <li>• Skin Diseases</li> </ul>	

#### \* Eye Exercises Clinic

Eye exercise clinic is available under the department of Shalaky with kriya kalpa facilities

#### \* Kshara Sutra and Agni Karma Setup

* Ksharsutra preparation room	* Ksharsutra cabinet	* Instruments
* All facilities available for the preparation of different types of Kshar-sutras	* Separate technician available for ksharsutra preparation	* Well equipped operation theatre for Ksharsutra application
* Anesthetics available	* Separate OPD/IPD for Ksharsutra patients	

#### Agnikarma set-up

\* Separate room for agnikarma chikitsa is available.

\* Different shapes of shalakas i.e. Valaya, Bindu, Vilekha, Pratisarana, Ardachandra, Swastika, Ashtapada are provided.

#### Ayurveda Pharmacy

Dattatraya Ayurved Rasshala with total area of 575.47 sq.mt has got FDA license for production of ayurvedic preparations. FDA has approved 132 formulations for manufacturing tablet, capsule, syrup, avleha, churna, oil and ointment. Rasshala is equipped with modern facilities like strip packing machine, augur filler, fluidized bed drier, sperediser, planetary mixer and semi automatic tablet punching machine. A research lab is created in the Rasashala for maintaining and testing the samples to ensure purity and quality.

#### 4.1.15 Does the institution have the following facilities? If so, indicate its special features, if any.

#### \* Meditation Hall

The University has launched a Life style modification Centre (Mind body clinic) under its teaching hospital, AVBRH. The facilities of meditation hall are provided therein. The patients, students and staff undergo meditation therapy in this clinic as per the modules prepared by the clinic on regular basis. The facilities for yoga training are also provided under the scope of the Mind body clinic. Additional meditation hall is also available in the swasthavritta department, at MGAC.



\* **Naturopathy blocks**

The facilities for naturopathy are provided at the Ayurveda College along with the facilities of Panchakarma.

**4.1.16 Provide details of sophisticated equipments procured during the last four years.**

The sophisticated and high end equipments/ gadgets purchased for enhancing the quality of teaching-learning, hospital services and research are as under:

**Budget - INR 20.77 cr.**

**Specialized Equipments**

- Anatomage , virtual dissection table for teaching learning, self learning , virtual surgery planning
- ACLS , BLS mannequins for conducting training courses accredited by AHA
- Two Buses with on board mammography machines have been procured for breast cancer screening in the remote areas. The vans also have the facility for PAP smears.
- Advanced Dental Mannequins for starting dental skill lab
- Metal ceramic furnace
- Diode and NDR Lasers for dermatology
- All OTs are provided with Anesthesia work station
- All OT lights are provided with LED lights
- The ortho and neuro OTs are upgraded and modular OT's with Laminar air flow.

**Other major and sophisticated equipments.**

Anesthesia work station	8
Anatomage virtual dissection table	1
Analog mammography system	1
Servo upgradeable ventilator platform and ventilator	12
Color doppler complete system	9
Ivf centre's equipment	2
Vivid s6 high performance echocardiography system	2
Optical coherence tomograophy complete system	1
D.r.& c.r.systems	1
Sonastar ultrasonic surgical aspiration system for soft tissue aspiration	1
Cusa	1
Icsi + imsi-tisnt-88 v3	1
Surgical microscope ophthalmic surgery	1
High frequency x-ray machine	2
C-mount high defination can.	1
C-arm image intensifier	2
Camera & scoopes	1
1470 nm elves painless surgical laser machine	1



Digital neurophysiological system for eeg, ep and emg	1
Zeiss opmi pico surgical microscope	4
Duodenovideoscope standard set	1
Ercp complete unit	1
Dd easyone pro pft machine	1
Flexible intubation video endoscope set 4.0mmx64cm (pead)	1
Als simulator with simpad system	1
Ndd easyone pro (respiratory analysis system)	1
Main frame nim neuro 3.0, international	1
Hamilton-c1 international ventilator	3
X-ray machine	1
Ge datex-ohmeda 9100c anesthesia machine	2
Posterior vitrectomy machine	1
Haemodialysis machine	2
C-arm image intensifier	4
Water proog c-mount three chip hd camera	1
System 6 rotary handpiece	1
Cryostat (frozen section machine)	1
Bellavista 1000 ventilator	1
Fiberoptic bronchoscope	1
C-arm image intensifier	1
Humidifier with infant chamber and holder	1
Video processor with xenon light source	1
Fractional co2 laser system	1
Steriscopic observer head hss	1
Video processor	1
Portable color doppler system	1
Midas rex drill attachment	1
Phacoemulsification system	1
Telecam sl ii camera control unit (fi, scb, en)	1
Flexible intubation video endoscope set 4.0mmx64cm (pead)	1
Flexible intubation video endoscope set 5.5mm x 65cm (adult)	1
Ceramic furnace	1
Single channel vessel sealer	1
Karl storz pulsar ii, for stroboscopy of the larynx	1
Water proof c-mount three chip hd camera	1



## 4.2 Clinical Learning Resources

### 4.2.1 Teaching Hospital

The details of the different hospitals are as under:

Name of hospital	Yr of establishment	Hospital institute distance	Whether owned by college or affiliated to any other institution?	Are the teaching hospitals and laboratories accredited by NABH, NABL or any other national or international accrediting agency?	No of beds
AVBRH	1989	Within same campus	Owned by JNMC	The hospital & Labs are accredited by ISO 9001: 2008 and process of accreditation by NABH is underway	1300
SPDC	1990	Within same campus	Owned by SPDC	Accredited by Smile train Inc (USA) for cleft surgeries orthodontic training and treatment	329 dental chairs. 48 beds for OMFS separately created at AVBRH
MGAC (Ayurvedic hospital)	2006	Within same campus	Owned by MGAC	Process of accreditation by NABH is underway	180
RNPC hospital	1997	Within same campus	Owned by RNPC	Nil	Outdoor physiotherapy facilities in place

\* **Number of specialty services**

The specialty services under different hospitals are as under

I. Clinical Services	II. Diagnostic Services
1. Anesthesiology	<b>a. Diagnostic Imaging</b>
2. Dermatology and Venereology	1. Computed Tomography Scan
3. Emergency Medicine	2. DSA Lab
4. General Medicine	3. Mammography
5. General Surgery	4. Magnetic Resonance Imaging
6. Obstetrics and Gynecology	5. Ultrasonography
7. Ophthalmology	6. X Rays
8. Orthopedic Surgery	<b>b. Laboratory services</b>
9. Otorhinolaryngology	1. Clinical Biochemistry
10. Pediatrics	2. Clinical Microbiology and Serology
11. Psychiatry	3. Clinical Pathology
12. Respiratory Medicine	4. Cytopathology
13. Cardiac Anaesthesia	5. Hematology
14. Cardiology	6. Histopathology
15. Cardiothoracic Surgery	<b>c. Other Diagnostic Services</b>
16. Specialty ICU	1. 2 D Echo
17. Medical Gastroenterology	2. Audiometry
18. Nephrology	3. EEG
19. Neurosurgery	4. EMG
20. Pediatric Surgery	5. Holter Monitoring
21. Plastic and Reconstructive Surgery	6. Spirometry



22. Urology 23. Transplantation Services	7. Treadmill test
<b>III. Clinical Support Services</b> a) Ambulance Services b) Blood Bank c) Psychology d) Occupational Therapy e) Physiotherapy f) Speech and Language Therapy	<b>IV. Other Non-clinical Departments</b> a) Biomedical Engineering b) Central Sterile Supply Department c) General Administration d) Human Resources e) Information Technology f) Maintenance/ Facility Management g) Management of Biomedical waste h) Mortuary Services i) Medical Records Department j) Pharmacy k) Material management

**The AVBRH is providing the specialty services like**

<ul style="list-style-type: none"> <li>• Diabetes clinic</li> <li>• Neonatology</li> <li>• Dermatological lasers</li> <li>• Ophthalmic laser surgeries</li> <li>• Eye bank</li> <li>• Spine surgery</li> <li>• Renal transplant</li> <li>• Laparoscopic surgeries</li> </ul>	<ul style="list-style-type: none"> <li>• Burn care</li> <li>• Hair transplant</li> <li>• Total joint replacement surgeries</li> <li>• Geriatric clinic</li> <li>• Infertility clinic and IVF lab</li> <li>• Regenerative medicine centre ( PRP clinic)</li> <li>• Adolescent clinic</li> <li>• Neuro-ophthalmology clinic</li> <li>• Sickle cell clinic</li> </ul>
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**Acharya Vinoba Bhave Rural Hospital provides the following service**

The AVBRH is providing the following superspeciality services	
<ul style="list-style-type: none"> <li>• Neurosurgery</li> <li>• Neurology</li> <li>• CVTS</li> <li>• Cardiology</li> <li>• Interventional radiology</li> <li>• Pediatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Urology</li> <li>• Nephrology</li> <li>• Medical oncology</li> <li>• Surgical oncology</li> <li>• Plastic &amp; reconstructive surgery</li> <li>• Gastroenterology</li> </ul>
<b>B-SPDC</b>	<b>C-MGAC</b>
<ul style="list-style-type: none"> <li>• Head &amp; neck oncosurgeries</li> <li>• Lingual orthodontics</li> <li>• All ceramic restorations</li> <li>• Maxillofacial prosthesis</li> <li>• Laser dentistry</li> <li>• Craniofacial traumatology</li> <li>• Facial rejuvenation procedures</li> <li>• Orthognathic surgeries &amp; distraction</li> </ul>	<ul style="list-style-type: none"> <li>• Panchakarma</li> <li>• Naturopathy</li> <li>• Ayurvedic immunization</li> <li>• Anorectal diseases care clinic</li> </ul>



- osteogenesis
- Reconstructive surgeries
- Dental implantology
- Rotary endodontics
- Pediatric dentistry
- Smile design
- Porcelain laminates and veneers
- Oral precancer cancer detection clinic
- Cleft orthodontics
- Cleft lip & palate surgeries( Primary, secondary & Tertiary)

\* **Number of beds in ICU / ICCU / PICU / NICU, etc.**

Section	Number of beds
ICU	34
ICCU	16
Surgical ICU	30
PICU	15
NICU	15
Trauma ICU	02
Burn ICU	02

\* **Number of operation theatres**

Name of the hospital	Number of operation theatres
AVBRH	17
SPDC	06
MGAC	03
Total	26

\* **Number of Diagnostic Service Departments**

Constituent unit	Number of diagnostic departments	
JNMC	5	Physiology, Biochemistry, Pathology, Microbiology, Radiodiagnosis,
SPDC	02	Oral Pathology, Oral Radiology & Diagnosis
MGAC	03	Sharer Kriya, Rog Nidan,

\* **Clinical Laboratories**

The clinical laboratories established under the different hospitals of the university are as under:



- Central clinical laboratory with facilities for biochemical, hematological, cytological, microbiological investigations. The lab is equipped with cell counters, autoanalyzers, mini vidas, Elisa reader etc.
- Clinical physiology lab having facilities for ECG, EEG, Treadmill, NCV, BERA, EMG.
- Polysomnography lab under Respiratory medicine
- Speech pathology & Impedance audiometry labs under ENT
- Under the faculty of dentistry, software lab is established under the department of orthodontics for diagnosis and assessment of dentofacial deformity, virtual surgical planning and predictive tracings for the patients with different dentofacial deformities.

\* **Service areas viz. laundry, kitchen, CSSD, Backup power supply, AC plant, Manifold Rooms, pharmacy services**

- The centralized catering unit to the hospital is in place.
- The central mechanized laundry is well equipped to maintain high quality cross infection control.
- The hospital kitchen was upgraded in the year 2014 and furnished with modern equipments and facilities to ensure excellent quality, hygiene and cleanliness.
- The entire campus is provided with backup power supply by installing generators of adequate capacity at different planned locations. The important equipments like CT scan & MRI machines, cath-lab, blood bank refrigerators and critical areas like Operation theatres and ICUs are provided with UPS.
- Major areas are provided with centralized A/C plants and in other areas through the separate split units.

**Blood Bank services**

The hospital has central blood bank and component lab facilities duly approved by the statutory bodies.

**Ambulance services**

The hospital has total 14 ambulances including a cardiac ambulance with all the necessary life saving gadgets on board for transporting the critically ill patients. The university provides free ambulance services to the patients residing within 15 Km radius and for other patients, the ambulance services are highly subsidized.

**Hospital Pharmacy services**

In-house Pharmacy services are provided for the patients. The pharmacy runs on 24x7 basis on all days. Subsidized medicines and disposables are provided to the patients. The generic medicine pharmacy store is also provided for the benefit of poor & needy patients in the campus through the Government of Maharashtra scheme. The patients covered under various Government schemes, our own innovative hospital schemes, special service packages, insurance scheme and poor and the needy patients are provided drugs and disposables through the hospital pharmacy.

\* **Drug poison information service**

- \* The information is maintained at the place of treatment of patients.
- \* The record of such patients is maintained at MRD Level.

\* **Pharmacovigilance**





The pharmacovigilance committee is functioning with the objectives of ensuring rationality in drug prescriptions, adherence to hospital antibiotic policy, prescription audits and working up measures for pharmacoconomics to ensure prevention of drug abuse and affordable treatment to the poor and needy patients.

University has Adverse Drug Reaction (ADR) Monitoring center, with Dept. of Pharmacology, JNMC. All ADRs and drug alerts are circulated amongst the Faculties. All ADRs are reported to this centre. All ADRs are analyzed by this centre.

\* **Mortuary, cold storage facility**

The facilities of mortuary, embalmment and cold storage are provided in the department of Anatomy.

\* **Does the teaching hospital display the services provided free of cost?**

As a part of societal commitment the hospital has launched various innovative schemes for poor, needy and marginalized population. The patients eligible under these schemes are provided free and highly subsidized treatment depending on the inclusions in each scheme. It is duly displayed by the hospitals by way of posters, banners in the hospital premises and important locations in the adjoining cities to ensure wide publicity. Pamphlets giving details of the schemes are distributed among public. Electronic media, news papers and radio are also used as a medium for wider dissemination of the information, so that the beneficiaries are well informed. The teams of social workers carry out the surveys in the villages and the information is given to the needy population. Camps are regularly organized at remote areas and through these camps; also desired information is given to the population about the hospital schemes and their accruable benefits.

\* **What is the mechanism for effective redressal of complaints made by patients?**

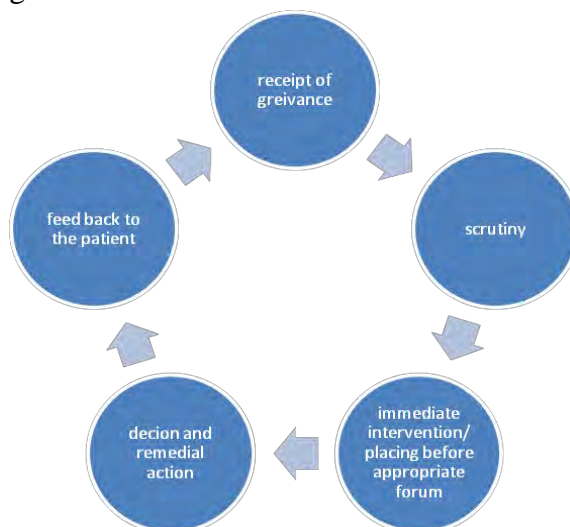
The hospital has a policy of collecting 100% exit feedback from the indoor patients. The other modalities of obtaining the feedback from the patients is OPD level feedback, feedback through the complaint boxes, or complaints received directly through the patient or relatives pertaining to care/services.

A two tier mechanism is adopted for effective and fast grievance redressal. The grievances pertaining to patient care or deficiency of services are dealt promptly by the concerned hospital authority and in consultation with the concerned HOD or Unit in-charge. The necessary remedial steps are taken to ensure optimum services to the patients.

The other grievances which are pertaining to the facilities, systems or those which are generic in nature are kept before the appropriate forum and needful remedial



steps are taken. The action so taken is communicated to the concerned patient through appropriate medium such as telephonically, through SMS or letter. The hospital follows the 360<sup>0</sup> mechanism while redressing the patient grievances which are pertaining to the facilities and infrastructure.



\* Give four years statistics of inpatient and outpatient services provided.

**ACHARYA VINOBA BHAVE RURAL HOSPITAL  
SAWANGI (MEGHE), WARDHA  
OPD & ADMISSION DETAILS**

Sr. No.	Year	OPD	AVG/DAY
1.	2013	651430	2171
2.	2014	708079	2360
3.	2015	733371	2445
4.	2016	762893	2543

Sr. No.	Year	IPD	AVG/DAY
1.	2013	57116	156.5
2.	2014	58878	161.3
3.	2015	59845	164.0
4.	2016	60134	164.3

**Year wise OPD details of SPDC**

Sr no	Year	New patients	Old patients	Total patients
1	2013	48,310	61,673	1,09,983
2	2014	50,038	63,935	1,13,973
3	2015	52,075	67,658	1,19,733
4	2016	53,514	76 041	1,29,555

**OPD & IPD statistics at MGAC hospital in last 4 years**

Sr. No.	Year	OPD	IPD
1	2013	63,809	3606
2	2014	61,050	4057
3	2015	62,373	4537
4	2016	62,644	5311
<b>Total</b>		<b>2,49,876</b>	<b>17,511</b>



\* **Does the hospital display charges levied for the paid services?**

Yes, the hospital rate master, duly certified by the chief medical superintendent is put in public domain for the information of all the relevant stake holders.

\* **Are the names of the faculty and their field of specialization displayed prominently in the hospital?**

Yes, the boards depicting the names of the faculty, their speciality, days of OPD are prominently displayed in each departmental OPD for the information of the patients.

\* **Is pictorial representation of the various areas of the hospital displayed in a manner to be understood by illiterate patients?**

Yes, all the signage of the hospitals are made professionally. They are bilingual and display symbolic pictorial image of the facility which can be easily understood by the patients.

\* **Is there a prominent display of ante-natal, mother and child health care facilities?**

Yes, the master plan and the floor plan of the hospital prominently depict ante natal, mother and child health care facility for the benefit of the concerned stake holders.

\* **How does the hospital ensure dissemination of factual information regarding rights, responsibilities and the health care costs to patient and the relatives/attendants?**

The hospital ensures the dissemination of factual information regarding rights, responsibilities and the health care costs to patient and the relatives/attendants through the following mechanisms

- a. Display boards
- b. Digital displays and important areas including patient holding areas in OPD
- c. Pre admission counseling of each patient by the professional counselor and consultants
- d. Appropriate displays near the indoor wards
- e. Notification of rate master of the hospital

\* **How does the hospital ensure that proper informed consent is obtained?**

At the admission, consent form is filled and the written consent from each patient is obtained. The consent is explained to the patient and the relatives in their vernacular language followed by obtainment of signatures.

After admission, consent for admission, treatment, minor procedures and parenteral therapy is obtained in the ward after due explanation to the patient and the relatives.

Separate consent for surgery & anesthesia is obtained in the standard perform and also in the vernacular language after explaining the procedures, risks, likely complications and morbidity in presence of the relatives and the patients signatures are obtained on the form with signatures of relative as witness. A consent for any high risk invasive procedures such as central line insertions and adjunct procedures is also obtained.

The patients with co-morbidities, having high risk during surgery or anesthesia are explained the risk and benefits. They are given choice and on their approval, high risk consent is obtained.



\* **Does the hospital have well-defined policies for prevention of hospital-acquired infections?**

Yes, the hospital has notified a well defined policy and SOPs for prevention of hospital acquired infection. A well designed manual 'Infection control Manual' is maintained and updated from time to time for this purpose. A dedicated administrative person with medical background, assistant administrative officer and an assistant nursing superintendent daily monitor the adherence to the policy. Monitoring of functioning of HICC is done by a trained Assistant Nursing superintendent on day to day basis. Any deviations from the notified policies are brought before the infection control committee periodically and appropriate remedial action is taken.

\* **Does the hospital have good clinical practice guidelines and standard operating procedures?**

Yes. The hospital has notified Healthy clinical practice guidelines and SOP's based on the same. Periodic monitoring is done in the hospital audit committee meetings and remedial actions are taken from time to time. The procedural guidelines and SOPs are updated from time to time as per the statutory guidelines/ National Health Care Policy guidelines.

\* **Does the hospital have effective systems for disposal of bio-hazardous waste?**

Yes. The hospital has effective system to ensure proper disposal of hazardous biomedical waste as per the statutory guidelines. Dedicated team of qualified personnel are conducting and monitoring this activity. Training and sensitization programs are organized periodically for the hospital personnel of all levels and cadres. All the processes pertaining to waste collection, segregation, transport and disposal are scrupulously done as per the statutory norms.

\* **How does the hospital ensure the safety of the patients, students, doctors and other health care workers especially in emergency department, critical care unit and operation theatres? Are the safety measures displayed in the relevant areas?**

The hospital ensures safety of the patients, students, doctors and other health care workers especially in emergency department, critical care unit and operation theatres by undertaking following steps

The hospital scrupulously follows the BMW management rules, 2016

- a. Display of desired safety measures at the relevant places
- b. Imparting training and sensitization
- c. Providing necessary personal protective equipments and gadgets and ensuring their use as per the standard norms
- d. Immunization programs against hepatitis B
- e. Prompt remedial actions, if needed.

\* **How are the Casualty services/Accident and Emergency Services organized and effectively managed?**

A full time professor of surgery is in-charge for the overall supervision. The administrative matters are handled by AMS. Well illuminated display boards of casualty services are put up at the convenient places so as to identify the casualty department from a distance. There is also availability of dedicated services like toll free number, Ambulance services (24x7),



There is also a space and a system for Triaging during mass casualties. Social workers are present to help patient and their relatives.

Quick response team (code blue & red teams) is available round the clock for life threatening emergencies.

\* **Whether the hospital provides patient friendly help-desks at various places?**

Yes

\* **Does the hospital have medical insurance help desk?**

Yes

\* **What are the other measures taken to make the hospital patient friendly?**

1. Rights & responsibilities displayed
2. Counseling mechanism.
3. System for incidence, near miss and sentinel events are recorded
4. Monitoring of HAI rate
5. Monitoring of adverse drug reactions(ADR)
6. Bus service
7. Free/ subsidized treatment
8. Generic drug pharmacy shop
9. Subsidized medicines and disposables

\* **How does the hospital achieve continuous quality improvement in patient care and safety?**

- Quality policy is in place
- Updated on yearly basis
- Strict adherence to the policy guidelines
- Feedback from patients and relatives

\* **What are the measures available for collecting feedback information from patients and for remedial actions based on such information?**

The hospital has a policy of collecting 100% exit feedback from the indoor patients. The other modalities of obtaining the feedback from the patients is OPD level feedback, feedback through the complaint boxes, or complaints received directly through the patient or relatives pertaining to care/services.

A two tier mechanism is adopted for effective and fast grievance redress. The grievances pertaining to patient care or deficiency of services are dealt promptly by the concerned hospital authority and in consultation with the concerned HOD or Unit in-charge. The necessary remedial steps are taken to ensure optimum services to the patients.

The other grievances which are pertaining to the facilities, systems or those which are generic in nature are kept before the appropriate forum and needful remedial steps are taken. The action so taken is communicated to the concerned patient through appropriate medium such as telephonically, through SMS or letter.



2 The hospital follows the 360<sup>0</sup> mechanism while redressing the patient grievances which are pertaining to the facilities and infrastructure.

\* **How does the institution ensure uniformity in treatment administered by the therapists?**

**Uniformity in treatment is ensured through:**

- Drug policy
- Antibiotic policy
- Tumour board meetings
- Joint clinics
- Case audit and medical audits
- Emphasis on for evidence based practice

\* **Does the institution conduct any orientation training program for AYUSH-based para-medical staff?**

Yes, the orientation trainings for all paramedical staff regularly as per the notified time table pertaining to

- BLS, under code blue
- Fire fighting under code red
- Disaster management
- Infection control practices
- Communication skills
- Risk identification
- Computer skills
- HIS software orientation and training

**4.2.2 What specific features have been included for clinical learning in the out-patient, bedside, community and other clinical teaching sites?**

The clinical teaching learning process is well organized to make sure that the hands-on training is effective. During the clinical teaching, integration of the clinical training is done with the didactic teaching. The students are allotted cases on the topics which are being taught in the didactic lectures as far as possible. It is ensured that the grooming is a stepwise mechanism i.e simpler cases are allotted first and then gradually major cases are allotted for the clinics. The clinical training is done at the OPD level, bedside clinics and in the community health care centers with the following features:

Out Patient	<ul style="list-style-type: none"> <li>• OPD Posting</li> <li>• Clinics conducted by senior faculty</li> <li>• Interesting cases are displayed</li> <li>• Clinical examinations are demonstrated</li> <li>• Students are exposed for treatment protocols with reasoning and justification thereof.</li> <li>• Large numbers of patients are discussed in a shorter time.</li> </ul>
Bedside	<ul style="list-style-type: none"> <li>• Clinical cases are displayed</li> <li>• Clinical rounds</li> <li>• Operative procedures are</li> <li>• Invasive procedures are demonstrated</li> <li>• Case presentations – traditional as well as by innovative methods like OMP, SNAPPS</li> <li>• X rays and Other Investigations are shown and discussed</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Family Adoptions</li> </ul>



### 4.3 Library as a Learning Resource

#### 4.3.1 Does the library have an Advisory Committee? Specify the composition of the committee. What significant initiatives have been implemented by the committee to render the library student/user friendly?

Yes, there is a Library advisory committee at the level of the University on which representation is given to the teacher in-charge and student representatives from each constituent college. The library advisory committees are also established at the level of each constituent college which works under the umbrella of the central library advisory committee.

**The composition of the Central Library advisory committee is as under:**

Sr. No	Particulars	Designation
01	One Dean of the faculty by rotation of 3 years	Chairman
02	1 teacher in charge from each constituent college nominated by the HOI	Member
03	All assistant librarians of the constituent colleges	Members
04	Finance officer	Member
05	Head IT section	Member
06	One representative each from UG and PG students of each constituent college as nominated by HOI	Student representatives
07	Chief librarian	Member secretary

**The objectives of the library committee are:**

1. To prepare annual plan for library development and enhancement of ambience
2. To finalize the budget for library
3. To finalize list of books to be purchased
4. To finalize the list of journals to be subscribed
5. To prepare and implement plan for ICT enabled library services
6. To monitor the overall functioning of the library
7. To incorporate modalities to make the library services student centric
8. To work as grievance redressal forum pertaining to library related grievances of staff and students.

**The tasks of the library committee are:**

- a. To advise suitably for policy incorporations wherever necessary
- b. To compile & finalize the annual requirements of books, journal, other library material, furniture fixtures and manpower.
- c. To advise the constituent libraries for optimal utilization measures from time to time in regards to learning resources
- d. To submit the recommendations to the finance committee for budgetary allocation
- e. To ensure optimal budget utilization by the libraries of the constituent colleges and the departments.
- f. Procurement of books, Journals & other library material.
- g. To take stock of functioning the libraries of the constituent colleges and the departments.
- h. To take stock regarding the library utilization
- i. To advise on such matter that would be remitted to them from time to time.

**Various initiatives taken by the central library committee to make the library more students centric are as under**

- a. Incorporation and upgradation of book bank facility
- b. Digital communication pertaining to availability of wait listed books
- c. Procurement and enhancement of e books, and e data bases



- d. Augmentation of the Wi-Fi services
- e. Intimation about new arrivals through electronic mode
- f. Upgradation of the facilities in digital library, reading rooms

**4.3.2 Provide details of the following:**

**\* Total area of the library (in Sq. Mts.)**

As per the binding guidelines of the statutory councils, each constituent college of the university is provided with a separate library. Keeping pace with the growing needs, increase in intake capacity, the infrastructural facilities in the library have been augmented. Every constituent college has a library & Departmental libraries are attached to the respective departments. The library area is as under:

College	Current library area (in Sq Mts) in 2017
JNMC	3210
SPDC	836
SRMMCON	500
MGAC	246.29
RNPC	200
<b>Total area</b>	<b>4992.29</b>

**\* Total seating capacity**

The total seating capacity in the library of each constituent college is as under:

College	Total Seating Capacity
JNMC	500
SPDC	250
SRMMCON	225
MGAC	150
RNPC	75
<b>TOTAL</b>	<b>1200</b>

**\* Working hours (on working days, on holidays, before examination, during examination, during vacation)**

The library is working on all the days of the year except 4 days i.e on Independence day, Republic day, Diwali and Holi. The working hours are as under

All working days- 8 AM to 11 PM

Sundays and holidays- 8 Am to 5 PM

During the examinations- the reading rooms are open for 24 hours.

**\* Layout of the library (individual reading carrels, lounge area for browsing and relaxed reading, IT zone for accessing e-resources)**

**The library has the general lay out as under.**

1) Office area	2) Property counter	3) Reprography section
4) AV section	5) Digital library	6) News papers and magazines section
7) General reading material area	8) Stacking room	9) UG, PG and staff reading area
10) Relaxed reading area (indoor & Outdoor)	11) Journal section	12) Bound volumes
13) Archival area	14) Utility area- rest rooms, drinking water, tea, coffee and snacks vending machines	

The reading rooms are provided with comfortable chairs and desks with isolation. The reading areas are provided with sofa sets and easy chairs. The outdoor area is specially created for relaxed reading and browsing.





\* **Clear and prominent display of floor plan; adequate sign boards; fire alarm; access to differently-abled users and mode of access to collection**

The entire floor plan of the library is displayed and adequate informative sign boards are displayed at appropriate places to provide guidance to the users. The separate seating arrangement and toilet arrangements are in place for the differently abled users and they are provided due assistance by the library staff. The library is provided with adequate fire fighting systems as per the stipulated norms. The access is provided both manually and digitally through the OPAC software for which dedicated computers are installed.

\* **List of library staff with their qualifications**

The list of staff working in the libraries of each constituent college is as under:

1) **JNMC**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Dr. V.P. Bharambe	Librarian	M.Lib.Sc, PHD
2	Mr. Sandesh Nimbalkar	Asst. Librarian	M.Lib.Sc, M.Phil
3	Mrs. Vrushali Dhopte	Clerk	M.Lib.Sc, M.Phil
4	Mrs. Fatima Shikh	Clerk	M.Lib.Sc.
5	Mr. Vinod Khekade	Attendant	SSC
6	Mr. N. K. Ganeshpure	Attendant	HSC
7	Mr. Sharad Kadam	Attendant	B.A.
8	Mr. Sharad Koram	Attendant	SSC
9	Mr. Ramakant Gode	Digital Lib (Clerk)	B.A.

2) **SPDC**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Mrs. Sandhya Deshmukh	Librarian	M.Lib.Sc
2	Mr. Praful Kadam	Clerk	B.A.
3	Mr. Ramlal Dube	Clerk	B.Com
4	Mr. Raju Kamble	Clerk	B.A.
5	Mr. Anand sable	Attendant	SSC
6	Mr. Pramod. Patil	Attendant	SSC
7	Mr. Mangesh Mohad	Attendant	HSC

3) **MGAC**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Mr. Subodh Nishankar	Librarian	M.Lib.Sc.
2	Mr. Umesh Choudhari	Clerk	M.A.
3	Mr Kailash Choudhary	Attendant	HSC
4	Mr Salim Sheikh	Attendant	SSC

4) **SRMMCON**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Mrs. Anita Jagtap	Asst. Librarian	M.Lib.Sc.
2	Mr. Dilip Urkude	Asst. Librarian	B.Lib.Sc.
3	Mrs. Bhanshri Bahe	Computer Instructor	M.Sc. M.Lib.Sc.
4	Mr. Vikas Kashimpure	Attendant	SSC



## 5) RNPC

### List of Library Staff with their qualification

S.N.	Name	Designation	Qualification
1	Ms.Kavita Mujbaile	Asst. Librarian	M.Lib.Sc.
2	Ms.Jaishree Agarkar	Computer Instructor	M.Phi.MSW,
3	Mr.Vijay Ganghare	Attendant	SSC

### 4.3.3 Give details of the library holdings :

#### \* Print (books, back volumes, theses, journals)

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
<b>Text Books</b>	11530	5305	9776	5365	512	36118
<b>Reference Books</b>	9084	3919	5742	3630	340	22715
<b>Journals</b>	(Hardcopy I.109 + F. 65= 174) (Softcopy F. 178) 352	(Hardcopy I.4 + F. 12= 26) (Softcopy I. 35 + F.210=245) 271	(Hardcopy I= 57) 57	(Hardcopy I.10 + F. 10= 20) (Softcopy F.=1485) 1505	Hard copy I 2 +f 3	(Hardcopy 282) (Softcopy 1908) 2190
<b>Archive journals (Bound vol)</b>	3450	2048	264	266	22	6050
<b>Thesis</b>	881	461	85	334	25	1786

#### \* Average number of books added during the last three years \* Non Print (Microfiche, AV)

S.N.	Name Of Institution	Books Purchase in 1/4/2014 to 31/3/2015		Books Purchase in 1/4/2015 to 31/3/2016		Books Purchase in 1/4/2016 to 31/3/2017	
		Qty	Cost	Qty	Cost	Qty	Cost
1	JNMC	757	14,01,987	554 books	6,55,000	263	408028
2	SPDC	196	159243	347 books	1,99,041	192	1,77.716
3	SRMMCEN	1194	4,06,086	880	3,49,307		
4	MGAC	1605	644284	651	2,58,110	909	446332
5	RNPC			—	—	70	53264

#### \* Electronic (e-books, e-journals)

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
E-books downloaded	3242	2662	105	4356	--	10365
E-Journals(online)	178	245	33	1485	Include in JNMC	1941



\* **Special collections (e.g. text books, reference books, standards, patents)**

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
Research Topics	27	17	21	7	5	77
CD Animation	15	17	5	210	9	256
Monograms	28	13	5	13	12	71
Digital Database	433	200	155	834	02	1624
CD & Video	870	674	272	685	147	2648

\* **Book bank**

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
Book Banks	114 set	60 set	84 Set	235 set	10 sets	449 sets

\* **Question bank**

The University has validated electronic question bank for all programs at every level along with their model answers, which is duly displayed in the digital Kiosks installed in the library.

**4.3.4 To what extent is ICT deployed in the library? Give details with regard to**

Library automation	Yes, Libnet in-house Software
Total number of computers for general access	175
Total numbers of printers for general access	10
Internet band width speed □ 2mbps □ 10 mbps	2 Gbps
Institutional Repository	Yes
Content management system for e-learning	Yes
Participation in resource sharing networks/consortia (like Inflibnet & Delinet)	Yes

**4.3.5 Give details of specialized services provided by the library with regard to Manuscripts**

* Reference	:	Provided
* Reprography / scanning	:	Provided
* Inter-library Loan Service	:	Yes
* Information Deployment and Notification	:	Yes
* OPACS	:	Yes
* Internet Access	:	Provided through Wi-Fi
* Downloads	:	Facility in place
* Printouts	:	Facility in place
* Reading list/ Bibliography compilation	:	Yes, 488
* In-house/remote access to e-resources	:	Yes
* User Orientation	:	Yes, prominently depicted and library staff actively facilitates the same
* Assistance in searching Databases	:	provided by the staff in digital library and flow charts are also displayed
* INFLIBNET/HELINET	:	Yes



**4.3.6** Provide details of the annual library budget and the amount spent for purchasing new books and journals.

The library committee makes the budget for the library and upon sanction by the finance committee the faculty wise allocation is done. The budgetary allocation for last 4 years and its utilization is depicted below. During all the past 4 years the budget utilization was consistently above 90 percent.

FY 2012-13		(In Lacs)	
Sr no	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	2	1.17
2	JNMC/RNPC	55	46.13
3	SPDC	24.75	26.49
4	MGAC	8	8.16
5	SRMMCON	10	15.39
<b>TOTAL</b>		<b>99.75</b>	<b>97.34 (98%)</b>

FY 2013-14		(In Lacs)	
Sr.No	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	1	0
2	JNMC/RNPC	46	53.17
3	SPDC	25	11.64
4	MGAC	8	10.45
5	SRMMCON	10	13.48
<b>TOTAL</b>		<b>90</b>	<b>88.74 (99%)</b>

FY 2014-15		(In Lacs)	
Sr no	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	2	2
2	JNMC/RNPC	61	60.93
3	SPDC	35	23.71
4	MGAC	10	11.72
5	SRMMCON	10	6.64
<b>TOTAL</b>		<b>118</b>	<b>105.00 (89%)</b>

FY 2015-16		(In Lacs)	
Sr no	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	5	4.5
2	JNMC/RNPC	55	50.18
4	SPDC	23	17.44
5	MGAC	10	14.75
6	SRMMCON	10	9.47
<b>TOTAL</b>		<b>103</b>	<b>96.34 (94%)</b>

FY 2016-17		(In Lacs)	
Sr no	Name of Unit	Library	



		<b>Approved Budget</b>	<b>Utilisation</b>
<b>1</b>	DU	1	2.94
<b>2</b>	JNMC/RNPC	78	65.77
<b>3</b>	RNPC	2	1.25
<b>4</b>	SPDC	9	12.65
<b>5</b>	MGAC	13	12.35
<b>6</b>	SRMMCON	10	10.66
	<b>TOTAL</b>	<b>113</b>	<b>105.62 (93%)</b>

**4.3.7 What are the strategies used by the library to collect feedback from its users? How is the feedback analyzed and used for the improvement of the library services?**

- Structured feedback pertaining to library is obtained from the students annually
- The suggestion boxes are provided
- Annual interactive meetings between the students and the Vice Chancellor and other higher officers are organized wherein feedbacks are obtained
- Students are given representations in the library committee and their valid suggestions are duly incorporated.

The annual structured feedback is analyzed through the independent agency. The suggestions of the students are discussed at the appropriate university forum. The valid suggestions are converted in the actionable points and the responsibilities are assigned to the concerned officers for timely action. The compliance is ensured in time bound manner by periodic reviews through effective MIS systems in place.

Minor suggestions and grievances are placed before the library advisory committee, they are redressed timely and those requiring actions are converted into actionable points and time bound compliance redressal is ensured by periodic reviews.

**4.3.8 List the efforts made towards the infrastructural development of the library in the last four years.**

The various initiatives taken by the University in last four years are

- Air cooling/ conditioning of the reading rooms
- Increasing the number of book sets in book bank and ensuring that the book bank facility is extended to not only the socioeconomically backward students but also to the meritorious students
- Upgradation of Wi-Fi facility
- Upgradation of computers in digital rooms

**4.4 IT Infrastructure**

**4.4.1 Does the institution have a comprehensive IT policy with regard to:**

**\* IT Service Management**

Yes, the University has a comprehensive IT policy for IT services management, covering all the parameters herein.

**\* Information Security**

The University is having centralized data centre for maintenance of the Data of entire campus, pertaining to Offices & Hospital. The users are provided access through user level security / authentications to their data and security is managed by IT staff. Direct access to information from outside campus is limited with user access rights.



Other public related information is open through portal for all with server level securities.

\* **Network Security**

All the computers are connected in LAN locally with manageable switches and routers with different user's access policies to secure and monitor network efficiently. Apart from this the institutional computers are connected with WAN through firewall to restrict outside users to access the internal data or information. Policy for the information securities are made and maintained through the centralized Data Center with dedicated staff.

\* **Risk Management**

All data is stored at centrally located Data Centre with proper security access only to staff managing the same. The servers for the application / database and data are configured along with database mirroring and data recovery system. The backup servers are available with NAS for the regular auto backups of Data Center at the remote end. All servers and user computers are protected with antivirus software to protect from viruses and unauthorized access. Review of all logs and backup activities are monitored quarterly.

\* **Software Asset Management**

The records of software assets are maintained centrally by IT department system wise. IT department takes review annually for all the requirements related to softwares.

\* **Open Source Resources**

NA

\* **Green Computing**

Disposal of the e-waste is done on regular basis as per statutory guidelines.

**4.4.2 How does the institution maintain and update the following services?**

\* **Hospital Management Information System (HMIS)**

The HMIS is implemented at Hospital for better patient service with quality treatment. The HMIS is maintained 24x7 by IT department having dedicated staff comprising of software engineers, database expert, network engineers and hardware engineers. The University is having data centre to maintain all data centrally with high uptime for users. Trainings for users are taken monthly.

\* **Electronic Medical Records System (EMR)**

Electronic Medical Records System is integrated with HMIS and having access to all concerned users ensuring proper data security and maintained by IT department centrally.

\* The Digital diagnostic and imaging systems including PACS are implemented across the Hospital with secured remote access from outside Hospital for expert opinion if required. IT department maintains the PACS centrally at Data Centre with proper data security and backups.

**4.4.3 Give details of the institution's computing facilities i.e., hardware and software.**

\* Number of systems with individual configurations : 937 (Dual Core i3)



- \* Computer-student ratio : 1:3
- \* Dedicated computing facilities : 937
- \* LAN facility
  - All the computers are connected with LAN centrally to the Data Center through the Wired (Cat-6 / OFC)/ Wireless media, with proper network security through routers and manageable switches.
  - All the units are directly connected through the fiber optic cable to the Data Center under the project of the HRD.
- \* **Wi-Fi facility**–  
The Wi-Fi facility is available as under:
  1. DMIMS Wi-Fi to all the units through the internal access points, dedicated slot of bandwidth being configured from 1 GBPS lease line provided by NKN.
  2. The constituents units including all Hostels and open area in the campus are having Wi-Fi facility by virtue of the internal and outdoor access points installed at various locations.
- \* Proprietary software–(HIMS, Student ERP, Tally, Oracle 12g, Visual Studio, Crystal report 10, MS Office, Microsoft OS, Net protector etc..)
- \* Number of nodes/ computers with internet facility - 626
- \* Any other (specify) – Telemedicine facility is available at 3 remote locations for needy people. IPEPBX is installed for fast communications.

**4.4.4 What are the institutional plans and strategies for deploying and upgrading the IT infrastructure and associated facilities?**

- o The University plans for augmentation of HMIS and some other applications facility to be provided on mobility basis, the hardware and software infrastructures are to be developed accordingly.
- o To promote cashless transactions, the facility of e-payments is proposed.
- o Up-gradation of student interface software
- o Up-gradation of the telemedicine center.

**4.4.5 Give details on access to on-line teaching and learning resources and other knowledge and information database/packages provided to the staff and students for quality teaching-learning and research.**

- o Internet facility for the all the departments is provided for the online teaching
- o All the lecture halls are connected through LAN and the server for the presentations is made available centrally. The presentations can be viewed through the LAN for conducting the lectures.
- o Wi-Fi facility is provided to all the departments through access points.
- o Separate web page is designed for the research and management.

**4.4.6 What are the new technologies deployed by the institution in enhancing student learning and evaluation during the last four years and how do they meet new / future challenges ?**

- o All the hostel and residential areas are connected through Wi-Fi, through which students are able to access all the academic information for their studies.
- o All the power point presentation of the validated LRM is made available through Kiosk system
- o The attendance of the students is marked through biometric machine and updated on daily basis.



- The notifications and the attendance is regularly updated and is accessible to all the students through Kiosk system
- The comprehensive academic calendar is displayed on the Kiosks at the beginning of the academic term depicting time table, list of holidays, vacations, dates of formative and summative exams and the dates of declaration of the results.
- Facility for digital fee payment is provided.
- The results of the examination and mark sheets can be seen by the students in the portal provided on the website.
- The attendance of the students and their academic progression can be monitored by the parents through the portal provided on the website which is password protected to maintain secrecy and privacy.
- e museum is developed for the students through which the study material for individual subject can be studied through the educational CDs and DVDs.
- Digital libraries are available for all the constituent units.  
For evaluation purposes
  - Validated electronic question bank along with model answers is available
  - The same can be availed by the paper setters and moderators for online paper setting and moderation.
  - The process of online evaluation of the answer sheets is in pipeline
  - The MCQ are evaluated by scanning of ORM answer sheets.
  - The results of the thesis can be submitted online by the evaluators
  - All these steps are undertaken to make the process of examination free, fair, credible and transparent and also to ensure declaration of results within 15 days.

**4.4.7 What are the IT facilities available to individual teachers for effective teaching and quality research?**

- Wi-Fi facility is provided
- Necessary hardware is provided in the department/ staff chambers
- Technical assistance is provided by the EDP section for making LRM
- Research data processing and statistical work up is facilitated by trained medical statisticians and with the help of necessary softwares provided to them.
- Facilities for clinical photography and Photomicrography are provided in-house.
- Library resources/ literature are shared digitally.
- All the computers installed in the lecture halls are connected to centralized server through the LAN (intranet). The lectures presentations for forthcoming week are stored in the server which is accessed in the lecture hall for the teaching purpose by the faculties.
- The lectures are being presented on LCD projection for proper visualization throughout the lecture hall.
- Wi-Fi facility is made available in all the lecture halls.
- Recorded lectures of the senior teachers are available in the library.

**4.4.8 Give details of ICT-enabled classrooms/learning spaces available within the institution. How are they utilized for enhancing the quality of teaching and learning?**

The audio visual systems are installed in the lecture hall in all the colleges. Regular classes in lecture halls are taken through the LCD presentations with audio systems.

All the computers installed in the lecture halls are connected to centralized server through the LAN (intranet). The lectures presentations for forthcoming week are stored in the server which is accessed in the lecture hall for the teaching purpose by the faculties.

**4.4.9 How are the faculty assisted in preparing computer-aided teaching-learning materials? What are the facilities available in the institution for such initiatives?**





- Computers are provided for preparation of the presentations in each Department.
- Technical support is provided by the IT Department.

**4.4.10 Does the institution have annual maintenance contract for the computers and its accessories?**

Yes, Separate IT/ EDP department under the University comprising of hardware, software engineers and technicians is maintaining all the hardware and softwares. The institution has entered MOU with the ADCC an IT company which lends advanced technical support for major maintenance and breakdown work pertaining to hardware and software related problems.

**4.4.11 Does the institution avail of the National Knowledge Network (NKN) connectivity? If so, what are the services availed of?**

Yes, the lease line of 1 GBPS is provided by the NKN.

**4.4.12 Does the institution avail of web resources such as Wikipedia, dictionary and other education enhancing resources? What are its policies in this regard?**

NA

**4.4.13 Provide details on the provision made in the annual budget for the update, deployment and maintenance of computers in the institution.**

**FY 2013-14**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	1	3.01
2	JNMC/AVBRH/RNPC	11	49.6
3	SPDC	5	4.83
4	MGAC	2	4.85
5	SRMMCON	2	4.1
	<b>TOTAL</b>	<b>21</b>	<b>66.39 (316%)</b>

**FY 2014-15**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	1	4.87
2	JNMC/AVBRH/RNPC	36	77.41
3	SPDC	7	5.19
4	MGAC	5	9.68
5	SRMMCON	2	3
	<b>TOTAL</b>	<b>51</b>	<b>100.15 (196%)</b>

**FY 2015-16**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	5	15.73
2	JNMC/AVBRH/RNPC	60	70.04
3	SPDC	14	7.42
4	MGAC	5	10.22
5	SRMMCON	5	6.39
	<b>TOTAL</b>	<b>89</b>	<b>109.8 (123%)</b>

**FY 2016-17**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	5	4.69
2	JNMC/AVBRH	170	45.39
3	RNPC	2	1.7
4	SPDC	5	8.32
5	MGAC	7	5.14
6	SRMMCON	3	3.62
	<b>TOTAL</b>	<b>192</b>	<b>68.86 (36%)</b>

**4.4.14 What plans have been envisioned for the transfer of teaching and learning from closed institution information network to open environment?**

The University has upgraded its IT policy in tune with the global standards. The university provides 4G Wi-Fi campus to its inmates along with campus-wide networking. The University is a partner in National Mission on Education through Information and Communication Technology project and Shodhganga. The University has created its learning resource material which is validated by the external experts and is available to students through knowledge portal of the intranet. The University plans to provide a web based/ cloud access to these materials. In addition the University has state of the art e – CME platform in collaboration with Department of Science and Technology, GOI which is web based continuing professional development platform. The University plans to increase its user base in a phase wise manner.

**4.5 Maintenance of Campus Facilities****4.5.1 Does the institution have an estate office / designated officer for overseeing the maintenance of buildings, class-rooms and laboratories? If yes, mention a few campus specific initiatives undertaken to improve the physical ambience.**

Yes, the University has in-house maintenance and construction departments. Office of campus development and maintenance is headed by consultant architect and the team of trained, dedicated support staff for the purposes of:

1. Effective campus planning and management of new development and upgrading work
2. Provide timely, responsive, value added services



3. Develop and manage facilities in compliance with regulatory and quality requirements
4. Retain and develop staff for these activities
5. Improve continuously quality management services

### **Key Areas of Operation**

1. **Maintenance Service** – A Dedicated helpline available for registering the maintenance requirements through EPBAX and Intranet with multi leveled system for real time correction. 24x7 helpline for maintenance/ breakdown/ security is available.  
It also prepares the schedules for preventive maintenance of the physical infrastructure so as to increase its longevity.
2. **Development Services** - The main functions of Development Services are to perform project management, upgrading and maintenance of buildings and infrastructure development such as connectivity and barrier free accessibility keeping in mind the principles of eco-friendly development and optimum utilization of resources.
3. **Facility Services** - The main functions of Facilities Services provide good quality food at affordable prices for the retail and dining outlets. It also provides transportation services, in-house transportation, management of parking and logistics support for major events.

### **The staff of Maintenance department consists of:**

#### **A) Civil Section**

Architect	01
Civil Engineer	02
Civil Assistance Engineer	04
Plumber	04
Carpenter	02
Welder	02
Supervisor	06
Labour on contract basis	---

#### **B) Electrical Section:**

Electrical Engineers	03
Electricians	15
Technician	01

#### **C) Equipment Maintenance Section:**

Bio-Medical Engineers	02
Dental Workshop Technician	01
Equipment Technician	01
O.T. Technician	04

#### **D) Computer Maintenance Section:**

Head IT services	01
Software Engineer	01
Assistant Software Engineer	01
Hardware Engineer	02
Assistant Hardware Engineer	02



In addition to the technical staff, additional administrative and supporting staff has been provided as under:

Maintenance Store I/C	01
Clerk	02
Computer Operator	01
Attendant	04

#### 4.5.2 How are the infrastructure facilities, services and equipments maintained?

The team of maintenance division is assigned the task of maintaining the infrastructure. The maintenance activities are divided in two heads

##### 1. Preventive maintenance

##### 2. Repairs

For each block, one junior engineer/ supervisor is appointed. He takes the round of the facility as per the preventive maintenance calendar and notes down the findings requiring servicing, rectification or repairs. The periodicity of maintenance of the RO systems, compressors, cleaning of overhead water tanks, servicing of motor pumps, air conditioners, central coolers, painting etc is planned in advance and preventive maintenance work is under taken by the maintenance department either in-house or through hired agency. Budgetary allocation is made for maintenance and repairs and the funds from the allotted budget are made available for such activities.

An online complaint register is in place and the users submit their complaints online. Daily review is done and depending on priority the work, repair is undertaken in time bound manner. The status of the complaints and the action taken thereof are periodically reviewed. Services through the MIS system is in place to ensure that actions are taken in time bound manner.

##### Services

The contractual services are hired for the maintenance of gardens, sweeping and security services.

##### Equipments maintained through well organized Biomedical Engineering Unit

The equipments are maintained in top working condition at all times through a structured mechanism. The maintenance activities are again divided in preventive and corrective maintenance. Due care is taken during installation of the equipments by providing all necessary supportive gadgets ( like stabilizers, UPS, dehumidifiers) as per the recommendation of the manufacturer, to ensure their longevity and prevent breakdowns. The users are imparted training at the inception to ensure proper handling and to prevent breakdowns due to rough use. Invariably, the institution enters in CMC/ AMC with the manufacturer / supplier for all major equipments. The visits of the agency for preventive maintenance are critically monitored and the timely breakdown repairs are ensured. Data of down time in house and out house repairing time index is periodically monitored through M.I.S.

#### 4.5.3 Has the institution insured its equipments and buildings?

Yes, all the assets of the university are covered under insurance.

Any other information regarding Infrastructure and Learning Resources which the institution would like to include.

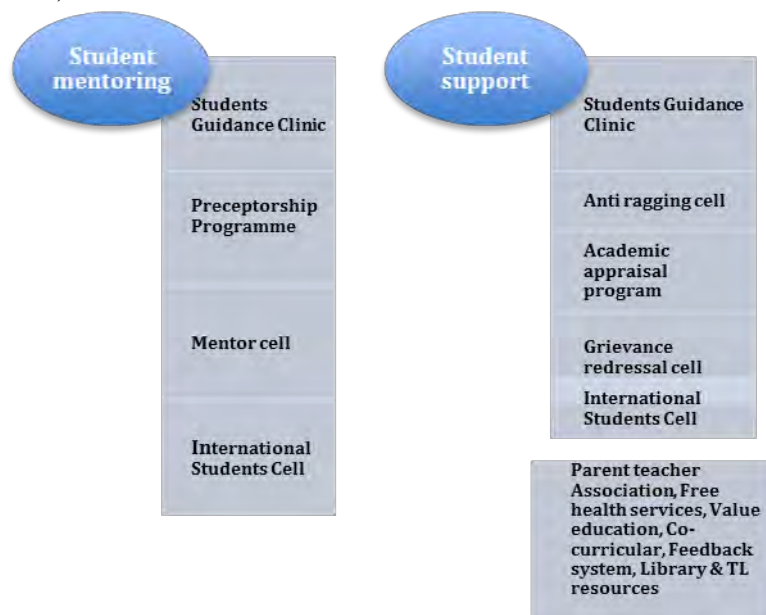


## CRITERION V: STUDENT SUPPORT AND PROGRESSION

### 5.1 Student Mentoring and Support

5.1.1 Does the institution have a system for student support and mentoring? If yes, what are its structural and functional features?

Yes, the structural and functional features are as under:



The student support and mentoring is done through various modalities like:

#### 1. Students Guidance Clinic:

The 'Students Guidance Clinic' is an innovative practice started by the Institute. It is manned by trained clinical psychologist to offer help, assistance and counseling to the needy and also provides psychological support to enhance their performance, build up their confidence and thus help them in their all-round personality development.

#### 2. Students Welfare Cell:

The Students Welfare Cell guides the students about the free-ships and scholarships available to them and also provides information, help and encouragement to participate in co-curricular activities like quizzes, debates etc. Encouraging the students by way of testimonials, awards, and prizes etc. to the best performers in academics and co-curricular activities is another noteworthy feature.



### **3. International Students Cell:**

The Cell caters to the needs of the NRI/FN/PIO students and acts as a facilitating link between them, their parents and the University.

### **4. Grievance Redressal Mechanism:**

The institute has a structured three tier grievance redressal mechanism for providing a platform to the students to vent their grievances and get them redressed through Preceptors, Institutional committees and the Grievance Redressal Cell of the University.

### **5. Anti-Ragging Cell and Mentor Cell:**

As per the recommendation of the Raghavan Committee report and the relevant notifications from UGC as well as by the apical councils, the University has established an effective Anti-Ragging Cell and Mentor Cell in order to achieve 'zero tolerance' to ragging. Resultantly, the University has a Ragging Free Campus.

### **6. Preceptorship Programme:**

It is another innovative activity wherein senior teachers are allotted ten students each for whom they act as mentor teachers. They interact periodically to review their attendance, progress and counsel them towards sorting out their relevant grievances by taking them to the appropriate forum.

### **7. Alumni Association:**

Every constituent college has an alumni association which organizes periodic interactive meetings, where they share their experiences and also take up activities for helping their alma mater.

### **8. Parent Teacher Association (PTA):**

In an attempt to involve the parents into the implementation of the academic programmes, obtain their suggestions for its better implementation and to have healthy dialogue between the parents, teachers and the students; this Association has been established.

### **9. Free Health Services and Health Insurance:**

Free health services including health insurance facilities have been provided for the students. All hostels have been provided with first aid boxes. The teaching hospital provides emergency care and free health services to the students. Biannual Medical examination of all the students is done free of cost by the teaching hospitals.



#### **10. Feedback system from stake holders:**

Constructive feedback from the stake holders is obtained for improving the implementation of academic programmes and policies.

#### **11. Value Education Cell:**

The subject “value education” has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The Policy declares: “the growing concern over the erosion of essential values and an increasing cynicism in society has brought to focus the need for readjustments in the curriculum in order to make education a forceful tool for the cultivation of social and moral values”.

**DMIMS (DU) is one of the first Health Sciences University in the country that has introduced value education in its curriculum.**

Value education cell is established and the curricula is framed in the form of “value education module” and approved for various disciplines. It includes a value education component & value orientation which incorporates a section on social citizenship roles.

#### **12. Co-curricular & Extra- curricular activities:**

The students are encouraged to participate in various co-curricular activities including games and sports. They participate and excel at various such activities organized at College level, at inter-collegiate and Regional/National levels. The Institute organizes annual sports meet (‘ENERGIA’) in which students from all constituent colleges participate enthusiastically. In addition, a Vidarbha level inter-collegiate sports events (‘IMPULSE’). is also organized every year by the institute. They also participate in the events organized at inter-university and national levels. The students who excel are encouraged by rewarding them with appreciation letters, certificates, medals, prizes and awards. Some of them are also given incentive in the form of fee concessions based upon their socio-economic status.

The sports infrastructure available to the students is excellent and all activities are carried out under guidance and supervision of a qualified sports officer. There is an excellent facility of gymnasium and swimming pool at the health club in the campus.

The students are also encouraged to participate in other State/ National/ International co-curricular activities like debates and quiz competitions within and outside the institute.

The college annual magazines are published to give opportunities to the students to express their literary and creative talent. Students committees work together under



the guidance of faculty in-charges to bring out annual college magazines in each constituent college.

Formal NSS activity is in place. Various activities conducted are awareness programs, health check-up camps, tree plantations, blood donation camps, 'Swaccha Bharat Abhiyaan' etc.

### **13. Academic Appraisal Program (AAP):**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The AAP focuses on internally auditing the extent and the manner of dispensation of the academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the University at the beginning of the academic term. It is as such a novel way of student led monitoring of quality of teaching practiced in the University. It helps to continuously re-adjust teaching learning process & supporting infrastructural augmentations in a timely manner.

### **14. Recognition to meritorious students:**

There is a well-crafted reward and incentive scheme of the University for encouraging and rewarding the meritorious students. The University has a policy for free-ship, scholarship for the meritorious performance. The students who excel in the co-curricular activities at the National & International level are also given concession in the fees. Participation in the UG research is awarded.

The student research activities are provided funding with internal resources to inculcate and promote research culture among the learners. The students are provided financial assistance for attending the National & International conferences in terms of the policy notified by the University.

The meritorious students are awarded with laptop. During the convocation medals and cash prizes are given to the meritorious students.

### **15. Financial support to economically backward students:**

There is a well-crafted reward incentive scheme of the University for encouraging and rewarding the learners from the lower socio-economical background. The University has policy for free-ship, scholarship for the learners from the lower economical strata.

### **16. Library and Teaching learning resources :**

The University has a rich library comprising of books, e- books and journals (Print and Online) as stated below:

▪ Text books	:	36,118
▪ Reference books	:	22,715
▪ Journals (Print )	:	282
▪ Journals (Online)	:	1,908
▪ Journals (Archives)	:	6,050





All the Learning resources are freely available to staff and students. Book bank facility is in place. Student kiosks are equipped with Learning Resource Material (LRM) taught in classrooms so that students can refer later to the contents taught in classroom.

5.1.2 Apart from classroom interaction, what are the provisions available for academic mentoring?

The provisions available for academic mentoring are as under:

**1. Preceptorship program:**

The program specially entails academic mentoring of the students. The academic progress of every student is reviewed in preceptor meetings, learning issues are discussed and other academic/nonacademic concerns are sorted or referred to relevant forums.

**2. Short term student projects:**

Small projects are allotted to students with one faculty/per student as guide who guides and facilitates the project work. Advanced learners are encouraged and guided to apply for ICMR funding under STS scholarship.

**3. Student Portfolio:**

Every student maintains an e-portfolio wherein an interface is provided between student and preceptor for constructive feedback, continuous progress monitoring and needful support and interventions. This allows asynchronous communication and mentoring between the teacher and the student.

**4. Small group teaching:**

Small group teaching methods viz. Problem based learning (conventional & modified), tutorials (conventional & modified) , One minute preceptor methods, integrated teaching including all domains of learning are incorporated within the curriculum of every phase for better student participation and interaction.

**5. Academic Re-enforcements:**

Academic mentoring is also done through re-enforcement teaching programs in the form of Remedial teaching (for 'potential learners'), capsulated teaching (for academic enhancement) and Booster teaching (for the interrupted learner).

**6. Innovative academic mentoring practices:**

Evidence based journal clubs, theme based PG seminars, Undergraduate and Postgraduate research mentoring are a few innovative methods for academic mentoring.



5.1.3 Does the institution have any personal enhancement and development schemes such as career counseling, soft skills development, career-path-identification, and orientation to well-being for its students? Give details of such schemes.

Yes, the personal enhancement and development schemes practiced in this Institution are as follows:

- **Career counseling:** Career counseling is conducted for students in the final phase of their graduation through the Student guidance clinic. The external experts are invited for interactive sessions to provide career guidance & its perspectives.
- Workshops are annually conducted by Dale Carnegie certified trainers for soft skills, grooming, interview techniques and personality development.
- Students of every phase are posted to the Communication, Attitude and Phonetic (CAP) lab for professional and inter-personal skill training as a part of the curriculum.
- Presentation skills, stress and time management are a part of Post-graduate induction training program (PGITP).
- **Career-path-identification:** The credit based choice system allows students to take up electives of their choice and enhance their knowledge and skills in preferred areas of health profession.

5.1.4 Does the institution have facilities for psycho social counseling for students?

Yes, the institution has a Student Guidance Clinic (SGC) with qualified personnel for counseling of students in psycho, social, academic and personal matters. The Student Guidance Clinic is an initiative to help the students not only to improve their academic performance but also to ensure their emotional wellbeing through psychometric testing and counseling in a confidential setting by trained, experienced and qualified professionals. Psycho-diagnostic tests and psychotherapy are a part of overall functional profile of SGC.

5.1.5 Does the institution provide assistance to students for obtaining educational loans from banks and other financial Institutions?

Yes, the Institute has an MOU with Tirupati Urban Co-operative Bank to provide educational loans. It also has tie-ups with the local branches of Punjab National Bank and State Bank of India for the same purpose.



5.1.6 Does the institution publish its updated prospectus and handbook annually? If yes, what are the main issues / activities / information included / provided to students through these documents? Is there a provision for online access?

Yes, the Institute publishes three documents on an annual basis and they are:

1. **Prospectus:** It contains relevant information including the process of admission, tuition fees and the syllabus for the UG/PG entrance examination (as per UGC Regulations, 2016)
2. **Student Information Brochure:** It contains academic curriculum that includes syllabus, scheme of examinations, information about autonomous cells, hostel facilities, rules & regulations and other student support mechanisms. It ensures that the students are well informed about the various facets of the Institution.
3. **Comprehensive Annual Academic Calendar:** It contains time-table, schedule of clinical postings, examinations (Formative & Summative), date of declaration of results, holidays etc.

There is a provision of online access of the above documents through the University website, Intranet & student kiosks.

5.1.7 Specify the type and number of institution scholarships / freeships given to the students during the last four years. Was financial aid given to them on time? Give details. (in a tabular form)

- As per the policy of the University, free-ship is granted to students from economically weak backgrounds.
- Scholarships are granted to students in recognition of their meritorious academic and co-curricular achievements.
- Free-ship / concession is also granted to deserving students participating in sports/cultural competitions at State/ National / International level.

In the last four years, total freeships / scholarships provided by the University are well over Rs.4.5 Crores.

Details of freeships/scholarships is as under:

Sr.No	Institute	13-14	14-15	15-16	16-17	Total
1	JNMC	2694861	2259492	2967390	3982042	11903785
2	SPDC	2753244	1690253	2637062	11086132	18166691
3	MGAC	511997	5254966	5238819	786424	11792206
4	SRMMCON	627720	646856	648343	393972	2316891
5	RNPC	0	0	159620	0	159620
Total		6587822	9851567	11651234	16248570	44339193



5.1.8 What percentage of students receive financial assistance from State Government, Central Government and other National agencies?

As per the prevalent laws, the University does not receive any financial assistance from the State Government, Central Government and other National agencies.

5.1.9 Does the Institution have an International Student Cell to attract foreign students and cater to their needs?

Yes, the Institute has an International Student Cell to attract Foreign and International students and cater to all related matters.

The members regularly participate in International Education expos to interact and guide prospective students. Interactive seminars are conducted to highlight the salient features of the Institution and to facilitate their admission process. Formal presentations are conducted at prominent schools in various countries to promote awareness about the Institution.

The Cell takes care of International students till they graduate by catering to their needs, addressing their concerns in a timely manner and provide valuable support so that they feel comfortable in the campus and are able to concentrate on their studies. It also provides a platform to the parents to communicate their concerns and obtain valuable feedback of their wards.

5.1.10 What types of support services are available for

\* Overseas students:

International Student Cell provides a robust support service for overseas students apart from other student support mechanisms of the University. It facilitates and ensures the wellbeing of International students through the following:

- a) Acts as a single window for all admitted International students
- b) Acts as a single point of contact for their parents
- c) Ensures the completion of the admission formalities for such students
- d) Ensures the acclimatization of such students in the campus
- e) Ensures the compliance of 'anti-ragging' measures
- f) Maintains database of relevant information of such students
- g) Provides need based travel assistance for the students
- h) Arranges for the accommodation for their Parents visiting our campus
- i) Feedback mechanism is in place to address concerns, grievances and needs.



- j) Ensures the compliance regarding the registration formalities of the foreign students as per rules laid down by statutory bodies.
- k) Arrange for their training in local language for better student patient interaction
- l) Any other matter related to the welfare and needs of such students

**The Institute celebrates National days of all representative countries as a part of healthy practice.**

**Physically challenged / differently-abled student:**

As per the regulations of the Apical Council, seriously physically challenged candidates are not eligible for admission, however, reservations as per apical norms are adhered to.

The Institute has infrastructural facilities like ramps, lifts, and special toilets to cater to the needs of the physically challenged and differently abled students.

**SC/ST, OBC and economically weaker sections:**

- \* Educational loan facilities are made available and the University sponsored scholarships are provided to economically backward meritorious students.
- \* Book Bank facility is available to economically and socially backward students through libraries of the constituent colleges.
- \* The facility of fee concession is also extended to such students as per policy of the University.

**Students participating in various competitions/conferences in India and abroad:**

- a. **Administrative support:** Students are encouraged for participating in various competitions /conferences in India and abroad by deputations, providing financial and logistic assistance.

Institute also encourages organization of academic and non-academic activities like annual student conferences (Undergraduate and Post graduate students) and annual social gathering thereby providing a platform for presentation of their work, skill and abilities.

- b. **Academic support** is provided through reducing the attendance denominator, capsulated teaching to compensate the academic loss and flexibility in Part completion examinations. Additional weightage of marks is given in Internal Assessment for students who are enrolled for Short term studentship (STS scholarship) granted by ICMR.
- c. **Financial Support:** Financial support is provided, in terms of TA/DA and registration charges to the participants as per the policy of the University. Students who are selected for State or National level competitions are given fee concessions.



**Health center, Health insurance etc.:** ‘Dattatreya Health insurance scheme’ is provided by the teaching hospital to every student with all type of health care services up to a total of Rs.1 lac /year. There is a dedicated yoga and meditation center and mind body clinic for ensuring a sound body and body.

**\* Skill development** (spoken English, computer literacy, etc.):

1. Soft skills, interpersonal skills and values are addressed through workshops conducted by Dale Carnegie certified trainers.
2. Communication, attitude and behavioural skills are inculcated through postings in CAP lab wherein students are taught by using validated modules and role plays available for every phase.
3. Training in local languages as well as training in English is provided for students from other states and countries.
4. Institute encourages development of organizational skills and team work by encouraging the students to organize annual undergraduate and post-graduate conference and the annual social gathering.
5. Young Undergraduate as Administrators program (YUGA): This program focuses on training of undergraduates in Administration skills, managerial skills, right attitudes and problem solving capacity enhancement. It gives an opportunity to undergraduates to lead and manage events, give radio talks, organise awareness campaigns, Competitions, rallies etc. with faculty acting as facilitators.
6. Psycho-motor skill training: Basic and advanced skill lab facilitates development and enhancement of psychomotor skills.
7. Life support skill training: Training in basic and advanced life support (certified by American Heart Association) is provided to every student.
8. Skill enhancement: Skill enhancement opportunities are provided to the students by unhindered access to Skill labs, digital library, e-museum, virtual learning lab, Student kiosks etc.

**\* Performance enhancement for slow learners:**

- The Institute identifies students who require special learning conditions as “Potential learners”. They are identified on the basis of their academic performance through well-defined mechanisms (like preceptor-ship meetings, autonomous cell meetings and college council meetings).
- Academic counseling for potential learners is routed through Students Guidance clinic for students referred via Preceptor meeting, Attendance cell, and Examination cell.
- Academic support is provided through remedial and booster teaching, peer assisted teaching and in-class formative assessments.
- In addition, all other facilities like Skill labs, virtual learning labs, e-museum and student kiosks etc. are also available for learning reinforcements.



\* exposure of students to other institutions of higher learning/ corporates/business houses, etc.:

The institution has collaboration and linkages with reputed institutions and opportunity for higher learning is provided to students.

Few International collaborations are: Chester University, Karlstad University Sweden, University of Sydney, University of Wisconsin, Maddison School of Public Health and Medicine, USA etc.

Students deputed for higher learning are as under;

SN	Name of students	Institute	Year	University
1	Roshni Varghese	B.Sc. Nursing	2013	Karlstad University Sweden
2	Poonam Mulupuru	B.Sc. Nursing	2013	Karlstad University Sweden
3	Navnita Jadhav	B.Sc. Nursing	2014	Karlstad University Sweden
4	Angel Raju	B.Sc. Nursing	2014	Karlstad University Sweden
5	Merlyn Jacob	JNMC	2014	University of Sydney
6	Dr. Vishal Shah	JNMC	2015	Chester University
7	Dr. Himanshu Mansharamani	JNMC	2015	Chester University
8	Sumer Bora	JNMC	2016	University of Sydney
9	Chirag Agrawal	JNMC	2016	University of Sydney
10	Shreyan Mohapatra	JNMC	2016	University of Wisconsin, Maddison school of public health and Medicine, USA

\* **Publication of student magazines, newsletters:**

Annual student magazine consisting of academic, literary and informative contributions from students of all constituent units is published and is available on the University website.

5.1.11 Does the institution provide guidance and/or conduct coaching classes for students appearing for competitive examinations (such as USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS)? If yes, what is the outcome?

Yes, the Institution conducts coaching classes for students appearing for competitive examinations for PG entrance examination in meaningful collaboration with the outside experts. Infrastructural support beyond working hours is provided to a leading coaching academy.

In the faculty of Medicine 78 % and in the faculty of Dentistry about 43% students opted for post-graduation during last five years. In the faculty of Nursing 7% students opted for post-graduation and 90% of students got employment opportunities in and outside the country. In the Faculty of Ayurveda, the cumulative percentage of employability and post-graduation is 93%.



5.1.12 Mention the policies of the institution for enhancing student participation in sports and extracurricular activities through strategies / schemes such as

Additional academic support and academic flexibility in examinations:

Academic support is given to such students through capsulated teaching program to overcome the academic loss. There is provision of flexibility in part completion examinations for students participating in such activities. Additional weightage in Internal assessment mark for is given for students who receive ICMR-STs project grant by ICMR. University Re-sit examination provides an additional opportunity to minimize academic loss.

Special dietary requirements, sports uniform and materials:

- \* Professional dietary advice is provided by dietician for such activities and the adherence to same is ensured by hostel mess. Sports uniform and material are provided by the University.
- \* any other (specify)

There is provision of Fee concession for students who are selected for National / International level competitions for representing the state/ country. The students are officially deputed for various National and International events.

5.1.13 Does the institution have an institutionalized mechanism for student Placement? What are the services provided to help students identify job opportunities, Prepare themselves for interviews, and develop entrepreneurship skills?

Yes, the University has a centralized Placement Cell.

The Cell provides the following services: -

- a. Aids the students to prepare for the Post Graduate Entrance exams especially in case of Medical and Dental students. Space has been provided to a leading Entrance Exam Coaching center in the campus to facilitate the preparation of the students.
- b. Arranges workshops on Personality development, grooming and preparing for interviews and group discussions
- c. Arranges Campus Recruitment drives for students especially with respect to the Nursing, Ayurveda, Hospital Administration and Public Health students
- d. Maintains data related to the placement including those pursuing higher education of its students.
- e. Guest lectures are arranged by inviting experts from the related industry to give the students an insight into the actual working and also the avenues for development of entrepreneurial skills
- f. Counselling and career guidance is also provided to the students in house as well as from invited experts.





The graduates coming out of the constituent colleges mostly opt for self-employment, more so in case of medical and dental courses. However, sizable number of students get the opportunity to pursue post graduate studies in the faculty of Medicine and Dentistry.

In the faculty of Medicine 78 % and in the faculty of Dentistry about 43% students opted for post-graduation during last five years.

In the Faculty of Nursing 7% students opted for post-graduation and 90% of students got employment opportunities in and outside the country.

In the Faculty of Ayurveda the cumulative percentage of employability and post-graduation is 93%.

5.1.14 How does the institution provide an enriched academic ambience for advanced learners?

The institution provides an enriched academic ambience for advanced learners in the following ways:

- a. Deputation to International Universities for higher learning.
- b. Representing the Institution in academic competitions (Quiz, Debates, etc.).
- c. Encouragement to apply for extra mural funded projects (by one is to one academic mentoring)
- d. Participation in scientific presentations at National and International scientific forums.
- e. Involvement of students with exceptional scientific temperament in the ongoing funded projects.
- f. Identification of high achievers as “Peer Tutors” for teaching and mentoring peers.
- g. Opportunity to represent their batch in various Institutional committees.
- h. Recognition of merit by awarding a Laptop as per the well-defined scheme of the University.
- i. Recognition of merit by providing opportunity to the University topper (by rotation) to hoist the National flag on Independence and Republic day.

5.1.15 What percentage of students drop-out annually? Has any study been conducted to ascertain the reasons and take remedial measures?

There are no drop-outs at any level except rare cases where “Migration” is permitted as per the governing rules of the Medical Council of India.

5.1.16 Give the number of students selected during campus interviews by different employers (list the employers and the number of companies who visited the campus during the last four years).

Number of students selected during campus interviews by different employers are **813** in last four years.



Some of the employers/ companies who visited campus during last four years are:

1. Wockhardt Hospital
2. Shri Krishna Hrudyalaya
3. CARE Hospital
4. Tata Consultancy Services
5. Madhav bag
6. BVM India

5.1.17 Does the institution have a registered Alumni Association? If yes, what are its activities and contributions to the development of the institution?

Yes, the institution has a registered Alumni Association with the motto of strengthening the bond between Alumni and the Alma Mater. It has its own website with a facility for online registration. Yearly “Get Together” and “Interactive Meets” are organized. Alumni of the institute are well placed in India and abroad.

Activities and contributions to the development of the institution are as follows:

- Endowment of the gold medal
- International symposia
- Oration on socially relevant issues
- Motivational speech
- Fund raising activities
- Donation of scientific/clinical equipment
- Contributions towards curriculum revision through structured feedback mechanism.

5.1.18 List a few prominent alumni of the Institution.

1. Dr. Anand Sancheti – Cardiovasculothoracic surgeon, Association head
2. Dr. Anand Lohia – Pathologist, Denmark
3. Dr. Shivam Mittal: Research fellow, Yale School of Medicine, Fellowship, Mayo clinic
4. Dr. Anubha Bang: MBA, USC School of Marshalls, Senior Consultant, Deloitte Consultancy
5. Dr. Elakshi Morey: Mrs. India 2015
6. Dr. Hemant Unadkat : Research Scholar, Singapore
7. Dr. Ujjwal Patni : Motivational speaker
8. Ku. Mercy S. Kharat , Vice Principal Suretech College of Nursing, Nagpur
9. Ku. P. Leelawati , Principal, College of Nursing, Vijaywada
  
10. Mr. Meena R. Tiwari, , Principal ,Govt. College of Nursing, Nagpur
11. Abhai Chacko, Staff Nurse, Australia
12. Dr. Vivek Sharma, Executive committee Member, Dental Council of India
13. Ku. Manisha Shukla, Deputy Director Nursing services, Ujjain, MP
14. Sheikh Abdul Wasim Abdul Habib, Principal, Saraswati GNM School, Chandrapur



15. Alwadkar Indu Prakashrao, Principal, SRMM School of Nursing, Wardha

5.1.19 In what ways does the institution respond to alumni requirements?

Based on regular interaction with the Alumni via on site events and online portals, the Institute responds to their requirements in the following ways;

1. **Professional development:** Online Continuous Professional Development activities are organized. This provides an opportunity to the alumni to update their knowledge and earn credit points for renewal of registration. A mobile friendly alumni portal is created for allowing them to stay connected and share knowledge and experiences on a common platform.
2. **Recommendations:** Need based recommendations and related documentation is provided to Alumni for professional advancements.
3. **Knowledge sharing platform:** Institution facilitates their interaction with students for motivating and guiding them in career path.
4. **Extension of professional services:** The institute provides support for organization of community based activities like health camps.
5. **Recognitions:** The alumni who are well placed, achieved any professional excellence, or have any outstanding achievements are showcased on the University website.
6. **Others:** Benefits like fee concession for wards of Alumni in different educational Institutes of the group, discounts in loan, on-line gift vouchers are extended to the alumni.

5.1.20 Does the institution have a student grievance redressal cell? Give details of the nature of grievances reported. How were they redressed?

Yes, institution has a student grievance redressal cell and following is the mechanism:

Each constituent college has a 'Grievance Redressal Cell' (GRC). The university has the 'University Grievance Redressal Cell' which redresses the grievances at the University level and also functions as an appellant authority. The meetings of the cell are held on a need-based manner. The representations received from the students are placed before the cell which are looked in to by the members of the cell in a most transparent and unbiased manner. The recommendations of the cell are analyzed and forwarded to the appropriate administrative authority for the needful action.

A separate grievance redressal cell for women employees & female students is also in place.

The grievances of the students are looked into at various levels depending upon its nature, as stated below:

- i. Departmental level – Head of the Department
- ii. Institutional level- Dean & Vice Deans of the institution
- iii. Attendance & Examination cell – Dean & the Conveners of the respective cells



- iv. Hostel – Rectors & the Chief Rector
- v. University level – Registrar, Controller of Examinations & the Vice Chancellor.
- vi. The Preceptor-ship programme is also availed for the purposes of grievance redressal of the students. The observations of the preceptors made during the interaction with the preceptees are forwarded to the respective authorities for prompt & timely action. The review of the preceptor- ship program& its functioning is taken by the college council on monthly basis.

The nature of grievances reported and mechanisms through which they were dealt with are:

- a. Attendance percentage, particularly progressive attendance. : redressed by respective department / Attendance cell
- b. Pertaining to clinical postings.: redressed in College council meeting
- c. Non-eligibility in University examinations due to inadequate progressive attendance / part completion examination marks: dealt in College council meetings
- d. Hostel issues pertaining to Mess, infrastructural facilities: redressed by Hostel committee
- e. Complaints against peers, College bus timings, library timings: redressed by College Council meeting
- f. Departmental academic issues: Redressed by Department/Preceptor/College Council

5.1.21 Does the institution promote a gender-sensitive environment by (i) conducting gender related programs (ii) establishing a cell and mechanism to deal with issues related to sexual harassment ? Give details.

Yes, the institution promotes a gender-sensitive environment through Institutional Forum for women & the Sexual Harassment committee at the University level.

**Institutional Forum for women:** The forum has been constituted & working effectively and suggest preventive administrative and other measures from time to time in this regard. The forum carries out activities throughout the year.

Students are oriented towards the composition, objectives and functioning of Women's forum during Induction programs for Undergraduate students, Interns and Post graduate Students. Every constituent college has identified "Gender Champions" from respective phases who promote gender equality and help women's forum in organizing various related activities. Women's forum of the Institute recognizes 22nd June as "Gender equality day" wherein various gender equality related activities and events are organized (Essay, elocution, 'modak' making competition , poster and drawing competition on gender



equality, tree plantations, guest lectures etc.). The University has carried out a gender audit.

**Sexual Harassment committee:** The committee is in place to deal with similar issues. Students are oriented towards the composition, objectives and functioning of the committee during Induction programs for undergraduate students, Interns and Post graduate students.

The awareness regarding the Sexual Harassment committee is widely done through display of posters at the prominent places.

5.1.22 Is there an anti-ragging committee? How many instances, if any, have been reported during the last four years and what action has been taken in these cases?

Yes, the anti-ragging committee is in place with the principle of “Zero tolerance”. No incidence of ragging has been reported in last four years. The guidelines as per Raghavan committee report is strictly adhered to.

5.1.23 How does the institution elicit the cooperation of all its stakeholders to ensure the overall development of its students?

The various stakeholders are Faculty, Administrative authorities, parents, community, patients, alumni, policy makers and governing bodies. The University elicits cooperation of all its stakeholders to ensure overall development of students in following ways:

**Faculty:**

- The cooperation from the Faculty is elicited by encouraging them to participate in FDPs & CPDs, thereby ensuring the transfer of updated knowledge base to enhance the learning experience of the students.
- Recognition & appreciation of best performers in the domain of Teaching – Learning in terms of rewards & promotions leading to good academic ambience.
- Undertaking educational projects for generating evidence aimed towards better teaching learning outcomes.
- Preceptorship program

**Administrative authorities:**

- Strict Monitoring of Teaching learning and assessment activities
- Academic appraisal program as a method of student feedback (quantitative) for timely teaching learning adjustments within the curriculum.
- Autonomous cells for smooth academic progress and grievance redressal
- Review of curriculum, syllabus progression and functioning of autonomous cells through regular meetings (college council, JCC, Autonomous cell meetings )
- Student representation in all academic matters
- Ensuring implementation of all the learner centric policies and best practices
- Relevant and timely incorporations within the curriculum as notified by governing bodies

**Parents:**

- Maintaining communication with Parents/ guardians. Parents can monitor the progress of



their wards (examination scores, attendance – current and progressive) through a unique ID and Password on the web portal.

- Timely communications through Letters, SMS and phone calls.
- Parent Teacher association and its annual meeting
- Feedback in curriculum revision process
- Appreciation mail to parents for outstanding achievement of their wards.

**Community:**

- Community oriented teaching learning activities like community postings, village adoption scheme, posting to rural and urban health centres and early clinical exposure in community settings.
- Extension activities through different camps like health camps, NSS camps etc.
- Health awareness programs, Street Plays, Rallies, Role plays etc.
- Feedback in curriculum revision process

**Patients:**

- Free Transportation provided to the patients.
- Subsidized health care services & Insurance benefits.
- Comprehensive Health Care Team (CHCT), Family adoption scheme
- Involvement of patients in various TL and assessment methods

**Alumni:**

1. Continuing Professional development activities
2. Providing Recommendation and related documents
3. Providing knowledge sharing platform
4. Extending support for community services
5. Recognizing outstanding achievements and professional excellence
6. Benefits like fee concession for wards of Alumni in different educational Institutes of the group, discounts in loan etc.

**Governing bodies and Policy Makers:**

- Issue of directives & policies.
- Ensuring compliance of the rules and regulations as specified from time to time.
- Ensuring the quality sustenance & enhancement through Assessments & Accreditations by relevant agencies.

5.1.24 How does the institution ensure the participation of women students in intra-and inter-institutional sports competitions and cultural activities? Provide details of sports and cultural activities where such efforts were made.

Policies are in place to motivate the participation of women students in sports & cultural events.

**Sports:** Women’s cricket, football, short-put, Javelin throw, Basketball, Volleyball, Badminton, table tennis, carom and chess competition in annual sports meet “ENERGIA”

**Cultural:** Performance of maximum female students in the Annual social gathering event.



5.1.25 Does the institution enhance the student learning experience by providing for rotation from the teaching hospital to the community and district hospital during the internship period?

Yes, the Institution has a compulsory Internship rotation program under which an Intern is posted not only to the teaching hospital of the Institute but also to the Community based Hospitals namely ;

- Rural health training center, Seloo
- Rural health center, Deoli
- Urban health Training center ,Wardha
- Urban Health care center , Tarfail

Apart from the routine postings interns are also deputed at the following Community based Public Health Institutes for enhancing the Community based learning experience:

1. District malaria Center
2. District Tuberculosis Office and DOTS center
3. ART Center and ICTC
4. District Training center under DHO

Every Intern is allotted a Community Based research project focused on priority public health problems under the guidance of a faculty member. The student at the end of internship program presents the project report of the said project.

The Interns in Dental faculty are posted to 10 Satellites clinics (in rotation) to provide comprehensive oral health care to the rural population.

5.1.26 Does the institution have immunization policy for its students and staff?

Yes, the immunization policy for its students and staff is in place. All the new students are screened for their immunization status and it is ensured that they complete their immunizations as per WHO guidelines. Booster dose of Hepatitis B is given to every student.

5.1.27 Does the institution give thrust on students growth in terms of :

**Physical development:**

*Sports:* The sports infrastructure available to the students is excellent and all activities are carried out under guidance and supervision of the qualified sports officer. There is a state-of-art facility of gymnasium and swimming pool at health club in the campus.



The students are encouraged to participate in various co-curricular activities including games and sports. They participate and excel at various such activities organized at college level, inter-collegiate and Regional/National level. The institute organizes annual sports meet ('ENERGIA') in which students from all constituent colleges participate enthusiastically. In addition, Vidarbha level inter-collegiate sports event ('Impulse') is also organized every year by the institute. They also participate in the events organized at inter-university and National levels. The students who excel are encouraged by rewarding them with appreciation letters, certificates, medals, prizes and awards. Some of them are also given incentive in the form of fee concessions based upon their socio-economic status.

*Exercise:* Yoga training is imparted through Value education program for students of all faculty.

**Emotional Control:** Students guidance clinic conducts in house workshops and seminars on motivation, positive attitude, personality development, stress management. Value education programs conduct sessions on Peace, Enthusiasm, Faith & forgiveness, Self-esteem & active listening, Creativity & Empathy, Problem solving and respect, thereby focusing on the emotional wellbeing of every learner. Training in CAP Lab also include behavioral adjustment techniques and attitude.

Hostel authorities provide emotional support by nurturing the concept of "Home away from home".

**Social dimension:** Social dimension to the entire training in health profession is the hallmark of the Institute. Community oriented and community based education in through various curricular strategies (Early clinical exposure, rural postings, family adoption schemes, Comprehensive community health team, community based projects, knowledge about endemic diseases etc.) ensure training based on local needs of the community. Participation of students in extension activities like camps, rallies, orientation programs, role plays also adds to the social dimension of training.

**Spiritual growth.** : Value Education program specifically focuses on the spiritual growth of every student. Meditation techniques with hands on are taught during value education classes conducted by the Value Education Cell.





## 5.2 Student Progression

- 5.2.1 What is the student strength of the institution for the current academic year? Analyze the Program-wise data and provide the trends (UG to PG, PG to further studies) for the last four years.

### Student Strength:

Student Progression	
Student Progression	Against Enrolled
UG to PG	2015-16 - 117 Students 2014-15 - 96 Students 2013-14 - 89 Students
PG to M. Phil, DM/M.Ch./DNB	2015-16 - 12 Students 2014-15 - 16 Students 2013-14 - 19 Students
Entrepreneurs	44 Students

- 5.2.2 What is the number and percentage of students who appeared/qualified in examinations for Central / State services, Defense, Civil Services, etc.?

: 322

- 5.2.3 Provide category-wise details regarding the number of post graduate dissertations, Ph.D. and D.Sc. theses submitted/accepted/ rejected in the last four years.

### Postgraduate Dissertations Report for last four years

Sr.No.	Year	Postgraduate Dissertations Submitted	Postgraduate Dissertations Accepted	Postgraduate Dissertations Rejected
1.	2013	102	102	00
2.	2014	139	139	00
3.	2015	154	154	00
4.	2016	150	148	02
5.	2017	173	173	00

### Ph.D. Thesis Report for last four years

Sr.No.	Year	Ph.D. Thesis Submitted	Ph.D. Thesis Accepted	Ph.D. Thesis Rejected
1	2013	5	5	0
2	2014	4	4	0
3	2015	2	2	0
4	2016	3	3	0
5	2017	34	34	0



5.2.4 What is the percentage of graduates under AYUSH programs employed in the following?

- \* AYUSH departments/Hospitals : 15.74 %
- \* Multinational companies : 0.42%
- \* Health clubs : 2.1%
- \* Spas : 0.85
- \* Yoga wellness centers : 0.85 %
- \* Yoga studios : Nil
- \* Own Yoga cubes/studios : 18.29%

### 5.3 Student Participation and Activities

5.3.1 List the range of sports, cultural and extracurricular activities available to students. Furnish the program calendar and provide details of students' participation.

#### Sports Calendar:

Sr. No	Month	Activities
1	August	New students give choice of games
		National Sports Day (29 <sup>th</sup> August) Prize distribution of ENERGIA
2	September	Analysis of the students choices
		Procurement of the material required for sports activities for the year
3	October	Chess, Carrom, Table – Tennis played in respective hostels
		Badminton in the respective hostels and auditorium.
		Cricket, Football played at the Dattatraya Krida Sankul.
		Volleyball played in the playground of respective hostel and Dattatraya Krida Sankul.
4	November	Winter Vacation
		Indoor and outdoor games at respective hostel and Dattatraya Krida Sankul..
5	December	Preparation for ENERGIA (Inter & Intra Collegiate meet) and Impulse (Vidarbha level sports meet of Medical , Dental, Ayurveda and Nursing Colleges)



6	January	1 <sup>st</sup> to 3 <sup>rd</sup> Week 'Energia' (Inter & Intra Collegiate Sports meet)
		4 <sup>th</sup> Week 'Impulse' (Vidarbha level comp.)
7	February	1 <sup>st</sup> Week of February All India inter Medical Deemed University Competition (Cricket, Volleyball and Table – Tennis).
8	March	All Indoor & Outdoor sports activities to be continued.
		'Synergies' (Vidarbha level Sports Completion) Nagpur
		Bhausahab Mulak M.A.C. Vidarbha level Cricket comp. Nagpur
9	April	'Impectus' Indira Gandhi M.C. Sports Comp. Nagpur
10	May	Summer Vacation
11	June	All Indoor & Outdoor sports activities to be continued.
12	July	All Indoor & Outdoor sports activities to be continued.

### Program Schedule: Ganesh Festival and Annual Social gathering

Date	Morning	Afternoon 2 pm-5 pm	Afternoon 5pm-7 pm	Evening 7 pm onwards
Day 1	10 am Sthapana & Prasad			<ul style="list-style-type: none"> <li>• Arti</li> <li>• Inauguration of Health Exhibition</li> <li>• Orchestra 1</li> </ul>
Day 2		<ul style="list-style-type: none"> <li>• Cyber Games</li> <li>• Institutional Forum for Women Programme</li> </ul>		1. Variety 1
Day 3		2. Cyber Games		3. Garba 4. Bhangra
Day 4	• Treasure Hunt			• Variety 2
Day 5				• Jalsa
Day 6		• T-Shirt Painting		• Sports Night
Day 7		• Antakshari		• Gurukul (Teacher's Performance)
Day 8	• Paint Ball	• P.S. 4		<ul style="list-style-type: none"> <li>• Variety 3</li> <li>• Traditional Day</li> </ul>



Day 9		• One Minute show		• Marathi Folk Rajasthani Folk
Day 10		• Debate		• Best of Variety
Day 11	• Cyber Games	• Personality		• Street Dance • Band Night • FETE
Day 12	• Mahaprasad 11.00 AM to 3.00 PM		• Visarjan 4.00 PM onwards • Post Visarjan Mahaprasad	

Variety Performances: Solo Dance, Group dance, Dance drama, Salsa, Instrumental, Fashion show (JNMC, SPDC, Ayurveda)

Range of sports activities and Report of student participation: Annexure 5.4

5.3.2 Give details of the achievements of students in co-curricular, extracurricular and cultural activities at different levels: University / State / Zonal / National / International, etc. during the last four years.

Report of student Achievement

#### Students Achievements

Sr.No.	Name of Faculty	2013-14	2014-15	2015-16	2016-17
1	Medicine	06	13	36	121
2	Dentistry	26	36	31	29
3	Ayurveda	15	08	13	16
4	Nursing	33	17	14	16
5	Para-Medical	-	-	-	01

5.3.3 Does the institution provide incentives for students who participate in national / regional levels in sports and cultural events?

Yes, the Institute provides incentive to students who are selected for National level in sports and cultural events in the form of Fee concession.

5.3.4 How does the institution involve and encourage its students to publish materials like catalogues, wall magazines, college magazine, and other material? List the major publications/ materials brought out by the students during the last four academic sessions.

- The Institute encourages the involvement of students for publishing materials like catalogues, wall magazines, college magazine, through Orientation & Awareness Programs and appropriate guidance by faculty in such activities.
- Every constituent unit of the Institute publishes student magazine annually as follows:
  - 1.Jawaharlal Nehru Medical College : “Sparsh”
  - 2.Sharad Pawar Dental College : “Neev”



3. Mahatma Gandhi Ayurveda College : “Umang”  
4. Smt. Radhikabai Memorial College of Nursing : “Drushti”.

- The proceedings and abstract book of in-house UG and PG conference is published by the students of the organizing committee.
- Website is published by students for annual social gathering by students of the Organizing committee.
- Wall painting competitions are organized during annual gathering wherein campus walls are beautified.
- Students designed a logo on Women’s day which was adopted as an official logo for Women’s forum on “8th March 2017 -International Women’s day”.

5.3.5 Does the institution have a Student Council or any other similar body? Give details on its constitution, activities and funding.

Yes, the Institution has a student council. The details are as follows:

**Composition of Student Council:** President, Vice-President, General Secretary, Joint Secretary, Cultural Secretary, Sports Secretary, Ladies Representative, Class Representatives of Ist, IInd and IIIrd MBBS ( Batch A & B).

**Activities:**

1. Organization of Annual sports meet “ENERGIA” and Vidarbha level inter-collegiate sports “IMPULSE”
2. Organization of Annual Social Gathering and Ganesh Festival
3. Organization of Republic Day and Teacher’s Day celebrations
4. Ensure Peer mentoring and support
5. Representation of student grievances and concerns in Institutional forums
6. Facilitate inter-batch and inter-pathy communication, co-operation and collaboration within the University.

**Funding:** By the University

5.3.6 Give details of various academic and administrative bodies that have student representatives in them. Also provide details of their activities

The student representation is ensured in all Autonomous cells of the University, Curriculum Committee, Academic Appraisal Cell, Library Advisory Committee, Internal Quality Assurance Cell, College Council, Joint College Council, Women’s Forum and Hostel Advisory Committee.

Any other information regarding Student Support and Progression which the institution would like to include.



1. **Reflective learning: Student Portfolios** is introduced to foster reflective learning approach and monitoring student progress. E-portfolio is developed under the domain [www.eportfolio4u.in](http://www.eportfolio4u.in), using MAHARA, an open source platform. It is a learner-centered Personal Learning Environment. Participants can gain access to the eportfolio via internet using their laptops, smartphones, tabs, etc. e-portfolio helps in giving immediate feedback, and can use hyperlinks to organize material and link to relevant content and objectives. It enhances learning by providing flexibility in the presentation of content and ideas, and links to other sources and other forms of representation. Users can collect and display evidence of learning from many sources such as texts, presentations, images, photographs, and videos that can be uploaded. It provides users as well as mentors with the opportunity to look at their learning across context and time, supporting the development of integrative capacities that develops reflective practices.
  
2. **Enquiry based learning:** The University strives hard to inculcate enquiry based learning and scientific temperament right from the foundation years of curriculum. The various approaches to imbibe a robust research culture amongst students are : Compulsory small projects as a part of Internal assessment, guidance to apply for funded projects, incentives for STS – ICMR grants, providing a platform for scientific presentations by organizing in house UG and PG conference, Compulsory community based projects during Internship training, Research methodology workshop during PGITP, PPPP model (participation in PGITP, Poster and Paper presentation, Publication) for PGs, Evidence based research clubs in all subjects, , involving students in ongoing funded projects, six in-house scientific journals, Intramural research grants, recognition in the form of opportunity for higher learning to International organizations on the basis extraordinary research contributions, financial incentives for scientific publications and generation of IPRs and certificate of appreciation.
  
3. **ICT enhanced learning:** Higher education has undergone profound transformation due to technological advancements, thereby providing a strong base to utilize information technology by students in health profession for their professional development. Recognizing the role and impact of technology in education, the University has judiciously incorporated newer technologies in teaching learning. Various such measures are: ICT enabled lecture theatres, ICT (standardized Power point presentations) based teaching across all subjects, ICT based practical teaching and demonstrations, Virtual learning lab with ‘Anatomage Table’ for teaching Anatomy with a three dimensional view of fresh Cadavers & preoperative planning in difficult surgeries, Basic and advanced skill Simulation labs with sophisticated mannequins for training and practice of important psychomotor skills, Basic and Advanced life support training (certified by AHA), opportunity to publish websites e-museum , digital library , Students portfolios, online feedback and surveys, e books and online journals and Wi-Fi campus.



## **CRITERION-VI: INSTITUTIONAL VISION AND LEADERSHIP**

6.1.1 State the vision and the mission of the institution.

The “Vision & Mission” statements of the University are:

### **THE VISION**

- “To emerge as the global center of excellence in the best evidence based higher education encompassing a quality centric, innovative and interdisciplinary approach, generating refutative research and offering effective and affordable health care for the benefit of the mankind”

### **THE MISION**

- DMIMS shall develop competent, confident, concerned, compassionate and globally relevant professionals by quality, learner, community and evidence centric ‘competency based model’ of higher education with value orientation, through all its constituent units.
- It shall foster a conducive milieu for interdisciplinary research practices generating consequential and meaningful outcomes for the nation in general and the region in particular
- It shall deliver comprehensive quality health care services to the rural, needy, marginalized and under privileged populace.
- This shall be achieved through appropriate collaborative linkages and a proactive, transparent and accountable decentralized governance system.

**6.1.2 Does the mission statement define the institution's distinctive characteristics in terms of addressing the needs of the society, the students it seeks to serve, the institution's tradition and value orientations, its vision for the future, etc.?**

Yes

The Vision and Mission of the university is formulated by the committee under the chairmanship of the Chancellor which had representations from all the relevant stakeholders of the University. While formulating the Vision, Mission document the due credence is given to the objectives of higher education with specific focus on health sciences education, the students it seeks to serve, the institution's tradition and value orientations. It is also ensured that the document addresses the needs of the society and has relevance to the regional / national and global trends and developmental needs.



### 6.1.3 How is the leadership involved in

- \* **Developing E-Governance strategies for the institution?**
- \* **Ensuring the organization's management system development, implementation and continuous improvement?**
- \* **Interacting with its stakeholders?**
- \* **Reinforcing a culture of excellence?**
- \* **Identifying organizational needs and striving to fulfill them?**

The University has a standing mechanism for invoking of the commitment of the management through a 'first person leadership' and 'first hand involvement' of the administration for effective and efficient transaction of the teaching- learning process. The quality based policy framework as approved by the Board of Management on the recommendations of the Academic Council in regard to teaching- learning-evaluation processes are in place.

The leadership involvement for effective and efficient transaction of the teaching-learning processes encompasses a wide range of initiatives that are grouped under three major headings:

1. **Institution-wide quality assurance policies** including global projects designed to develop a quality culture at institutional level, like policy design with predetermined benchmarks, developing e governance strategies and internal quality assurance systems with reference to teaching and learning processes.
2. **Programme monitoring:** Apart from being monitored by the Academic Appraisal Program, the Teaching Learning processes are monthly reviewed by the College Councils of the respective constituent units headed by the Deans of the respective faculties, as a part of the well laid structured agenda for the same. The University has designed a unique **Joint College Council** concept, conducted four times a year wherein a review of the various activities including T-L processes, evaluation and research of the constituent units as viewed by the monthly College Council meetings are considered under the chairmanship of the Vice Chancellor. An annual report on this count is placed before the Academic Council for its information and necessary considerations.
3. **Teaching and learning support:** including initiatives targeting the teachers (on the teaching side), the students (on the learning side) or both (e.g. on the work environment). Examples include continuing education for faculty, pedagogy improvement, student support (e.g. mentoring and career advice), support for student learning (focused on inputs, such as the innovative pedagogical tools, or on outputs, such as the development of certain abilities for the students and teachers) through the department of Health Profession Education and the Autonomous Cells in the university.





The university has a well laid Management Information System (MIS) for all its major departments/units. The frequency for submission of these MIS reports is also laid down. Accordingly, the activities of the university are reviewed in a structured manner based on these reports. This helps in taking timely decisions in the working of the university.

Apart from the regular feedbacks which are obtained from the students, alumni, academic peers and other relevant stakeholders on the working of the university, top Management annually interacts on a pre-decided date with Parents, students and the Departmental Heads for taking first hand feedback.

**6.1.4 Were any of the top leadership positions of the institution vacant for more than a year? If so, state the reasons.**

No

**6.1.5 Does the institution ensure that all positions in its various statutory bodies are filled and meetings conducted regularly?**

Yes, by a Standing Mechanism through SOP, which is reviewed by the Board of Management as a part of its regular agenda.

**6.1.6 Does the institution promote a culture of participative management? If yes, indicate the levels of participative management.**

The university works through the principle of participative management. The University has decentralized its administration by an appropriate committee based all participative handling of all its major activities like academic, general administrative , financial and examinations. In addition to established statutory committee structures the focused activity based decentralization of administration is achieved through creation of Autonomous Cells and empowering those with special sovereignties. These committees have representations of related staff members and students who participate in the discussions and offer suggestions related to the working of the university. The various autonomous cells created by the university are attendance cell, research cell, examination cell, co-curricular cell and institutional forum for women. In all more than 30% of the staff and 104 students are members of the various decisions making bodies of the University. The student participation is achieved through having them as invitee on various bodies and committees e.g. College Council.

There is an additional phase wise committee structure in all the constituent colleges (like pre-clinical, Para-clinical and clinical) for an improved coordination for curricular transaction and quality enrichment in its academic activities.



The administrative decentralization helps in

1. leadership development at lower hierarchical levels,
2. greater participation in the decision-making process by people at lower hierarchical levels,
3. an increased sense of responsibility, for the final output, by those at lower hierarchical levels,
4. implementation of innovative changes which are proposed by individuals at lower hierarchical levels,
5. the development of different approaches to solving problems in the various subsystems at lower hierarchical levels,
6. the rapidity at which decisions can be made concerning local issues.

**6.1.7 Give details of the academic and administrative leadership provided by the university to its affiliated colleges / constituent units and the support and encouragement given to them to become autonomous.**

The University was established under Section 3 of the U.G.C. Act 1956 and does not have an affiliating character. All the constituent units operate with full autonomy in their day to day functioning

**6.1.8 Have any provisions been incorporated / introduced in the University Act and Statutes to provide for conferment of degrees by autonomous colleges?**

Not Applicable, as because of the Deemed University Status there are no autonomous colleges under the University

**6.1.9 How does the institution groom leadership at various levels? Give**

**details.** Leadership Qualities are groomed at Each level

**Students:** By making them partners in major decision making by incorporating them as members on various committees. Providing them platforms like Ganesh Festival and Annual Gathering wherein they are provided a guided opportunity of organizing various events and showcasing their inborn talents.

**Research Fellows:** Are provided with administrative responsibilities of their domain of expertise. They are trained to generate their IPR material and register it with the appropriate authorities so as to make them future research leaders.

**Faculty:** More than 30% of the faculty members are part of various administrative and academic bodies of the University. They are delegated authority with accountability in order to groom them in leadership. The University implements the 3 years rotation policy for the headship for all the units providing the opportunity to the successor in leadership.

**Non-teaching Staff:** The University provides unparalleled support to the non teaching staff to take up ownership of their work. They are encouraged and incentivized for their good deeds and hand hold for their weaker domains.



**6.1.10 Has the institution evolved a knowledge management strategy which encompasses the following aspects such as access to**

- \* **Information Technology,**
- \* **National Knowledge Network (NKN),**
- \* **Data Bank,**
- \* **Other open access resources along with effective intranet facilities with unrestricted access to learners.**

**If yes, give details.**

The University has updated its IT policy in tune with the global standards. The university provides 4G wi-fi campus to its inmates along with campus-wide networking. The University is a partner in **National Mission on Education through Information and Communication Technology project** and Shodhganga. The University has created its learning resource material which is validated by the external experts and is available to students through knowledge portal of the intranet. In addition the University has e classrooms, telemedicine centers and state of the art e –CME platform in collaboration with Department of Science and Technology, GOI.

**6.1.11 How are the following values reflected in the functioning of the institution?**

- \* **Contributing to National development**
- \* **Fostering global competencies among students**
- \* **Inculcating a sound value system among students**
- \* **Promoting use of technology**
- \* **Quest for excellence**
  
- \* **Contributing to National development**
  - \* Contributes annually over 700 trained health professionals to the total pool.
  - \* MHRD 2008 – identified 22 emerging areas of knowledge in the Health sciences domain for futuristic needs.
  - \* The total research programs offered by the university are 69% (masters and above).
  - \* One of the 10 Nodal Centers of MCI for faculty development
  - \* Part of **National Mission on Education through Information and Communication Technology project.**
  - \* 48 Global linkages , 13 Faculty Student Exchange opportunities with International Universities
  - \* offers 56 Non-conventional Innovative Inter-disciplinary Programs including Inter-disciplinary Ph.D.
  - \* 26 are in the emerging areas of knowledge covering 68% of the total emerging areas identified by the ministry of health and family Welfare for health sciences.
  
- \* **National Development through Societal Contribution**
  - \* Adoption of villages for totalistic health care
  - \* Rural Center for 24x7 health care in Tribal malnourished and Naxalite Affected Region of Vidarbha



- \* Transportation Facilities for patients
- \* Telemedicine Centers
- \* Subsidized Health care services through teaching hospitals
- \* NSS Unit Activities
  
- \* **Fostering global competencies among students**
  - \* Inquisitiveness inculcation through establishment of autonomous research Cell and IPR Cells
  - \* Implementation of innovative teaching learning tools at par with global standards.
  - \* Skill inculcation programs to ensure global competence and to facilitate employability.
  - \* Value education as a beyond curriculum learning opportunity for overall personality development of the student.
  - \* Weighing Perspectives and taking Action through
    - Cultural awareness
    - Community oriented education
    - Global linkages and competencies
    - Evidence based
    - Interpathy integration
    - Team work and cooperation
    - Effective Communication through
      - \* Trainings in Behavioural, Attitudinal and Communication Skill Laboratories
  
- \* **Strong Support Systems**
  - Students Guidance Clinic
  - Student welfare Cell
  - Preceptorship Programme
  - Alumni Associations
  - Parent Teachers Associations
  - Grievance Redressals
  
- \* **Co-Curricular Development through**
  - Regular Sports activities – ENERGIA and IMPULSE
  - Ganesh Festival Celebrations and Annual Social Gathering
  - College Magazines
  - Debate, Quiz, Elocutions
  - Disciplinary and Interdisciplinary Expertise
  - \* Disciplinary Expertise through learner Centric, Evidence Based Trainings
  - Strong Doctoral Research Program with PhD Avenues and Masters programs to generate disciplinary expertise of the highest levels
  - Creation of School of advanced Studies and faculty of Interdisciplinary Health sciences for creating avenues in the Emerging areas of knowledge as well as in the areas where super specialty avenues are unavailable



\* **Inculcating a sound value system among students**

- One of the first Health Sciences Universities to introduce value education as a part of its curriculum
- Rural family adoption by the students during their tenure at DMIMS DU
- Medical ethics incorporated in the syllabus at all relevant levels
- Behavioral and Attitudinal training done at Communication skills laboratory
- Student Mentors

\* **Promoting use of technology**

- Part of National Mission on Education through Information and Communication Technology project.
- Incorporation of ICT at all levels
  - \* E-Governance
  - \* E- Learning
  - \* E-Healthcare
  - \* E- Infrastructure and Training

\* **Quest for excellence**

- Formulation of quality policy, Creation of Centers of Excellence, IT policy, Plagiarism Policy, environmental policy, student support policy etc., to provide guidelines, establish procedures and to enable monitoring and regular audits.
- Promoting outcome based teaching learning processes by aligning teaching and evaluation methods to graduate attributes and intended learning outcomes.
- Training the faculty in latest educational technologies and creating excellence in faculty development
- Creation of Autonomous Cells especially for research and IPR and fostering a conducive environment for research and innovations
- Engaging in meaningful collaboration with bodies of International Repute.

**6.1.12 Has the institution been indicted / given any adverse reports by National Regulatory bodies? If so, provide details.**

No

**6.1.13 What are the projected budgetary provisions towards teaching, health care services, research, faculty development, etc.?**

Budgetary provisions under the various categories for the financial year 2017-18 are **annexed** herewith.



## 62 Strategy Development and Deployment

### 6.2.1 Does the institution have a perspective plan for development? If yes, what aspects of the following are considered in the development of policies and strategies?

- \* Vision and mission
- \* Teaching and learning
- \* Research and development
- \* Community engagement / outreach activities
- \* Human resource planning and development
- \* Industry interaction
- \* Internationalization

The perspective developmental plan is prepared taking in to account the following criteria:

- a. Statutory requirements
- b. Suggestions from planning & monitoring board.
- c. Suggestions from the IQAC.
- d. Active Need Analysis keeping in mind global trends, national Health Policy, WHO and WFME guidelines
- e. Inputs generated by the departments who propose their short term, midterm & long term plans during the research & academic presentations. These inputs are generated by the Heads of the departments and the teachers, collectively.
- f. Feedback from students, patients and peers
- g. Suggestions received from all other stakeholders.
- h. Individual representations/ suggestions received from the faculty.

The administrators involved in developing the perspective plan are Vice Chancellor, Registrar, Deans of the faculties, Heads of the Institutes and Heads of the Departments, Finance officer, Architect and the representatives of the non-teaching staff. The plan is worked out under 3 heads i.e. short term (for 1 year), Mid-term (for 3 years) & Long term for the five years) (**Annexure**) The plan generated is submitted to the Joint College council for its furtherance.



The Process map for the same is



The Developmental and the action plan thus generated is communicated to all concerned by Heads of the Institutes through College Councils, targeted group meetings with Departments, Autonomous Cells, Students, Various Committees and Stake holders.

The time bound execution as per Gant Chart timeline is monitored by IQAC. Current Perspective developmental plan is about to conclude in 2018. The University has prepared a Vision 2025 document annexed out of which a next five years perspective developmental plan shall be carved out in June 2018.

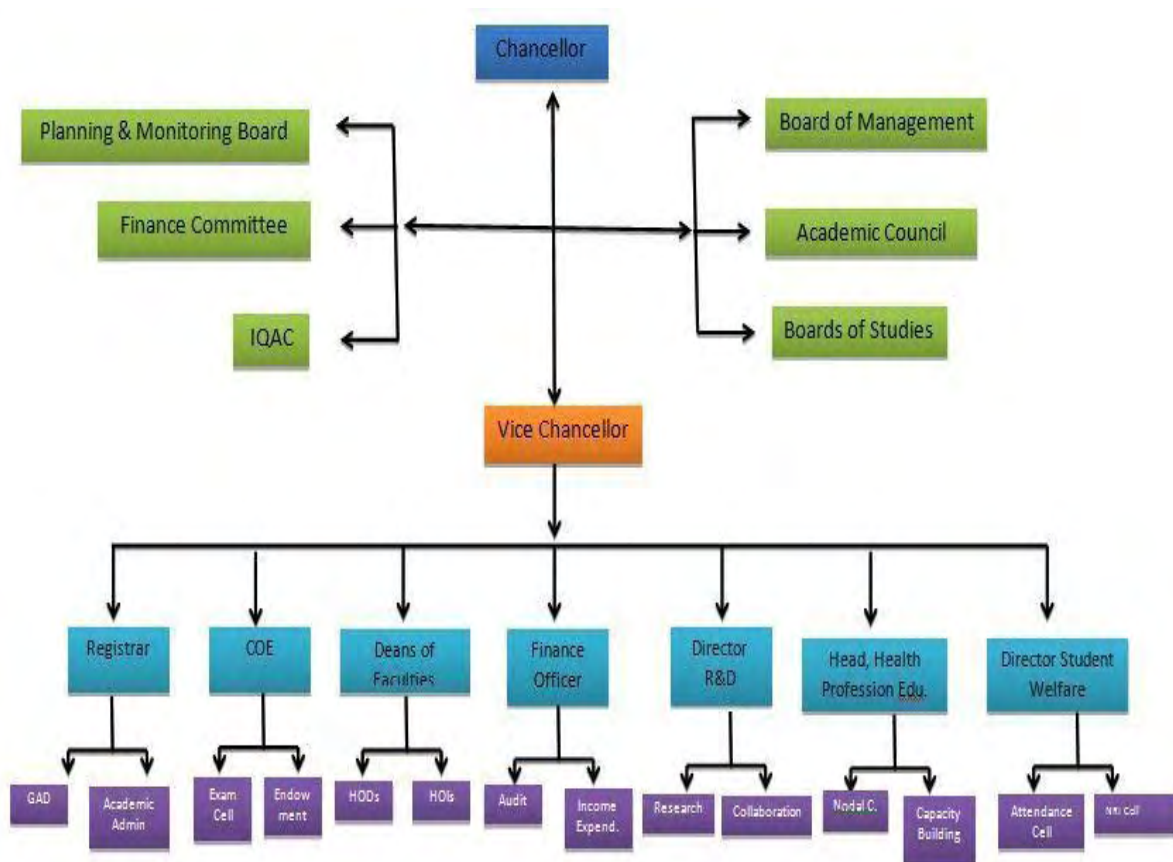


**6.2.2 Describe the institution's internal organizational structure (preferably through an organogram) and decision making processes and their effectiveness.**

**\* Is there a system for auditing health care quality and patient safety? If yes, describe.**

**\* How often are these review meetings held with the administrative**

**staff?** The University organogram is as under:



**Is there a system for auditing health care quality and patient safety? If yes, describe. Yes**

The day to day activities of the teaching hospital are periodically monitored and controlled by different committees. They meet regularly to analyze and review issues in the meeting and initiate appropriate actions from time to time.





The list of committees and their frequency of meeting is given below.

#### **Internal Committees**

SN	List of Committees	Frequency of meeting
01	HQAC	Monthly
02	Mortality & morbidity committee	Monthly
03	Surgical Safety committee	Fortnightly
04	Grievances committee	Monthly
05	Infection control committee	Monthly
06	Radiation, Laboratory and Hazardous Materials (HAZMAT) safety committee	Quarterly
07	Admin review meeting	Fortnightly
08	Medical Records Committee	Fortnightly
09	Quality improvement and patient safety team	Monthly
10	Hospital Core Committee	Monthly
11	Human Organ Transplant Committee	Quarterly
12	Antibiotic monitoring committee	Quarterly
13	Transfusion committee	Quarterly
14	Advisory board committee	Quarterly

#### **How often are these review meetings held with the administrative staff?**

Administrative staffs are part of the clinical audits. Their review meetings are also conducted monthly through MIS

#### **6.2.3 Does the institution conduct regular meetings of its various Authorities and Statutory bodies? Provide details.**

The University has decentralized its administration by an appropriate committee based all participative handling of all its major activities like academic, general administrative, financial and examinations. In addition to established statutory committee structures the focused activity based decentralization of administration is achieved through creation of autonomous cells and empowering those with special sovereignties. The various autonomous cells created by the university are attendance cell, research cell, examination cell, co-curricular cell, grievance redressal cell and institutional forum for women.

There is an additional phase wise committee structure in all the constituent colleges (like pre-clinical, Para-clinical and clinical) for an improved coordination for curricular transaction and quality enrichment in its academic activities.

The various bodies & cells constituted by the University for managing and monitoring different University activities have been constituted as listed under:

1. Board of Management
2. Planning & Monitoring Board
3. Academic Council
4. Finance Committee
5. Purchase and Construction Committee
6. Deans Standing Committee



7. Human Resource and Development Committee
8. Continuous Monitoring and Evaluation
9. Board of studies
10. Board of Examinations
11. Attendance cell
12. Examination cell
13. IQAC
14. Research cell
15. Centers of Excellences Review meeting
16. Institutional Forum for Women
17. Anti-ragging committee
18. Student Welfare Cell
19. Hospital Audit
20. Hostel Advisory Committee
21. International Students Cell

The periodicity of the meetings of the different bodies was held is as under:

<b>Name of the Committee</b>	<b>Frequency of Meeting</b>
<b>A. COMMITTEE AT DEEMED UNIVERSITY LEVEL :</b>	
Board of Management	4 times in a year
Academic Council	3-4 times in a year
Finance Committee	6 monthly
Board of studies	As per the need
Planning and Monitoring Board	Once in a year
IQAC along with all the HOI & HOD's	Quarterly
Human Resource Development Committee	Quarterly as and when required
Institutional Ethical Committee	Quarterly and as required
Animal Ethical Committee	Quarterly and As and when required
Centres of Excellence Review	Quarterly
Purchase committee	Quarterly
Board of Examinations	Quarterly
Grievance redressal committee	Quarterly
Central library committee	Quarterly
College wise committees	
College council	Monthly
Post Graduate Committee	Quarterly
Phase wise – Academic and Monitoring Committees Pre-clinical Para-clinical Clinical Part-I Clinical Part-II	Once in a month
Student Welfare Committee	Quarterly
Hostel Advisory Committee	Quarterly
Clinical Audit Committee	Twice a month
Library Committee	Quarterly
Purchase Committee	Quarterly
Equipment Maintenance Committee	monthly
Grievance Redressal Committee	Quarterly & As and when required
Anti ragging committee and squad	Quarterly or as needed
All Autonomous Cells	Quarterly Review



**6.2.4 Does the institution have a formal policy to ensure quality? How is it designed, driven, deployed and reviewed?**

The institution has a formal Quality Policy Separate for University as well as hospital. In addition the University has carved out The Student and The Patient Charters for University and its teaching hospitals respectively. As such the University is ISO 9001:2008 certified and thus all the processes of the University are streamlined and implemented properly.

The Policy is designed by the sub-committee of IQAC having external experts, it is driven by the IQAC and Hospital Quality Assurance Cell. The review of the Quality Policy is taken by the Planning and Monitoring Board.

**6.2.5 Does the institution encourage its academic departments to function independently and autonomously and how does it ensure accountability?**

Yes, the university provides full functional autonomy to its academic departments. The annual targets are set by the department for itself on the basis of the commitments under the Perspective Developmental Plan. The University at the end of every academic year reviews the status of target set Vs targets achieved. The departments are graded on the basis of their target compliance. Midterm review or the course corrections if any are looked after by the IQAC which in turn reports the same to the Joint College Council.

The University has well organized mechanism for the coordination and monitoring of various activities and compliance of the administrative tasks through College Councils, Hospital Audits and Joint College Councils,. The MIS system is well established and the monthly review pertaining to the services, administrative work, store, finances is taken by the Registrar. The Scheduled meetings with specified agenda items are conducted to coordinate the activities.

The monitoring is done during the ensuing meetings by way of review of action taken report of the actionable points of previous meeting, periodic review of research profile and academic profile of the departments.

**6.2.6 During the last four years, have there been any instances of court cases filed by and / or against the institution? What were the critical issues and verdicts of the courts on these issues?**

There has been no court cases filed by and/or against the institution in last four years where critical issues were involved and courts have pronounced the verdicts



**6.2.7 How does the institution ensure that grievances / complaints are promptly attended to and resolved effectively? Is there a mechanism to analyze the nature of grievances for promoting better stakeholder-relationship?**

Each constituent college has a 'Grievance Redressal Cell' (GRC). The university has the 'University Grievance Redressal Cell' at the University level which redresses the grievances at the university level and also functions as an appellant authority for the GRC at the level of the constituent colleges. The meetings of the cell are held on a need based manner. The representation received from the teaching & non-teaching employees are placed before the cell which are looked in to by the members of the cell in a most transparent and unbiased manner. The recommendations of the cell are analyzed and forwarded to the appropriate administrative authority for the needful action.

A separate grievance redressal cell for women employees & the students are also in place.

The grievances of the students are looked into at various levels depending upon its nature

- i. Departmental level – Head of the department
- ii. Institutional level- Vice Deans & Dean of the institution
- iii. Attendance & examination cell – Dean & the Conveners of the respective cells
- iv. Hostel – Rectors & the Chief Rector
- v. University level – by the Registrar, Controller of Examinations & the Vice Chancellor.
- vi. The preceptor-ship program is also availed for the purposes of grievance redressal of the students. The observations of the preceptors made during the interaction with the preceptee are forwarded to the respective authorities for prompt & timely action. The review of the preceptorship program & its functioning is taken by the college council on monthly basis.

The number of the grievances redressed during the last two years is as under:

a. Faculty	:	29
b. Non-teaching staff	:	43

**6.2.8 Does the institution have a mechanism for analyzing student feedback on institutional performance? If yes, what was the institutional response?**

As described in Point No 1.4 of this document the University has adopted a 360<sup>0</sup> feedback cycle for all its stakeholders. Apart from annual online feedbacks and academic appraisal program, there is an annual opportunity for an in camera interaction with top management of the University. The response from the students is analyzed in the right spirit and the corrective measures taken are communicated back to them. The University has also ventured into a five year feedback analysis of all its stakeholders.



**6.2.9 Does the institution conduct performance audit of the various departments?**

Apart from Academic and Administrative Audit which is conducted twice in each cycle of NAAC accreditation, an annual departmental review and audit of target set Vs target met is conducted by the University.

**6.2.10 What mechanisms have been evolved by the institution to identify the developmental needs of its affiliated / constituent institutions?**

The University follows a committee based governance structure. Departmental needs in terms of infrastructure, manpower, expertise and training are reported by the Heads of the Department to the College Council . Upon approval of the College Council they are presented to the Joint College Council and the Standing Committee of the Deans from where they are put before the appropriate sanctioning authorities / bodies.

**6.2.11 Does the institution and hospital have their own updated websites? If so, is the information regarding faculty and their areas of specialization, days of availability, timings, consultation charges available on the website?**

Yes,

All the information regarding faculty and their areas of specialization, days of availability, timings, and consultation charges are available on the website

**6.2.12 What are the feedback mechanisms and documentations to evaluate the outcomes of these exercises?**

Satisfaction levels are calculated for various stakeholders on the basis of their feedbacks. They are utilized for the purposes of the course correction and continuous improvement measures by the IQAC. The Hospital Quality Assurance Cell discusses the patient satisfaction index on the monthly basis.



## 63 Faculty Empowerment Strategies

### 6.3.1 What efforts have been made to enhance the professional development of teaching and non-teaching staff? What is the impact of Continuing Professional Development Programs in enhancing the competencies of the university faculty?

Teaching staff:

The University has adopted policies for a well defined and structured CPD program as follows;

1. Mandatory training in Basic Education Technology in respective faculties.
2. Training in Advance Education Technology in respective faculties for 30% of faculty
3. Mandatory annual CPU activities for every department as specified in the annual calendar.
4. Monthly Staff Research Society and ‘Symbiosis’ activity
5. Capacity building workshops in research methodology, scientific publications, TLE methods and quality assurance.
6. In house PhD , fellowship and diploma courses in all the subjects
7. Special and sabbatical leaves for professional development activities
8. Well placed mechanisms for Review, Monitoring and Quality of CPU activities.
9. Annual Intramural budget allocation for in-house CPD activities (Departmental, Interdepartmental, Inter-institutional, Regional/State, National , International)
10. Financial aid for participation in CPU activities in other National/international Institutes.
11. Due weightage to organization and participation in CPU activities in promotions through Career advancement scheme (CAS).

#### **Impact of Continuing Professional Development Programs in enhancing the competencies of the university faculty:**

CPD programs has led to overall enhancement in scholarly activities by the faculty and generation of sizable scholarships.

Sr.No	CPU program	Impact
1	Basic education technology & Advance courses in education technology	<ul style="list-style-type: none"> <li>• 100% and 30% faculty trained respectively.</li> <li>• Recognition of trained faculty in National and International Educational Institutes/ bodies / Organizations</li> <li>• Generation of sizable copyrights</li> <li>• Smooth implementation of newer TLE approaches</li> <li>• Incorporation of newer TLE methods within the curriculum of UG &amp; PG based on Educational project outcomes.</li> </ul>



2.	Research	<ul style="list-style-type: none"> <li>• Improvement in the quality of scientific contributions.</li> <li>• Inclusion of faculty in editorial/review board of various National/International journals</li> <li>• Generation of IPRs and patents</li> <li>• Grants</li> </ul>
4	CMEs/workshops/conferences	<ul style="list-style-type: none"> <li>• Enhanced clinical skills</li> <li>• Establishment of special lab facilities and clinical services</li> </ul>
5	Diploma and degree Courses	<ul style="list-style-type: none"> <li>• 34% faculty with Higher qualification than the statutory requirement</li> <li>• Inclusion of faculty as subject experts in courses offered by other universities/organizations.</li> </ul>

**6.3.2 What is the outcome of the review of various appraisal methods used by the institution? List the important decisions.**

**Appraisal methods:**

Self-Appraisal through API score

- Peer Review – through SHPE&R
- Students' Evaluation
- Academic Administrative Audit

Adoption of the appraisal system and feedback provided to the faculty has visible impact in terms of increase in number of publications, increase in number of papers listed in international databases such as SCOPUS, increase in quality of publications, teaching and evaluation methods adopted, motivational levels and involvement of the faculty in co-curricular and extracurricular activities.

The meagre performers are given appropriate counselling. The University has also adopted appropriate policy to encourage best performers by awarding 'Best Teacher Award' and 'Best Researcher Award'. Performance of the non-teaching staff is assessed based on fixed parameters prescribed by the University.

**6.3.3 What are the welfare schemes available for teaching and non-teaching staff? What percentage of staff have benefitted from these schemes in the last four years? Give details.**

Staff welfare measures available in the University are

- Free Health Services
- Fee concession Policy for the wards
- Research incentives



- Deputation to conferences
- Additional increments for acquiring higher qualifications e.g. Fellowship, M.Phil. and Ph.D.
- Subsidized Residential facilities
- Transport facilities
- Organizing Professional and personality development Trainings
- Loan facilities with lower interest rates
- Rewards for meritorious performance
- Staff Welfare Fund

Welfare measures for Non-Teaching staff:

- a. Freeship for the perusing education  
The wards of the permanent staff members, who are admitted in various courses under the University as per merit, are entitled for 25% concession in tuition fees, as per the laid down policy.
  - b. Reward for meritorious performance
  - c. Reward for acquiring relevant additional / higher qualification
- Biannual free Medical Check-up twice in a year by Staff & their families including dependents  
All non-teaching staff and their dependent family members are provided free health check-up, twice in a year.
  - Soft Loan to the employees for “Self Marriage” or “Marriage of the Children”  
A loan given by bank with no interest or a below-market rate of interest. This loan is given to an employee as financial help for ‘Self marriage’ or ‘Marriage of Son/Daughter’  
Upgradation of Educational Qualification of Staff Members
  - Birthday Cards / SMS  
On behalf of the Meghe Group of Institutions, Hon. Dattaji Meghe, Chancellor, DMIMS (DU) sends a birthday wishes cards/SMS to all employees and students on the day of their birth anniversary.
  - Guest Houses  
28 AC Guest Houses & 04 VIP Guest houses are available in the campus for the Visitors, Parents, examiners & other dignitaries visiting the campus. The allotments of guest houses are done through the Hostel Department and the forms are available with the Adm. Officer Hostels.
  - ‘Meghwani – In-house Quarterly Magazine  
In-house quarterly magazine – “Meghwani” is published and distributed to all the employees of the DMIMS (DU) and other institutions under the ambit of Meghe Group.  
68% of Teaching Faculty 83 % of Non Teaching staff have availed the schemes.





6.3.4 What are the measures taken by the institution for attracting and retaining eminent faculty?

Eminent faculty with national and international academic credentials are invited as full time faculty members in various departments. The institution attracts eminent faculty by offering them visiting professorship / emeritus professorship

**Faculty Retention Strategies**

- Salary as per sixth pay commissions recommendations
- Time bound promotions in terms of prescribed guidelines.
- Campus ambience –CBSE school, Shopping complex, bank with ATM, post office, Party Hall all at a walking distance from the campus
- Incentive Policies for extra ordinary works
- Subsidized residential Facilities
- Free health Services
- Fee concessions to the wards, loan facilities without requirement of any mortgage
- Career enhancement avenues in terms of depositions to higher centers, study leaves, regular conduct of CME/workshop/symposia.
- The university freely supports and promotes the professional development of the faculty.
  - The deputation is granted to the faculty for attending the International, National & State conferences, as per the notified policy.
  - The meritorious performances of the faculty at such conferences are rewarded as per the notified policy.
  - The faculty is also provided with the incentives for publications in research journals of repute, publication of books, and contribution of chapters, receiving patents or intellectual property registration as per the publications incentive policy.
  - Grants are given for conducting research activities by the various departments under the constituent colleges.
  - The candidates who wish to pursue higher education or professional updates are granted special paid leaves.
  - Faculty members who are on the executive committees of the professional bodies are provided special leaves.
  - The university has made a separate budgetary allocation for the staff development activities and actively volunteers for organizing National/State conferences of the professional bodies at the University Campus for instance the National Conference of the Association of Physiologists and Pharmacologists of India, Association of Medical Biochemists of India, Laparo-Tech 2011, OMS, Nursing, Surgical Anatomy in Ayurveda are few events organized by the University.



- To cultivate the artistic talents of the faculty, during Ganesh Festival Celebrations, a stage show is organized by the name, “GURUKUL” wherein the faculty members of all the constituent colleges perform on the stage in front of the student gathering.

**6.3.5 Has the institution conducted a Gender Audit during the last four years? If yes, mention a few salient findings.**

Yes,

The University has carried out a gender audit.

The purpose of the audit was to ensure that the practices followed in the campus are in accordance with the Gender Policy adopted by the institution. With this in mind, the specific objectives of the audit were to evaluate the adequacy of the management control framework as well as the degree to which the Departments are in compliance with the applicable regulations, policies and standards.

During the initial planning of the audit, an analysis was conducted in order to identify, evaluate and prioritize the risks associated with Gender issues.

The analysis was based upon an examination of the policies, manuals and standards that govern the gender sustainability, on data analysis, and on the results of preliminary interviews with personnel.

The criteria and methods used in the audit were based on the identified risks. The methodology used included physical inspection of the campus, review of the relevant documentation, and interviews.

The main findings of the audit show that, in general, all the departments and students are aware about the need for gender sensitization at a general level. It was also observed that a number of best practices such as, awareness programs etc. are followed in the campus.

**6.3.6 Does the institution conduct any gender sensitization programs for its faculty?**

**Institutional Forum for Women has been established to safeguard the interests of the female staff & students.**

The forum orients and sensitizes the female students and employees towards their “Rights” and “Privileges” and makes them aware about the policies of Government in this regard.

Emphasis is given in the curriculum to study gender-related bias and mitigation thereof through creating awareness in regard to the rights and privileges of the women.



They are also educated on gender related issues and provisions of various related “Statues” for improving women’s status in the society, including:

1. Adolescent Girl Child Education
2. Women’s Right and Empowerment
3. Measures to improve sex ratio in India
4. Pre-Natal Diagnostic Test and its implications
5. Domestic Violence
6. Reproductive and Child Health
7. Printing of Women rights sensitization Manual

**6.3.7 How does the institution train its support staff in better communication skills with patients?**

The Training & Development to non-teaching supportive staff is divided in three categories:

1. Staff Development Program
2. Professional Development program
3. Career Development Program

Under the staff Development Program, the supportive staff is given training on soft skills which includes communication skills with patients. As per the Policy of the University any new support staff appointed in the teaching hospital has to mandatorily undergo such training within six months of his/ her joining. The refresher modules are arranged for the senior staff once in every four year.

**6.3.8 Whether the research interests of teaching faculty are displayed in the respective departments ?**

Yes, The Research Interests and Consultancy areas of the faculty members are displayed in the department as well as on the University Website

**6.3.9 Do faculty members mentor junior faculty and students ?**

Yes, The Teaching Hospital follows a pattern of Unit based working wherein a professor is an unit incharge of 1 associate professor and 1or 2 Assistant professor which helps in mentoring of the junior faculty. School of health professional education also follows a senior –junior mentoring pattern for peer reviewing of the junior faculty.

The postgraduate students and research fellows are attached to a senior faculty member as guide helping him mentoring in the subject skills. Preceptorship programs is a formal platform for mentoring the undergraduate students by the faculty members.

**6.3.10 Does the institution offer incentives for faculty empowerment ?**

Yes, there are incentives for extraordinary contributions in all three domains: Academics, Research and Clinical Services.



## 6.4 Financial Management and Resource Mobilization

**641 What is the institutional mechanism available to monitor the effective and efficient use of financial resources?**

The Institution has robust mechanism to monitor the effective and efficient use of financial resources. The main source of financial resources is from fees from students and hospital receipts from patients. The institution draws a detailed budgetary estimates before the start of the financial year. These budgets are reviewed on monthly basis and variances if any are addressed then and there only. Apart from this the institution has activity wise monitoring system for the use of its resources and all such usages are pre-sanctioned and post audited.

**642 Does the institution have a mechanism for internal and external audit? Give details.**

Yes, the accounts of the institution are audited annually by statutory auditors who are appointed by the board of man agent. M/s B J Bajaj and Company Chartered Accountants are the statutory auditors of the institution. Similarly the Board of Management has appointed M/s.V.K.Surana and Company Chartered Accountants as their internal auditors.

The accounts of the university are audited regularly in time as per the provisions of Bombay Public Trust Act. The external audit procedures are as per the accounting and auditing standards prescribed by the Institute of Chartered Accountants of India. The Internal Auditors have drawn well defined audit procedures to cover all the major activities of the university in a financial year. The audit procedures ensure well defined internal control mechanisms over the financial affairs of the university.

**643 Are the institution's accounts audited regularly? Have there been any audit objections, if so, how were they addressed?**

Yes, the institution's accounts are audited regularly both by external and internal auditors.

The major observations of the internal auditors are discussed in finance committee meetings for appropriate actions and ratifications. The same is taken note of by the Board of Management.

**644 Provide the audited statement of accounts with details of expenses for academic, research and administrative activities of the last four years.**

The audit report of last four years is annexed.



**645 Narrate the efforts taken by the institution for resource mobilization.**

The Institution takes a lot of efforts for resource mobilization. The major resources for the institution is through fee collection and hospital receipts.

The institution has formed a fee recovery committee for timely collection of fees from the students

All the teaching hospitals of the University run many patient welfare schemes and it is also accredited with Government run Rajiv Gandhi Jeevandayee Yojna for poor patients in the region. Such patients are provided free of cost treatment while the cost is recovered through the Government Schemes.

Besides, the University also encourages the faculty members to apply for research grants from UGC, DST, DBT, AYUSH, ICMR etc. The University approaches various philanthropic organizations, individuals and alumni to provide for certain patient welfare funds, scholarships, endowments or research funds

The other sources of income are through sale of University forms and publications, examination fees, interest from investments and consultancy services.

**646 Is there any provision for the institution to create a corpus fund? If yes, give details.**

Yes the University has created corpus Fund of Rs.5 Crore and the same is maintained in the name of Institution Deemed to be University as required under UGC Norms

**647 What are the free / subsidized services provided to the patients in the hospital ?**

The University has three teaching hospitals one each for medical dental and Ayurveda. All the teaching hospitals are equipped with all the tertiary care facilities to provide state of the art patient care at an affordable cost to the rural population. Apart from providing free transport facilities to about 70 villages in the vicinity, the various in-house patient benefit schemes are:



SN	Scheme	Offers
01	Out Patient /In-Patient health services	As a part of social responsibility, the university hospital is providing health care services on subsidized services and socially and economically deprived community members are provided free services
02	Maternal and Child Health	The institution has been providing free/ subsidized maternal and child health services since its inception
03	Balsanjivani Yojana	Free medication to Children at IPD level
04	Sanjivani Yojana	Free medication to all admitted patients at medical wards
05	Kavach Kundal Yojana	Free woolen clothes to all newborns to prevent hypothermia and as a part of social responsibility.
06	Vandematram Yojana	Subsidized services all patients undergoing cesarean section
07	DADY Card	Majority of hospital services are free and others are highly subsidized
08	Family Card	Subsidized services all family members under this scheme
09	Privilege Card	Subsidized services all families enrolled
10	Adhar Yojana	Free hospital services to all elderly and orphan children under this scheme
10	'Madhumeh Kadha'	given free to all Diabetics in Ayurveda Hospital
11	Medicated milk for bronchial asthma	Ayurveda Hospital

The total annual beneficiaries are approximately 5.5 lacs.

**648 Does the institutions receive fund from philanthropic organizations / individuals towards patient care ? If yes, give details.**

Yes, the University receives donations from the philanthropic organizations. During the last four years Rs 3,56,34,051/- ( Rupees Three Crore Fifty Six Lacs Thirty Four Thousand and fifty one only) have been received from various organizations



**649 Do patients from other states / abroad come for treatment, reflecting the unique quality health care provided by the institution ?**

Yes, the University teaching hospital caters to patients from all over central India and other states of the Country. The University has received many patients from nearby Countries like Bangladesh, Sri Lanka and Nepal. In last three years 5411 patients from other states have reported to the hospital ranging from Gujarat, Haryana, Punjab, Orissa, Bihar, UP, Rajasthan, MP ,Chhattisgarh, Telangana and Andhra Pradesh. During 2016-17 there was an explosive fire at CAD Pulgaon Camp. Patient from Army were treated free of cost at our hospital. The treatment provided to the patients was appreciated by OIC Brigadier. Looking to our services they are allowing our empanelment with EX-servicemen for medical treatment contributory health scheme which is under process.

**6.5 Internal Quality Assurance System:**

651 Does the institution conduct regular academic and administrative audits? If yes, give details.

Yes, the academic Audit is regularly conducted by the University. The frequency of the audit is twice in one cycle of NAAC Accreditation. The IQAC has developed a unique proforma for academic audit of health Sciences University and is in the process of obtaining the copyright for the same. The last audit was conducted on August 2014 the report of the academic audit is annexed herewith as **annexure**. The next Audit is due in April 2017

652 Based on the recommendations of the Academic Audit, what specific follow up measures have been taken by the institution to improve its academic and administrative performance?

S.No.	Recommendations of AAA Committee	Measures undertaken by the Institute
01	<b>Efforts towards Attaining academic leadership over other self-financing medical institutions need strengthening</b>	The University has gained a leadership role amongst the self financing health sciences institutions and has been positively engaging with the regulatory bodies for representing the self financing institutions and their needs. Major representations Undertaken by the University are Successfully Arranged an



		interactive meeting with the Minister of Health And Family Welfare GOI for addressing the major concerns faced by the private medical institutes NIRF Rankings for health Sciences university
02	<b>Institute should work towards establishing the centres for excellence in the identified thrust areas</b>	7 Centers of Excellence established in the identified thrust areas by the University
03	<b>Consultancy Projects, Publications with higher impact need augmentation</b>	Annual consultancy average amount generation has increased from 35 lac per annum to 55 lac per annum. Percentage of publications in high impact journals amongst the total publications of the University has enhanced from 24% to 38%
04	<b>Extensive Use of technology for Communicating with the community like telemedicine, tele-radiology, tele-pathology need to be developed to augment the strong community presence possessed by the University</b>	Complied by revising It policy, establishing a state of the art e – CME platform in collaboration with Department of Science and Technology, GOI, and increasing the number of Telemedicine Centers from 2 to 3

**653 Is there a central unit within the institution to review the teaching-learning process in an ongoing manner? Give details of its structure, methodologies of operations and outcome?**

Yes, the Central unit has Three Components to review three dimensions of teaching learning process.

School for Health Professions Education and Research: The School is a seat of intellectual input for teaching learning processes, incorporating innovative methods of teaching learning, collecting feedbacks and formulating curriculum development strategies towards providing TL processes which are nationally and globally relevant.

Mid Course correction through Continuous Stakeholders Feedbacks – Academic Appraisal Programme

Monitoring Adherence to the Notified Schedule – Autonomous Attendance Cell





**654 How has IQAC contributed to institutionalizing quality assurance strategies and processes?**

IQAC has contributed to institutionalizing the quality assurance strategies in following manner:

<b>Strategy</b>	<b>Initiative by IQAC</b>	<b>Process</b>	<b>Outcome</b>
Ensuring timely, efficient and progressive performance of academic, administrative and financial tasks	Monitoring of Notified Academic Calendar	IQAC College Councils with a Structured Agenda	> 95% adherence to the notified academic calendar for 2015-16
	Effective Internal Audit Mechanisms	Management Information systems for AOs, Stores, Vehicle and Finance	High Stakeholders satisfaction for administrative task dispensations
The relevance and quality of academic programs	Curriculum update Committees and Mechanism for Continuous curricular update	Annual Reports on Curricular updates along with feedbacks from stakeholders submitted to Deans Committee for curriculum update @ frequency of 3 years	Curriculum Revision Models CBCS SOPs for revision
	School of Advanced Studies Upgradation to Centre of Excellence	Faculty of Interdisciplinary Health sciences	Total 22 programs covering 68% of Emerging Areas of Knowledge launched
Equitable Access and Affordability to academic programs	Forum created through Student Welfare Units in all constituent Colleges Institutional forum for women	No discrimination policy Standing Mechanisms for fee concessions to the deserving candidates In-house candidates	Largely cohesive campus representing diverse cultures Fee concessions to the tune of nearly RS 4.5 crore provided to the deserving candidates



		pursuing higher qualifications	
Optimization and integration of modern methods of TL	School for Health Professionals Education and Research	Creation, validation, standardization and update of LRM, e Question Banks Venturing into innovative methods of TL like IT, MPBL, TBL, EBM, OMP etc.	100% revised curriculum is unitized with available resource material Departments routinely use modern methods of TL through a pre-notified timetable
	creation of matcheable infrastructure in terms of e - class rooms, e museum, kiosks etc.	Student Information Systems	Readily retrievable resource for students
The Credibility of Evaluation procedures	Up gradation of Autonomous Examination Cell for formative Assessments	Annual Notification of Examination schedule including dates for Declaration of Results	Timely conduct of formative assessment with > 90% stakeholder satisfaction. 100 % compliance of AC
	Board of Examinations	Examination Reforms Committee	Major reforms in Examination including ICT involvement and process standardizations

**655 How many decisions of the IQAC have been placed before the statutory authorities of the institution for implementation?**

The report of the IQAC is a regular agenda point in both Academic Council as well as the Board of Management as well as joint College Council. The Annual Quality Assurance Cell Report approved annually by both the statutory bodies. All the decisions of the IQAC are placed before the relevant bodies for their noting/ institutionalization. The major decisions of the IQAC adopted by the statutory bodies are as under:



<b>Year</b>	<b>Major Contribution from IQAC</b>	<b>Current status</b>
2007-08	Creation of Autonomous Cells, Four stage orientation Programs	Institutionalized
2008-09	Creation of School of Advanced Studies University Community Health Partnership	> 50 Innovative , Interdisciplinary Programs Swasthya Aadhar Scheme, adoption of villages, 24*7 health services tribal and naxalite affected areas, telemedicine
2009-10	Research Guidance Clinic Structured Internal Audit Mechanisms	Providing Research Assistance >300 beneficiaries Well-developed MIS
2010-11	Academic Appraisal Program Comprehensive Community Health Teams	Standardized
2011-12	Curriculum Update Mechanism Creation of value Education Cell	Models Copy righted, SOPs for Continuous update implemented Institutionalized
2012-13	Creation of IPR cell Symbiosis	IPR policy, 23 copyrights , 11 published and 22 filed patents Institutionalized
2014-15	Arogya Setu Evidence Based Nursing	In process of standardization, Centers of Excellence Created
2015-16	School of Virtual Learning SOPs for Conducting AAA for Health Science Institution.	Institutionalized Sent for Copyright



**656 Are external members represented in the IQAC? If so, mention the significant contribution made by such members.**

Yes, the External Members in IQAC have a term of two years. In last five years following members have served on the IQAC of the University:

<b>S No</b>	<b>Name of the External Expert</b>	<b>Designation/ Expertise</b>	<b>Major Contribution</b>
01	Dr Mrs. N. V. Mishra	Prof & Head Department of Physiology , GMC Nagpur - Educationist	Plagiarism Policy, Curriculum Update Mechanism
02	Late Dr. K. Taori	Then Expert Member of Ethics Committee of MCI, President Maharashtra Medical Council	Concept of Centers of Excellence. Contribution in formulating Vision 2025 Document
03	Dr. Prantik Banerjee	Professor of English & Director IQAC Hislop College Nagpur a	Concept of Development of soft skill through finishing school, communication skills module
04	Dr. Satish Wate	Then Director NEERI (national Environmental Engineering and Research Institute)	Development of Green Campus, Carbon Emission Issues Collaborative research in Basic Sciences
05	Dr. Jayant Deopujari	Eminent Researcher in Alternative Medicine	Standardization of Rasshala
06	Dr. V. K. Hazare	Dean Government Dental College Nagpur- Eminent Academician and Administrator	Contribution in formulating Vision 2025 Document



**657 Has the IQAC conducted any study on the incremental academic growth of students from disadvantaged sections of society?**

Yes, IQAC regularly conducts studies on pattern of academic growth amongst diverse student community. Recent study was conducted on developing a Booster Mechanism for Interrupted learners from disadvantaged section of students under Nursing Faculty. The challenge in front of educationists is the integration of these students in the mainstream of academics and make them confident and productive members of the society. The IQAC has developed a SOP for bringing them back in the mainstream.

**658 Are there effective mechanisms to conduct regular Clinical Audit of the teaching hospital? Give details.**

The teaching hospitals have Clinical Audit committee chaired by Chief Medical Superintendent that conducts the Clinical Audits on various topics of clinical relevance and also on the topics where reinforcement is required.

**Objectives of the Clinical Audit committee are:**

1. To conduct various clinical audits.
2. To review quality and adequacy of care provided.
3. To monitor and evaluate various hospital statistics
4. To suggest remedial measures to the concerned clinician in case any discrepancy in clinical practices is noted and ensure their immediate implementation

**659 Has the institution or hospital been accredited by any other national/international body?**

The University is accredited by American Heart Association as International training Center for Basic and Advanced life Support program, Department of Sciences and Technology as TIFAC Core Center of Excellence in Interventional Radiology, MCI and CCIM as Nodal Center for Faculty Development, ICMR as Toxicological Research Center and ISO.9001:2008.

The Hospital is accredited with ISO 9001:2008 Certificate wide BSCIC Certificate Number BN 6122/5887:1212 dated 17 December 2012 and reaccredited on 17 December 2015 after reassessment on 03 December 2015. It is valid till 22 September 2018.

AVBRH also has applied for Pre Accreditation Entry Level by NABH wide Application No NABH/PEH-2017-0520/L-01. The assessment is pending.

**6510 Does the hospital have institutional and individual insurance schemes to cover indemnity claims?**

Yes, the hospital has insurance schemes for indemnity cover.



## CRITERION VII: INNOVATIONS AND BEST PRACTICES

### 7.1 Environment Consciousness

#### 7.1.1 Does the institution conduct a Green Audit of its campus?

Yes. The Green Audit is based on three aspects.

1. Environmental Audit (Go Green)
2. Energy Audit
3. Waste Audit

#### 1. Environment Audit

Maintaining a pleasant and clean environment is the foundation for a healthy planet and human well-being. The environmental audit team focuses on subjects such as;

- a) What factors can improve the biodiversity around / in the campus
- b) Does the infrastructure facilities such as parking facility affect the water drainage and so the biodiversity?
- c) Does the campus have initiatives to improve carbon sequestration?
- d) Monitoring of the increase / decrease of number of trees in the campus
- e) Arranging awareness programs for the staff and students of the college.
- f) Formation & Monitoring of activities of environmental clubs.

#### 2. Energy Audit

In the energy Audit we usually monitor the monthly electrical energy usage of the college. This will help us to understand where we use electricity in our campus and where savings could be made. Solar and Wind energy is used as renewable energy source which has reduced the consumption of conventional electricity. Incandescent lamps have been replaced by CFL and now CFL are being replaced by LED bulbs.

#### 3. Waste Audit

Hazardous waste is waste that is likely to be a threat to your health or the environment. In the campus this audit deserves primary attention as many harmful chemical wastes are produced from the laboratories of various science departments. E-waste management is also a major aspect of the waste audit.

In any of the above audit, we follow the following action plan.

1. Determine the scope. We will need to determine early on what aspects the audit has to be performed.
2. Determine how the audit will be evaluated.
3. Communicate the goals of the audit. We will share these goals throughout the organization – students, teaching staff and the non-teaching staff.
4. Conduct the audit on a determined date, using the prescribed format of the audit. Each Audit Team will be a group of three persons with a Team Leader.



The teams will walk through the concerned facilities of the campus (class rooms, garden etc). Interviews and surveys shall be performed. To get accurate data, relevant details should be collected (Eg. utility bills in the case of energy audit)

5. Summarize the findings and report them as conclusions. Once the data have been collected it needs to be collated and analyzed to ensure that the right conclusions are reached. These conclusions will then be used to make recommendations for the implementation of a retrofit plan.
6. Verify the results. Verifications can be done by an external expert.
7. Share the findings.
8. Repeat the process. Environmental audits, Energy Audit and Waste Audit are conducted on a regular basis.

### **Green Audit Committee**

- A proactive and enlightened Green Audit Committee helps to keep the environment on the campus pollution free and neat & clean.
- The committee comprises of teachers and students who work hand in hand to take care of the campus.
- The whole campus is divided in different sub-section; each section is looked after by a teacher and five volunteers.
- The teachers and volunteers are provided with a green audit batch to give them identity on the campus.
- The committee has ensured systematic disposal of the garbage by classifying them in to biodegradable and non-degradable components.

The Institution runs several initiatives in the campus to educate, promote and foster the importance of a clean and green environment. Prominent amongst those are exhibitions, road shows, lectures to showcase the importance of a healthy environment.

Stress is laid on measures such as minimal printing, saving paper by using both sides of the same, segregation of waste at source for proper disposal and recycling, composting, e-circulars for meeting notices and agenda, increasing the green cover in the campus, water recycling, increasing the use of renewable sources of energy such as Solar Energy in a phased manner etc.

All the stakeholders are involved in this process and regular feedback based mechanism is put in place to monitor the gaps if any and remedial action is initiated forthwith.



### 7.1.2 What are the initiatives taken by the institution to make the campus eco-friendly?

- \* Energy conservation: Sensors provided for all air-conditioners to avoid wastage of electricity and thereby conserving energy; shifting to LED lights in a phased manner all over the campus; increased usage of Solar energy in Hostels for water-heaters, street lighting; installation of panels in all buildings to generate Solar power; provision of posters and signages at each power switch to remind users to conserve energy; installation of proper taps to check leakage and wastage of water are some of the measures which are in place to conserve energy. Energy audit is conducted periodically.
- \* Use of renewable energy: Solar energy is being used in a big way all over the campus. Each of the hostel buildings have Solar panels installed and the electric water-heaters have been replaced with the solar water heaters. Moreover, Solar panels have been installed in the College and Hospital buildings and also all the new construction taking place have a plan for the installation of the same. The street and garden lights are powered by solar power and gradually but surely the usage of solar power is growing in the institution.
- \* Water harvesting: All the buildings are equipped with 'rainwater harvesting facilities'. The rainwater is drained into soak pits thus conserving water and in turn raising the groundwater level of the campus and the surroundings. The waste water generated from the buildings is also recycled through the four STPs installed in the campus with a capacity of 2 lac liters/day and the same is then used for flushing the toilets and also for gardening purposes.
- \* Solar panels: Solar panels are in place in the hostel and hospital buildings for last 3 years. Now, the solar panels are being installed in all the other buildings including all the new construction scheduled and underway.
- \* Efforts for carbon neutrality: Apart from the awareness programs conducted for the students and staff of the Institution, rules have been written to prohibit the use of four-wheelers for the students in the campus. They are educated to inculcate the good habit of walking instead of using bikes and cars on campus which would not only better their health but would also be very healthy for our environment by way of lesser carbon emissions.

Free bus facility which is provided for the students between the hostel and college is another measure to deter the usage of individual bikes or two-wheelers and also promote the cause of sharing or pooling the vehicles thereby reducing carbon emissions to ensure a cleaner environment.





- \* **Plantation - Botanical or Medicinal significance:** The importance of plants, plantation and green cover can never be under emphasized. In addition to the oxygen released by the plants, they offer shade from the harsh sun, fruits, medicinal extracts apart from their sheer aesthetic appeal.

Taking into consideration the above factors, proper thought has gone into increasing the green cover in the campus by choosing the types of trees suited to the prevalent climate and soil conditions of the area. Over 1,000 trees have been added to the existing 30,000 during the past year and a plan has been drawn to continue addition to the plantation every year.

- \* **Bio-hazardous waste management:** The Institution is fully aware of the ill-effects of not managing the bio-hazardous waste which can result in polluting the environment and in turn having an adverse effect on the overall health of living beings which include humans, animals and plant life.

To ensure proper disposal of the bio-hazardous waste, proper segregation of the waste at source is being practiced and then disposal as per the extant norms outlined by the Maharashtra Pollution Control Board is done. Proper care is taken to handling of the waste so that there is no contamination and training workshops are conducted at all levels to create awareness towards the same.

The Medical College and its attached teaching hospital have recently been selected in the four large hospitals in the State under the UNIDO funded project on “Environmentally Sound Waste Management of Medical Wastes in India”. The same is being implemented and partially funded by the Ministry of Environment and Forest, Government of India and the State Pollution Control Boards. It would be developed as a Model centre in this regard and then would be utilized for capacity building and generating awareness in the vicinity.

- \* **E-waste management:** The E-waste generated in the institution is collected on a centralised basis sent for recycling and disposal to the authorized recyclers.

Efforts are also being made to reduce the usage of instruments containing mercury and lead by switching to cleaner and safer technologies.

- \* **Effluent treatment and recycling plant:** Two ETPs have been installed to treat the waste water generated before releasing them into the drains. Periodical testing of the same before and after treatment is being done by an outside agency to check the adherence to the prescribed norms.

The four STPs installed in the campus recycle the waste water and the recycled water is then used for flushing of the toilets and watering the plants thereby conserving this precious resource.



- \* Recognition / certification for environment friendliness: The selection of our Medical College and its attached hospital in the UNIDO project on “Environmentally Sound Waste Management of Medical Wastes in India” is testimony to the fact that it is one amongst the four selected institutions in the entire State and the only one from this region.

7.1.3 How does the institution ensure that robust infection control and radiation safety measures are effectively implemented on campus?: The institution ensures that the proper infection control and radiation safety measures are strictly adhered to by implementing the following measures: -

- a) Written policy on Radiation safety
- b) Written policy on Infection Control
- c) Specific Isolation Policy
- d) Policies are in line with the norms and guidelines prescribed by the concerned Apical agencies such as BARC, Pollution Control Board
- e) Radiation Safety Officer
- f) Periodic awareness and sensitization campaigns
- g) Immunisation policies and programmes for staff and students
- h) Workshops related to risk identification and risk minimisation
- i) Regular monitoring through meetings of designated committees such as Radiation Safety Committee, Hospital Infection Control Committee, Bio-Medical Waste Management Committee, Infection Control Committee

7.1.4 Has the institution been audited / accredited by any other agency such as NABL, NABH, etc.?

The teaching hospital attached to the Medical College is accredited by ISO and the same is valid till 22.09.2018.

The University has been placed in the ‘A’ Category by the Ministry of HRD, Government of India. The Medical college is recognized training center for basic and advanced life support by American Heart Association (AHA). The Dental College has been accredited as a Centre of Excellence for training and treatment of Cleft, Lip and Palate Surgery by Smile Train Inc, USA. Application has been made for the certification of the same to NABH and the inspection is awaited.

The Medical College is recognized by the Medical Council of India as the Nodal Centre for Medical Education and similarly the Ayurveda College has been accredited by the CCIM in the same domain.



## 7.2 Innovations

7.2.1 Give details of innovations introduced during the last four years which have created a positive impact on the functioning of the institution.

Improvement is a continuous process in the Institution and it is followed and practiced at all levels. The atmosphere is conducive for excellence, improvement, innovation and growth and due rewards, incentives and encouragement is provided. The Institution strives to set and achieve higher benchmarks leading to the all-round growth of the institution.

The innovations introduced during the past four years can be categorized as under: -

- a) **Creation of a Centre of Excellence for Virtual Learning:** With the induction of 'Anatamage', a 3D virtual learning model which assists dissection, section wise views of the human body, an effective tool for planning difficult surgeries and treatments and an excellent teaching model; a separate center of excellence has been created which would not only help the students and staff of this institution but would also help in capacity building of stakeholders from other institutions as well.
- b) **Innovations in Teaching, Learning and Evaluation:** The University considers innovation as an equivalent problem solving. The major innovations worked out by the University in the domain of Curriculum.
  - i) **Curricular design:** Competency Based Curriculum for Post graduates, provision of foundation and electives ( core and optional) in Undergraduate courses
  - ii) **Teaching Learning:** Innovative TL methods viz; Modified PBL (IPR ref L-62803/2015), Interactive Intragroup tutorials (IPR Ref L-60802/2014), Peer led Teaching, Enrichment Courses in super-specialty/ sub specialty etc.
  - iii) **Assessments:** Formative Assessments in PG Curriculum, Introduction of higher levels of cognition in question paper (UG & PG), Standardization of primary and secondary test blueprints in all subjects for all faculties.
  - iv) **Curriculum Evaluation:** Institute has evolved a model of curriculum evaluation "FIPO" model.



- a) **Administrative Academic Appraisal Model:** This model has been put in place to monitor the academic growth; achievement of quality parameters; optimal utilization of the resources; adherence to the norms and guidelines of the Apical Councils and the Governmental agencies; effectivity of the system; identifying bottlenecks and suggesting remedial measures and as a means to identify areas wherein reforms can be initiated for the sustenance and enhancement of the quality of education.
- b) **Celebration of National Days of respective countries of International Students:** The National Days of the countries of the international students studying in our Institution are duly celebrated and congratulatory messages are sent to the students as well as their parents. A report of the function is also sent to the respective Embassies in India.
- c) **Appointment of Vice-Dean (Student Affairs):** To demonstrate the students' participation in the decision and policy making of the Institution, the post of Vice-Dean (Student Affairs) has been created in the Institution wherein the elected President of the Student Council is designated as the Vice-Dean (Student Affairs) and he/she attends the important meetings of the decision making bodies of the Institutions.
- d) **Research:** The Institute strives hard to ignite the temperament of scientific enquiry amongst students. One such initiative taken by the Institute is conduction of "Evidence based journal club" as a part of PG activity in all subjects. The journal club specifically focuses on thorough scientific analysis and interpretation of a research article on a chosen theme. This also informs and train students to practice evidence based medicine.



## Best Practices

### 1. Title of the Practice : **Test Blueprint for Student Assessment**

“Assessment drives student learning” is the accepted mantra. But what is more enigmatic is the way in which assessment directs, drives and influences learning. This understanding holds the key for a medical / health educator to control the entire process of learning through **blueprinting**.

### 2. **Underlying principles / concepts of this practice:**

A blueprint provides a template for the question paper to the setter and the moderator / validator to assess all that is expected from a student at the end of learning session. It defines the **purpose and scope of assessment** and specifies the weightage to be given to the various elements. A blue print specifies the content area topics, appropriate tools of assessment, balancing the degree of difficulty in regard to must know area, desirable to know area and nice to know area in the proportion of 60:30:10. It also helps in balancing the various levels of learning, according to Bloom’s taxonomy.

A comprehensive blueprint therefore serves as a reference framework for the question paper setter to prepare the questions according to the **standardized norms and guidelines**.

### 3. **Aim:**

To make assessment process authentic, reliable, transparent and valid.

### 4. **Objectives:**

- a. To accomplish content validity in question paper
- b. To accomplish construct validity in question paper
- c. To balance degree of difficulty (MK:DK:NK – 60:30:10) in question paper
- d. To balance levels of learning (Level I: Level II- 80:20) in a question paper.

### 5. **The Context:**

Contextual Features of this practice lie in the age-old dissatisfaction of the students towards the unpredictable and erratic mode of paper setting. The question papers due to their lack of balance had a huge element of luck imbibed in them. This was counterproductive towards the aim of assessment and hence, needed to be addressed.

### 6. **The Practice:**

Till date only the basic formatting of the question paper has been carried out i.e with respect to number of questions, marks allotted, type of question and the duration of the paper. Balancing of the paper with respect to the levels of difficulty and the ascending domains of knowledge (Bloom’s taxonomy) was not taken into consideration and this has resulted in generation of non-standardized question papers of questionable quality and devoid of objectives. Taking these limitations into account **Test blueprinting of the question papers** has been carried out.



## Challenges Faced:

### a) During Designing

As the entire university with its multiple faculties, with diverse ideas were to be brought on a common platform, a multitude of challenges had to be overcome. There was variation in the number of marks, total number of questions, the types of questions and the level of difficulty attributed to them. To standardize all these parameters time analysis was carried out and the time, types of questions, level of difficulty were kept constant with variation being allowed in the marks allotted to each question

### b) Implementing this model needed orientation and cooperation of the trainers and staff and providing logistic and technical support. Before any of these formats were implemented, the subject experts carried out large-scale training of faculty and small test runs were made in the formative assessments for their validation and were subsequently implemented in the summative assessment.

The test blueprint of question paper is carried out in two Parts

1. **Part I -Primary Test Blueprint (PTB) for format of question paper**
2. **Part II -Secondary Test Blueprint (STB) for content of question paper**

### 1. **Part I - Primary Test Blueprint (PTB) for format of question paper**

It was done under following heads;

- a) Directions given in the Question paper
- b) Conformity with distribution of questions according to total marks.
- c) Conformity with distribution of different type of questions according to PTB.
- d) Conformity with number of different levels of learning (level I & II) of questions as per PTB.

### 2. **Part II - Secondary Test Blueprint (STB) for content of question paper**

It was done under following heads:

- a) Distribution of all themes/topics across the question paper
- b) Distribution of weightage to themes/topics as per allotted teaching hours
- c) Conformity with various Levels of Learning (From level 1 to level 6: Level I was considered as recall and Comprehension and Level II as Problem solving, analysis and application of knowledge).



## Evaluation of the practice:

A process of evaluation was put in place in the University to evaluate the papers against the set norms for PTB and STB. (structured formats were prepared and appropriate weightage was given to every step).

### 7. Uniqueness of the practice:

- The uniqueness of this practice lies in the fact that it was a maiden scientific and time analyzed attempt for question paper setting.
- All the levels of the learning in cognitive domain were assessed with this format.
- All the faculties in the university were brought on a unified platform with respect to student assessment parameters.

### 8. Requirement: As the process is now standardized, the requirement are as under:

- It needs special orientation and training of the faculty.
- It was labour intensive in the initial period.

### 9. Evidence of Success

Question papers for summer 2016 were evaluated for test blueprint for format as well as contents and the following conclusions was drawn:

- It was observed that **format validation** of question papers under all the four faculties and the average score of **98 % was observed**. Hence, the next step; the 'content validation' was undertaken.
- **Content validation** revealed an average of **95%**score in all the four faculties in terms of the set prescribed norms.

### 10. Conclusion:

The outcome of successful adherence to the test blueprints of question paper (Primary as well as Secondary) resulted into achieving objectivity, validity and higher quality of question papers Pan-University leading to standardization of the process of examination with desired principles of student assessment.

### 11. Implication:

As this is a scientific process, it can be emulated at other health sciences universities.



## **BEST PRACTICES**

### 1. Academic Appraisal Program

**Academic Appraisal Program (AAP) is an innovative practice towards ensuring comprehensive audit and quality assurance of the teaching learning process with timely remedial interventions.**

#### *Need:*

**The educational environment is same to each of the learner, but they tend to gain differently. Assessment of the extent of learning through the exit feed backs are traditionally taken which is not a real time feedback. However, the outcomes and shortcomings of the learning process, if any, are known at the end. Thus, it is neither helpful for incorporating remedial interventions for the benefit of the same set of learners nor are they spread through- out over the entire curriculum. Therefore, to ensure that each learner gains adequately, a ongoing quality assurance practice should be in place comprising of continuous appraisal, reviews and corrective actions.**

#### *Objectives:*

The primary objectives of the AAP are:

1. To ascertain whether specific learning and educational objectives (SLOs) are well defined and understood by Faculty and Learners.
2. To ensure whether the core areas for competency in each subject are identified by the teachers.
3. To verify if the targeted learning activities towards meeting of learning/ educational objectives/ competency are adopted and practiced.
4. To validate if the Teaching learning resources used are adequate and appropriate for meeting these objectives.
5. To identify difficulties faced by students in understanding and acquiring the requisite skill/acumen.
6. To incorporate learner centric teaching modalities.
7. To identify the weakness and strengths of the curriculum and make appropriate recommendations.

#### *Context:*

The Academic Appraisal Program (AAP) consists of getting an appraisal through a structured feedback from learners on key objectives at pre-determined marker points.





These marker points are placed throughout the curriculum at the endpoint of a theme, topic, or competency. The pre-defined objectives are assessed on a 5 point Likart's scale. These objectives are benchmarked at 3.8/5. This is done with the intention that quality concerns are step ahead of mere meeting the minimum which is 2.5/5 i.e. 50% (the passing percentage at exit examination).

Each learner participates in this program. There is an 'Education Lead' (faculty) in each subject, who places these marker points before the starting of the term and supervises the marker point appraisal. He analyses the data collected by the designated 'Student Lead' and develop a report which is submitted to 'Academic lead' (Vice Dean, Academics). The academic lead generates the Pre-term, Midterm and Post-term reports with full analysis of each appraised marker point and if needed, take the remedial actions to ensure no progressive learning loss happens. This is usually done in consultation with the Head of Department and Education lead. Further these reports are reviewed and monitored by College council, Joint college council and Academic council.

***Evidence of success:***

The objective assessment of the outcome in a 5 point scale is evaluated against the benchmark score of 3.8 / 5. Applying this criterion the average score gained across all the faculties, for different parameters towards all the identified marker points are as under:

1. The Academic calendar is designed to provide almost 15% more time to reinforce the learnings. Any academic loss is well covered through remedial teaching and capsulated teaching programs.
2. Adherences to the teaching-learning schedule were almost to the tune of 99%. It reflects a well planned and timely implementation of schedules and disposition of syllabus.
3. The first objective was the "Learning Objectives Set" for a topic / theme/ competency. An average score of 4.08 / 5 was achieved in all subjects. This revealed that the objectives were well conceived and aptly set in all the subjects. Very few exceptions were categorically brought out by the learners which were timely and suitably re-set by the facilitators (teachers). This is a "Quality-Enhancement "initiative of the University.
4. Learning Resource Material was another key determinant of good quality Teaching-Learning process. The learners were appraised on this issue and where-



ever inadequacies were felt by them, they reflected it in the appraised scores. A mean score of 4.25 /5 in all the faculties reflects that the institution is using a well structured teaching resource material. This is also “Quality Enhancement” initiative of the university.

5. Speech and Audibility are correlative to each other, and a poverty of either makes the learning gains insufficient. Same was appraised by the learners through the average score of 3.88 /5 which was above the bench mark. This is “Quality Preservation” initiative and has a strong need to be built further towards learner’s conduciveness.
6. Appropriate time allotment to a topic was another objective which is significant for adequate teaching -learning process. The average score of 4.12 /5 achieved for this parameter spells out appropriateness and assurance of adequate time -managements.
7. Interactivity between Facilitators and Learners is vital for effective dispensation of teaching-learning process. The average score of 3.7 / 5 on this count reflected that students seek more interactivity in the classroom which was appraised repeatedly to increase the same. To enhance the interactivity and the learning gain as reflected by the learners through this appraisal, the university has incorporated inter active learning modalities through problem based learning, case based learning, team based learning and Quizzes.
8. On the practicals / clinical learning activities the objectives of psychomotor skill training / practical demonstration of techniques / adequacy of clinical material and conduction of clinic all have scored high scores ranging from 4.0 to 4.28. This endorses that in the institution, the learners are getting adequate ‘hands-on training’ opportunities and experiences.
9. The appraisal given by the students on the parameter ‘Overall learning objectives met’ demonstrated an average score of 3.96 for all the faculties. This reflected not only Quality sustenance initiative but a quality enhancement.

***Problems Encountered and Resources Required:***

As the program is learner led, the actions based on their inputs is of high priority to all other stakeholders and few other issues pertaining to learning environment shifts to low priority. As passing the examination/evaluation are the major focuses of learners, the topics which are more important from that viewpoints take larger concerns than the whole curriculum. It requires committed logistic support particularly in terms of planning,



sensitization, orientation, implementation , review and analysis, including whole hearted participation from dedicated facilitators as education leads , HOD's , Heads of Institutions and Education Managers. The generation of marker points needs a thought process, indulgence, application of mind and innovative approach. The meaningful participation by all learners and faculty needs training and orientation towards this practice.

***To conclude:***

The AAP is an innovative, effective, real time audit and appraisal program to assess the efficiency & effectivity of teaching learning process. It provides an opportunity of remedial interventions for real time course corrections thereby augmenting the quality of teaching learning process and meeting the subtle learning and educational objectives.

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# DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES

**(Deemed University)**

**(Declared as Deemed to be University Under Section 3 of UGC Act 1956)**

**Accredited by NAAC with 'A' Grade (CGPA 3.36 on 4 Point Scale)**

**Conferred 'A' Grade Status by HRD Ministry, Govt. of India Sawangi**

**(Meghe), Wardha-442 004**

**Maharashtra State, India**

## EXECUTIVE SUMMARY



## EXECUTIVE SUMMARY

In conformity with the objective stated in the registration document of the parent trust to the effect that the educational institutions jointly or severally under its ambit would acquire the status of a full-fledged University, **Datta Meghe Institute of Medical Sciences** was conferred Deemed University Status by the Ministry of Human Resource Development, Government of India on the recommendations of the University Grants Commission in terms of the provisions included at section 3 of the UGC Act, 1956 through a notification No F 9-48/2004- U.3 dated 24.05.2005 with two faculties under its ambit namely Jawaharlal Nehru Medical College (Medical Sciences) and Sharad Pawar Dental College (Dental Sciences). As such it has exclusively turned out to be a Deemed University for Health Sciences genre.

Within less than two years of its conferment of the Deemed University status; DMIMS (DU) was accredited with an “A” grade by the National Assessment and Accreditation Council (NAAC) in 2007. Since then; the University has been expanding endlessly in various aspects of educational programs in Health Sciences domain with commensurate infrastructure, and sumptuously addressing all the Quality Concerns.

The scope of the university was further broadened by incorporation of other streams of health sciences through addition of Mahatma Gandhi Ayurveda College, Shrimati Radhikabai Meghe Memorial College of Nursing and Ravi Nair College of Physiotherapy vide letter No. F.9-48/2004-U.3 dated 23<sup>rd</sup> July, 2009 after a diligent assessment by the experts committee appointed by the University Grants Commission and the Ministry of HRD, Government of India.

DMIMS(DU); a leading NAAC A Grade university (for two consecutive cycles of five years) in the region, spans six disciplines namely Medicine, Dentistry, Ayurveda, Physiotherapy, Nursing and Interdisciplinary. The University is widely seen as among the best Deemed universities in the country since its inclusion in elite ‘A’ category by the Ministry of HRD Government of India in 2013.

DMIMS(DU) offers a distinctive experience that is grounded in maximizing the potential of students with professional attributes and broad-based research excellence that enables beneficial translation. Renowned for pioneering new models of education; the University is highly regarded as a hallmark for rigor and breadth of its academic programs, innovative education, and experiential learning.

The Vision and Mission of the university was re-formulated by the committee which had representations from all the relevant stakeholders of the University. While formulating the

Vision, Mission document due credence was given to the objectives of University Education System with specific focus on health sciences education. It was also ensured that the document addressed the needs of the society and had relevance to the Regional / National / global trends and developmental needs. The Vision and Mission thus formulated is as under:

### **THE VISION**

“To emerge as the global center of excellence in the best evidence based higher education encompassing a quality centric, innovative and interdisciplinary approach, generating refutitive research and offering effective and affordable health care for the benefit of the mankind”

### **THE MISSION**

- DMIMS shall develop competent, confident, concerned, compassionate and globally relevant professionals by quality, learner, community and evidence centric ‘competency based model’ of higher education with value orientation, through all its constituent units.
- It shall foster a conducive milieu for interdisciplinary research practices generating consequential and meaningful outcomes for the nation in general and the region in particular
- It shall deliver comprehensive quality health care services to the rural, needy, marginalized and underprivileged populace.
- This shall be achieved through appropriate collaborative linkages and a proactive, transparent and accountable decentralized governance system.

The academic programs of the University are framed in tune with the ‘Goals’ and the ‘Objectives’ crystallized out of the ‘Vision and Mission’ document.

### **Goals and objectives of the University are stated as under:**

1. To provide for need based, learner, community and quality centric education in all such branches of learning as may be deemed appropriate from time to time, so as to enable a student to reap the fruits of tertiary education.
2. To institute Degrees, Diplomas, Fellowships, Certificates and other academic distinctions on the basis of examinations and other permissible methods of evaluation.
3. To create higher intellectual capacities and abilities towards generation of globally relevant trained health manpower.
4. To venture into innovations and evidence based modifications in various domains of educational process as a whole.
5. To provide for generation of new knowledge through interdisciplinary research relevant to the societal needs.

6. To create centers of excellence for research and development, and for dissemination of knowledge and its relevant application Regionally, Nationally and Globally.
7. To offer continuing educational programs to update knowledge and skills and to generate and promote amongst the students, teachers and employees an awareness and understanding of the societal needs of the country and ready them for all such needs
8. To undertake innovations, extramural studies, extension programs and outreach activities to cater and to contribute to the sustainable development of the society.
9. To provide need based consultancy to the relevant industries and public health organizations.
10. To ensure the faithful adherence to directions and/ or guidelines issued by the University Grants Commission and other Regulatory Statutory Bodies from time to time.
11. To undertake all such initiatives as may be necessary and desirable towards furtherance of the Objectives and Goals as are set from time to time.

**Salient Achievements of the University:**

The Significant milestones in the journey of the University are:

- Accredited with 'Grade A' by NAAC twice in two consecutive cycles and included in elite 'A' Category by Ministry of HRD, Government of India.
- Accredited by American Heart Association as International Training Center, ISO 9001:2008 and International Accreditation Organization.
- Recognized by Medical Council of India as Nodal Center for Faculty Development, Indian Council for Medical Research as Center for Antimicrobial Stewardship Program, AYUSH for Public Health Initiative for Diabetic intervention, CCIM as faculty development Nodal Centre for Ayurveda, Centre of Excellence by Smile Train Inc, USA and Centre for Evidence Based Nursing by Karlstad University, Sweden.
- Conferred upon the prestigious BC Roy award of the Medical Council of India for Institutional research by the Hon. President of India.
- Six constituent faculties offering 191 programs in PhD, Super- specialty, Post Graduate and Undergraduate levels with more than 2,500 enrolled students.
- More than 50 active collaborations with Internationally recognized Institutions/ Bodies.
- More than Rs.25 crores extramural research funding, 2050 publications, 300 awards, more than 100 books and monographs, 32 copyrights granted, 21 published and 27 filed patents and more than 400 ongoing research projects.
- 382 well-trained and competent faculties with more than 200 National/ International recognitions/ awards.
- Sprawling infrastructure spreading over 125 acres;1,600 bedded state-of-art tertiary care rural teaching hospitals with specialty, sub-specialty and super-specialty services including cardiac surgeries, neurosurgeries, joint replacements, cancer surgeries, minimal access surgeries and renal transplants.



**Growth Profile of the University:**

	<b>First Assessment</b>	<b>Second Assessment</b>	<b>Current Status</b>
<b>Years of Existence</b>	00	04	12
<b>Vision and Mission</b>	Yes	Yes	Revised and made more meaningfully focused to the objectives of the University Education System
<b>No. of faculties</b>	02	02	06
<b>Teaching Learning and Evaluation</b>			
<b>No. of Programmes offered</b>	3 UG, 15 PG Degree Diploma, 3 Certificate	56 (3 UG, 36 PG Degree diploma, 3 Certificate and 14 PhD)	191( 7 UG, 47 PG, 16 Diploma, 37 fellowships, 44 certificate 37 PhD, 1 M.Phil., SS-02)
<b>Admissions to Flagship Courses</b>	All India Entrance Tests Conducted by the University	All India Entrance Tests Conducted by the University	Through National Eligibility and Entrance Examination (NEET) Conducted by Government
<b>Distance Learning Programs/ Off shore Campuses</b>	Not Offered	Not Offered	Not Offered
<b>No. of Programmes UG/ Students</b>	03/1245	03/1311	07/2119
<b>No. of Programmes PG/ Students</b>	15/ 73	33/468	63/538
<b>No. of Super-specialty Programmes</b>	00	00	02/03
<b>No. of Interdisciplinary programmes/ Students</b>	03/30	03/58	37/24
<b>Ph D Programmes students (Including Interdisciplinary)</b>	00	14/6	37/104
<b>Certificate Courses (Including EWL)</b>	00	--	44/108
<b>Total No. of Students enrolled with university</b>	1348	1779	2915
<b>Total No. of International Students</b>	29	54	165

<b>No of Countries Represented</b>	6	10	19
<b>No. of Departments Recognized for Doctoral Research</b>	3	14	37

<b>No. of PhD Supervisors</b>	3	21	54
<b>No. of PhDs Conferred</b>	0	0	24
<b>No of Fellowships Conferred</b>	0	11	39
<b>Percentage of Emerging Areas of Knowledge Covered through Fellowships</b>	0	24%	68%
<b>No of MPhils Conferred</b>	0	0	36
<b>No. of interdisciplinary PhD programmes in Emerging Areas</b>	0	0	09
<b>PhD selection process</b>	-	Open selection	Through All India Entrance Examination Conducted by the University
<b>No. of Superspecialty Programmes</b>	0	0	02
<b>No of Endowments</b>	0	0	87
<b>No of Chairs Constituted through endowments</b>	0	03	05
<b>Library and Equipments</b>			
<b>Library Books</b>	30683	39504	64220
<b>Total Journals</b>	430	1416	2185
<b>E Journals</b>	156	1154	1939
<b>E –books</b>	32	1665	11225
<b>Kiosks</b>	00	04	10
<b>Equipments</b>	13.73 Cr	22.31 crs	58.31 Cr

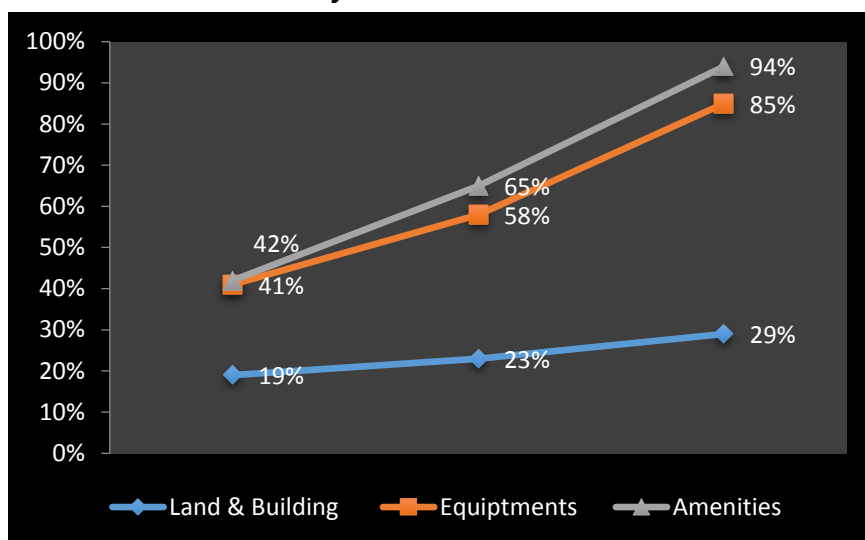
<b>Aspects of Governance</b>			
<b>Administrative</b>	Proposed as per	As per UGC	
<b>Hierarchy</b>	UGC Regulation	Regulations	As per UGC regulations 2016
<b>IQAC</b>		In Place	In Place
<b>E governance</b>	Basal Level	Basal Level	Administration, Teaching-learning, Research and Patient-care
<b>Planning and Monitoring Board</b>		--	Established
<b>Academic</b>	--	Internal	Both Internal as well as External
<b>Administrative Audit</b>			Standardized
<b>MIS and Financial Audit</b>	Proposed	Established	
<b>Committees</b>	2	Statutory + 4 Ancillary	Broadened and Enlarged Ancillary Committees to a total of 26 in addition to Statutory Committees
<b>Student representation in Decision making Bodies</b>	Hostel and Library Committee	Hostel and Library Committee	Representation on all Ancillary Bodies and inclusion in statutory committees
<b>Representation of Teaching Faculty on Committees</b>	21%	39%	67%
<b>Representation of Non Teaching Staff</b>	7%	12%	25%
<b>Research</b>			
<b>No of Publications for previous five years</b>	207	738	2060
<b>No of publication per faculty</b>	0.8	1.9	4.36
<b>Impact Factor</b>	--	0 to 2.9	0.04 to 18.03
<b>Publications in Scopus/ Web of Science/ PubMed Previous 5 years</b>	116	205	1333
<b>Books &amp; Monographs Published by faculty</b>	3	42	62
<b>No of Conferences/ workshops/CMEs Organized</b>	26	89	206
<b>No of Papers/ Posters presented in National/ International Conference by faculty</b>	104	288	395

<b>Extra Mural Funding Received</b>	7.38 Cr	11.72 Cr	28.78 crs
<b>Seed money</b>	2 lacs	4 lacs	57.4 lacs
<b>Funded Projects Received</b>	6	17	52
<b>Creation of IPR Cell</b>	---	---	Established with IPR Policy
<b>No of Patents Filed</b>	1	0	27
<b>No of Patents Published</b>	--	0	21
<b>No of Copyrights Granted</b>	--	0	32
<b>No of Research Collaborations Achieved</b>	<b>5</b>	<b>12</b>	<b>51</b>
<b>Multi-disciplinary journal Published by the University</b>	1 Non Indexed	1 Non indexed	6 peer reviewed journals including 1 in Scopus
<b>Consultancy (previous five years)</b>	--	2 lacs	2.527 crores
<b>No of ongoing research projects</b>	84	204	432
<b>Research recognitions to students and faculty</b>	18	22	158
<b>ICMR Short term and other research projects by UG students</b>	5	6	94
<b>Research Assistance</b>	Through Head	Research Cell	Research Guidance Clinic, Intramural Grant Scheme, Seed money, Workshops on scientific writing and Research methodology, financial aids for participation in scientific events, sabbatical leave for higher research, policies for enabling research environment, Central Research House, Assistance for Collaboration.
<b>Conversion of thesis into publication</b>	--	12%	93%
<b>Research Spending for previous 3 years</b>	6 Cr	13.73 crs	22.31 crs

<b>Faculty Resource and Teacher Quality</b>			
<b>No. of faculty availing international fellowship for advance studies</b>	03	03	12
<b>No. of Teachers with FAIMER Fellowship</b>	00	02	07
<b>Outstanding achievements/ Recognition by faculty/ both at National and International level</b>	48	81	188
<b>National recognitions for faculty for Teaching/ Research/Consultancy/ Extension (By reputed/recognized bodies)</b>	26	74	114
<b>National Faculty for Faculty Development Programme Recognized by MCI</b>	00	06	21
<b>Faculty Trained in Basic Course for Faculty Development</b>	<b>10%</b>	<b>54.5%</b>	<b>100%</b>
<b>Faculty Trained in Advanced Course for Faculty Development</b>	1.6%	12%	31%
<b>No of faculty Members with Fellowships/ Super specialty/ PhD qualifications</b>	6	10	52 (12% of total faculty)
<b>Increase in Faculty Resource</b>	207	288	382
<b>Faculty Stability Index</b>	84%	87%	89%
		<b>Extension</b>	
<b>Rural Center for 24x7 Health care in Tribal malnourished and Naxalite Affected Region of Vidarbha</b>	00	00	02

<b>Transportation Facilities for patients</b>	5 Routes Covering 54 Villages	14 routes covering 100 villages	22 routes covering 206 villages
<b>Telemedicine Centers</b>	00	02	03
<b>Total Primary Health Centers Self as well as government under PPP</b>	01	02	05
<b>Teaching Hospitals</b>	02	02	04
<b>No of Hospital beds/ Chairs</b>	780	960	1600
<b>No. of beneficiaries of teaching hospitals</b>	1400 per day	2200 per day	3500 per day
<b>NSS Unit Activities</b>	4 per annum	6 per annum	12 per annum
<b>No of Villages Adopted for totalistic health care</b>	01	02	20
<b>Mobile Services</b>	00	02 – Ophthalmology Dental	04 –Mammography Ophthalmology, Dental, Mother and Child care
<b>AADHAR Scheme for Elderly and Pediatric Age Group</b>	--	--	Initiated with more than 50000 beneficiaries till date

**INFRASTRUCTURE**  
**Growth in infrastructure 2005-2009-2016**



**Innovations in Teaching Learning and Evaluation:**

It is our firm belief at DMIMS that the quest for quality and excellence is a never ending process and it is counterproductive to rest on our laurels. Quality is maintained through various systems of checks and balances which are an integral part of our systems. Our quest for excellence finds expression in the various innovations which are incorporated in all our essential processes. The School of Health Professions education is constituted with the aim to safeguard the academic ambience of the university with respect to teaching learning and evaluation and to ensure that the university processes remain updated and standardized. In addition to ensure time bound reforms in the examination related processes a evaluation and monitoring committee is charged with the responsibility of looking into the entire evaluation process and suggest suitable reforms.

The University lays great emphasis on making learning student centric. The following are the various reforms and innovations in curriculum, teaching learning and evaluations systems:

**A) Curriculum:**

To promote systematic approach to curriculum design, update and timely implementation through standing mechanism of curricular revision every three years. The University ensures structured evaluation of curricular revision process through its copyrighted curriculum evaluation model - 'FIPO Model'.

## **2) Teaching Learning:**

The University emphasizes learner centric teaching learning approaches directed towards development of professional competencies. Incorporation of teaching learning modalities, to name a few, are:

- PBL – Problem based learning
- MPBL – Modified problem based learning
- ITP – Integrated teaching program
- Tutorials
- Symbiosis
- ECE – Early clinical exposure
- Interactive Intra-group tutorials

The University has taken steps to facilitate transition from traditional classrooms into an e-learning environment are as follows through E-classrooms, E-learning resources, Wifi enabled classrooms, Use of virtual teaching modules, Kiosk with updated information, Knowledge portal through intranet, provision of e books and e-journals and Digital library

## **3) Assessment:** Few innovative initiatives taken by the University are:

1. Electronic question bank (e-QB) with Model answers
2. Primary and secondary test blueprints
3. Standardized question paper template
4. Validation of question paper with regards to format and content validation
5. Formative Assessments (Mini CEX/DOPS, OSPE/OSCE) in Postgraduate courses (for all domains of learning)
6. Incorporation of Choice Based Credit system (CBCS) for other postgraduate courses

## **4) Conduct of Examination:**

The University ensures transparency in the process of evaluation right from preparation of panel of examiners and paper setters to the declaration of results. The confidentiality is ensured through well laid out structured mechanisms during pre-examination, examination and post examination process.

The various innovative practices mentioned above are sincere attempts on the part of the various committees of the university to ensure that no stone is left unturned in its progress towards excellence. There is a constant drive to gain more and more analytical feedback of our processes so that constant innovations can be designed and each innovation leads us forward in our path towards excellence



### **Research Promotion Initiatives:**

The DMIMS (DU) is committed to enhancing the contribution of research to health and social care. Research is essential to the successful promotion and protection of health and wellbeing, and also to modern, effective health and social care services. At the same time, research can involve an element of risk, both in terms of return on investment and sometimes for the safety and wellbeing of the research participants. Research is a foremost mandatory activity of all University Divisions and departments along with regular teaching. All the divisions are actively engaged in research projects to facilitate manpower, skill and knowledge development, to serve the society in general and for academic excellence in particular research scholars register for PhD degree. Few initiatives of the University to develop research culture and aptitude are as follows;

1. Autonomous research Cell headed by the Director Research & Development
2. Participation of undergraduate and postgraduate students in research activities
4. Establishment of a subtle and sustainable financial base
5. An effective leadership and management in place at all levels of the organization,
6. A positive research environment to maximize the potential of staff,
7. Meaningful collaborations and contracts with industry and the public sector,
8. Periodic Need based review of the research policy

The University publishes six in-house multidisciplinary research journals namely; Journal of Datta Meghe Institute of Medical Sciences University, Journal of Indian system of Medicine, Journal of Rural Nursing, Journal of Orthopedics and life Sciences, Online Journal of Health Sciences Education and Online Journal of Students Journal of Health Sciences . The University patronizes research culture by promoting post-graduate students and faculty members to attend academic programs, conferences and to participate in meetings related to research programs. Staff Research Society (SRS) and Clinico-Pathology Conference (CPC)-provide researchers to present their work and seek feedback from peers and experts before final dissemination. Regular sessions and workshops are held on topics like Research Methodology, Scientific Writing, Grant Writing and Publications for faculties, and students. Oriental training and bridging course in research methodology & periodic academic programs for under graduate, post graduate students and faculty are organized by the University. University has also started an interdisciplinary course in Research Methodology and Biostatistics for capacity building of faculty and student in research.

### Seed Money and Research Grants:

1. The University has an earmarked financial allocation for research and development activities.
2. The university provides the seed money for the researchers (Undergraduate Researchers; Post Graduate Researchers; Doctoral Researchers; Faculty level Researchers) to undertake research projects. The University provides funding support to the research projects of junior faculty and PG students to encourage them to initiate research.
3. In addition to seed money, the R&D Cell of the University
  - a. Sponsors National and International seminars / workshops and
  - b. Conduct Training programs which facilitate interaction and collaboration with other experts, institutes and universities.
4. Encourages submission of research proposals to funding agencies and a number of faculty are involved in conducting funded projects.

### Strength in Partnership:

Over the years, DMIMS (DU) has built a global network of partner institutions in education and research, some of which are ranked among the world's best.

Such meaningful collaborations promote desired exchange of ideas targeted at areas of strategic interest and leverage, each institution's unique strengths, creating many opportunities for teaching, learning and discovery, and innovative new programmes.

Sr. No	Name	Purpose
1	Harvard University, Boston, USA	Research
2	Maina Foundation, USA	Research
3	Department of Cardiac, Thoracic and Vascular Sciences, University of PADOVA, ITALY	Faculty Exchange FDP
4	ANU, The University of SYDNEY University of Sydney Sydney Medical School, NSW 2006, Australia (SMS)	Student Exchange
5	World Health Organization Department of Reproductive Health and Research, Includes UNDP/ UNFPA/ World Bank	Research
6	Collaborative Observational Clinical Study Agreement McMaster University , Canada	Research
7	Grand Challenges Canada Saving Brains: Scaling early childhood development at Anganwadi Centers in India.	Research
8	University of Chester	Faculty Exchange
9	University of California	Research
10	Smile Train, New York (Agreement)	Consultancy

11	Indian Ocean Dental School and Hospital, Mauritius	Faculty Exchange
12	International Training Agreement, American Heart Association	Consultancy
13	International Society for infectious Diseases (ISID)	Research
14	YAYASAN Institute Pengembangan, SuaraMitra, Indonesia	Research
15	Georgia Southern University, USA	FDP
16	Conservative Wild lands Trust (CWT)	Research
17	Facility based new born care (UNICEF Sponsored)	Training
18	Save Life at Birth Canada	Research
19	Facility for Integrated Management of Neonatal Care and Illness, WHO	Training
20	The George Institute of Global Health, Australia INFORMUS Study	Research
21	Centre for Public Health, Liverpool John Moores University, Liverpool, United Kingdom	Systematic Review
22	John Hopkins University, USA	Research
23	University of Sheffield, UK	Placement
24	Department Biostatistics, University of Western Sydney, Sydney, Australia	Systematic Review
25	SYRCLE – Radboudumc , The Netherlands	Systematic Review
26	South –Asia Research Hub for Systematic Reviews, DFID	Systematic Review
27	South Asian Cochrane Network & Center, Prof. BV Moses Center for Evidence-Informed Health Care and Health Policy, Christian Medical College, Vellore	Systematic Review
28	Indian Institute of Public Health- Gandhinagar,	Research
29	Public Health Foundation of India, New Delhi, India	Research
30	Indian Council for Medical Research, New Delhi, India	Various Projects
31	NEERI, Nagpur	Research
32	DST, New Delhi	Research, Academic Programs
33	Medical Council of India, New Delhi	FDP
34	National Institute of Nutrition (NIN)	Research
35	CCIM, New Delhi	FDP

### **Student Support and Progression:**

A DMIMS (DU) education includes learning from learned teachers in their respective fields, plethora of opportunities for interaction with industry leaders at home and abroad and projects that examine real-world issues. Our rigorous academic programs empower students to think critically across disciplines, and foster a resourceful and enterprising spirit. It also inspires them to be constructive and responsible members of the community as well as global citizens.

## **Effective Support Mechanisms for Students are:**

### **1. Students Guidance Clinic:**

The 'Students Guidance Clinic' is an innovative practice started by the Institute. It is manned by trained clinical psychologist to offer help, assistance and counseling to the needy and also provides psychological support to enhance their performance, building up their confidence and thus helping them in their all- round personality development.

### **2. Students Welfare Cell:**

The Students Welfare Cell guides the students about the free-ships, scholarships etc. available to them and also provides information, help and encouragement to participate in co-curricular activities like quizzes, debates etc. Encouraging the students by way of testimonials, awards, and prizes etc. to the best performers in academics and co-curricular activities is another noteworthy feature.

### **3. Autonomous International Students Cell:**

The cell caters to the needs of the NRI/FN/PIO students and acts as a facilitating link between them and their parents.

### **4. Grievance Redressal Mechanism:**

The institute has a structured three tier grievance redressal mechanism for providing a platform to the students to vent their grievances and get them redressed through preceptors, Institutional committee and the Grievance Redressal Cell of the University.

### **5. Preceptorship Programme:**

It is another innovative activity wherein senior teachers are allotted ten students each for whom they act as mentor teachers. They interact periodically to review their attendance, progress and counsel them towards sorting out their relevant grievances by taking them to the appropriate forum.

## **6. Alumni Association:**

Every constituent college has an alumni association which organizes periodic interactive meetings, where they share their experiences and also take up activities for helping their alma mater.

## **7. Parent Teacher Association (PTA):**

In an attempt to involve the parents into the implementation of the academic programmes, obtain their suggestions for its better implementation and to have healthy dialogue between the parents, teachers and the students; PTA has been established.

## **8. Free Health Services:**

All hostels have been provided with first aid boxes facilities. The teaching hospital provides emergency care and free health services to the students. Biannual Medical examination of all the students is done free of cost by the teaching hospitals.

## **9. Feedback system from stake holders:**

Constructive feedback from the stake holders is obtained for improving the implementation of academic programmes and policies.

## **10. Value Education:**

The subject value education has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The DMIMS (DU) is one of the first Health Sciences University in the country to introduce value education in its curriculum.

## **11. Anti Ragging cell :**

The Anti ragging committee is constituted and functions in accordance with the policy of "zero tolerance" as per Raghvan Committees report.

## **12. Academic Appraisal Program:**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The Academic Appraisal Programme focuses on internally auditing the extent and the manner of dispensation of academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the university at the beginning of the academic term. It is as such a novel way of student led monitoring of quality of teaching, practiced in the University.

### 13. Co-curricular Aspects:

The students are encouraged to participate in various co-curricular activities including games and sports by giving them suitable platforms and opportunities. They are also encouraged and supported to participate in intercollegiate events and competitions. The college annual magazines are published to give opportunities to the students to express their literary and creative talent.

**14. Student Incentives :** There is a well crafted reward and incentive scheme of the university for encouraging and rewarding the meritorious students and support the learners from the lower socio-economical background. The university has policy for freeships, scholarship for the learners from the lower economical strata and for the meritorious performance.

### Stakeholder's Feedback:

“Stakeholders” (students, faculty, staff, alumni, parents, Patients, Community, employers, visitors) are the genuine “assets” of colleges and universities. The University follows a 360<sup>o</sup> Feedback Cycle for all its process improvement measures. There is a mechanism in place for defining the scope of the feedback , its real time analysis and improvement and control machinery to act upon actionable points arising out of such feedbacks in a timely manner.

The feedback taken on various aspects and the percentage of its implementation of their suggestions / recommendations is depicted in the following table:

S No	Stake holder	Areas of feedback	Percentage Implementation
01	Students	Curriculum / Infrastructure/T-L-E/Placement/ hospital services/ Extension	82%
02	Alumni	Curriculum/ Infrastructure/T-L-E/Placement	85%
03	Parents	infrastructure/ Placement/ T-L-E	72%
04	Employers	Curriculum/Placement/ Infrastructure	70%
05	Peers	Curriculum/ T-L-E	74%
06	Patients	hospital services/ Extension	93%
07	Community Leaders	hospital services/ Extension	79%

### **Centers of Excellence (COE):**

The Centre of Excellence at DMIMSU is dedicated to the advancement of knowledge to meet the great challenges of the 21<sup>st</sup> century. Located at the crossroads of the Nation's most growing region; the Institute brings together the most brilliant minds to drive cutting-edge discovery and scholarship for the betterment of mankind. DMIMS being a Deemed University has the privilege to design and implement education programs equivalent with Global standards that has led to creation of Centers of Excellence. The primary impulse for creating such centers is to offer special assistance to certain programs based on their quality as well as special needs. The Centers of Excellence are characterized by the innovation and uniqueness of their programs as well as the effectiveness and National and International visibility of its members. The emphasis of COEs is on creating an environment that nurtures creativity, flexibility and original thought.

GOALS AND OBJECTIVES of CoE are:

- To promote and develop the research capabilities and professional activities.
- To preserve, sustain and enhance practices towards effective health care delivery.
- Collaboration, research and development in technological assistance in health-related fields.
- To develop, promote, and coordinate programs through National/International collaborations on evidence-based nursing.
- To strengthen Local, National and Global partnerships with Public-health practitioners, organizations, Universities and to develop meaningful linkages with like-minded institutions.
- To validate, standardize and monitor teaching-learning activities, assessment & evaluation strategies and promote systematic approach to curriculum design, update and timely implementation.

## CENTRES OF EXCELLENCE:

Ten Centers of Excellence, as stated below, are created with relevant concept notes and core document of each Centre for periodic evaluation.

S/No	Name of the Center of Excellence	Name of Hon. Director
1.	Health Sciences Education Policy and Planning	Dr. Ved Prakash Mishra
2.	School for Health Professionals Education and Research	Dr. Mrs. Sunita Vagha
3.	School of Advanced Studies	Dr. Minal Chaudhary
4.	Arogya Setu	Dr. Sandeep Srivastava
5.	Global Collaboration & Accreditation	Mr. Rajiv Yashoroy
6.	School for Virtual Learning	Dr. Nikose
7.	School for Epidemiology & Public Health	Dr. Abhay Gaidhane
8.	Center of Interdisciplinary Clinical research & Life-style Modification	Mr. Manish Deshmukh
9.	Evidence-based Nursing	Mrs. Seema Singh
10.	Technological Interventions in Medicine	Dr. Chandrashekhar Mahakalkar

**Best Practices : The University has established, structured and stabilized many quality centric best practices as a regular feature:**

- 1) Ganesh Festival Celebration
- 2) Faculty Development
- 3) Aadhar Scheme- An Espionage for the elderly
- 4) School of Advanced Studies
- 5) Symbiosis A unique interdisciplinary Postgraduate activity model
- 6) Academic Appraisal Program – An innovative in process quality control program
- 7) Community Health team
- 8) Evidence Based Nursing
- 9) Free transportation for quality health care
- 10) Early Clinical Exposure in Indian System of Medicine



### **Conclusion:**

To conclude; DMIMS is producing the next generation of thoughtful leaders and innovators to discover, create and lead across many areas, including medical education, global public health and translational research. Our core strengths lie in the excellence and breadth of our research, the quality of our students and staff, global outlook and extensive domestic and International networks. As a central part of our International strategy, we are committed to fostering partnerships with other leading Institutions and promoting mobility of staff and students. Our partners include some of the world's leading universities, and with them, we take part in research collaborations and academic exchanges.

In a nutshell; the University during the impending period has ventured in addressing all the **"quality concerns"** and has thereby succeeded in ushering a **culture of Excellence** in the varied aspects of its functioning. The visionary leadership has ensured that this hard earned precious culture is not traumatized by "complacency and apathy" in any manner. The University realistically stands committed to fulfill the aspirations of the region, which looks up to it with hopes and expectations.



## CRITERION I: CURRICULUM PLANNING, DESIGN AND DEVELOPMENT

### 1.1.1 Does the institution have clearly stated goals and objectives for its educational program?

Yes. The academic programs of the University are framed in tune with the 'Goals' and the 'Objectives' crystallized out of the 'Vision and Mission' document. The curricula and syllabi for various programs are primarily designed and developed by the Board of Studies, so as to address the needs of the society keeping in mind the Local, National and Global trends and developmental perspectives.

#### **Goals and Objectives of the University are stated as under:**

1. To provide need based learner, a community and quality centric education in all such branches of learning as may be deemed appropriate from time to time, so as to enable students to acquire and excel in higher education.
2. To institute Degrees, Diplomas, Fellowships, Certificates and other Academic distinctions on the basis of examinations and other permissible methods of evaluation.
3. To create higher intellectual capacities and abilities towards generation of globally relevant trained health manpower.
4. To venture into innovations and evidence based modifications in various domains of educational process as a whole.
5. To provide for generation of new knowledge through interdisciplinary research relevant to the societal needs.
6. To create centers of excellence for research and development and for dissemination of knowledge and its relevant application regionally, nationally and globally.
7. To offer continuing educational programs to update knowledge and skills and to generate and promote amongst the students, teachers and employees, an awareness and understanding of the societal needs of the country and prepare them for all such needs.
8. To undertake innovations, extramural studies, extension programs and outreach activities to cater and to contribute to the sustainable development of the society.
9. To provide need based consultancy to the relevant industries and public health organizations.
10. To ensure the faithful adherence to directions and/or guidelines issued by the University Grants Commission and other Regulatory Statutory Bodies from time to time.
11. To undertake all such initiatives as may be necessary and desirable towards furtherance of the Goals and Objectives as are set from time to time.



The major concerns of **Health Sciences Higher Education Institutions** are effectively addressed by the Goals and Objectives of the University crystallized out of the ‘Vision and Mission’ as under:

S No	Concerns of Higher Education Institution	Goals & Objectives
1	Access to Disadvantaged	1,7,10
2	Equity	1,2,3,7,8,10
3	Self Development, Training, Research, higher intellectual capacities	1,2,3,4,5,6,8,9
4	Community & National Development	1,2,4,5,6,7,8,9,10
5	Ecology & Environment	7,8,9
6	Value Orientation	1,3,7,8
7	Employment	2,3
8	ICT introduction	1,3,4,5
9	Global and National Demands	All
10	NAAC Core Values	All
11	National Health Policy Expectations	All

1.1.2 How are the institutional goals and objectives reflected in the academic programs of the institution?

The goals and objectives of the institution are reflected in academic programs including research and comprehensive health care conducive to sustainable development. The academic programs offered in the institution cater to these major areas in varied dimensions as summarized below:

Academic programs:

- Programs offered are interdisciplinary which are relevant to National and Global needs.
- Skill oriented courses with high technical and scientific contents in disciplines of health sciences facilitating employability.
- Socially relevant academic programs having integrated outreach components and humanitarian considerations.
- Value-based education to expand learning experience beyond the syllabus facilitating overall personality development.

Research

- All programs have built-in research component.
- Programs provide hands-on research opportunities for all learners to enhance research skills and generate new knowledge with a core idea of developing futuristic healthcare, meeting the national and global demands.
- Training programs in research methodology, biostatistics, ethical research, writing for publications and research grants.



- Mandatory for postgraduates to complete research projects and dissertations.

Healthcare:

- The training in health care is an integral part of the academic programs.
- Students learn their skills primarily in health care set-up.
- The health care is delivered through a network of primary and tertiary care teaching hospitals acquiring competencies across all health care settings,
- Programs provide extension and outreach activities caterings towards the wellbeing of the society as well as create opportunities for community-based studies, researches and extramural projects.

- 1.1.3 Does the institution follow a systematic process in the design, development and revision of the curriculum? If yes, give details of the process (need assessment, feedback, etc.).

Yes. The institution has a systematic process in the design, development and revision of the curriculum. It is based on need assessment through 360<sup>0</sup> feedback. The periodic revision of the curricula is undertaken for upgradation. University has prescribed its own curricula from the academic session 2006-07 which is based upon:

- a) Student Centric Learning
- b) Problem Based Approach
- c) Community Oriented and Need based Training
- d) Discipline Based Core Curriculum
- e) Research Orientation
- f) System based Approach
- g) e-learning

Upgradation of the curriculum was done by procuring the desired information from “formal” as well as “informal” sources. Feedback is obtained from various stakeholders including Alumni and their employers. The eminent faculties, academic experts and various statutory bodies are consulted. In addition curricula from reputed National Universities are referred to make comprehensive curriculum of the University.

The University has evolved a curriculum revision model “DMIMS Eleven steps model for UG Curriculum Revision”, “DMIMS Eleven steps model for PG Curriculum Revision” and “DMIMS Five steps model for Fellowship Curriculum”

**‘A DMIMS model for undergraduate curriculum revision- An eleven step Approach’ and ‘DMIMS eleven step model for Postgraduate curriculum revision’ are copyrighted.**



## **Curriculum update process for Undergraduate Programs**

1. Number of feedbacks to be obtained as under:
  - Faculty : All faculty members (100% faculty)
  - UG Students : Minimum 100
  - Peer : Minimum 30
  - Alumni : Minimum 50
  - Community and Parents: Minimum 20
2. Weightage accruable vide the feedback analysis is as under;
  - 60% : Faculty and UG Students
  - 30% : Peers + Alumni
  - 10% : Community + Parents
3. Whole UG curriculum is divided 'Topic Wise' under three levels of competencies as follows:
  - Must know : 60%
  - Desirable to know : 30%
  - Nice to know : 10%
  - The curriculum is categorized into Didactic and Non-didactic components
4. While calculating the % of curriculum revision following aspects are considered:
  - Revision in course content
  - Revision in Teaching Learning methodology
  - Revision in scheme of assessment.
  - Percentage of curricular revision is calculated as follows;  
 $\% \text{ of curriculum revision} = \frac{\text{Total number of hours modified in terms of content or methodology}}{\text{Total number of teaching hrs.}}$
5. Total curriculum revision is 10-20 % at a given time.

### **Eleven steps for UG Curriculum Revision – (IPR Reg no L-64023/2016)**

#### **Step-1: Formulation of Departmental Curriculum Committee (DCC)**

Each department formulates a DCC of three members as per following specifications,

1. Chairman – Head of the department
2. One Professor / Associate Professor
3. One Associate Professor/ Assistant Professor having more than 5 years of teaching experience
  - One of the members must have any one of the following qualifications
    1. DMIMS Advance Course in MET / Fellowship in Medical Education (FIME)
    2. M. Phil in (HPE)
    3. FAIMER Fellowship



Step-2: Sensitization of the DCC for UG curriculum revision

Sensitization of DCC members for UG curriculum revision is done through an appropriate workshop by the experts (faculty of SHPER/ MEU)

Step-3: Need analysis for UG curriculum revision

Need analysis is done by obtaining the feedback from all the stakeholders (people who would be directly or indirectly affected or are affected by the curriculum). DCC takes this onus.

Step-4: Analysis of the feedback by DCC

The analysis is carried out by Departmental curriculum committee.

Step-5: Presentation of revised curriculum in front of outside subject expert.

**The feedback analysis is presented in front of the following members:**

- Outside experts
- BOS Members
- Faculty members
- UG Students

Step-6: Incorporation of suggestions of expert after presentation

More than 75% of the suggestions obtained after feedback analysis are incorporated in the UG curriculum revision document.

Step-7: Approval by the Board of Studies

This revised curriculum is submitted for approval to the Board of Studies. It is later submitted to Deans committee for approval.

Step-8: Approval by Deans Committee

Deans committee records its approval and submits the same to the academic council for approval.

Step-9: Approval by Academic Council

Academic council records its approval

Step-10: Noting by the Board of Management

The revised curriculum is noted by the Board of Management.

Step-11: Implementation of revised curriculum

After approval from academic council, it is implemented in undergraduate student curriculum from the subsequent academic year.

**b. Curriculum update process for Postgraduate programs:**

1.Number of feedbacks to be obtained as under

- Faculty : All faculty members (100% faculty)



- PG Students : 100% (Jr. 2 and Jr. 3)
- Peer : Minimum 20
- Alumni : Minimum 10
- Community and Parents : 10

2. Weightage for feedback while its analysis is as under.

- 60% : Faculty and PG Students
- 30% : Peers + Alumni
- 10% : Community + Parents

3. Whole PG curriculum is divided paper wise into 3 categories as follows:

- Knowledge : 50%
- Psychomotor skills : 40%
- Attitude/Behaviour/Phonetic skills : 10%

4. While calculating the % of curriculum revision following heads are considered:

- Revision in course content
- Revision in Teaching Learning methodology
- Revision in scheme of assessment (Paper IV of Theory + Pedagogy)

### **Eleven steps for PG Curriculum Revision(IPR Reg L-64631/2017 )**

Step-1: Formulation of Departmental Curriculum Committee (DCC)

Each department formulates a DCC of three members as per following Specification

- 1.Chairman – Head of the department
- 2.Professor / Associate Professor
- 3.Associate Professor
  - Two out of three members should be university approved PG guide.
  - One of the member must have any one of the following qualifications;
    - 1.DMIMS Advance Course in MET / Fellowship in Medical Education (FIME)
    - 2.M. Phil in (HPE)
    - 3.FAIMER Fellowship

Step-2: Sensitization of the DCC for PG curriculum revision

Sensitization of DCC members for PG curriculum revision is done through an appropriate workshop by the experts (faculty of SHPER/ MEU)

Step-3: Need analysis for PG curriculum revision

Need analysis is done by obtaining the feedback from all the stakeholders (people who would be directly or indirectly affected or are affected by the curriculum). DCC takes this onus.



Step-4: Analysis of the feedback by DCC

The analysis is carried out by Departmental Curriculum Committee.

Step-5: Presentation of revised PG curriculum in front of outside subject expert.

The feedback analysis is presented in front of the following members:

- 1) Outside experts
- 2) BOS Members
- 3) Faculty members
- 4) PG Students

Step-6: Incorporation of suggestions of subject expert after presentation

More than 75% of the suggestion obtained after feedback analysis is incorporated in the PG curriculum revision document.

Step-7: Approval by the BOS

This revised PG curriculum is submitted for approval to BOS. It is later submitted to Deans committee for approval.

Step-8: Approval by Deans Committee

Deans committee records its approval and submits the same to the academic council for approval.

Step-9: Approval by Academic Council

Academic Council records its approval.

Step-10: Noting by the Board of Management

The revised curriculum is noted by the Board of Management.

Step-11: Implementation of revised curriculum

After approval from academic council, it is implemented in Postgraduate curriculum from the subsequent academic year.

**c. Curriculum update process for Fellowship programs:**

1. Number of feedbacks to be obtained is as under

- Faculty : All faculty members
- Alumni : All Alumni
- Peer : 10
- Community : 10

2. Weight age accruable vide the feedback analysis is as under.

- 50% : Faculty
- 40% : Peers + Alumni
- 10% : Community





3. Whole fellowship curriculum is divided into 4 categories as follows:

- Knowledge : 50%
- Psychomotor skills : 30%
- Attitude/Behaviour/Phonetic skills : 10%
- Research Skill : 10%

4. While planning the course content it is divided into three sections as follows

- A. Basic Sciences allied with specialty : 20%
- B. Specialty part I : 40%
- C. Specialty part II : 40%

5. Assessment of students is done as per CGPA. While preparing the scheme of examination, the following points are considered :

A. Formative assessment

- Seminar Presentation
- Participation in the Colloquium
- Part completion test
- Compulsory externship for training
- Compulsory short research project

B. Summative Assessment

- Theory examination – Single Paper
- Practical examination
- Mock defense Viva on short research project

### **Five steps for Designing of Fellowship Curriculum:**

Step-1: Formulation & sensitization of standing expert committee for Curriculum designing for fellowship

Eight Member standing expert committee for Curriculum designing for fellowship is constituted at the level of School for Advanced Studies

A)Composition of standing expert committee for Curriculum designing for fellowship is as under:

1. Chairman – Director / Convener of Fellowship Program
2. Members - One Professor / Associate Professor each from the following disciplines
  - a. Medicine Faculty-
    - Pre-Clinical
    - Para-Clinical



- Surgery & Allied
  - Medicine & Allied
  - b. Dental Faculty
  - c. Ayurved Faculty
  - d. Nursing Faculty
3. One of the above members is a member secretary

B) Duties of Members of standing expert committee are as follows

- Need analysis for Fellowship curriculum
- Analysis of the feedback
- Presentation of fellowship curriculum in front of outside subject expert in respective BOS Meeting
- Incorporation of suggestions of subject expert after presentation
- Submission of Curriculum document to respective BOS for Approval

C) Sensitization of the Members of standing expert committee for Curriculum designing for fellowship is done through an appropriate workshop by the experts (faculty of SHPER/ SOAS)

Step-2: Approval by the BOS

This fellowship curriculum is submitted for approval from respective Board of studies. It is later submitted to Deans committee for approval.

Step-3: Approval by Deans Committee

Deans committees records its approval and then submits it to the academic council.

Step-4: Approval by Academic Council

Academic Council records its approval

Step-5: Noting by the Board of Management & implementation of the fellowship curriculum

The fellowship curriculum is noted by the board of management and then it is implemented in fellowship curriculum from the subsequent academic year.

The process of curriculum revision is done at an interval of every three years. The University has also incorporated CBCS in all its courses wherever feasible, so as to provide for academic flexibility in terms of credit transfers. The University has Choice based credit system for Foundation course and Electives (Core and Optional) in Undergraduate program. University has also incorporated Choice Based Elective System in the fellowship program.



#### 1.1.4 How does the curriculum design and development meet the following requirements?

- \* Community needs
- \* Professional skills and competencies
- \* Research in thrust / emerging areas
- \* Innovation
- \* Employability

##### **Community Needs**

The sponsoring Society and University aims to promote optimal health for public through community outreach programs. The community-based training and education constitute core of the curriculum designed. The clinical data on prevalence of disease available through rural, urban health centres and community health check-up camps help in the community-oriented education for undergraduate and postgraduates.

The demographic profile of the community is kept in mind for designing the curriculum for the relevant courses. As such, the region is an endemic zone for sickle cell disease, urolithiasis, filariasis, Hansen's disease etc. All these diseases / conditions are given due importance while designing the curriculum. An effort is made to incorporate the pandemic and endemic conditions of the country as a part of curriculum.

The University health programs emphasize on community-oriented health education, prevention and management of diseases. Curriculum is redesigned by incorporating themes and topics emphasized by international and national research agencies that promote and facilitate community health.

##### **Professional skills and competencies**

For inculcating professional skills and competencies amongst students, the curriculum is developed by providing adequate weightage to Pre, Para and clinical exercises, laboratory exposure, training at Community level / industry and research-orientation with an objective of achieving the goals of health professionals. The curriculum of PG and UG is spread out in such a way that adequate opportunities are provided for overall development of professional skills and competencies through Foundation courses, Early Clinical Exposure, Value Education Courses, community based education, postings in Skill labs (Basic & Advanced), CAP labs, Simulation labs and Virtual learning labs.

##### **Research in thrust / emerging areas**

- The thrust/emerging areas for research are identified based on the announcement made by different statutory councils, world health organization and other similar agencies considering the Local, National and Global needs and the research facilities available at the University.
- The undergraduate, postgraduate curricula focuses inclusion of research topics on these identified thrust areas.



- The Ph.D. students are encouraged to undertake their researches on these identified thrust / emerging areas.
- The fellowship programs offered through the School of Advanced Studies addresses the emerging area of knowledge domain for health Sciences including interdisciplinary integration.
- The faculty, Ph.D. Supervisors and all other concerned members are orientated towards these thrust/emerging areas.

The ICMR-STC projects are focused on the thrust areas as identified by ICMR every year. University research cell identifies and informs potential researchers about the thrust / emerging areas in Clinical research and intra-mural grants are provided for such project proposals as a matter of policy. SHPER Incubation Center identifies and nurtures potential researchers in emerging areas of educational research.

The following thrusts areas identified by different agencies are being investigated with ongoing research projects in the University.

Sr. No.	Thrust Area	Project Title	Funding Agency
1	Reproductive Child Health	Emergency obstetrics care Facilitators for District Quality Assurance program for RCH – 2 for Maharashtra State	UNFPA India Centre for Health and Social Justice
		Project RCH Phase - II RCH Service Delivery Intervention in underserved areas of Maharashtra Through Service NGO	Ministry of Health and Family Welfare, Government of India
		Rapid Diagnosis of Frail and Sick Newborns with a Handheld Vital Sign Monitor	USAID (through Harvard University)
		Development for thrive multisite study : open SRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	Sub Contract Agreement from the Summit Institute of Indonesia (WHO; Harvard University USA)
2	Reproductive Child Health & Health System research	Saving Brains : Scaling early childhood development at Anganwadi Centers in India	Grand Challenges Canada
		Training of Medical officers and health staff on facility based newborn care	UNICEF
3	Reproductive Child Health	Accuracy of Pulse Oximetry	Indian Council Medical



	/ Non-communicable diseases (Cardiovascular disease)	screening to detect critical congenital heart defects in hospitalized neonates	Research (ICMR)
4	Health System Research Innovations	Relevance and excellence in Achieving new height in educational institutions (Centre of Relevance & Excellence)	Department of Sciences & Technology (DST) (TIFAC)
		Assessment of JSY Program under PPP in Amravati District of Maharashtra	FRCH, Pune
		Training of District Epidemiologist & DSO in Maharashtra and Chhattisgarh state	National Health Resource Centre (NHRC)
		Training Programme of Asha	District Integrated Health and Family Welfare Society NRHM, Wardha
			Dabur Research Foundation Ghaziabad
			Bharat Biotech Hyderabad ( Clinical Trial Project )
		Systematic Public Health Education Research and Empowerment Site (SPHERES)	Harvard School of Public Health Boston (USA)
		Collaboration between academy and clinical practice to promote evidence based practice in Indian and Swedish Health Care	Swedish International Development cooperation agency department for research cooperation (SIDA)
		Advance center for clinical pharmacology for antibiotic stewardship and research in the field of antimicrobial usage	Indian Council Medical Research (ICMR)
		Improving access to Pain Relief and Palliative Care in India	Pallium India, Palliative Care
Effect of Social Media on Adolescent health : A systematic review & Meta-Analysis	Indian Council Medical Research (ICMR)		
District Health Management and Public Service Delivery: Evidence	Public Health Foundation of India, Indian Institute		



		from India	of Public Health- Gandhinagar (PHFI)
		International orthopedic Multicenter Study in Fracture Care (INORMUS)	George Institute for Global Health Canada
5	Communicable Diseases (Malaria)	Malaria Evolution in South Asia (MESA) (National Institutes of Health (NIH))	University of Washington (National Institutes of Health (NIH))
		Prospective dengue sero prevalence study in Indian Children (Dengue)	Sanofi Pasteur S.A. France
6	Communicable (Diarrheal diseases, Malaria, TB etc.) and Non-Communicable Diseases (Diabetes, CVD)	Community Based Participatory Research in Tribal Health in and around Pench Tiger Reserve, Maharashtra; Improving through Comprehensive Health Approach - Aarogya Plus in collaboration with Forest health Department Nagpur	Wildlife Conservation Trust (WCT) Mumbai
		Community Based Participatory Research In Tribal Health: Improving Health through Comprehensive Health Approach - Aarogya Plus Project in and around Pench Tiger Reserve Maharashtra.	Conservation Wild lands trust (CWT) Mumbai
7	Communicable Diseases (Tuberculosis)	Evaluation of Public Private Mix (PPM) Model under RNTCP for rural areas of Wardha District	Maharashtra state Anti TB Association Mumbai RNTCP
		Community engagement and awareness for tuberculosis prevention and control in rural Wardha	Catholic Health Association of India (CHAI)
		Drug –resistant tuberculosis : study of clinical practices of chest Physicians Maharashtra, India	Foundation for Medical Research (FMR)
		Study of Interferon Gamma and ADA in Exudative Pleural Effusions	District Integrated Health and Family Welfare Society - RNTCP Operation Research
		Assessment of clinically suspected and unsuspected tubercular Lymphadenopathy by PCR compared to non-molecular Methods in Lymph node Aspirates	International Society for Infectious Disease (ISID)
8	Communicable Diseases	Community care center for People	AVERT Society,



	(HIV/AIDS)	living with HIV & AIDS : Training of TI NGOs in HIV Prevention and care	Mumbai and MSACS Karnataka Health System Promotion Trust (KHPT)
9	Cancer	Breast cancer Awareness and screening programme	Mania Foundation, USA
10	Disability	Smile Train, Acharya Vinoba Bhave Rural Hospital Project	Smile Train, USA
11	Hematology and Hemoglobinopathies (Sickle cell)	Evaluation of Implementation of Sickle Cell Disease Control Programme in Maharashtra : Comparison of Performance of Selected districts covered by NGO's & ASHA's	State Health Resources Centre (SHRC)
12	Indian System of Medicine	Double blind randomized clinical study to evaluate safety and efficacy of Probiotic Honey in children	Ministry of Micro, Small and Medium Enterprises, Govt. of India
		Management of Lifestyle Disorder – Diabetes II – Ayurveda Practices.	Scheme for Promotion of AYUSH Intervention in Public Health Initiatives: Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy AYUSH
		Acute and Sub-acute toxicity studies (9 Projects)	Unijules Life sciences
13	Herbal Medicine	Herbal Garden : Conservation and demonstration center of medicinal plants in Vidarbha	National Medicinal Plant Board (NNPB)
14	Life Style Diseases	Lifestyle, health & wellbeing of Nepali migrants in India: A qualitative study	Bournemouth University, UK

**Innovation:**

The University encourages innovative practices to be incorporated in designing curriculum. The major innovations worked out by the University in the domain of Curriculum are:

1. Curricular Design:

Competency Based Curriculum for Post graduates, provision of foundation and electives (core and optional) in Undergraduate programs



2. Teaching Learning:

Modified Problem Based Learning (IPR ref L-62803/2015), Interactive Intra-group tutorials (IPR Ref.L-60802/2014), Peer led Teaching, evidence based journal clubs, Enrichment Courses in super-specialty/ sub specialty etc.

3. Assessments:

Formative Assessments in PG Curriculum, Introduction of higher levels of cognition in question paper (UG & PG), Standardization of primary and secondary test blueprints in all subjects across the University

4. Curriculum Evaluation:

University has evolved a model of curriculum evaluation “FIPO” (Formative Input Process Output& Outcome) model.

**Employability:**

A need assessment is conducted before starting of new courses in terms of its demand. The curriculum is designed for newer courses so as to meet expectations of the health sector and research organizations. Members from health sector, research organizations and alumni are invariably part of the curriculum design team and provide their inputs. Many programs offer subjects which have job orientation and better employability. Practical training, skill training and clinical exposure are adequately provided to enable students to make them employable.

1.1.5 To what extent does the institution use the guidelines of the regulatory bodies for developing and/or restructuring the curricula? Has the institution been instrumental in leading any curricular reform which has created a national impact?

The institution scrupulously adheres to the guidelines of the respective Apical Councils for developing or restructuring the curricula. As such the Apical Councils provide a minimum standard of the inclusions at each level. The institution incorporates these minimum standards as essential part of its curricula and builds upon them through various modes of incarnations in terms of the global trends, value education, soft skill enhancements etc.

The module prepared by University for vertical integration teaching program on HIV / AIDS, ICT, Mental Health – Public Health and Environmental study are introduced in the Undergraduate curriculum by the Apical Council.

In the Post graduate Curriculum, University has introduced 4th ‘P’ as participation in PGITP (Postgraduate Induction Training Program) in the existing PPP model. This PPPP (4P) Model has been approved and implemented by the apical councils.

“Introduction of CBCS in the Undergraduate Medical Curriculum”, document prepared by University has been accepted by the Medical Council as a basal document for study.

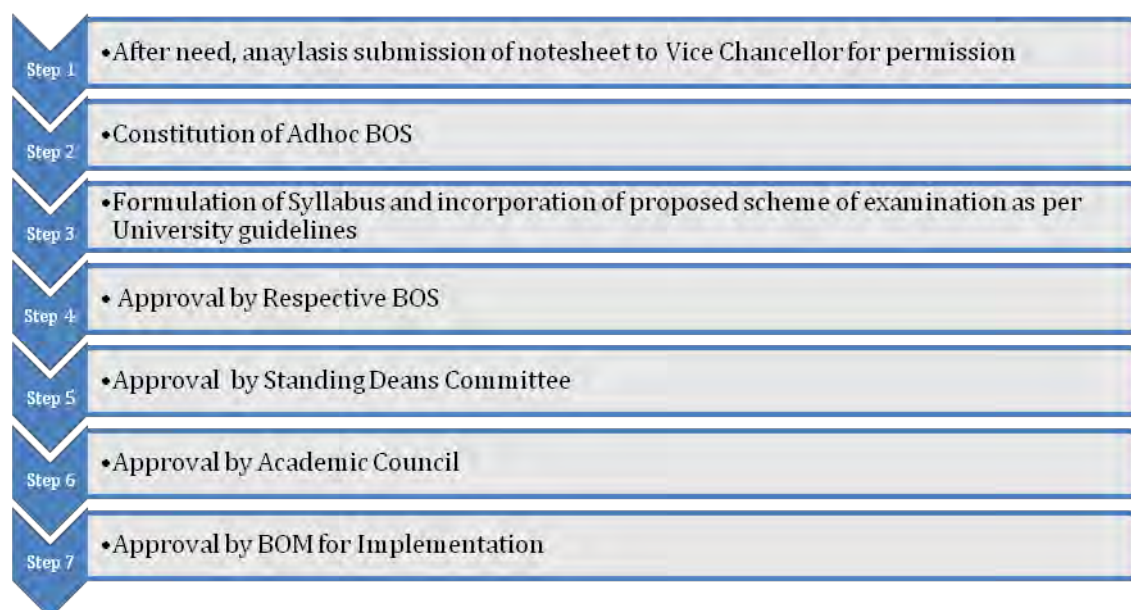




1.1.6 Does the institution interact with industry, research bodies and the civil society in the curriculum revision process? If so, how has the institution benefitted through interactions with the stakeholders?

Yes, the Board of Studies draws its members with wide representation from academia, industry, health care service providers and in some cases, international experts. They provide structured feedback to initiate, revise and redesign curricula as and when necessary. The members discuss and analyze suggestions given periodically by faculty members and external examiners. After discussion and consideration of the relevant suggestions, the changes and inclusions are considered by the standing committee of Deans for its placement before the Academic Council. 7 steps model on Introduction of new programs and introduction of value added courses have also been evolved based on feedback provided by members.

#### **7-Step approach for introduction of new teaching programs in the University:**



1.1.7 How are the global trends in health science education reflected in the curriculum?

University curriculum is based on Global trends in health sciences education which are broadly based upon four criteria namely ‘Knowledge, Skill, Aptitude and Ethics’. However, “Communication skills, Behavioral skills and attitudinal skills” are also reflected in the present curriculum. The present curriculum is based on the guidelines given by World Federation of Medical Education (WFME), as it addresses all the nine area and 35 sub-areas (Ref.WFME Global Standards for Quality Improvement-The 2015 Revision), in order to have ‘equivalence’ with International Standards.



The 'core competencies' expected from Health Professional Learner are aimed at providing quality services to the community and making them stand in the Global competition.

Thus, the curriculum includes:

- i. Professional and altruistic values, Attitude, Behavior and Ethics
- ii. Scientific foundation of Medicine
- iii. Clinical skills
- iv. Communication skills
- v. Critical thinking and Research Orientation
- vi. Population Medicine and Health Systems
- vii. Management of Information
- viii. Lifelong Learning

The entire PG curriculum is evolved as competency based.

- 1.1.8 Give details of how the institution facilitates the introduction of new programs of studies in its affiliated colleges.

The University is established under Sec. 3 of the UGC Act, 1956, as such it is unitary and does not have power/authority to affiliate the colleges.

In its constituent units, the new programs are introduced keeping in mind the five year Perspective Developmental Plan of the University, the current trends in Health sciences education and the emerging areas of knowledge as identified by a high level committee of the Ministry of HRD, Government of India. The preliminary proposals received from the constituent units are screened by the IQAC along with the Deans Committee and if found appropriate, a board of studies is constituted for the said programme.

- 1.1.9 Does the institution provide additional skill-oriented programs relevant to regional needs?

- The University provides skill oriented programs relevant to regional needs from early phase in the curriculum by "Early clinical exposure in community settings". The 'Family adoption scheme' ensures the exposure of the students towards local and regional needs. Comprehensive Community Health team concept by University takes care of development of learners in the skill and the affective domain by regularly posting them in the community as an interdisciplinary team.
- All students are trained in management of emergencies including basic life support. The students are posted at the Basic and advanced clinical skill lab where they are oriented to various skills on manikins to practice the same in the real life situation. The state of Art virtual lab is helpful in incorporating the basic skills.



- The communication, phonetic and attitude (CAP) Lab helps the students in building the skills of communication and behavioral aspects pertaining to the regional health needs.
- Posting to rural and urban health centers during internship period is a mandatory part of the curriculum.
- Extension services by the teaching hospital in the form of camps and orientation programs at community level are a regular feature of the University.
- Epidemic, Pandemic and Endemic diseases prevalent in the region have been included in the curriculum namely Hepatitis B, HIV/AIDS, Sickle Cell Disease, Hansen's disease, Tuberculosis, Endemic Goiter, Filariasis, Malaria, Dengue fever, Chikungunya, Hydrated disease, Tobacco hazards, Endemic fluorosis, high neonatal mortality, declining sex ratio, Oral sub mucous fibrosis and malignant conditions are given due weightage while framing teaching schedule.
- Due emphasis is given to Need Based Community Oriented research at local and regional level such as Sickle Cell Diseases, Filariasis, Urolithiasis and oral cancer.
- Students are encouraged to take up Short term studentship (STS) project on regional health needs in consonance with ICMR thrust areas.
- Training in local language is given for students from other states and countries. At the same time, students are also trained by the trained personnel in English.

1.1.10 Explain the initiatives of the institution in the following areas:

- \* Behavioral and Social Science.
- \* Medical Ethics / Bio-ethics / Nursing Ethics.
- \* Practice Management towards curriculum and/or services.
- \* Orientation to research.
- \* Rehabilitation.
- \* Ancient scriptural practices.
- \* Health Economics.
- \* Medicolegal issues.
- \* Enhancement of quality of services and consumer satisfaction.

\* **Behavioral and Social Science.**

Department of community medicine, Psychologist and Social Scientist of Students Guidance Unit, deliver lectures on behavioral and social sciences related to the problems and needs of the society, value education, medical ethics, and has prepared a structured program to ensure the holistic development of students.



\* **Medical Ethics / Bio-ethics / Nursing Ethics.**

Ethics / guidelines for GLP (Good Laboratory Practice) and GCP (Good Clinical Practice) are part of curriculum in UG and PG course of all the faculties of the University. During the foundation program, adequate hours are allotted for Medical Ethics and introduced it as a part of the foundation program for undergraduates and a part of PGITP for post-graduates. Series of lectures are arranged by the departments of Community Medicine and Forensic Medicine on medical ethics. Bio-ethics is part of the teaching module of CAP (Communication, Attitude & Phonetic) lab and all students are taught the principles of bioethics during rotatory posting in Communication lab.

Emphasis is laid on setting up of the system for developing ethical decision making skills and creating supportive learning environment congruent to the needs of the Profession and Society.

\* **Practice Management towards curriculum and/or services.**

Well-equipped Urban Health Centre is established in Wardha and a satellite center in urban slum area to provide comprehensive health services. Six primary health care centers are functioning in peripheral areas, where the students and interns are posted under the supervision of the senior faculty. Exposure to Medical camps, various community based organizations, NGO's, specialties camps, involvement in funded projects, along with adoption of families and villages are included in the curriculum.

\* **Orientation to research.**

- The Institute is committed to promote and assist meaningful research.
- Research cell of the University offers opportunities and motivates the faculty and students to practice meaningful research.
- Research guidance clinic offers guidance and support to potential researchers in all aspects.
- The undergraduate curriculum incorporates small in-house projects as a part of internal assessment, thereby orienting them towards scientific enquiry since foundation years. They are encouraged to apply for STS-ICMR projects and also present their scientific work in various National and International platforms.
- Post Graduate students are oriented with the research methodology during PGITP. The **PPPP** model (PGITP, Poster, Paper and Publication) ensures adequate orientation and relevant contribution towards generation of scientific evidence.
- Evidence based journal clubs are a part of PG activity in all departments of the university wherein students are taught to practice evidence based medicine.



- Research methodology - systematic literature search workshop is biannually conducted for Ph.D. scholars and Ph.D. Supervisors.

- \* Rehabilitation.

Institute has rehabilitation services as follows;

- \* De-addiction therapy and counseling by department of Psychiatry.
- \* Physical, Psychosocial, Spiritual and occupational support through Palliative care clinic by Department of Medicine.
- \* Speech therapy by Department of Otorhinolaryngology.
- \* Neurodevelopment therapy for Cerebral Palsy patient by Physiotherapy and Occupational Therapy Unit.
- \* Maxillofacial Prosthesis by Department of Orthopedics and Prosthodontics.

- \* Ancient scriptural practices :

Maintenance of health, knowledge of diseases and treatment are three facets of any health care system, especially Ayurveda. At each of this level, the students are motivated to learn the concepts of Ayurveda from ancient scriptures with applied aspects. The students are encouraged to visit the archives in places developed in University as e-museum on History of Medicine.

- \* Health Economics :

The Master of Public Health Program offered by the Department of Environmental Health Engineering includes Disease Burden Studies, morbidity and mortality profile as a part of their curriculum. In addition, the university has entered into strategic collaborations for academic exchanges in the field of health economics with the Department of Economics, Hislop College, Nagpur (A NAAC reaccredited grade A institute in the region) to keep in pace with the latest developments in the domains of health care system, quality improvements and health macro-economics. Health economics is a feature of nursing curriculum of the University and it is a part of Fellowship on Nursing Management.

- \* Enhancement of quality of services and consumer satisfaction

Constant and continuous efforts by the institution for enhancement of quality Medical Education and Community Health care services are made to achieve the targets of the University. Acharya Vinobha Bhave Rural Hospital and its laboratory services, Mahatma Gandhi Ayurved Hospital & Research center have applied for accreditation of NABH & NABL for quality enhancement.

Structured feedback received from Patients, Medico-Social Workers and NGO's are periodically evaluated for betterment of hospital services. Grievances Redressal Committee established by the university deals with the grievances placed before it falling within its purview and jurisdiction in a time bound manner.

- \* Medicolegal issues



Forensic Medicine department deals with Medicolegal issues and trains the students on the basic aspects of report writing. They are also taught about legal procedures and efforts are made to train the students on the legal aspects of medical practice including information regarding relevant statutes like Consumer Protection Act, Prenatal Diagnostic Test Act and Human Organ Transplantation Act.

Innovative Clinical forensic unit (ICFU) is established in the teaching hospital which trains the residents posted in casualty to deal with real life Medico-legal aspects of health care and they are trained in this area through structured Modular teaching program. Medico Legal issues are also a part of CAP lab module which is dealt with during rotatory posting of all students. PGITP Module has an exclusive session on Medico-legal issues based on real life scenarios for PG students.

1.1.11 How does the institution ensure that evidence based medicine and clinical practice guidelines are adopted to guide patient care wherever possible?

The university ensures that evidence based medicine and clinical practice guidelines are adopted to guide patient care. The university has established Centre of excellence for Evidence based nursing in collaboration with Karlstad University, Sweden. Evidence based journal clubs (as a mandatory PG activity) and reorientation sessions on evidence based medicine ensure its practice. Doctoral degree work has been completed by the research scholar at University on “A study to assess the effectiveness of planned post-operative nursing care rendered by registered nurses to the patients with conventional abdominal surgery with reference to the patients’ outcome in selected hospitals”.

1.1.12 What are the newly introduced value added programs and how are they related to the internship programs?

The newly introduced value added programs for interns are:

- Basic Life Support – Accredited by American Heart Association
- Advanced Critical Life Support – Accredited by American Heart Association
- Training for NEET PG through meaningful collaborations.
- Community Research Projects
- Mind body medicine
- Doctor Patient Relationship & Communication Skills
- Ethical & Medicolegal issues
- Data Analysis in Medical Research,
- Telemedicine services for rural & remote community
- Safe injection practices & Rational use of drugs,



1.1.13 How does the institution contribute to the development of integrated learning methods and Integrated Health Care Management?

- \* Vertical and horizontal integration of subjects taught.
- \* Integration of subjects taught with their clinical application.
- \* Integration of different systems of health care (Ayurveda, Yoga, Unani, Homeopathy, etc.) in the teaching hospital.

- The University contributes to the development of integrated learning methods through the vertical and horizontal integrated teaching program which is a well-established teaching modality of the university.
- Other modalities like Problem based learning, Modified problem based learning, and Team Based Learning and Case Based Learning contribute to integrated teaching with their clinical applications.
- Integrated Health Care Management is achieved through Comprehensive Health Care Program (CHCP) where in the students from different health care system (Medical, Dental, Ayurved, Nursing and Physiotherapy) constitute a ‘comprehensive health team’ and contribute to health care of the community.
- The University regularly conducts “Symbiosis” wherein integrated health care management is discussed for selected cases.
- The University encourages Inter-departmental and Inter-pathy research collaborations.

1.1.14 How is compatibility of programs with goals and objectives achieved with particular reference to priority of interface between Public Health, Medical Practice and Medical Education?

The compatibility of programs with goals and objectives is achieved with particular reference to priority of interface between Public Health, Evidence Based Medical Practice and Medical Education as under:

**A) PUBLIC HEALTH:**

Public health is included as core subject in the curriculum of the Community Medicine thus active participation of our graduates during their community posting is ensured.

The “Rural Public Health Care System” in many regions is unsatisfactory as the social determinants of health are in very poor state of affairs leading to increase in out of pocket expenses for the purposes of health care. India is in the midst of an epidemiological and demographic transition with proliferating problems of diseases.

An estimated 5 million people in the country are living with HIV/AIDS, a threat which has the potential to undermine the health and developmental gains. Non-communicable diseases such as Cardio-vascular diseases, Cancer, Blindness,



Mental illness and Tobacco use related illnesses have imposed the chronic diseases burden on the already over stretched “Health Care System” in the country. Premature morbidity and mortality from chronic diseases can be a major economic and human resource loss to country. The large disparity across the country places the burden of these conditions, mostly on the poor, disadvantage and marginalized, especially those who dwell in the remote rural areas of the country.

Public spending on preventive health services has a low priority over curative health in the country as a whole. Indian public spending on health is among the lowest in the world.

Most of the public health determinants are co-related to high levels of poverty and degradation of the environment. Thus, the country has to deal with multiple health crises, rising costs of health care and mounting expectations of the people. The challenge of quality health services in remote rural regions has to be met with a sense of urgency. Given the scope and magnitude of the problem, it is no longer enough to focus on narrowly defined projects. The urgent need is to transform the public health system into an ‘Amenable, Accessible, Affordable, Achievable and Accountable’ system of “Quality services”. Our undergraduates are well aware of these problems during their community orientation posting. Thus, they understand the ground realities and thereby provide an efficient and effective quality health care to the community.

#### **B) MEDICAL PRACTICE:**

The University in its objectives has committed to bring considerable changes in Medical Education within the purview of regulations of the Apical Council. It aims at producing doctors with acquisition of minimum essential competency and problem solving abilities. The quality and extent of training will be a key determinant of how well the new health paradigm will be put in to effect. It not only requires structural, organizational and financial reforms but also needs innovative pattern of Medical practice.

University hopes to see its Graduate’s movements from “Ivory tower” to “Ground realities” in life, so that its product will be in a position to save community members from huge financial burden by applying clinical skills instead of subjecting them to undergo highly sophisticated, costly diagnostic procedures.

#### **C. MEDICAL EDUCATION:**

Medical education all over the world is undergoing tremendous change especially in the developing world. There is continuous change in the curriculum based on changing needs of the society and changing methods of teaching and learning. “Medical Education System” in India largely followed British approach to the curriculum, which is adopted by almost all the medical colleges in India and this





University is no exception. Every medical college is required to design and develop its own curriculum based on local and regional needs within the framework of Apical Council.

Assessment system in medical education is often subjective and inadequate to test the important abilities. However, there are many areas where changes are on horizon. Therefore the University has identified these areas and introduced changes in curriculum so that its students are “Caring, Compassionate and Competent”. Emphasis is laid on popularizing “Student Centered Learning” while planning Curricula.

There has been a paradigm shift in the emphasis of teaching from “Disease Orientation” to “Community Orientation”, from “Disciplinary structures” to “Integrated structures” from “Acquisition of Information” to the “Development of skills” and “Problem Based Learning” from “Subjective Assessment To Objective Modalities of Assessment” and from “Individual Efforts To Institutional Arrangement”. The University has suitably redesigned its curricula for the effective redressal of the issue.

## 1.2 Academic Flexibility

### 1.2.1 Furnish the inventory for the following:

\* Programs offered on campus

Sr.No.	Name of College	Course	Sanctioned Intake capacity
1	Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha	MBBS	200
		PG (Courses)	2016 -17
		M.D. (Anatomy)	06
		M.D. (Physiology)	04
		M.D.(Biochemistry)	02
		M.D. (Microbiology)	02
		M.D.( Pathology)	09
		M.D. (Pharmacology)	06
		M.D. (Community Medicine)	05
		M.D. (General Medicine)	14
		M.D. (Psychiatry)	02
		M.S. (General Surgery)	12
		M.D.(Obstetrics & Gynecology)	09
		M.S. (Ophthalmology)	04
		M.S. (E.N.T.)	02
M.D. (Anesthesia)	08		
M.D. (D.V.L.)	02		



		M.D. (Pediatrics)	07
		M.S. (Orthopedics)	07
		M.D. (Radio diagnosis)	05
		M.D. (Respiratory Medicine)	03
		M.Ch. (Cardio Thoracic & Vascular Surgery)	01
		DM (Cardiac Anesthesia)	01
		Diploma Courses	2016 -17
		D.G.O.	03
		D.O.	01
		D.A.	01
		D.D.V.L.	01
		D.M.R.D.	02
		D. Ortho.	01
		D.C.H.	01
		D.P.M.	01
		D.C.P.	--
		D.L.O.	--
		Other Courses	2016 -17
		MPH	10
		M. Phil	--
		B.Sc. MIT	10
2	Sharad Pawar Dental College, Sawangi (Meghe), Wardha	BDS	100
		MDS	
		Prosthodontics, crown & bridge	06
		Orthodontics & Dent facial orthopedics	06
		Periodontology	03
		Oral Pathology & Microbiology	03
		Oral Medicine & Radiology	03
		Oral & Maxillofacial Surgery	05
		Conservative Dentistry & Endodontic	06
		Pedodontics & Preventive dentistry	03
		P.G.DIPLOMA	



		Prosthodontics , crown & bridge	01
		Orthodontics &Dent facial orthopedics	01
		Periodontology	01
		Conservative Dentistry &Endodontic	01
		Oral & Maxillofacial Surgery	01
3	Mahatma Gandhi Ayurveda College and Research Centre, Salod Hirapur	BAMS	60
		MD/MS (PG course)	
		SamhitaSiddhant	04
		RachanaSharir	04
		Dravyaguna	04
		Agadtantra	06
		Rasashastra& B.K.	06
		Kayachikitsa	06
		Panchakarma	06
		Shalyatantra	02
		Balrog	06
4	Smt.Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha	B.B.Sc. Nursing	100
		P.B.B.Sc. Nursing	50
		MSc. Nursing	
		Med Surgical Nursing	06
		Child Health Nursing	05
		Psychiatric	05
		ObGy	06
		Community health NSG	03
.5	Ravi Nair College of Physiotherapy	B.P.Th.	50
		M.P.Th	
		Muscoloskelatal	03
		Neuro	03
		Cardio	03
		Community	03

\* Overseas programs offered on campus

Nil



\* Programs available for colleges/students to choose from - interdisciplinary

Sr. No.	Name of College	Course	Sanctioned Intake capacity
1	School of Advanced Studies, Sawangi (Meghe), Wardha	Fellowship in Critical care	4
		Fellowship in Interventional Radiology(Sponsored by DST)	2
		Fellowship in Minimal Access Surgery	2
		Fellowship in Neonatology	2
		Fellowship in Spine Surgery	2
		Fellowship in Phaco surgery	2
		Fellowship in Pain Management	2
		Fellowship in Critical Care Medicine	-
		Fellowship in Neonatology	-
		Fellowship in Spine	-
		Fellowship in Health Policy planning and Economics	2
		Fellowship in Palliative Care	2
		Fellowship in Bioethics	4
		Fellowship in occupational and environmental medicine	2
		Fellowship in Therapeutic drug Monitoring	2
		Fellowship in otology	1
		Fellowship in Limb Reconstruction & deformity correction	1
		Fellowship in Gynaec Endoscopy	1
		Fellowship in Infertility	2
		Fellowship in Neurophysiology	1
		Fellowship in Geriatric Medicine	1
		SPDC-	
Fellowship in oral Oncology	2		
Fellowship in cleft orthodontics	2		
Fellowship in immunohistochemistry	2		



		Fellowship in Cleft and Craniofacial surgery	2
		Fellowship in Cleft, Lip & Palate	1
		Fellowship in Frozen Section	1
		Fellowship in Micro-endodontics	2
		Fellowship in Maxillofacial Prosthodontics	1
		Fellowship in Pediatric-orthodontics	1
		Fellowship in Esthetic Dentistry	1
		Fellowship in Head & Neck Imaging	2
		Fellowship in Orthogenetic	1
		<b>SRMMCON</b>	
		Fellowship in Onco Nursing	2
		Fellowship in Evidenced based nursing	2
		Fellowship in Geriatric Nursing	1
		<b>MGAC</b>	
		Fellowship in Panchkarma	2
		<b>PDCC</b>	
		PDCC in Cardiac- Anesthesia	2
		PDCC in Critical Care Medicine	2
		PDCC in Pain Management	2
		PDCC in Interventional Radiology	2
		PDCC in Spine Surgery	2
2	<b>EWL COURSES LIST - DMIMS (DU) AY- 2015-16</b>	Certificate Course in Office Administration for Adm. Officer (AO)	7
		Certificate Course in Nutrition and Dietetics	5
		Certificate Course in Clinical Social Work	10
		Certificate Course in Advanced Clinical Social Work	10
		Certificate Course in	10



	Community Social Work	
	Certificate Course in Counseling and Psychological Sciences	2
	Certificate Course in Specialty Laboratory Techniques	6
	Certificate Course in Biomedical Equipment upkeep	5
	Certificate Course in Health Services Marketing	2
	Certificate Course in Processing of Prescriptions for Pharmacist	5
	Certificate Course in Coding & Hospital Billing for Clerks	10
	Certificate Course in Advanced Panchakarma Techniques	8
	Certificate Course in Laboratory Techniques for Asst.	10
	Certificate Course in Dental Hygiene	5
	Certificate Course in Dental Mechanics	5
	Certificate Course in Advanced X-Ray & Ultrasound Techniques	6
	Certificate Course in Dental Chair Repairs	3
	Certificate Course in Dialysis Techniques	5
	Certificate Course in Cath-lab Techniques	5
	Certificate Course in Clinical Optometry	3
	Certificate Course in OT Techniques	8
	Certificate Course in Speech Audiology	2
	Certificate Course in Mammography Techniques	3
	Certificate Course in	5



		EMG/ECG Techniques	
		Certificate Course in Hospital Nursing for ANM	30
		Certificate Course in Dentistry Nursing for ANM	10
		Certificate Course in Ayurved Nursing for ANM	10
		Certificate Course in OBGY Nursing for ANM	20
		Certificate Course in Surgical Nursing for ANM	20
		Certificate Course in Emergency Care for ANM	20
		Certificate Course in Advanced Nursing Care for ANM	50
		Certificate Course in Rashshala Assistant	8
		Certificate Course in Panchakarma Assistant	8
		Certificate Course in Sanitary Supervisor	2

		Certificate Course in Office Administration for Clerks	30
		Certificate Course in Establishment Process for Clerks	20
		Certificate Course in Advanced Rasashala Technique	04
		Certificate Course for Ward Attendants	40
		Certificate Course in Clinical Secretary	10



1.2.2 Give details on the following provisions with reference to academic flexibility

- a. Core options
- b. Elective options
- c. Bridge course
- d. Enrichment courses
- e. Credit accumulation and transfer facility
- f. Courses offered in modular form
- g. Lateral and vertical mobility within and across programs, courses and disciplines and between higher education institutions
- h. Twinning programs
- i. Dual degree programs

The Courses governed by the Apical Council norms do not permit these flexibilities as of now.

However, Credit Based Semester System (CBSS) with facility for credit accumulation, core options, elective options and modular syllabi have been implemented for fellowship courses offered under the School of advanced studies and M.Phil. programme for health Sciences Education.

The Bridge Courses are introduced by the University to bridge the gap between the diploma and degree by introducing two years Post Diploma Fellowship.

The enrichment courses in the form of electives are offered to the postgraduates in subspecialty and super-specialty areas.

1.2.3 Does the institution have an explicit policy and strategy for attracting students from

- \* Other states
- \* Socially and financially backward sections
- \* International students

The University has a Pan India presence in terms of the representation of the students. The University caters to the students from every state of the country. The University has an admission cell, which ensures the branding, and publicity of the various courses offered, the innovative methods of TLE as well as the placements of the students from various courses. In addition, the University participates in various National and International Ranking/Accreditation activities of the reputed organization making it a desirable destination for students from other states. Currently, the University has a ratio of 60:40 for students from Maharashtra verses other states of the Country.

The various opportunities for the financially and socially backward students are provided through facilitation of educational loans, earn while learn





opportunities and providing the applicants with subsidized campus accommodations as well as book bank facilities.

The University has explicit policy and strategy to attract international students. As a part of the strategy, the University has established an Autonomous International Student Cell (ISC) headed by a Director and an advisory committee to monitor and review the activities of the ISC.

In order to attract students, information brochures are published on website with information relevant to overseas students such as programme options available, fee structures, hostel facilities for international students, services available etc. These brochures are distributed to foreign embassies in India as well as Indian embassies abroad.

Every year, the University participates in Annual Educational Fair conducted at overseas destinations. In those fairs, information about the programs and facilities available for international students is presented to the visitors in the form of posters and videos. As a unique feature, parents meet is conducted at Dubai.

**a) Non availability of a warden in the Guest House where rooms have been allotted to some UG and PG students leading to acts of indiscipline**

Further, when representatives in India of the embassies of foreign countries visit the University, they are informally briefed about the programs, facilities, services and guidance available to foreign students. As a regular feature, National Day of all countries from where students are admitted to this campus is celebrated and the celebration report is submitted to the respective embassies.

The outcome of the explicit policy and strategy adopted by the University for attracting international students has helped to attract 158 students from 14 countries.

1.2.4 Does the institution offer self-financing programs? If yes, list them and indicate if policies regarding admission, fee structure, teacher qualification and salary are at par with the aided programs?

All the programs offered by the University are of self-financing nature.

1.2.5 Has the institution adopted the Choice Based Credit System (CBCS) / credit based system? If yes, for how many programs? What efforts have been made by the institution to encourage the introduction of CBCS in its affiliated colleges?

The University has adopted the Choice Based Credit System (CBCS) for the all programs except those governed by the apical councils.



University has prepared a plan for introduction of CBCS in Undergraduate Medical Education and submitted the same to the apical council. University has encouraged to introduce CBCS in its units by incorporating electives in the respective curricula. CBCS is introduced in the fellowship courses by the University.

- 1.2.6 What percentage of programs offered by the institution follow :
- \* Annual system : 100% programs governed by Apical Council
  - \* Semester system : 100% programs governed by the University
  - \* Trimester system : NA
- 1.2.7 How does the institution promote multi/inter-disciplinary programs? Name a few programs and comment on their outcome.

Apart from effectively offering the Conventional Programs in the Domain of Health Sciences, the University established a distinctive **faculty of Inter-disciplinary Health Sciences** to come out of the shackled, suffocative, rigid and regimented segmentation and initiated programs and courses which are innovative, need based and relevant to current higher education landscape and are conceived out of a diligent feedback received from all the relevant stakeholders.

**The Interdisciplinary Faculty of Health Sciences** offers an administrative structure that enhances learning in complex health problems that require interdisciplinary approaches. Students learn augmentation of their inquisitions and apply strong scientific principles to complex health contexts that are not necessarily disciplinary in character. The Teachers who are scholars in their own disciplines adopt interdisciplinary visions of their work and the work of others while navigating between disciplinary and interdisciplinary contexts in both teaching and research. All the faculty members are experts in their given fields and they take interest in diverse health problems working together in an interdisciplinary framework. The meaningful and purposive collaboration is one of the great strengths of this faculty and they are worked out with efforts to provide a specialized training and research experience in the academia as well as health science industry.

Current Health Sciences Education scenario in the Country suffers from acute shortage of Super-Specialty and Sub-Specialty options, more so in the rural and sub-urban areas. To bridge this ever-growing gap, the School of Advanced Studies has launched many fellowship programs which encompass the complete spectrum of super and subspecialty options in the health sciences domain right from the ethical issues to the **emerging areas of knowledge**. The process of starting of fellowship programs began in the year 2008-09 and after a diligent phase of incubation, the various fellowship programs launched are competency based providing an opportunity right at their doorsteps for the takers in the rural areas and the collaborations worked out with the following centers.



1. GEM Hospital and Research Center, Coimbatore
2. GMC , Nagpur
3. Apollo Hospital Delhi
4. New Era Hospital, Nagpur
5. Mewar Hospital, Udaipur.
6. Mahatme Eye Hospital, Nagpur.
7. NEERI, Nagpur
8. Mahatma Gandhi Institute of Rural Installation, Wardha.
9. Maa Institute, Hyderabad.
10. Swasthi Yog Pratisthan & PG Institute of Orthopaedics at Miraj.
11. Maulana Azaad Medical College, Delhi.
12. OMCH, Hyderabad
13. RSTM, Nagpur
14. Tata Memorial Hospital, Mumbai
15. Hiranandani Hospital, Mumbai
16. Indian Panel Injury Centre, Delhi.
17. Ganga Ram Hospital, Delhi.
18. Care Hospital, Hyderabad.
19. Arumana Hospital, Thiruvanthapuram, Kerala.
20. Metro-Scan Hospital, Nagpur.

The programs have resulted in providing a super-specialist manpower as desired by the society/ industry trained in a specific emerging area of knowledge.

1.2.8 What programs are offered for practicing health professionals for skills training and career advancement?

The university freely supports and promotes the professional development of the faculty.

- The deputation is granted to the faculty for attending the International, National & State conferences, as per the notified policy.
- The meritorious performances of the faculty at such conferences are rewarded as per the notified policy.
- The faculty is also provided with the incentives for publications in research journals of repute, publication of books, and contribution of chapters, receiving patents or intellectual property registration as per the publications incentive policy.
- Grants are given for conducting research activities by the various departments under the constituent colleges.
- The candidates who wish to pursue higher education or professional updates are granted special paid leaves.
- Faculty members who are on the executive committees of the professional bodies are provided special leaves.



- The university has made a separate budgetary allocation for the staff development activities and actively volunteers for organizing National/State conferences of the professional bodies at the University Campus.
- The University has a well-established School for Health Professions Education & Research (SHPER) which imparts regular training to the faculty members of this institution in the domain of health sciences education.

### 1.3 Curriculum Enrichment

1.3.1 How often is the curriculum of the institution reviewed and upgraded for making it socially relevant and/or skill oriented / knowledge intensive and meeting the emerging needs of students and other stakeholders?

Every three years the curriculum of the University is reviewed and upgraded for making it socially relevant and/or skill oriented / knowledge intensive and meeting the emerging needs of students and other stakeholders.

1.3.2 During the last four years, how many new programs were introduced at the UG and PG levels? Give details.

- \* Multi/inter-disciplinary programs in emerging areas

In last four years, following multi/inter-disciplinary programs in emerging areas have been introduced

- All the Courses beyond the purview of the apical council are innovative in nature focused at either emerging areas of knowledge or specific health manpower needs. The experts from industry are incorporated as members of the board of studies for their specific inputs

SN	Courses	Nature of Innovations
1	Fellowships	Interdisciplinary as well as covering the emerging areas of knowledge. Incorporation of CBCS
2	EWL	Vocational Courses keeping in mind health care needs
3	MHA&M MPH B.Sc.(MIT)	Incorporation of CBCS

- Out of the 22 identified emerging areas of knowledge, the Deemed University is covering 15 through its 22 fellowship programs. Thus, addressing 68% of the total emerging areas of knowledge.



1.3.3 What are the strategies adopted for the revision of the existing programs? What percentage of courses underwent a syllabus revision?

100% courses under the ambit of DMIMS (DU) undergo syllabi revision every three years. For syllabi revision, University has developed a structured mechanism as DMIMS model of UG and PG revision. The same has been granted a Copyright.

1.3.4 What are the value-added courses offered by the institution and how does the institution ensure that all students have access to them?

Value added courses are being offered by the university to enable students to acquire skills beyond their curricular expectation and to enhance employability and equip them to the needs of the National and Global demands. These courses are choice based and are offered as certificate programs conducted across departments. They are offered beyond regular hours so as to enable students undergoing a regular program to enroll for these programs in order to avoid overlap with departmental hours of teaching.

1.3.5 Has the institution introduced skills development programs in consonance with the national health programs?

Yes, most of the academic programs offered by the University have built-in multi skill development potential that enables the students to take up the challenges and effectively deal with the National health programs.

The curriculum of all programs encourages grass root level research community based on National health programs.

Sr. No.	National Health Program	Academic Programs Introduced in consonance with the national health programs	
		Knowledge	Skill
1	Revised national tuberculosis control program	Orientation on implementation of Program	Hands-on skill training in Sputum smear microscopy
			Orientation at outreach centers for implementing the program
2	National vector Borne disease control program	Jan-Jagran and Other Outreach camps - Deliver IEC and BCC messages through skits and role plays	-
3	Integrated disease surveillance program	-	Hands-on training in outbreak Investigation
4	National Blindness control program	-	Training in Sub specialty clinics for skills development



		-	Hands-on training in cataract surgery
5	National AIDS Control program	-	Skills in counseling in ICTC
6	National Program for prevention and control of Cancer, Diabetes, CVD and stroke.	Research projects in community for Diagnosis of above said cancer screening	Hands-on skill training in PAP Smear and Mammography procedures through state of art Mobile Mammography Clinic for screening of Cervical and breast cancers
		Research in the form of Cohort studies for Hypertension and Diabetes	
7	National Leprosy eradication program	-	Hands-on training in dermatology for procedures related to Diagnosis
		-	Hands-on training in Counseling skills - IEC and BCC in Various camps
8	National Mental Health Program	-	Hands-on training in counseling skills at De addiction center
9	Pharmaco-vigilance Program of India	-	Hands-on training in the Nodal center for ADR

1.3.6 How does the institution incorporate the aspects of overall personality development addressing physical, mental, emotional and spiritual wellbeing of the student?

The University incorporates the aspects of overall personality development addressing physical, mental, emotional and spiritual wellbeing of the student through its structured mechanism by conducting programs on value education and posting students regularly in CAP Lab.

**Physical** – Students are encouraged to participate in sports. Facilities for football; volley ball, swimming pool, cricket etc. are available in the campus along with gymnasium. Annual Sports Inter-university, Intra University meets are organized every year. Physical health check-ups are conducted for all the students. Free Medical facilities are available in all the hospitals of the University.

**Mental, Emotional and Spiritual wellbeing of students**-Good conduct and good behavioral practice is a part of the curricula which reflects in mind building of the students. Students participate in various extracurricular activities like cultural programs to refresh their minds.

The student guidance Unit, Preceptorship programs and Mentor Cells play crucial role in maintaining the emotional homeostasis of the students.

Value education programme along with yoga helps in providing spiritual wellbeing.



1.3.7 Does the curriculum provide for adequate emphasis on patient safety, confidentiality, rights and education?

Yes, in addition to units in regular curricula, specific educational programs and CMEs are conducted to provide intense knowledge and training. The Orientation program conducted for the new students (UG and PG) include sessions on Patient Safety, Infection control and Medication safety. Medical ethics and bioethics are an integral part of UG and PG curriculum. The postgraduate students who undertake the research are subjected to present their research proposal in front of Scientific Advisory Committee and Institutional Ethics Committee. Research project protocols are designed as per ICMR / WHO guidelines.

1.3.8 Does the curriculum cover additional value systems?

The subject value education has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The Policy declares: “the growing concern over the erosion of essential values and an increasing cynicism in society has brought to the focus, the need for readjustments in the curriculum in order to make education a forceful tool for the cultivation of social and moral values”.

The DMIMS (DU) is one of the first Health Sciences University in the country to introduce value education in its curriculum in a structured and incremental manner. Value education or social citizenship role is taught to students by the following mechanisms:

- Value education cell is established.
- Curriculum framed and approved for various disciplines includes a section on social citizenship roles.
- Value orientation through ‘Value Education Module’ is incorporated in curriculum.
- Twenty hours of teaching program are allotted to cover additional value system at three different phases of the undergraduate curriculum.



## 1.4 Feedback System

- 1.4.1 Does the institution have a formal mechanism to obtain feedback from students regarding the curriculum and how is it made use of?

Yes, structured feedback from the student is obtained at regular periodicity, based on matters related to Academics, Infrastructural facilities, Library, Faculty and Hospital facilities etc. These feedback forms do not disclose the identity of the ‘furnisher’. The feedback thus obtained, is thoroughly scrutinized & timely conclusions are drawn for effective operational implementation.

### **Academic Appraisal Program:**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The Academic Appraisal Programme focuses on internally auditing the extent and the manner of dispensation of academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the university at the beginning of the academic term, essentially in the form of feedback received from the students. It is as such a novel way of student led monitoring of quality of teaching, practiced in the University.

Doctoral degree has been awarded by the University on the research work carried out by the scholar on “A Study on Academic Appraisal Program: An Innovation towards Quality Assurance in Undergraduate Medical Education” and a hand book has been also published on the process of Academic Appraisal Program.

### **Exit feedback:**

Exit feedback is obtained after completion of internship training regarding all aspects of the curriculum and their suggestions are recorded.

- 1.4.2 Does the institution elicit feedback on the curriculum from national and international faculty? If yes, specify a few methods such as conducting webinars, workshops, online discussions, etc. and their impact.

Yes, as a part of curriculum revision process wherein feedback from subject expert is sought, by conducting webinars, workshops, and online discussions. It is reflected in the DMIMS model of curriculum revision

- 1.4.3 Specify the mechanism through which affiliated institutions give feedback on curriculum and the extent to which it is made use of.





Sensitization workshop for faculty members of constituent units are conducted and questionnaire based feedback is obtained.

Being a Deemed University, it does not have any affiliating colleges. All the Constituent units are represented in the process of curricular revision through their respective deans of the faculty who are ex officio members of the standing Committee of Deans.

1.4.4 Based on feedback, what are the quality sustenance and quality enhancement measures undertaken by the institution in ensuring the effective development of the curricula?

- Creation of Centers of excellence
- Initiation of newer Inter-disciplinary courses
- Conduction of value added courses
- Faculty development programs to improve teacher competency
- Virtual Learning Centre
- Introduction of Competency based PG curriculum
- Introduction of Competency based Fellowship Curriculum

1.4.5 What mechanisms are adopted by the management of the institution to obtain adequate information and feedback from faculty, students, patients, parents, industry, hospitals, general public, employers, alumni and interns, etc. and review the activities of the institution?

Questionnaire based feedback, 360 degree feedback, online feedback, patient feedback form; such modalities are adopted by the management of the University to obtain adequate information and feedback.

Feedbacks are mostly taken online for the ease of analysis and retrieval. Depending upon the stakeholders, the feedback analysis is conveyed to the concerned in-charges as depicted in the table. Suitable suggestions are incorporated and conveyed to the respective feedback givers via website and personal communications wherever possible.

“Stakeholders” (students, faculty, staff, alumni, parents, patients, community, employers, visitors) are the genuine “assets” of colleges and universities. The University follows a 360° Feedback Cycle for all its process improvement measures. There is a mechanism in place for defining the scope of the feedback, measuring and real time analysis of the feedbacks as also the improvement and control machinery to act upon actionable points arising out of such feedbacks in a timely manner.



The feedback taken on various aspects and the percentage of its implementation is depicted in the following table

S No	Name of the Stake holder	Areas of feedback	Percentage Implementation
01	Students	Curriculum / Infrastructure/T-L-E/Placement/ hospital services/ Extension/ Exit Feedback	89%
02	Alumni	Curriculum/ Infrastructure/T-L-E/Placement	73%
03	Parents	infrastructure/ Placement/ T-L-E	62%
04	Employers	Curriculum/Placement/ Infrastructure	43%
05	Peers	Curriculum/ T-L-E	78%
06	Patients	Hospital services/ Extension	65%
07	Community Leaders	Hospital services/ Extension	69%

The various types of feedbacks and their further modus-operandi has been depicted as under:

Sr. No.	Type of feedback	Evaluated by	Action Taken By	Communicated back via
1	Student feedback on academic aspects	Department of Medical Education	Heads of the Institutions	Circulars , Website display
2	Infrastructures like hostels, library, lecture theatre	IQAC	Hostel administration, Maintenance Department	Hostel Admin Office, Notice boards
3	NRI / Foreign Nationals/ Parents/ Employers	IQAC	Registrar, Director international Affairs, Heads of the Institutions	Personal Emails, website

4	Clinical Services, Community services	Director Outreach Activities	Chief Medical Superintendent	Intranet, ensuing Meeting
5	Academic Peers	IQAC	BOS	Ensuing meeting

1.4.6 Any other information regarding Curricular Aspects which the institution would like to include.

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## CRITERION II : TEACHING-LEARNING AND EVALUATION

### Student Enrolment and Profile

How does the institution ensure publicity and transparency in the admission process?

Publicity

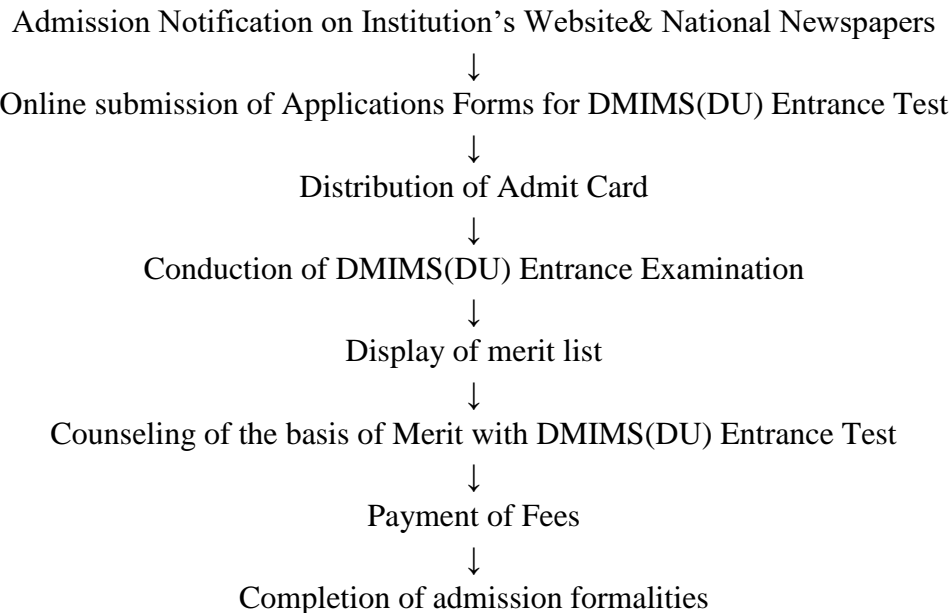
- a. **Prospectus:** Self-contained prospectus is available for each course, with all the details of the course, including admission process. Such Prospectus is available, well ahead of the date of common entrance test.
- b. **Institutional Website:** The admission notice and application forms are announced well in advance, displayed and can be downloaded from the university website: [www.dmimsu.edu.in](http://www.dmimsu.edu.in).
- c. **Advertisement in Regional / National Newspapers:** Wide Publicity is given to the admission process by advertising in newspaper of regional & national relevancies.
- d. **Other Measures**
  - Through **International Students Cell**, by participating in educational events being held at National, International levels.
  - **Membership of Ed CIL India Ltd:** This globally publicizes information pertaining to University through their network and website.
  - Liberal use of **electronic media** like popular FM stations and Social Networking sites
  - The advantages of studying at the DMIMS(DU) are spread to the targeted aspirants in and around the region through **career counseling workshops**, and also by the **‘word of mouth’** by the students, staff and alumni.

The Transparency of the admission process is maintained by strictly adhering to the guidelines issued for the admission by the various apical councils and the UGC. The University is Signatory to the Memorandum of Association with UGC in terms of UGC deemed to be University Regulation 2016. The University follows the admission procedure mentioned in these regulations in true spirit.



Explain in detail the process of admission put in place by the institution. List the criteria for admission: (e.g.: (i) merit, (ii) merit with entrance test, (iii) merit, entrance test, aptitude and interview, (iv) common entrance test conducted by state agencies and national agencies (v) any other criteria (specify).

PROCEDURE FOR ADMISSION UPTO 2016-2017



The admissions were done to all the courses on the basis of Inter se merit of the All India Entrance test conducted by the university till last year. However in view of the decision of the Hon'ble. Supreme Court and the subsequent notifications issued by the MCI & DCI, the admissions to the flagship courses like MBBS/ BDS are done on the basis of Inter se merit in the National Eligibility Entrance Test (NEET). Thus, the University has strictly adhered to the admission norms set out by the Government/ Apical Councils.

In view of the notification issued by the CCIM, the admissions to the BAMS course were done on the basis of the inter se merit of the MHCET conducted by the Govt. of Maharashtra and the University on its own decided to do admissions to B.Sc. Nursing and the B.P.Th. courses also through the MHCET conducted by the Govt. of Maharashtra, although it was not directed by any statutory body.

However, before the said decision of the Hon'ble Supreme Court and the notifications by the MCI & DCI, the All India entrance test was conducted by the University for Admissions to the Post Graduate and Super-Specialty Courses under the faculties of Medicine and Dentistry and the admissions were done on the basis of inter se merit of this examination.

The University also conducted AI CET for admissions to the PhD courses, M.Phil. Course, Post graduate courses under faculty of Ayurveda sciences and the admissions to the super specialty courses under the faculty of Medicine for the academic year 2016-17.



Students are selected for admission to the professional courses on the basis of Inter-se-Merit generated out of **All India Common Entrance Test** conducted by the University as per the Hon'ble Supreme Court Judgment, with strict adherence to the eligibility criteria prescribed by the Apical Council.

More-over, following general measures are also incorporated to further enhance transparency in conduction of admission process:-

- Video Recording of whole entrance examination
- Pre-notified Counseling Process in the order of merit
- Interviews are conducted by panel incorporating subject experts from outside for other courses such as Doctoral.

#### DMIMS(DU) CET-2016

S n	Name of the CET	Date	Time	No. of Center	Total	Appeared	Absent
1.	AIPGM CET	31.01.2016	1P.M. to 4.30P.M.	4	446	394	52
2.	AIPhD CET	31.01.2016	1P.M. to 3.00P.M.	1	41	37	04
3.	AIPGD CET	31.01.2016	1.00PM. to 4.00 P.M.	4	127	122	05
4.	AI PhD	26.06.2016	1 PM to 2.45 PM	1	67	63	04
5.	M.Phil	26.06.2016	11.00 A.M. to 12.45	1	9	08	01
6.	AI PGA	16.10.2016	1.00PM to 4.00 P.M	1	58	54	04
7.	AI SS CET	15.07.2016	1 PM TO 3.30 PM	1	2	2	00

Provide details of admission process in the affiliated colleges and the university's role in monitoring the same.

The University is established under section 3 of UGC act 1956; hence, does not have an affiliating character. All the admissions in the constituent units are conducted by the admission cell of the University.



Does the institution have a mechanism to review its admission process and student profile annually? If yes, what is the outcome of such an analysis and how has it contributed to the improvement of the process?

Yes, the Institution has a mechanism to review its admission process and student profile annually.

The competent Authority for the Examination and Admission Committee analyses and submits report on Conduct of Examinations and Admission profile to the Board of Management. Based upon the analysis regarding trends of admissions, following policies are adopted as follows;

1. Kottayam was introduced as an *additional center* for subsequent Examinations as the major chunk of Nursing admissions in 2012 were from Kerala.
2. *Focused Branding Activities* on specific geographic location depending upon the admissions to a particular course from that location.
3. Gender mapping, based on student profile, is adopted for the purposes of creating Hostel and other Infrastructure for subsequent years.
4. Based on the analysis report, Policy decisions are taken regarding *introduction of new courses, increasing intake capacity* of various courses and *discontinuation* of certain courses.

What are the strategies adopted to increase / improve access for students belonging to the following categories :

- \* SC/ST
- \* OBC
- \* Women
- \* Persons with varied disabilities
- \* Economically weaker sections
- \* Outstanding achievers in sports and other extracurricular activities

The University does not come under the statutory adaptation of reservation policy on communal basis. Students belonging to SC/ST/OBC are admitted based on admission criteria for the program. Statistics shows female students out number male in many courses. Individuals with disability are admitted based on their medical certification to be fit to join the program to which they apply. Sports persons are given all facilities and encouragement during their course period.

Number of students admitted in the institution in the last four academic years:

CATEGORY	2013 - 14 Batch		2014-15 Batch		2015 - 16 Batch		2016-17 Batch	
	Male	Female	Male	Female	Male	Female	Male	Female
SC	10	60	42	112	40	157	48	144
ST	4	10	3	22	12	30	9	10
OBC	48	173	110	188	138	239	132	219
General	142	209	174	259	181	268	154	288
Others	13	28	17	51	25	48	26	33
Total:	217	480	346	632	396	742	369	694



Has the university conducted any analysis of demand ratio for the various programs of the university departments and affiliated colleges? If so, highlight the significant trends explaining the reasons for increase / decrease.

Yes, the Demand ratio for each course is analyzed on yearly basis. The trends in the matter are predominantly used to take a policy decision on introducing new courses, increasing intake capacity of various courses and discontinuing certain courses.

**Significant Trends of demand in various constituent units are as under:**

1. There is 43% increase in terms of applicants to undergraduate programme in faculty of medicine, 6% Drop in Demand for faculty of Dentistry, 17% increase for faculty of Ayurveda, 73% increase in the faculty of paramedical sciences ( Physiotherapy Programme) and 2% rise in the demand for Nursing programme, specific for this University. The trend matches with the overall National trend for admission to the health sciences programmes.
2. There is significant increase in demand (nearly 28%) for PG in clinical Departments while there are very few takers for basic sciences programmes.
3. The demand to avail PG diploma programmes has decreased to a great extent in the faculty of dentistry while it has slightly dipped in the faculty of Medicine.
4. There is an ascendency in demand for super specialty and doctoral programmes in all the faculties.

**Depending upon the trends in the last four years, following important decision were taken by the University:**

1. Increase in intake for various PG programmes in the faculty of Medicine and Ayurveda.
2. Decrease in the intake of Basic Sciences PG programmes in Dentistry.
3. Re-introducing of physiotherapy Undergraduate and Postgraduate Programmes.
4. Addition of Fellowship programmes under School of Advanced Studies.
5. Discontinuation of PG diploma programmes in the faculty of Dentistry.

Were any programs discontinued/staggered by the institution in the last four years? If yes, specify the reasons.

As explained in point no 2.17, the Postgraduate diploma courses in faculty of Dentistry were discontinued owing to decreased demand and less employability. The trend at the University matches the general scenario in the country about these courses.

Does the institution organize orientation / induction program for freshers? If yes, give details such as the duration, issues covered, experts involved and mechanism for using the feedback in subsequent years.

Yes, the institution has a policy of holding Orientation/ Induction program at every important transition stage of the learner. These are included in the Comprehensive Academic Calendar and are conducted in a structured format.



This induction is carried out in 4 stages on different progression milestones:

<b>On entrance to</b>	<b>Event</b>	<b>Duration</b>	<b>Issues covered</b>	<b>Experts involved</b>
UG course	Freshers Induction Program	7 days	Preceptorship Program, Anti-ragging Measures, Student welfare cell , Institutional forum for women, Sexual harassment at workplace, Academic appraisal program, Attendance cell, Teaching _learning, Examination Cell, Assessment, Hostel Discipline, Integrated community services, Value Education, Yoga and Meditation, Orientation to teaching hospital, orientation towards community based training, communication skills etc.	Expert
Clinical settings	White Coat ceremony	3 days	Clinical skill lab Demonstration, Introduction to Research Methodology, How to make Research proposal ,Research facilities for MBBS Students (Including ICMR Scholarship), Medical Ethics and Communication skills , Doctor Patient Relationship, Student welfare cell etc.	
Internship	Internship Orientation Program	5 days	Motivational lecture on how to utilize internship period, Medico-legal issues ,Research Methodology, Health care delivery systems in India, Infection control, Immunization, community health services, Hospital schemes, Orientation of PG entrance test, Career opportunities, essential drugs, CPR, BLS & ACLS etc.	
PG Course	Post Graduate Orientation Course	10 days	Learning and Knowledge resources, Mandate for Residency programs, Professionalism, Research resources, Thesis writing, BLS & ACLS, Infection Control, Bio-waste management, medico-legal situations, evidence based medicine, seminar presentations, data management and analysis, pedagogy, scheme of examinations, Hospital schemes	

The learning gain is assessed by calculating Absolute Learning Gain (ALG) on the basis of pre-test & post-test evaluation.

Feedback received from candidates is used to improve the process in subsequent years.





- i. Does the institution have a mechanism through which the “differential requirements of the student population” are analyzed after admission and before the commencement of classes? If so, how are the key issues identified and addressed?

The University admits the students on the basis of All India Entrance Tests through the common counseling. Hence, the first opportunity to understand the student population and its diversity is during the orientation programmes. Taking cognizance of the variations in the students’ knowledge and skills, the university conducts Induction and short Orientation courses for all the levels of entrants including the undergraduates and the Postgraduates, before the commencement of programme. This also helps in effective mitigation of the diverse needs of the learners, renders necessary cushioning and bridges the palpable gaps between levels of competence, for incoming students. Based on their interaction and feedback, students are referred to need based institutionalized mechanisms like student’s guidance clinic, behavioral and attitudinal skill labs, linguistic labs, computer skill labs for ensuing measures to level up the competencies towards coping with the curriculum he/she is supposed to undertake.

- ii. How does the institution identify and respond to the learning needs of advanced and slow learners?

The institution provides an enriched academic ambience for advanced learners in the following ways:

1. Deputation to International Universities for higher learning.
2. Representing the Institution in academic competitions (Quiz, Debates, etc.).
3. Encouragement to apply for extra mural funded projects (by one is to one academic mentoring)
4. Participation in scientific presentations at National and International scientific forums.
5. Involvement of students with exceptional scientific temperament in the ongoing funded projects.
6. Identification of high achievers as “Peer Tutors” for teaching and mentoring peers.
7. Opportunity to represent their batch in various Institutional committees.
8. Recognition of merit by awarding a Laptop as per the well-defined scheme of the University.
9. Recognition of merit by providing opportunity to the University topper (by rotation) to hoist the National flag on Independence and Republic day



### Performance enhancement for slow learners:

- a. The Institute identifies students who require special learning conditions as “Potential learners”. They are identified on the basis of their academic performance in formative assessment and reviewed via well-defined mechanisms (like preceptor-ship meetings, autonomous cell meetings and college councils).
  - b. Academic counseling for potential learners is routed through Students Guidance clinic for students referred via Preceptor meeting, Attendance cell, and Examination cell and in solicitation.
  - c. Academic support is provided through remedial and booster teaching, peer assisted teaching and in-class formative assessments.
  - d. In addition, all other facilities like Skill labs, virtual learning labs, e-museum and student kiosks etc. are also available for learning reinforcements.
- iii. Does the institution offer bridge / remedial / add-on courses? If yes, how are they structured into the time table? Give details of the courses offered, department-wise/faculty-wise?

The institution offers remedial teaching and capsulated teaching to the potential learners and to students who have missed some part of the academic term on medical grounds.

Various training programs are imparted by the university to enable students to acquire professional skills and competencies;

- Value Education
- BLS & ACLS
- Communication Skill Classes with emphasis on role plays
- Dale Carnegie workshops

*Choice based credit system* is introduced for undergraduate curriculum that widens the scope of professional development by incorporating foundation course and electives.

The Bridge Courses are introduced by the University to bridge the gap between the diploma and degree by introducing two years Post Diploma Fellowship.

The enrichment courses in the form of electives are offered to the postgraduates in subspecialty and super-specialty areas.

- iv. Has the institution conducted any study on the academic growth of students from disadvantaged sections of society, economically disadvantaged, differently-abled, etc.? If yes, what are the main findings?

Yes, IQAC regularly conducts studies on pattern of academic growth amongst diverse student community. Recent study was conducted on developing a *Booster Mechanism for Interrupted learners* from disadvantaged section of students under Nursing Faculty. The challenges in front of educationists are the integration of these students in the mainstream of



Academics and make them confident and productive members of the society. The IQAC has developed a SOP for bringing them back in the mainstream.

The admissions to the health sciences courses are restrictive in terms of the regulatory guidelines of the councils to the effect that the permissible disability is limited to the extent of 40% of the lower extremity. Therefore, the differently-abled students are scarcely admitted in the University, hence no specific study on their academic growth is conducted by the University

- v. Is there a provision to teach the local language to students from other states/countries?

Yes, there is provision to teach local language as well as English to students from different states of India and other countries. A modular value added course has been prepared to impart basic language skills by linguistic teachers. These are scheduled outside the scheduled academic hours and are carried out in structured interactive manner.

- vi. What are the institution's efforts to teach the students moral and ethical values and their citizenship roles?

The subject “value education” has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The Policy declares: “the growing concern over the erosion of essential values and an increasing cynicism in society has brought to focus the need for readjustments in the curriculum in order to make education a forceful tool for the cultivation of social and moral values”.

**The DMIMS (DU) is one of the first Health Sciences University in the country that has introduced Value Education in its curriculum for all its constituent colleges. .**

It is held in two parts

1. Initial module held in the first year for all faculties i.e 1 MBBS, 1 BDS, 1BAMS, 1BPTH, and 1BSc nursing. The duration is for 10 hours and topics covered are values in family, values in professional life, values for self-development and happy living.
2. The 2nd consolidation module is held in the 3rd year for all faculties. The duration is 10 hours and topics covered are active listening, creativity, empathy leadership, respect etc.

- vii. Describe details of orientation/ foundation courses which sensitize students to National integration, Constitution of India, art and culture, empathy, women's empowerment, etc.

- National integration sensitization is done by celebration of various National days like Republic Day, Independence Day, etc.
- NSS cell is active in the university. It celebrates various days of National importance is as under:



### ANNUAL TIME TABLE FOR NSS ACTIVITIES 2016 - 2017

Sr.No.	Month & Year	Date	Activities
1	Jun-16	22 <sup>nd</sup> June	N.S.S. New session start with Tree Plantation
		29 <sup>th</sup> June	Registration for New students
2	July – 2016	11 <sup>th</sup> July	World Population Day
		13 <sup>th</sup> July	Constitution of NSS Advisory Committee
		29 <sup>th</sup> July	World ORS Day
3	Aug-16	1 <sup>st</sup> to 7 <sup>th</sup> Aug.	Breastfeeding Week
		8 <sup>th</sup> to 14 <sup>th</sup>	Preparation for Independence Day (March past,demo etc.)
		15 <sup>th</sup> Aug.	Independence Day and Tree plantation
4	Sept. – 2016	1 <sup>st</sup> to 7 <sup>th</sup>	Nutrition Week
		5 <sup>th</sup> Sept.	Teachers Day
		24 <sup>th</sup> Sept.	N.S.S. Foundation Day
5	Oct-16	1 <sup>st</sup> Oct.	International Day for Older Person
		2 <sup>nd</sup> to 9 <sup>th</sup> Oct.	Clean & Green Campaign Week
		10 <sup>th</sup> Oct.	Mental Health Day
		12 <sup>th</sup> to 17 <sup>th</sup>	Road Safety Week & Annual Camp (MGAC)
		31 <sup>st</sup> Oct.	National Unity Day
6	Nov-16	11 <sup>th</sup> Nov.	National Education Day
		14 <sup>th</sup> Nov.	Children's Day
		19 <sup>th</sup> to 24 <sup>th</sup>	Annual Camp (SRMMCON)
		25 <sup>th</sup> to 30 <sup>th</sup>	Annual Camp (JNMC)
7	Dec-16	1 <sup>st</sup> to 7 <sup>th</sup>	World AIDS Day
		9 <sup>th</sup> to 13 <sup>th</sup>	Annual Camp (SPDC)
8	Jan-17	12 <sup>th</sup> Jan.	National Youth Day
		26 <sup>th</sup> Jan.	Republic Day (March past,demo etc.)
9	Feb-17	4 <sup>th</sup> Feb.	World Cancer Day
10	March – 2017	8 <sup>th</sup> March	International Womens Day
11	Apr-17	7 <sup>th</sup> April	World Health Day
		23 <sup>rd</sup> May	DMIMS (DU) University Foundation Day
12	May – 2017	31 <sup>st</sup> May	World No Tobacco Day

- Empathy is ensured by Value education module.
- Constitution of India sensitization is done through lectures by eminent speakers
- Art and culture sensitization is done by exposure to popular authors, cultural events held during Ganesh Festival Celebration)

Women empowerment orientation is done through circulation of manual and orientation courses held every year during Fresher's and PG orientation and observing various National and International days of women empowerment.



- viii. Has the institution incorporated the principles of Life Style Modifications for students based on Eastern approaches in their day to day activities?

Yes, the institution incorporates the principles of Life Style Modifications for students which is routed through Mind Body Medicine Clinic wherein the lifestyle modification activities are conducted during foundation and refresher courses. Yoga and meditation techniques are a part of this program.

Students are encouraged to take up extra- curricular activities like sports and cultural events.

- ix. Has Yoga/Meditation/any other such techniques been practiced by students regularly as self-discipline?

Yes, the students are exposed to yoga and meditation during Induction programs which are carried out by experts in the field.

- x. How does the institution attend to the diverse health issues (physical and mental) of students and staff?

The DMIMS being a health university is morally bound to attend to the diverse health issues of its stakeholders. *Physical, Mental and Psychological* wellbeing of the students and staff are ensured as follows;

*Physical health:* Physical health issues are addressed by compulsory free yearly health checkups and provision for free treatment for both staff and students. There is state of art sports and health club facility which is easily accessible to all staff and students.

*Mental health:* Yoga, Meditation and value education programs are practiced in the Mind-Body Clinic under the supervision of expert faculty.

*Psychological health:* The mental health issues are intercepted by providing a stress free working environment. Student's guidance clinic provides relevant counseling and support to staff and students by trained counselors and psychiatrists that can also be solicited with ensured confidentiality.

- xi. Does the institution cater to the needs of groups / individuals requiring special attention by conducting group classes / special individual trainings / focused group discussion / additional training measures etc.?

Yes, a mechanism has been put in place to cater the needs of groups / individuals requiring special attention. A standardized SOP with provision for subjective customization is provided by the IQAC.

It includes;

Special Academic needs: Special needs in academics are catered by various strategies like Home assignments, projects, student seminars, Remedial teaching, capsulated teaching and booster teaching. An option of additional formative examination for increase of score is given. The candidate have the option of giving a fresh set of formative examinations, the results of which will not be linked with the candidates eligibility for the summative exam .Also the best of scores of all attempted FA will be considered. This form of reiterative learning is very student centric.

Special Psychological needs: Psychological needs are catered by various strategies like counseling via Student guidance clinic and preceptorship program.



## **b. Teaching-Learning Process**

- i. How does the institution plan and organize the teaching-learning and evaluation schedules such as ;
  - \* academic calendar
  - \* master plan
  - \* teaching plan
  - \* rotation plan
  - \* course plan
  - \* unit plan
  - \* evaluation blue print
  - \* outpatient teaching
  - \* in-patient teaching
  - \* clinical teaching in other sites
  - \* teaching in the community

### **Institutional Planning:**

All the academic programs including teaching learning and evaluation schedules are prepared well in advance, before the commencement of the academic year.

- Such academic calendar for the whole academic year is planned in consultation with Board of studies and approval thereof by the Academic Council of the University
- It depicts the term period, number of working days, vacation period (summer & winter) examination schedule for formative and summative.
- The academic calendars are circulated to all concerned including HOIs, HODs, faculties, non-teaching staff, students and on Website.
- Evaluation blue print is prepared for formative evaluation by Examination cell.
- For summative evaluation it is prepared by Controller of examinations and include the schedule for preparatory process as well ensuring timely dispensing of all the tasks including results.

### **Organizing Teaching –Learning / evaluation:**

#### **Teaching Learning:**

Phase wise curricular committee meets and decides about teaching plan and structures the time table including theory, practical and clinical schedules, which are then placed in students' information brochures for wide circulation to all stakeholders, for each batch when they get admitted to the course and during their inductions.



Included in the brochure are:

- Master Time-Table including department, theme, topic, and time wise depictions
- Clinical posting time table
- Detailed schedule of Part Completion Tests, Terminal examinations Preliminary examinations.
- Schedule of University examinations.
- Cultural event time table,
- Co-curricular-Sports time table.

Regular evaluation of teaching-learning process is done by HOD and HOIs through, Academic appraisal programs, academic audits, Attendance cell and student feedbacks .The unfolding of these schedules including course / syllabus progress and completion are closely monitored by them. At the end of every month such reports are then submitted in the college councils. Any deviations noted are appropriately dealt. The adherence to such planned teaching learning schedules is almost to the tune 100% in each college.

#### **Organizing Evaluation:**

- The program for evaluation are planned and notified at the beginning of academic year, includes preparation of examination schedules like-dates of Paper setting , moderations , conduction of examination, declaration of result and Grievances. All the theory papers are held centrally at examination hall and valued centrally through central assessment programme.
- For Formative evaluation there is an independent Cell- Examination cell which organizes, supervises, monitors and oversees all the evaluation process round the year, being conducted by the different institutions.
- Similarly, Summative examinations are organized and overseen by the Office of Controller of Examination of the university.
- The entire examination process is monitored for strict adherence through structured mechanisms.

#### **Monitoring Process:**

The whole Teaching – learning and evaluation process have continuous monitoring. - A “Three Tier” Monitoring System for Teaching-Learning and Evaluation.

#### **First Tier – Department:**

The head of the department Supervises, monitors and evaluates implementation of teaching & learning by conducting monthly internal meeting of all the faculty.

#### **Second Tier – Institution:**

College council meets at regular intervals to discuss and decide about “progress, problems, deficiencies, improvements to be made and future plan of action”.



### **Third Tier –University:**

An Academic audit (Joint College council meeting) is organized quarterly to review the progress made and new decisions to be taken under the chairmanship of the Vice Chancellor along with members of the college council.

**Academic calendar:** The comprehensive academic calendar is finalized by the Standing committee of Deans at the beginning of each academic year. It includes number of day's term wise, the dates of commencement and duration of vacations, Formative and Summative examination schedule, and dates of declaration of results.

**Master plan:** This is the Comprehensive academic calendar which contains details of curricular, co-curricular and extracurricular activities. Annexure attached.

### **\* Teaching plan:**

All the institutions under the DMIM meticulously plans &organizes its teaching schedules

**Plan:-**The term-wise academic plan is formulated at the commencement of each term. This includes master Time table, split time-Table and operative Time Table which includes details like number of lectures, concerned teacher, name of the Lecture Hall & time. Monthly Review of the said schedule is carried out at the College Council meetings and any deviation from this schedule is addressed.

- \* **Rotation plan:** is put in place where ever necessary.  
Rotation is incorporated in clinical posting, ward duty, internship as per the academic schedule of the concerned faculty.
- \* **Course plan:** A blueprint is proposed for each subject. Each subject is organized into themes which are further divided into MK/DK/NK categories and accorded 60/30/10 weight age. The organization of the teaching schedule is made in such a way so as to facilitate proper spread of syllabus through the available calendar days and also to help in incorporation of advanced T/L strategies like PBL, ECE, ITP etc.
- \* **Unit plan:** The entire syllabus is divided into the units. The unit plan comprises of portion of syllabus covered, number of teaching hours allotted for both cognitive and psychomotor domain, allotted teaching faculty, method of evaluation and weightage in summative examination.
- \* **Evaluation blue print:** The department of medical health professionals education has formulated blueprints for standardization of the evaluation process. This is carried out by adherence to
  - a) Primary test blueprint which standardizes the number of questions, time available and the types of questions asked (format)
  - b) Secondary test blueprint which standardizes the level of difficulties, distribution of syllabus weightage, and balancing of the question paper (content)





The test blueprints have been validated by both internal and external validators. They are utilized in both formative and summative evaluation.

\* **Outpatient teaching & In-Patient teaching**

Plan: the apical council has outlined the number of days for outpatient and in-patient teaching for each subject in each faculty that is mandatory for each student. The institution takes this into consideration while planning and organizing the postings

Organization: fixed number of days are allotted in the term-wise schedule. 10-15 students per batch are posted on a rotational basis. Ward leaving evaluation are conducted to assess the cognitive, psychomotor, affective and communication skills.

- \* **Clinical teaching in other sites:** Community Oriented, Need based & Problem Solving Learning is one of the thrust areas in Medical Education at this Institute, to equip Medical Graduates with desired knowledge and skills to serve the humanity. The University has adopted the “Community Academic Partnership Program” to foster health promoting partnership between communities and educational institutions that builds each other’s strength, confidence, and capabilities and develop health professional education relevant to the country through continuous dialogue between “Community – Student – Teacher & health care providers”.

This program helps:

- i. Student, teachers & community to share ideas, knowledge, resources and experiences to create healthier communities and appropriate community physician.
- ii. Community-Teacher inter-action and provides opportunity for the students to learn various methods in Research and Development of knowledge.
- iii. In contribution by the Community to provide opportunities for teaching- learning.
- iv. Providers of Professional education and students in developing excellent understanding and thrive for learning in the communities by
  - Exposure to allied health institutions – AYUSH institutes
  - Exposure to Health and Medical care Organization: Students are exposed to various health & medical settings like District TB Center, District Leprosy Center, District Malaria & Filariasis centers, DHO, Mentally Retarded Homes, Remand Homes, Elderly Homes, School for Deaf & Dumb, Non-Governmental Organization, PHC visits, Leprosy clinics, Destitute Homes, and General Practitioners

- \* **Teaching in the community:** A group of students from each faculty are attached to different department during the camps organized by the University in consultation with the community in remote rural areas to learn socio – clinical aspects of the patients attending the camp. Students are also involved in Health education and social communication. The students participate in camps of different specialties like Medicine, Ophthalmology, Dental, Gynecology and other discipline



- ii. Does the institution provide course objectives, outlines and schedules at the commencement of the academic session? If yes, how is the effectiveness of the process ensured?

Yes the institution provides course objectives, outlines and schedules at the commencement of the academic session with the help of a comprehensive booklet in which a detailed description of all these processes is documented.

Students are also oriented in the induction programs at various levels.

The effectiveness of the process is ensured and evaluated by periodic assessment known as the academic appraisal program with respect to adherence to schedule and completion of set objectives on the set marker points on 5 point likert scale.

Periodic reviews of the academic process are done at various administrative levels of the University like, college councils, joint college councils, autonomous cell meetings etc.

The input of students is also taken into account via the feedback taken for this purpose and conclusions drawn from these are used for updation of curriculum which is regular and ongoing process of the University.

- iii. Does the institution face any challenges in completing the curriculum within the stipulated time frame and calendar? If yes, elaborate on the challenges encountered and the institutional measures to overcome these.

No, the institution does not face any challenges in completing the curriculum within the stipulated time frame (with regards to didactic and non-didactic teaching) and calendar as there are 280 days in the academic year of DMIMS as against the mandatory 240 as stipulated by apical councils. These extra days are sufficient to tide over shortcoming if any.

- iv. How is learning made student-centric? Give a list of participatory learning activities adopted by the faculty that contributes to holistic development and improved student learning, besides facilitating life-long learning and knowledge management.

The University lays great emphasis on making learning student centric. There is a deliberate attempt to shift the learning from the conventional Teacher centric to student centric mode. This is ensured by the incorporation of the following modalities that contribute totalistic development and improved student learning, besides facilitating life- long learning and knowledge management.

1. Small group teaching learning activities like PBL and CBL
2. ITP
3. Early clinical exposure
4. Inclusion in Comprehensive health team
5. Training in skill labs
6. Short term research projects



7. Simulation based training
8. Organization and participation in student conferences
9. Encouragement towards reflective learning
10. Student led seminars, projects
11. Theme based seminars
12. Structured journal clubs
13. Log book for interns and PG

- v. What is the institution's policy on inviting experts / people of eminence to augment teaching-learning activities?

The university has a yearly targeted schedule for programs and CMEs targeted towards augmentation of T/L activities. Yearly themes are decided and people of eminence and experts are invited. Theme based workshops are also held for the purpose.

Adjunct faculty and visiting faculty are identified by each department and their services are utilized for knowledge updation for UG as well as PG.

- vi. Does the institution formally encourage learning by using e-learning resources?

Yes the Institution formally encourages learning by using e-learning resources by its various policies. They are as follows:

- a) WiFi Campus with 4G connectivity
- b) The digital library which is assessable to all stakeholders. Online availability of latest journals and textbooks, e books , e-journals
- c) LRM is available to the students in kiosk
- d) E-class rooms,
- e) E- Museums
- f) Webinars
- g) Telemedicine
- h) School of Virtual learning

- vii. What are the technologies and facilities such as virtual laboratories, e-learning and open educational resources used by the faculty for effective teaching?

Yes, facilities such as e-learning and open educational resources like BMJ evidence Based Learning, Royal Society of Medicine Library, Clinical Key used by the faculty for effective teaching.

These are made available to all stakeholders via the digital library, easy access to the net and archiving of open resource materials for ready reference. The librarian often plays a facilitator role in this.

The School of virtual learning is the latest modality added to the university's repertoire. It has a state of the art interactive virtual dissection table .It is easily accessible to aid in e-learning.



- viii. Is there any designated group among the faculty to monitor the trends and issues regarding developments in Open Source Community and integrate its benefits in the institution's educational processes?

A subcommittee of the Library committee has been allocated the responsibility of monitoring the trends and issues regarding developments in Open Source Community and they integrate its benefits in the institution's educational processes by dispersing of information to relevant stakeholders and also by display on pertinent notice boards and websites. This is done in a monthly scheduled manner.

- ix. What steps has the institution taken to transition from traditional classrooms into an e- learning environment?

The steps taken by the institution to facilitate transition from traditional classrooms into an e-learning environment are as follows:

1. E-classrooms
2. E-learning resources
3. Wifi enabled classrooms
4. Use of virtual teaching modules
5. Kiosk with updated information
6. Knowledge portal through intranet
7. e books , e-journals
8. Digital library

- x. Is there provision for the services of counselors / mentors/ advisors for each class or group of students for academic, personal and psycho-social guidance? If yes, give details of the process and the number of students who have benefitted.

Yes, to facilitate and help in creation of desired academic ambience for the students during their tenure in the institution, the University has institutionalized the “Preceptor-Ship” programme with Senior teachers as preceptors, who are duly oriented for the purpose and are allotted 10 students each for the entire duration of the course.

The “Mentor teacher” (preceptor) acts as a “Friend, Philosopher & Guide” for students to provide “Academic, Social & Psychological” support with “Care, Concern and Cushion” Regular semiformal get together is scheduled ones a month where student grievances are solved.

Psycho-social guidance- It is an unfortunate albeit an uncommon occurrence that a minute percentage of our students become the victims of a complex interplay of self, parental, institutional and societal apathy. Caught in a vicious cycle of lack of self-confidence, leading to poor attendance, and subsequently. Poor assimilation of knowledge and skills. These interrupted learners have often lost the will to assert and have given up on all forms of



Conventional education. The university has facility of psycho-social guidance for such students.

The university has appointed counselors to facilitate a frictionless transition of students into professionals.

- xi. Were any innovative teaching approaches/methods/practices adopted and implemented by the faculty during the last four years? If yes, did they improve learning? What were the methods used to evaluate the impact of such practices? What are the efforts made by the institution in giving the faculty due recognition for innovation in teaching?

The University considers innovation as an integral part of its growth and development. The major innovations worked out by the University in the various domains are:

**Teaching Learning: Innovative TL methods viz;**

- LRM format
- Critical Self Thinking Inventory for Clinical Examination (CSTI-CE)
- Revisiting Problem Based Learning
- Think pair share technique in classroom teaching
- Peer-led Quiz and tutorials
- Question a week
- Thematic seminar in PG
- Evidence based journal club
- Self-Assertive Learning (SAL)(Copy Right)
- Interactive Intragroup Tutorials(Copy Right)
- Pathak -Chimurkar Assignment Method Of Recording Attendance And Attendance Based Learning (Abl)
- Incorporation Of ‘Sack’ Model In The Conduction Of Integrated Teaching Program
- Modified Problem Based Learning
- DMIMS Model for nursing education unit for qualitative improvisation in nursing education
- Daigavane and Hazarey classification for Unilateral Cleft lip and palate to aid in Presurgical Orthopedics
- “Early Research Exposure Model” (ERE Model) for Medical Undergraduates
- Module on Early Clinical Exposure (ECE) in Ayurved Education
- Enrichment Courses in super-specialty/ sub specialty etc.
- E-portfolio

All these methods have resulted in benefits to the students which are reflected in both the qualitative and quantitative parameters of the results. There is an overall increase in the passing percentage and also in number of students above in first class and honors.



Table reflecting improvement in learning

Course	Previous%	Current %	% Improvement in learning
MBBS	85	97	12
BDS	90	97	7
BAMS	86	98	12
Nursing	83	100	17

Method adopted for evaluation of the impact of such innovations is done on the basis of the various feedbacks taken by the University for Evaluation of teaching learning processes.

Faculty involved in these innovative practices are publicly appreciated and are financial incentives are awarded.

- xii. How does the institution create a culture of instilling and nurturing creativity and scientific temper among the learners?

The university instills and nurtures creativity and scientific temper amongst the learners in the following ways:

The students are inducted to enquiry based learning and imbibing scientific temper by involving them in research activities right from foundation years of the curriculum. They are provided with platform to present the scientific data by organizing in house student conferences. Involvement of students in funded projects like AVERT project, ICMR funded Short Term Studentship program and PPTCT is also ensured. Community & need based short term research and field studies are made mandatory. Evidence based journal club, Reflective learning are routinely followed and help in generating scientific temper. In house scientific student journal and annual student magazine provides a platform for nurturing scientific temperament and creativity. Other than that Students are encouraged to attend International and National Workshops, Symposia, Seminars, CME's.

Students are provided with immense opportunities to develop and practice co-curricular activities of their choice. They are encouraged and supported to publish their literary creative output through student magazines.

Rational thinking is encouraged through guided referrals and report back mechanisms which in turn encourages creativity and logical thinking.



- xiii. Does the institution consider student projects mandatory in the learning program? If yes, for how many programs have they been (percentage of total) made mandatory?

Yes the institution considers student projects mandatory in the learning program. The projects are made mandatory in all PG degree and diploma courses. Small projects are a part of internal assessment in UG program.

\* The number of projects executed within the Institution are :**2732**

\* Role of faculty in facilitating such projects:

A need based topic for research is selected by the students and carried out under appropriate guidance and supervision of appointed faculty as 'guide'. Guidance is provided to the student right from framing of research protocol till publication of the research work. The students are also guided in Research Methodology including "collection compilation and analysis" of data, application of statistics and development of ability to present the data and submission of a written report of the study including "conclusions", if any, thereof.

- xiv. Does the institution have a well-qualified pool of human resource to meet the requirements of the curriculum? If there is a shortfall, how is it supplemented?

The institution has a more than adequate, well qualified pool of human resource to meet the requirements of the curriculum. In case there is any shortcoming generated by resignation, all necessary steps are taken to mitigate the deficiency immediately by fresh appointments which are carried out in a prescribed manner and the orientation of the said faculty through periodic workshops as a part of capacity building towards handling the issues.

- xv. How are the faculty enabled to prepare computer-aided teaching/learning materials? What are the facilities available in the institution for such efforts?

The University issues guidelines and structured format for generation of standardized Learning resource material. The LRM so generated is validated by internal and external experts. Continuous up-gradation of LRM in alignment with curricular revisions is carried out in a time bound manner. LRM for every topic, for every subject, in each faculty is generated and validated.

University is wi-fi enabled with facilities like Artist, Photographer, Modeler, and Computer Operator to prepare power point presentations, Audio – video Compact Disc, reprography, health education films, digital recording of unique major operations, including timely generation of teaching resource material and optimal utilization and validation and standardization thereof is done on a continual basis.



- xvi. Does the institution have a mechanism for the evaluation of teachers by the students / alumni? If yes, how is the evaluation feedback used to improve the quality of the teaching- learning process?

Structured feedback from the student is obtained at regular periodicity, based on matters related to Academics, Infrastructural facilities, Library, Faculty and Hospital facilities etc. These feedback forms do not disclose the identity of the ‘furnisher’. The feedback thus obtained, is thoroughly scrutinized & timely conclusions are drawn for effective operational implementation.

**Academic Appraisal Program:**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The Academic Appraisal Programme focuses on internally auditing the extent and the manner of dispensation of academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the university at the beginning of the academic term, essentially in the form of feedback received from the students. It is as such a novel way of student led monitoring of quality of teaching, practiced in the University.

Doctoral degree has been awarded by the University on the research work carried out by the scholar on “A Study on Academic Appraisal Program: An Innovation towards Quality Assurance in Undergraduate Medical Education” and a hand book has been also published on the process of Academic Appraisal Program.

**Exit feedback:**

Exit feedback is obtained after completion of internship training regarding all aspects of the curriculum and their suggestions are recorded.

Feedbacks are mostly taken online for the ease of analysis and retrieval. Depending upon the stakeholders, the feedback analysis is conveyed to the concerned in-charges as depicted in the table. Suitable suggestions are incorporated and conveyed to the respective feedback givers via website and personal communications wherever possible.

“Stakeholders” (students, faculty, staff, alumni, parents, Patients, Community, employers, visitors) are the genuine “assets” of colleges and universities. The University follows a 360<sup>o</sup> Feedback Cycle for all its process improvement measures. There is a mechanism in place for defining the scope of the feedback, measuring and real time analysis of the feedbacks as also the improvement and control machinery to act upon actionable points arising out of such feedbacks in a timely manner.





The feedback taken on various aspects and the percentage of its implementation is depicted in the following table

S No	Name of the Stake holder	Areas of feedback	Percentage Implementation
01	Students	Curriculum / Infrastructure/T-L-E/Placement/ hospital services/ Extension/ Exit Feedback	89%
02	Alumni	Curriculum/ Infrastructure/T-L-E/Placement	73%

The various types of feedbacks and their further modus-operandi has been depicted as under:

Sr. No.	Type of feedback	Evaluated by	Action Taken By	Communicated back via
1	Student feedback on academic aspects	Department of Medical Education	Heads of the Institutions	Circulars , Website display

xvii. Does the institution use telemedicine facilities for teaching-learning processes? If yes, cite a few instances.

Yes, the institution uses telemedicine facilities for teaching-learning processes. This is done by the use of webinars and use of tele-diagnosis facilities with the satellite centers located at remote locations.

The institution has fully equipped state of art telemedicine centers located at RHTC Seloo, RHC Deoli and Adegaon connected with central telemedicine unit at AVBRH. Undergraduate students posted at the Centre for community orientation posting are sensitized to the concept of telemedicine and are given tutorial through senior facilities at AVBRH.

Interns posted at this outreach telemedicine unit use the technology to get expert opinion at day-to-day basis.

Postgraduate students posted at outreach Centre are also sensitized and use the technologies for direct patient care under supervision from specialist located at AVBRH.

Various short trainings are held for students, interns, post-graduates and other staff located at peripheral unit from the nodal Centre at AVBRH.

Tele oral pathology is used as a tool for discussion of interesting cases with senior faculty in all parts of the country.



xviii. Does the institution utilize any of the following innovations in its teaching-learning processes?

- \* ICT enabled flexible teaching system.
- \* Reflective learning.
- \* Simulations.
- \* Evidence based medicine.
- \* Emphasis on development of required skills, adequate knowledge and appropriate attitude to practice medicine.
- \* Problem based learning (PBL).
- \* Student assisted teaching (SAT).
- \* Self-directed learning and skills development (SDL).
- \* Narrative based medicine.
- \* Medical humanities.
- \* Drug and poison information assistance Centre.
- \* Ayurveda practices.
- \* Yoga practices.
- \* Yoga therapy techniques.
- \* Naturopathy and its practices.
- \* Any other.

The institution utilizes the following innovations in its teaching-learning processes

**Reflective learning:** Reflective learning is availed by including e- portfolio and journal for undergraduates and log book for internship and post graduate courses.

**Simulations:** Incorporation of simulation is done for various psychomotor skills. The students are posted by the respective departments in the simulation ward and virtual learning lab for incorporation of necessary skills on a rotational basis.

**Evidence based medicine.** The students are oriented to EBM through modular teaching which depicts the 6 steps of ascertaining evidence based medicine. Mandatory participation of undergraduates in clinic-pathological conferences and symbiosis is utilized for handy orientation. Evidence based journal clubs are conducted as part of the prescribed PG curriculum.

**PBL:** is a regular scheduled teaching learning activity for undergraduates and depicted in the time table.

**Self-directed Learning:** This is separately carved in the time- table vide visits to the museum, virtual learning lab, skill labs and library with a structured focus.



**Student Assisted Learning:** Peer Assisted Learning (PAL) is practiced in the form of peer- led tutorials, peer led quiz, peer tutoring and peer mentoring, by identification of high achievers as peer tutors.

**Narrative Based Medicine:** This is carried out through clinical postings, bedside teaching, writing journals and participation in targeted group discussions for undergraduates and post graduates under the supervision of senior faculty.

**Drug and poison information assistance Centre:** it is preclinical toxicity center which deals with toxicity testing, acute, sub-acute toxicity etc. It is related to problems critical to human health and environment.

**Yoga practices:** Yoga and Meditation techniques are taught to the students through value education classes conducted by the value education cell.

Yearlong yoga classes are held by the institution every day from 7:00 – 8: 00 am for those who are interested in regular pursuit of the same. These are a free of cost, open to all and conducted by expert yoga teacher.

**Meditation:** Meditation is institutionalized through Mind-Body Clinic.

**Any other:**

**Clinical skill lab** - students are posted from all the disciplines for basic as well as advanced skill training.

**CAP lab** – communication, attitude and phonetic skill ensures the training of students in affective domain and linguistics.

**School of Virtual Learning**-Latest addition to the ICT based learning modalities. Helps in virtual dissection.

xix. Does the institution have an Electronic Medical Records facility, staffed by trained and qualified personnel? Is it used for teaching-learning process?

Yes the institution has an Electronic Medical Records facility, staffed by trained and qualified personnel comprising of a computer operator, clerks and data compilers.

It is used in the teaching learning process in the following manner

- a) compilation of epidemiological data to design study protocols
- b) for need analysis to be used in curriculum updates
- c) to generate survival data
- d) to assist in carrying out retrospective studies
- e) for training in medico legal aspects of medicine
- f) diagnosis with ICD coding
- g) Analysis of length of hospital stay
- h) Management of post-operative complications



- i) To calculate Apache scores
- j) To calculate various prevalence rates like IMR, MMR
- k) Cancer staging and survival etc

- xx. Does the institution have well documented procedures for case sheet writing, obtaining informed consent and the discharge process of the patients?

Yes, the institution has a well-documented and structured protocol for case sheet writing, obtaining informed consent and the discharge process of the patients. The students are oriented towards the same during the various orientation programmes for respective phases. Assessment during ward leave and summative practical examination is carried out on the basis of these protocols.

E-case sheet is an innovative approach for the shift of data storage from hard to paperless documentation by the generation of electronic medical records. This has recently been incorporated as a management system for data compilation and analysis.

- xxi. Does the institution produce videos of clinical cases and use them for teaching- learning processes?

Yes, the institute has an entire archival section with videos of clinical cases which are used for demonstrative T/L for example early clinical exposure in classroom settings. This method is also used for learning reinforcements. There are more than 700 videos which have been archived for T-L procedures.

- xxii. Does the institution perform medico legal/post-mortem procedures with a view to train the undergraduate and post-graduate students in medico legal procedures?

Yes, the institute perform medico legal/post-mortem procedures with a view to train the undergraduate and post-graduate students in collaboration with civil hospital which is attended by in house faculty.

There are legal limitations to the performance of post mortem in the institute.

- xxiii. Does the institution have drug and poison information and poison detection centers? How are these used to train the students?

Yes, A functional drug and poison information is available and associated with department of forensic Medicine.



- xxiv. Does the institution have a Pharmacovigilance / Toxicology Centre /clinical pharmacy facility / drug information Centre/Centre for disease surveillance and control/ Prevention through Yoga/Promotion of positive health/Well-equipped Psychology Laboratory/ Naturopathic diagnostic Centre, etc. ?

**ADR Monitoring Center (AMC), DMIMS(DU) under Pharmacovigilance Programme of India:** Department of Pharmacology JNMC Sawangi (M), is recognized as an ADR Monitoring Center since July 2016 by Pharmacovigilance Programme of India (PVPI)

,run by central government. It is reporting Adverse Drug reaction to National coordinating center through the software **vigiflow**.

The center is contributing in the efforts towards monitoring of adverse drug reaction. We have reported 264 ADRs to the National Coordinating Center. This number is 5<sup>th</sup> highest in the country. There is conduction of regular meetings of Pharmacovigilance Programme of India at AMC.

Also, we are maintaining the essential data required for the smooth functioning of AMC. It is receiving **Drug alerts** periodically from National coordinating center. These drug alerts are discussed in the Department of Pharmacology every Saturday as **confab**. Center circulates these Drug alerts amongst all the healthcare professionals of the Institute as well as all the members of IMA Wardha which include all the general practioners and specialist in Wardha district. For the awareness about Pharmacovigilance conducts training sessions of ADR reporting among resident doctors and Nursing staff of AVBRH. The Center also have conducted one radio interview for increasing awareness about drug use and its adverse effects.

**Clinical Pharmacy Lab:** Department of Pharmacology JNMC has clinical Pharmacology lab well equipped with various chemicals to formulate various drug formulations. The lab not only gives the hands on experience of formulating the various formulations but it also gives the practical experience of prescription of various medicines their interactions and therapeutic problems. The lab also works in collaboration with the Therapeutic Drug Monitoring lab in the central research laboratory for the estimation of antiepileptic and anti-ulcer drugs.

**Prevention through Yoga:** Yearlong yoga classes are held by the institution every day from 7:00 – 8: 00 am for those who are interested in regular pursuit of the same. These are a free of cost, open to all and conducted by expert yoga teacher.

**Promotion of Positive Health:** Meditation is taught and practiced in the Mind-Body Clinic under the supervision of expert faculty.

**Drug Information Centre:** Department of Forensic Medicine has a toxicological Assistance Center for the proposes of reporting poisoning



xxv. Laboratories / Diagnostics

How is the student's learning process in the laboratories/ diagnostics monitored?  
Provide the laboratory time table (for the different courses).

To ensure the skill development of the students in the university various training protocols are designed. Accordingly, learners are posted in a rotatory manner into the skill labs established in the university campus. They are as follows:

- Student laboratories- specific for the concerned subject as per apical council guidelines
- Basic clinical skill labs
- Advanced clinical skill labs
- Communication, attitude and phonetic lab

The student's learning process in the laboratories/ diagnostics is closely monitored by structured mechanisms. The students are divided into small batches of 10 students and a teacher is assigned to each batch for facilitation and supervision. Also a structured manual is given to each student for ready reference and documentation which are periodically assessed by the concerned supervisor

Student staff ratio in the laboratories / diagnostics.

- 1:10 is the ratio for the under-graduates
- 1:1 is the ratio for the post-graduates

xxvi. How many procedures / clinical cases / surgeries are observed, assisted, performed with assistance and carried out independently by students in order to fulfill learning objectives ?

The number of procedures / clinical cases / surgeries are observed, assisted, performed with assistance and carried out independently by students as per the prescribed norms of the apical council. The norms are strictly adhered to. Logbook and practical record is maintained which documents the various procedures and surgeries observed, assisted and performed.

xxvii. Does the institution provide patients with information on complementary and alternative systems of Medicine?

The DMIMS is a composite health University with incorporation of Ayurveda, Nursing, Dentistry and Physiotherapy in its ambit. There is a judicious and seamless merging of various pathies in health care for the benefit of patient. The patients are informed about complementary and alternative systems of Medicine via pamphlets, video recording, and communication by social workers, health melas, camps, and banners at prominent places for dissemination of information as a matter of policy.

There is a comprehensive health team which comprises of members of each faculty i.e Medicine, Dentistry, Ayurveda, Physiotherapy and nursing, This ensures awareness amongst all the team members regarding complementary and alternative systems of medicine available. Resultantly a holistic therapeutic approach develops that is beneficial to the community.



xxviii. What are the methods used to promote teaching-learning process in the clinical setting?

Methods used to promote teaching-learning process in the clinical setting are as follows;

1. Early clinical exposure
2. Clinical postings
3. Bed side clinics
4. Comprehensive community health team approach
5. Combined clinics
6. Objective Structured clinical/practical Examination
7. Summarise, Narrate, Analyse the differential, Probe by the preceptor, Plan management , Select issue for self-directed learning (SNAPPS)
8. Evening clinics
9. One Minute Preceptorship method
10. Advanced clinical skill lab
11. small skills project
12. enquiry based projects

xxix. Do students maintain log books of their teaching-learning activities?

Yes. The log books are meticulously maintained and assessed periodically.

xxx. Is there a structured mechanism for post graduate teaching-learning process?

Yes, there is a structured mechanism for post graduate teaching-learning process. There are day and time wise scheduled activities for the cognitive and psychomotor component. The University has a compulsory 4-P policy i.e certification of PGITP, poster, paper presentation and publication. A candidate becomes eligible for appearance in university exams only on completion of 4P. The number of seminars, Journal clubs, Case discussions, OSPE/OSCE modules, and composite activities are pre-decided and periodic appraisal for confirmation of completion is done by PG incharge of the institute and review is taken in college council meetings. Student maintain a log book of all such activities which is regularly assessed.



xxxii. Provide the following details about each of the teaching programs : \* Number of didactic lectures

- \* Number of students in each batch
- \* Number of rotations
- \* Details of student case study / drug study
- \* Nursing Care Conference (NCC)
- \* Number of medical / dental procedures that the students get to see
- \* Mannequins / Simulation / skills laboratory for student teaching
- \* Number of students inside the operation rooms at a given time
- \* Average number of procedures in the ORs per week, month and year
- \* Autopsy / Post-mortem facility

**Number of didactic lectures:** Hours are allocated as per guidelines of Statutory Councils. The didactic lecture hours in undergraduate program ranges between 1500 and 4200.

\* **Number of students in each batch:**

* Faculty	UG students in each class	PG
Medical	200	As per the number of seats sanctioned by Statutory Councils.
Dental	100	
Nursing	100	
Physiotherapy	50	
Ayurveda	50	

**Number of rotations:** During the internship period, in medicine, clinical rotation of students ranges between 2 weeks to 27 weeks during the course period. In faculty of dental sciences students have 1989 hours of clinical rotation. In faculty of nursing, clinical rotation is 1150 hours. In all other undergraduate program the clinical rotation hours ranges between 750 hours to 2000 hours. Details are available with individual faculty/specialty.

- \* **Details of student case study / drug study:** Students evaluate cases during their clinical postings and the number of cases evaluated during their course period depends on the governing bodies regulations. The students maintain the record as per the requirement of the governing bodies of each course.
- \* **Nursing Care Conference (NCC):** Each post graduate student is given 1 patient in Advanced Nursing Practice and 4 patients each in clinical specialty I and II with a total of 9 NCC for a period of 2 years. An Undergraduate student gets similar opportunities to discuss on 2 patients each in nursing related specialty subjects namely Medical Surgical Nursing, Pediatric Nursing, Obstetrics & Gynecology





Nursing, Psychiatric Nursing and Community Health Nursing with a total of 10 NCC per student in a period of 4 years.

- \* **Number of medical / dental procedures that the students get to see:** Procedures provided for each student is as per the Regulations of the Medical and Dental Councils. An example, is given below:

Department of Dental Sciences	Procedures /student/ year
Oral Medicine	10 Long case history and 25 iopa
Pedodontics and Preventive Dentistry	45 Restorations and 10 extractions
Oral surgery	50 extractions and 15 minor oral surgery
Periodontics	50 Scaling
Conservative dentistry and Endodontics	15 Cavity preparation and restoration
Prosthodontics	5 Complete denture and 5 Removable partial denture

\***Mannequins / Simulation / skills laboratory for student teaching:** Clinical skills lab for undergraduates is efficiently run in the University. Skills lab is also available in the departments of General surgery, Orthopedics, ENT, Ophthalmology, Emergency medicine, Faculty of Dentistry, Faculty of Nursing, etc.,

\***Number of students inside the operation rooms at a given time:**

8 to 10 / theater.

\***Average number of procedures in the ORs per week, month and year:**

30 to 40 procedures / week / theater.

\***Autopsy / Post-mortem facility:** Well-maintained state - of - the art autopsy/ postmortem facility is available in the Dept. of Forensic medicine. UG students can view on screens just outside the autopsy room the procedures, while PG students have hands –on training.

### 2.3 Teacher Quality

How does the institution plan and facilitate its faculty to meet the changing requirements of the curriculum?

The University has adopted policies for a well-defined and structured continuing professional development program as follows;

1. Involving faculty in curricular committees at various level (Departmental, Institutional and University).
2. Mandatory training in Basic education technology in respective faculties.
3. Training in Advance education technology in respective faculties for 30% of faculty



4. Mandatory annual CPU activities for every department as specified in the annual calendar.
5. Monthly Staff research society and symbiosis activity
6. Capacity building workshops in research methodology, scientific publications, TLE methods and quality assurance.
7. In house PhD , fellowship and diploma courses in all the subjects
8. Special and sabbatical leaves for professional development activities
9. Well placed mechanisms for Review, Monitoring and Quality of CPU activities.
10. Annual Intramural budget allocation for in-house CPD activities (Departmental, Interdepartmental, Inter-institutional, Regional/State, National , International)
11. Financial aid for participation in CPU activities in other National/international Institutes.
12. Due weightage to organization and participation in CPU activities in promotions through Career advancement scheme (CAS).

Does the institution encourage diversity in its faculty recruitment? Provide the following details (department / school-wise).

	<b>% of faculty from the same institution</b>	<b>% of faculty from other Institutions within the State</b>	<b>% of faculty from Institutions outside the State</b>	<b>% of faculty from other countries</b>
JNMC	23	<b>58</b>	<b>19</b>	0
SPDC	50	<b>40</b>	<b>10</b>	0
MGAC	0	<b>77</b>	<b>23</b>	0
SRMMCON	14	<b>80</b>	<b>05</b>	0
RNPC	61	<b>33</b>	<b>06</b>	0

How does the institution ensure that qualified faculty are appointed for new programs / emerging areas of study? How many faculty members were appointed to teach new programs during the last four years ?

Apart from effectively offering the Conventional Programmes in the Domain of Health Sciences, the University established a distinctive **faculty of Inter-disciplinary Health Sciences** to come out of the shackled, suffocative, rigid and regimented segmentation and initiated programmes and courses which are innovative, need based and relevant to current higher education landscape and are conceived out of a diligent feedback received from all the relevant stakeholders.



**The Interdisciplinary Faculty of Health Sciences<sup>6</sup>** offers an administrative structure that enhances learning in complex health problems that require interdisciplinary approaches. Students learn augmentation of their inquisitions and apply strong scientific principles to complex health contexts that are not necessarily disciplinary in character. The Teachers who are scholars in their own disciplines adopt interdisciplinary visions of their work and the work of others while navigating between disciplinary and interdisciplinary contexts in both teaching and research. All the faculty members are experts in their given fields and they take interest in diverse health problems working together in an interdisciplinary framework. The meaningful and purposive collaboration is one of the great strengths of this faculty and they are worked out with efforts to provide a specialized training and research experience in the academia as well as health science industry. Ever vigilant to preserve its distinctive character and harness a rich, stimulating and creative organizational culture, the Inter disciplinary faculty of Health Sciences is committed to training competent professionals, who wish to contribute in the most efficient way possible to the promotion and improvement of the health and wellbeing of individuals and of populations.

During last 4 years 32 faculty members were appointed to teach new programmes.

How many Emeritus / Adjunct Faculty / Visiting Professors are on the rolls of the institution ?

The additional faculty required for teaching new courses or subjects, the workload of which does not call for appointment of full time faculty, are appointed on contract basis as visiting faculty. Applications from experienced and qualified faculty / professionals, as per the prescribed norms are invited by the constituent units. The Director / Principal of the constituent unit holds personal discussions with them before their appointment, it is ensured that their qualifications meet the norms as laid down by the university. Generally, faculty with experience in either industry or academics or both is preferred as visiting faculty for these programmes. Final appointments are made with prior approval of the Vice Chancellor. They are paid honorarium at par with the credentials at their disposal.



- Currently there are 19 Professor Emeritus, 46 Adjunct Faculties and 9 Visiting Faculties on roll of the University

What policies/systems are in place to academically recharge and rejuvenate teachers? (*e.g.* providing research grants, study leave, nomination to national/international conferences/seminars, in-service training, organizing national/international conferences etc.)

There are numerous mechanisms to recharge and rejuvenate teachers as follows;

- The university freely supports and promotes the professional development of the faculty.
- The deputation is granted to the faculty for attending the International, National & State conferences, as per the notified policy.
- The meritorious performances of the faculty at such conferences are rewarded as per the notified policy.
- The faculty is also provided with the incentives for publications in research journals of repute, publication of books, contribution of chapters, receiving patents or intellectual property registration as per the publications incentive policy.
- Grants are given for conducting research activities by the various departments under the constituent colleges.
- The candidates who wish to pursue higher education or professional updates are granted special paid leaves.
- Faculty members who are on the executive committees of the professional bodies are provided special leaves.
- In house PhD , fellowship and diploma courses in all the subjects
- Sabbatical leaves for higher learning and additional qualification
- The university has made a separate budgetary allocation for the staff development activities and actively volunteers for organizing National/State conferences of the professional bodies at the University Campus
- Financial aid for participation in CPU activities in other National/international Institutes.
- Due weightage to organization and participation in CPU activities in promotions through Career advancement scheme (CAS).

How many faculty received awards / recognitions for excellence in teaching at the state, national and international level during the last four years?

In last four years Outstanding achievements/Recognition by faculty/ both at National and International level are 188 to go along with 114 National recognitions for faculty for Teaching/Research/Consultancy/Extension  
(By reputed/recognized bodies)

How many faculty underwent professional development programs during the last four years? (add any other program if necessary)

Faculty Development Programs	Number of faculty attended
Induction programs	106
Re-orientation programs	280
Refresher courses	935
Capacity building programs - Basic and Advance workshops in medical education technology.	194
Programs by regulatory / apex bodies	230

How often does the institution organize academic development programs (*e.g.*: curriculum development, teaching-learning methods, examination reforms, content / knowledge management, etc.) for its faculty aimed at enriching the teaching- learning process?

The University has a well-established School for Health Professions Education and Research. All through the year the school conducts theme based and need based activities in the domain of curriculum development and revision, T/L Methods, Examination reforms, Evaluations and Assessments, Educational Research, innovations in teaching learning and assessment process. All the Constituent Colleges have individual Education Units, the Department of Medical Education of the Medical College and Ayurveda College are recognized by MCI and CCIM as nodal Centers for faculty development respectively.

On an average **30** such activities are conducted by SHPER and its constituent educational units in an academic year as per pre notified CME/ Workshop Calendar.

The list of the activities conducted, themes and participants in last four years are following.



Sr. No.	Month & Year	Department	Activity	Benefi.
1	28 <sup>th</sup> July 2012	CHPER	Workshop on Evidence - Based Medicine	50
2	Sept. 2012	Faculty, CHPER	Sensitization workshops on Evidence - Based Medicine for in -house faculties of all constituent colleges to implement EBM Modular Teaching (JNMC, SPDC, MGAC, SRMMCON)	All faculties
3	Sept. – Oct. 2012	Faculty, CHPER & Trained faculties on EBM	Implementation Evidence - Based Medicine Modular Teaching for all	All Students
4	22 <sup>nd</sup> January 2013	CHPER	QUALITY CRISIS IN HEALTH SCIENCES EDUCATION & REMEDIES THEREOF	94
5	25 <sup>th</sup> Feb. 2014	SHPER	workshop on One Minute Preceptorship (OMP) (JNMC, SPDC, MGAC, SRMMCON)	32
6	12 <sup>th</sup> March 2014	SHPER	workshop on One Minute Preceptorship (OMP) JNMC	20
7	22 <sup>nd</sup> August 2014	Curriculum	Workshop on Curriculum	45
8	13 <sup>th</sup> to 14 <sup>th</sup> Oct. 2014	Assessment & Evaluation	Workshop on “Mechanics of Paper Setting and Paper Moderation”	74
9	08 <sup>th</sup> Nov. 2014	SHPER	Workshop on ‘Mentorship’	35
10	20 <sup>th</sup> Nov. 2014	Teaching & Learning	Workshop on OMP Orientation	24
11	2 <sup>nd</sup> to 5 <sup>th</sup> Dec. 2014	Curriculum	Workshop on process of curriculum revision	103
12	30 <sup>th</sup> Jan. 2015	Assessment & Evaluation	Orientation workshop for PG paper IV (JNMC + SPDC)	57
13	6 <sup>th</sup> Feb. 2015	Competencies	36Orientation workshop for facilitators of Communication Skill Lab	45
14	13 <sup>th</sup> Feb. 2015	Competencies	Orientation workshop for facilitators of Clinical Skill Lab	44
15	16 <sup>th</sup> & 20 <sup>th</sup> Feb. 2015	Educational Research	Orientation workshop for designing pre test / post test questionnaire	48
16	20 <sup>th</sup> July 2015	Assessment & Evaluation	“Orientation Workshop for Internal Validators”	24
17	24 <sup>th</sup> July 2015	DEU	“Orientation Workshop for Internal Validators”	15
18	27 <sup>th</sup> July 2015	NEU	“Orientation Workshop for Internal Validators”	15



19	27 <sup>th</sup> July 2015	AEU	“Orientation Workshop for Internal Validators”	15
20	31 <sup>st</sup> August 2015	Educational Research	Workshop on need analysis	22
21	14 <sup>th</sup> & 15 <sup>th</sup> Sept. 2015	Assessment & Evaluation	Sensitization Workshop on “Formative Assessment for Post Graduates at DMIMS”	39
22	7 <sup>th</sup> Oct. 2015	Assessment & Evaluation	Formative Assessment (Clinical/ Practical) for Post Graduates faculty of Dentistry, Nursing & Ayurved	48
23	7 <sup>th</sup> Oct. 2015	Assessment & Evaluation	Workshop on Question Paper Template preparation faculty of Dentistry, Nursing & Ayurved	51
24	29 <sup>th</sup> Dec. 2015	Assessment & Evaluation	Sensitization Workshop on for Paper Setters & Moderators	13
25	16 <sup>th</sup> & 20 <sup>th</sup> Feb. 2016	Educational Research	Orientation Workshop for “Designing of Questionnaire”	47
26	23 <sup>rd</sup> Feb. 2016	DEU	Workshop for “Designing of Questionnaire	15
27	24 <sup>th</sup> Feb. 2016	NEU	Workshop for “Designing of Questionnaire	13
28	25 <sup>th</sup> Feb. 2016	AEU	Workshop for “Designing of Questionnaire	12
29	24 <sup>th</sup> Feb. 2016	Assessment & Evaluation	Sensitization Workshop on for Paper Setters & Validators	34
30	10 <sup>th</sup> March 2016	Curriculum	WORKSHOP ON “CURRICULUM DESIGNING FOR FELLOWSHIP”	22
31	6 <sup>th</sup> April 2016	Teaching & Learning	Sensitization Workshop for Tutorial Planning	30
32	27-28 Sept. 2016	Assessment & Evaluation	“Orientation Workshop for Paper Setters and Internal Validators”	102
33	20 <sup>th</sup> Oct. 2016	NEU	Orientation Workshop for Paper Setters and Internal Validators	15
34	21 <sup>st</sup> Oct. 2016	AEU	Orientation Workshop for Paper Setters and Internal Validators	15
35	4 <sup>th</sup> Oct. 2016	Educational Research	Sensitization Workshop for Post Graduate Teachers on Policy of DMIMS, University on Evaluation of P.G. Thesis	73
36	5/10/2016	NEU	Sensitization Workshop for postgraduate teachers on Evaluation of PG thesis	06
37	6/10/2016	AEU	Sensitization Workshop for postgraduate teachers on Evaluation of PG thesis	12
38	6/10/2016	DEU	sensitization workshop for P.G teachers for thesis evaluation of SPDC Faculty	28
39	03/10/2016	DEU	Orientation Workshop for Paper Setters and Internal Validators	20
40	16 <sup>th</sup> Dec. 2016	Assessment & Evaluation	Orientation workshop for paper setters & Internal Validators	33
41	25/01/2017	SHPER	WORKSHOP ON eQB (KIMS, KARAD)	37
42	18 <sup>th</sup> & 19 <sup>th</sup> Feb. 2017	SHPER	International Conclave on Educational Research (ERICON 2017)	132



Does the institution have a mechanism to retain faculty? What is the annual attrition rate among the faculty?

Yes, the Faculty Retention Strategies are;

- Salary as per sixth pay commissions recommendations
- Time bound promotions in terms of prescribed guidelines.
- Campus ambience –CBSE school, Shopping complex, bank with ATM, post office, Party Hall all at a walking distance from the campus
- Incentive Policies for extra ordinary works
- Subsidized residential Facilities
- Free health Services
- Fee concessions to the wards, loan facilities without requirement of any mortgage
- Career enhancement avenues in terms of depositions to higher centers, study leaves, regular conduct of CME/workshop/symposia.
- Resultantly the university has a very high Senior Faculty stability Index of 89%

Does the institution have a mechanism to encourage

\* mobility of faculty between institutions /universities for teaching/research ?

Yes the Institution has a mechanism to encourage mobility of faculty between institutions. Numerous policies are in place to encourage and facilitate faculty for exchange program with higher centres of research and teaching. Inter-faculty exchange is also routinely scheduled for research methodology workshops that are conducted by the Research Cell for all the faculties of the universities.

\* faculty exchange programs with national and international bodies ?

There are 13 faculty exchange programs with International Universities. These have resulted in 15 faculty members to have benefitted from the exchange program.

If yes, how have these schemes helped in enriching the quality of the faculty?

1. The resultant impact is visible in terms of the research output of the faculty which has doubled in comparison to the previous five years cycle.
2. There is representation of substantial number of faculty in various academic bodies of National and International Institutes/organizations.

Does the institution have well defined career advancement policy for Health Science professionals? If yes, outline the policy.

Yes.

- The Career Advancement Scheme (CAS) of UGC was introduced in 2009.
- As per the career advancement policy of the University, an excess of up to 33% of the sanctioned posts are promoted on the basis of eligibility and merit. This is done once in a year wherein applications invited for the posts, scrutinized, and eligible candidates are interviewed, and promoted as per the UGC norms currently in vogue.
- The existing vacancy is calculated on the basis of total approved strength for the institution.



How does the institution create synergies with other PG institutes for generating required number of specialists and super specialists?

The University has created synergies with other postgraduate institutes to promote the development of research relationships. This has fostered the training and development provided to the postgraduate students. The collaborative linkages are available with credible PG institutes of international repute like NIMHANS, JIPMER, SGPGI, Shri Chitra and AIIMS New Delhi. The Institute also has collaborations for externship of all the fellowship courses with reputed Institutes and Hospitals for skill training.

Does the institution conduct capacity building programs / courses in subspecialties for its faculty?

Yes.

The Institution conduct capacity building programs / courses in subspecialties for its faculty. There is CME yearly schedule which ensures that at least 1 CME is held for capacity building in each speciality. Other than this composite seminars, hands on workshops and lectures by eminent speakers also aid in capacity building.

### **Evaluation Process and Reforms**

How does the institution ensure that all the stakeholders are aware of the evaluation processes that are in place?

Evaluation process is communicated to students and parents during their orientation program. The details of evaluation are given in the student's brochure for each course. It includes syllabus, examination pattern, dates of examination along with the dates of declaration of results. Students are timely sensitized for any evaluation /examination reforms.

Faculties are oriented to the evaluation pattern during their orientation after joining the institution. All the faculties are trained in innovative tools and techniques of evaluation in a timely manner.

The regulations for every course which inter alia include the syllabus and examination pattern after approval by the Board of Studies and Academic Council are circulated to the heads of the departments by the Chairman of the curriculum committee of each phase.



What are the important examination reforms implemented by the institution? Cite a few examples which have positively impacted the examination system.

S No	Name of the Examination reform Implemented	Impact
01	Autonomous Examination Cell	Timely conduction and monitoring of all the formative assessments at the
02	Central Assessment Programme	Ensuring the Strict Confidentiality of the Assessment process
03	Examination Software- “Eklavya”	Digitization of all Pre and Post Examination Processes leading to Result declaration within 15 days
04	Validated Question Bank with Model Answers	Facilitative for the Paper Setters, moderators
05	Standardization of Question paper Template and incorporation of higher cognitive levels in theory papers	The question paper templates are standardized for each unit of examination with primary and secondary test blueprints- a unique feature of the University achieving
06	Formative Assessment for PGs	Improvement in performance at the Summative Examinations
07	Objectively Structured Viva Voce, OSCE, OSPE, OSLER, MiniCex, DOPS	All these have helped in minimizing the Subjectivity of practical Examinations

What is the average time taken by the university for declaration of examination results ? In case of delay, what measures have been taken to address them? Indicate the mode adopted by the institution for the publication of examination results (e.g. website, SMS, email, etc.).

Average time taken by the University to declare result is 15 days. The date of declaration of result is incorporated as a part of Comprehensive Academic Calendar. The adherence to the Academic Calendar related to Examination is more than 95%. The University extensively communicates with the students in terms of the examination related information through SMS and websites including the change of schedule if any.

How does the institution ensure transparency in the evaluation process?

The University ensures transparency in the process of evaluation right from preparation of panel of examiners and paper setters to the declaration of results.

The Core Committee



appoints the internal and external examiners from the panel prepared by the respective Board of Studies, as per the norms of the respective Central Councils.

- The paper setters are requested to set three parallel equivalent paper sets for each course with model answers and scheme of marking.
- The e-question bank along with model answer is made accessible to the paper setter and validator.
- The question papers, model answers and scheme of marking are moderated by Chairman of Board of Paper Setters and then handed over to the Controller of Examinations in sealed covers.
- The Vice Chancellor selects one set at random and the same is printed in necessary copies. The printed question papers are kept under safe custody of Controller of Examinations. Question papers are delivered to the centers in sealed envelopes.
- Examinations are conducted under strict vigilance and the answer books are collected and sealed in packets and sent to the Director, Central Assessment Programme (CAP). At the CAP center, all the containers are opened and answer books are counted, masked and bundles containing 30 answer books are prepared.
- After completion of assessment, answer books are damasked and marks are entered against the seat number of the candidates and result is processed through software. After the result is declared, all the answer books and related records are sealed and kept in the custody of Controller of Examinations.
- A moderation system is adopted for greater transparency. Thus the entire process of conduct of examinations is highly confidential and at the same time objective and transparent.
- The records for various stages in the evaluation process are maintained in the office of the Controller of Examinations [COE]. These data can be accessed when required. Various check lists are devised to scrutinize the accuracy of data entered and generated by the computer at every stage of evaluation process till declaration of results. The office of the COE frames the standard operative procedures for different stages of evaluation till the declaration of results.

What are the rigorous features introduced by the university to ensure confidentiality in the conduct of the examinations?

#### **Theory Exam**

**Paper Setting:** The faculty are required to sign statement of confidentiality during question paper setting. Unique ID are provided to the paper setters, moderators and



validators for a defined period. The questions are randomly selected from the question bank. The questions are printed a day before the commencement of examinations. A strong room is available to ensure storage without leakage of questions.

**Conduct of examination:** Entry and exit record is maintained strictly at examination center. Any communication device is not allowed inside the examination section. Unauthorized personnel are not allowed to see or handle examination related materials. The examination materials are kept sealed, both the question papers and answer booklets/MCQ booklets till they are opened in the examination hall in presence of two students. Faculty appointed for onsite question paper verification is not allowed to leave the exam section till half an hour after commencement of examination.

The manuscript verification of question paper by respective heads of the department is scrupulously followed, half an hour before the commencement of examination and lasts for one hour.

The bar coded theory answer scripts are evaluated after providing dummy numbers. The external examiners, as approved by the university carry out a central evaluation.

#### **Practical/Clinical Exam**

- Appointment of external and internal examiners are appointed by Controller of examination and kept confidential.
- One observer is deputed by University to monitor the conduct of practical examination based on a structured criteria.
- Different exam cases and practical exercises are kept on different days of examination to ensure confidentiality.

Does the institution have an integrated examination platform for the following processes?

- \* pre-examination processes – Paper setting, Moderation, Validation, appointment of internal and external examiners , Time table generation, hall ticket, OMR, student list generation, invigilators, squads, attendance sheet, online payment gateway, online transmission of questions and marks, etc.
- \* examination process – Question paper verification, Confidentiality in the conduct of examination, Examination material management, logistics, etc.
- \* post-examination process – Appointment of answer paper valuers, Valuation, declaration of results, Attendance capture, OMR-based exam result, auto processing, result processing, certification, etc.

All the pre-examination process are planned and carried out by Controller of examination section. Student's section assists COE section in distribution of Hall ticket and accounts section assists in collection of examination related



fees. COE appoints squads to check the examination during practical/ clinical examination. Being a University with all the constituent colleges within the campus, the invigilators are part of the faculty of various colleges and COE section.

\* **examination process – Examination material management, logistics, etc.**

Examination related materials are confidentially managed by the office of COE only. Unauthorized personnel are not allowed to see or handle examination related materials. The materials are kept sealed, both the question papers and answer booklets/MCQ booklets till they are opened in the examination hall. Being a university with examination halls within the campus, security and timely transfer of material to examination hall is never a compromise.

\* **post-examination process–Attendance capture, OMR-based exam result, auto processing, result processing, certification, etc.**

Attendance capture, OMR sheets recording are processed with software and double confirmed by manual verification. The results are confirmed by COE office before placed for approval of Boards of Examiners. During the Boards, the results are again confirmed for correctness. Certification is prepared by the COE and results are announced well in time by notice boards and web portal. The results are informed to respective faculty head to take further action.

Has the university / institution introduced any reforms in its evaluation process?

Yes. The University has introduced reforms in the assessment process as follows;

1. Generation of a validated electronic question bank and Model answer as per Difficulty level :Must know (60%), Desirable to know(30%) and Nice to know (10%) and levels of learning: Level I - 80% ( Recall & Comprehension) &Level II- 20% ( problem solving) in all question types (MCQ, BAQ, SAQ and LAQ) for all subjects of all faculties of the University.
2. Designing and standardization of Primary (format) and Secondary (content) test blueprint for all subjects and adherence to the same in question paper setting.
3. Concept of question paper validation against primary and secondary test blue print.
4. Formative Assessment in Post graduate curriculum for theory and Practicals.
5. Structuring and unitization of post graduate question paper for all levels of learning.
6. Thematic depiction and incorporation of all levels of learning in paper IV (essay) of PG exam.



What is the mechanism for redressal of grievances with reference to examinations? Give details.

The institution has an effective and robust mechanism for redressal of grievances pertaining to examinations

**For formative evaluation a three-stage methodology** is adopted to redress the grievances.

**First Stage** – Teacher level: by providing with answer books to students corrected by the teacher along with the model answer, so as to enable them to clear their doubts, if any.

**Second stage** – Departmental level: in case the student is not satisfied with the modality at level one, he/she can approach to the head of the concerned department who is required to look into the matter and do the needful.

**Third stage** is through an Institutional Student Grievance Redressal Committee. In case the student is aggrieved with the decision at the departmental level also, he / she can “appeal” in writing to the Institutional Student Grievance Redressal Committee, which will decide the issue at hand, upon hearing the appellant, if need be, and decide the matter appropriately. The decision so given by the committee is final, binding and conclusive.

This entire procedure is completed within a period of 15 days from declaration of results for all three stages

**For Summative Examination**

The student has to apply to the University for verification & Re-totaling of the marks obtained at summative assessment conducted by the University, within ten days from the date of declaration of the result by the University. The University upon looking into the matter will decide the issue within one month from the prescribed last date of the receipt of the application pertaining to grievances.

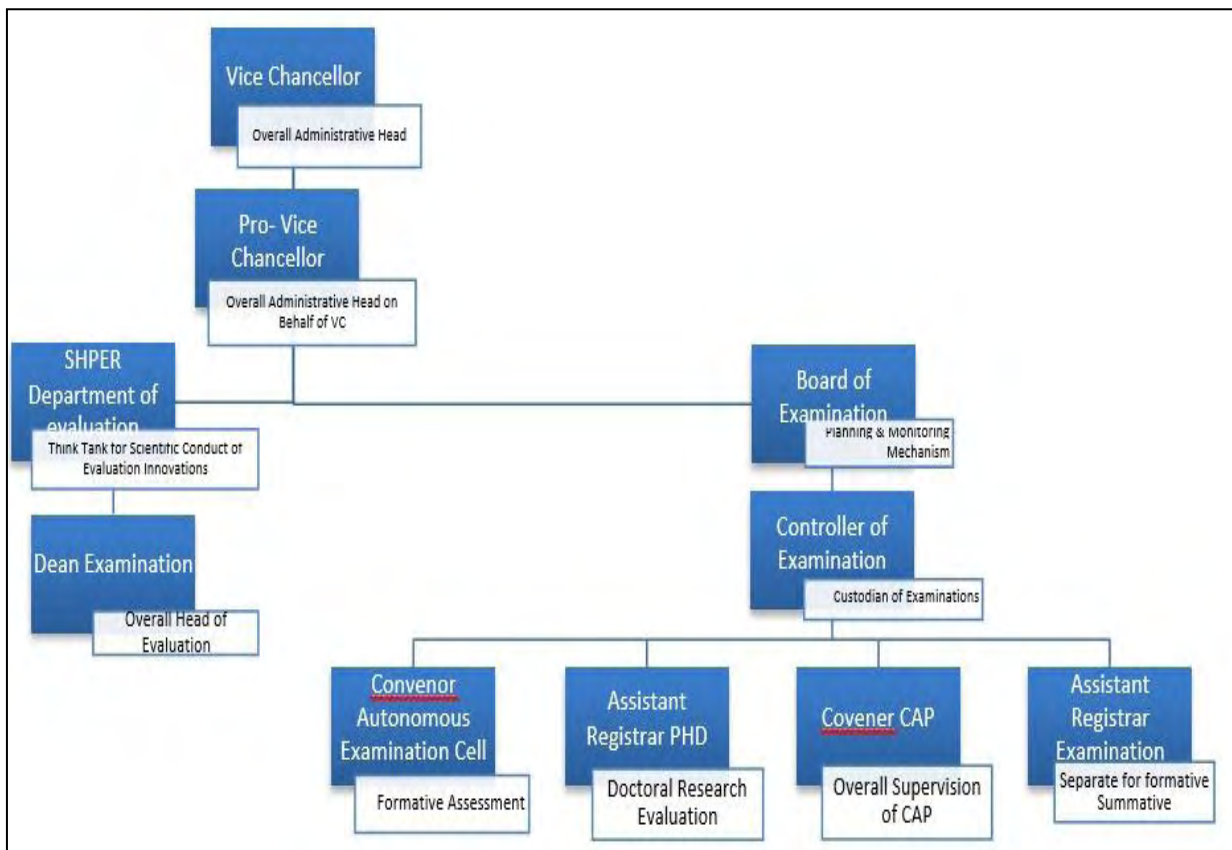
Does the institution have a Manual for Examinations and if yes, does it specifically take cognizance of examination malpractices by students, faculty and non-teaching staff?

Yes. A manual for examinations adopted by the BoM is available since inception of the Deemed University, which was revised in 2016. The Manual addresses the issues of malpractices and the matcheable disciplinary actions to deal with them.

What efforts have been made by the university to streamline the operations at the Office of the Controller of Examinations? Mention any significant efforts which have improved the process and functioning of the examination division/section.



Examination Section Organogram is as under:



There are clear cut job descriptions for each person/ committee involved in the process of evaluation. As such the Operations at the COE office are streamlined diligently. Round the clock security guards are available in the COE office. Biometric security has been installed. There is provision of strong room. The office has a structured hierarchy with the controller as the head, coordinated by his various deputies. It is staffed adequately with persons, who are well versed with the assessment policies. CCTV is installed for monitoring all the activities within the COE office.

What are the efforts of the institution in the assessment of educational outcomes of its students? Give examples against the practices indicated below :

- \* Compatibility of education objectives and learning methods with assessment principles, methods and practices.
- \* Balance between formative and summative assessments.
- \* Increasing objectivity in formative assessments.
- \* Formative (theory / orals / clinical / practical) internal assessment; choice based credit system; grading / marking.
- \* Summative (theory / orals / clinical / practical).
- \* Theory – structure and setting of question papers – Essays, long answers, shorts answers and MCQs etc. Questions bank and Key answers.
- \* Objective Structured Clinical Examination (OSCE).
- \* Objective Structured Practical Examination (OSPE).
- \* Any other.



\* **Compatibility of education objectives and learning methods with assessment principles, methods and practices:**

The learning objectives with aligned teaching learning and assessment methods are pre-identified within the curriculum for each subject in all faculty of health sciences. The same objectives are dealt with throughout the academic year with relevant ongoing need based adjustments.

Incorporation of all levels of cognition are ensured in educational objectives, Teaching learning and assessments by identifying the Must know (60%), Desirable to know (30%) and Nice to know (10%) component in the syllabus, TL methods that align with the respective level of cognition (level I and Level II) and assessments that represent the various level in the theory paper and practical/clinical examinations.

\* **Balance between formative and summative assessments:**

The University has given due emphasis to formative assessments, apart from summative, in both UG and PG programs. Formative assessments are well placed in the curriculum and are conducted periodically throughout the academic year for UG and PG courses. They are principally inclined to improve learning by readjustments in TL methods and constructive formative feedback. Formative examination for UG takes into consideration all domains of learning through class room assessments, students seminars, projects and viva voce. The Post graduate curriculum incorporates formative assessment (cognitive, psychomotor, communication and affective skills) by periodic theory and practical assessments by OSCE/OSPE, Mini Cex and DOPS. Summative assessments at the end of each term / semester and is mainly aimed for grading purposes.

\* **Increasing objectivity in formative assessments:**

- \* Objectivity of Formative assessments is ensured by using structured checklists (OSCE/OSPE Mini Cex, DOPS) of various assessment tools with pre-decided thematic areas. Continuous, frequent assessments, utilization of multiple formative assessment techniques for different domains of learning and with multiple assessors is practiced strive for improving overall validity and reliability.

\* **Formative (theory / orals / clinical / practical) internal assessment; choice based credit system; grading / marking:**

- \* Formative (theory / orals / clinical / practical) internal assessment is in place for UG with due weightage to students seminars, presentations, journals, log books, projects and attendance. The Internal assessment marks are reflected in summative. Formative assessment has similar pattern as final summative examination. The components include theory, oral and clinical /practical depends on the component of the course being examined.





In view of curricular restrictions from the apical councils, the CBCS is adopted in all other courses which are not under such restrictive guidelines.

- \* **Summative (theory / orals / clinical / practical):** Summative assessment has components of theory, oral and clinical/practical depending on the subject.

Summative evaluation is carried out by the COE section. The question paper and method of examination are regulated by the COE section.

- \* **Theory – structure and setting of question papers – Essays, long answers, shorts answers and MCQs etc. Questions bank and Key answers.**

**Structure of Question paper:** The question paper structure is standardized for all subjects with MCQ , SAQ and LAQ as type of questions. Every question type is balanced for Must know, desirable to know and nice to know component and levels of difficulty, across all subjects. All the questions are structured and unitized Essay question of PG theory paper is structured to cater to all levels of cognition. Question bank and Model answers are created for all subjects.

**Setting of question paper:** Question paper setting is done as per specifications in primary (format) and secondary (content) blueprint that is created for every subject in all faculties of the University and is available on the portal. Paper setting, moderation and validation is done online via software especially designed for the same.

- \* **Objective Structured Clinical Examination (OSCE):** All faculty members are sensitized regarding OSCE in faculty development program. The same is used in formative as well as summative assessment
- \* **Objective Structured Practical Examination (OSPE):** All faculty members are sensitized regarding OSPE in faculty development program. The same is used in formative as well as summative assessment
- \* **Any other.** Mini Cex, DOPS, Assignments and seminars are also used to evaluate students in some faculty like nursing, physiotherapy.

Describe the methods of prevention of malpractice, and mention the number of cases reported and how are they dealt with?

The methods of prevention of malpractices adopted by the University are to safeguard the sanctity of health care profession. The University has stayed abreast with newer technologies of malpractice adopted by students.

All the examination halls are under CCTV surveillance.

The restriction of carrying things in the examination is displayed outside all places of examinations. The mobile jammers are installed during examinations



Students are informed about consequences of malpractices.

The examinations are conducted under strict supervision and external observers are appointed from outside Universities.

In last 4 years, 7 cases of malpractices were reported and students were penalized in accordance with Bye-Laws of University after thorough enquiry by Disciplinary Committee, which includes punishments like annulment of the examination, exclusion of the candidate from examination for one additional examination, withholding of result, fine and declaration after an apology letter and fine by the candidate.

The manual for conduct of examinations includes the consequences of malpractices.

### Student Performance and Learning Outcomes

Has the institution articulated its Graduate Attributes? If so, how does it facilitate and monitor its implementation and outcome?

Yes the University has articulated its graduate Attributes. The university envisages all its graduates to be Confident, Competent, Concerned, Compassionate, Caring and Altruistic.

In order to achieve such product the Center for Health Policy and Planning has articulated seven attributes common to both professional and research careers with the university

S No	Attribute	Definition And Process
01	Inquiring mind/curiosity	A motivation to understand and explain. It is fostered and encouraged during the undergraduate years by giving the tools to do this by the University, such as developing a hypothesis and testing it.
02	Core knowledge	A function of core knowledge is that it enables individuals to ask questions and challenge facts. The Core knowledge is continually developing and the University inculcates understanding of this in its graduates by various innovative Teaching/ Learning methods.
03	Critical appraisal	This is the ability to understand evidence to analyze, criticize and synthesize it. The University fosters this attribute amongst its graduates through various research inculcation strategies
04	Understanding of the evidence base for professional practice	Inculcation of scientific temperament through inquiry based learning by involving them in evidence generation by research activities in all phases of Curriculum.



05	Understanding of ethics and governance	This includes an understanding of ethical and legislative issues of professional and research practice such as ethical committees
06	Ability to work in team	The team is loosely defined and could include multi-professional teams in either a research or clinical setting. The University appreciates different team roles and their importance in ensuring teams work effectively.
07	Ability to communicate	This broad attribute covers all aspects of communication. It incorporates a variety of individuals such as patients, co-workers, and experts in the field or the general public. It also encompasses communication using various media, one to one interactions, public speaking, written notes, leaflets or journal articles. The theoretical as well as the practical elements of communication should be covered.

Does the institution have clearly stated learning outcomes for its academic programs/departments? If yes, give details on how the students and staff are made aware of these?

The learning outcomes are clearly stated in the syllabi of each program. The externally validated Learning Resource materials produced by various departments essentially carries the Learning outcomes specific to that topic (s). The details are made known to the students by the respective faculties. Faculty are aware of the learning outcomes because they are involved in the process of curriculum designing. The newly appointed faculty has to mandatorily undergo Orientation/ Refresher Courses through the Faculty Development Programs wherein they are oriented to the learning outcomes.

How are the institution's teaching-learning and assessment strategies structured to facilitate the achievement of the intended learning outcomes?

The entire curriculum of all the subjects are well structured with defined learning outcomes which are aligned with appropriate T/L methods and assessment tools.

SHPER takes the onus to train all the faculties regarding T/L methods and tools of assessment and innovations incorporated time to time. All the faculties are trained for the same process.

Students are told about the learning objectives at the beginning of the class and teacher ensures the attainment of the same in the summary part of his lecture class.



How does the institution ensure that the stated learning outcomes have been achieved?

College level: Academic appraisal program: The pre term, midterm and post term marker points are evaluated based on learning objectives on 5 point scale.

The University level:

- Examination results – both formative and summative  
Through the formative assessment, the learning objectives, T/L methods are modified.
- Alumni placement record.
- Employability at national and international level.
- High percentage of recruitment of students for higher studies at national and international level.
- Awards / recognitions won by staff and students in various academic, research, curricular and extracurricular platforms at state, national and international levels.
- Feedback by students/alumni/external examiners on teaching- learning and evaluation methods adopted by the constituent units and the University.
- Positive feedback from students on course content, infrastructure facility and teacher quality.
- Attainment of high positions by faculty or alumni in regulatory bodies, statutory bodies, national and international agencies / associations.
- High esteem of university is reflected by the continued patronage from industry and institutions



### CRITERION III: RESEARCH, CONSULTANCY AND EXTENSION

#### 3.1 Promotion of Research

##### 3.1.1 Is there an Institutional Research Committee which monitors and addresses issues related to research? If yes, what is its composition? Mention a few recommendations which have been implemented and their impact.

Yes, University has an autonomous Research and Development (R&D) Cell headed by having Director R&D who is the convener of the Institutional Research Committee to monitor and address matters related to research.

##### Composition of the Committee:

The Composition of the Committee is as under:

Designation	Name of the Members
Director	Dr. Quazi Syed Zahiruddin
Member Secretary	Dr B R Singh
<b>Members</b>	
Dr. Abhay Gaidhane	Dr. M. L. Bhongade
Dr. C. Mahakalkar	Dr. Pavan Bajaj
Dr. Sourya Acharya	Dr. Anita Wanjari
Dr. Sunil Kumar	Dr. Sri Hari
Dr. Meenakashi Yeola	Dr. Irshad Qureshi
Dr. Amar Taksande	Mr. Manish Deshmukh
Dr. ShaileshNagpure	Ms. Seema Singh
Dr. Samarth Shukla	

##### Major Recommendations which has been Implemented and their Impact:

The Recommendations of the University Research Committee has made a significant impact and developed a creative, supportive and conducive environment for research amongst the students and faculties of all constituent colleges.

The recommendations have led to significant increase in outcome of the research activities such as ;

1. Creation of 10 centers of excellence of global relevance, research policy modification impacting and enhancing conducive environment for interdisciplinary - cross cutting domains.
2. Established unified advanced research cell having all major facilities under one roof. Budget allocation and seed-grants has been increased for students, doctoral and postdoctoral fellows and research awards leading to increase in quality and in number of research projects and publications in peer reviewed journals. There has been a significant increase in ICMR - Short Term Studentship and doctoral researches in each department.
3. Recommendation on enforcement on plagiarism, and bio-ethics through establishment of UNESCO ethics unit and that has enhanced research aptitude in the faculties.



4. Major recommendations have led to incorporation of global health perspective with social innovation and partnering with academia, industries and NGOs. Consultancy and Collaboration had a significant impact and led to many interdisciplinary, multidisciplinary and translational researches. Consortium with national and international bodies for global health like South Asia Infant Feeding Research Network (SAIFRN), Global Consortium for Public Health and Research (GCPHR) have been formed which has led to joint publications, joint conference/workshops, increase in student and faculty exchange programs, joint grant submissions, and knowledge exchanges.
5. Recommendations on incentives, , training on research methodology and advanced statistics has led to increase in high quality peer-reviewed publication with more than 2060 publications in last 4 years in International reputed data-bases with more than 1333 publications in 5 electronic databases (Scopus, PubMed, Indian Citation Index (ICI), Web-of-Sciences and Google Scholar). The significant achievement of publications per year in International database is at par with the best institutes and universities in the country.
6. The recommendations have led to Six in-house journals published by the university.
7. The recommendation also has led to increase in copyright and patent filing and publication with 27 patent applications have been filed/registered out of which 21 have been published. One Patent has been granted / accepted.
8. The impact of recommendation is evident in Medical-Education-Research (MER) with number of publications being 87 in last four years, 14 Doctoral projects and 33 Copyrights.
9. Special focus on enhancing facilities for grant submission, collaboration has led to enrichment and increase in number of grant submission, including joint grant submissions with reputed universities like Harvard University (USA), University of Sydney (Australia), Sheffield University (UK), Bournemouth University (UK), Liverpool John-Moores University (UK), Public Health Foundation of India (PHFI).

**3.1.2 Does the institution have an institutional ethics committee to monitor matters related to the ethics of inclusion of humans and animals in research?**

Yes, The University has an Institutional Ethics Committee for Human Research and an Animal Ethics Committee to monitor matter related to inclusion research in Animals as per the ICMR and CPCSEA guidelines. The University also has a UNESCO Bioethics Unit.

S.No.	Role in Ethics Committee	Name of Member & Qualification	Designation
1	Chairperson	Hon.ShriA.H.Patil B.A. L/L.M.,GDC&A, Appellate Court Judge (Retd.)	Chairman
2	Member Secretary	Dr.(Mrs.)VidyaBaliga, Asso. Professor, MDS (Periodontics), SPDC	Member Secretary
3	Clinician & Basic Scientist	Dr.V.V.Shahapurkar, Prof. of Surgery, JNMC M.S.(Gen. Surgery)	Member



4	Clinician & Basic Scientist	Dr.AmarTaksande Professor of Pediatrics M.D.(Pediatrics)	Member
5	Basic Medical Scientist & Pharmacologist	Dr.R.K.Jha, Prof. of Pharmacology, JNMC M.D. (Pharmacology)	Member
6	Community Scientist	Dr.AbhayGaidhane Prof. of Community Medicine, JNMC M.D. (PSM)	Member
7	Ayurvedic Faculty	Dr.BharatChouragade, Prof. of Sanskrit SamhitaSiddhant M.D. (SamhitaSiddhant) MGACH & RC	Member
8	Non-Govt. Organization (NGO) Representative	Ms.SadhanaSaraf, NGO, Wardha M.Com.M.A.(Eco.)	Member
9	Lay Person from Community	Mrs.GeeetaWaghmare, M.Com.	Member
10	Legal Expert	Adv.GajendraA.Jachak, B.Com. LL.B.,	Member
11	Social Scientist	Mr.N.P.Shingne, Social Worker M.S.W.	Member
12	Expert from Dentistry	Dr.Minal Chaudhary, Professor Oral Pathology, SPDC M.D.S. (Oral Pathology)	Member

**Composition of Animal Ethics Committee:**

Sr. No	NAME OF MEMBER	DESIGNATION	ORGANIZATION TO WHICH THEY BELONG
1	Dr. SangitaTotade	Chairperson	Jawaharlal Nehru Medical College
2	Dr. Ujwal Gajbe	Member	Jawaharlal Nehru Medical College
3	Dr. Madhuri Gawande	Member	Sharad Pawar Dental College
4	Dr. Sandeep V. Joge	Member	Jawaharlal Nehru Medical College
5	Mr. Manish P.Deshmukh	Member Secretary	Datta Meghe Institute of Medical Sciences (Deemed University)



### 3.1.3 What is the policy of the university to promote research in its affiliated / constituent colleges?

The broad aim of research policy of the University is to ensure smooth governance and promotion of research and also safeguard the wellbeing of research participants/subjects. The Policy sets out principles, requirements and standard. It defines mechanism to deliver them and describe the monitoring and assessment arrangements. The various policies of the University to promote research along with their salient characters are enlisted as under:

- a) **University research funds** - The University has an annual research budget which is routed through autonomous research cell for various research activities of the University. Head of Institutes/ Deans/ Department heads prepare research budget for their respective Institute / Department and forwards the same to research cell. The budget is utilized for creating necessary infrastructure for research, capacity building activities for research, providing seed money for researchers, providing incentives for the researchers who published scientific papers.
- b) **Intra-mural Grant Scheme (Seed money for researcher):** URC sends recommendations to the Registrar of the University for seed money that is aligned strategic priority.
- c) **Incentives for publication:** The University provides financial incentives for publications in reputed journals.
- d) **Special leave for faculty and students:** All faculties / staff and students of the University shall have a right to avail the special leave for research activities (Maximum permissible limit for special leave is of 15 days annually). For leaves extending more than 15 day, permission can be availed on recommendation of the Director, Research and Development.

### 3.1.4 What are the proactive mechanisms adopted by the institution to facilitate the smooth implementation of research schemes/projects?

**The variousproactivemechanismsadopted by the University:**

1. Training given for writing proposals.
2. Writing proposals for funding.
3. Advancing funds for sanctioned projects.
4. Providing seed money.
5. Simplification of procedures related to sanctions / purchases to be made by the investigators.
6. Autonomy to the principal investigator/coordinator for utilizing overhead charges.
7. Timely release of grants.
8. Timely auditing.
9. Submission of utilization certificate to the funding authorities.
10. Availability of access to online data bases.

#### **Training given for writing proposals:**

Research Guidance Clinic (RGC) provides periodic orientation, trainings, workshops, sessions and assistance, linkages and peer-support from experienced researchers for enhancing the number of grant submissions and enhance the quality of writing proposal for funding and post-submission discussion and follow up assistance for the revision, counseling, encouragement and support for the rejected proposals and promote them to reapply with the appropriate enhancements. The researchers doing formative/pilot research projects are supported and ensured to apply for writing proposals with mentoring and training from RGC.





### **Writing proposals for funding:**

R&D shares and disseminates the information regarding the advertisement for Calls for Proposal (CFP) and Request for Proposals (RFP) to the faculties, departments and collaborators/partners. Frequent reminders of the last date of submission and deadlines are sent to the interested researchers of the CFP/RFP of national and international funding agencies. Opportunity is even to work with the consortium partners, collaborate and apply for joint grant submission. The RGC facilitates and orients the early level researchers and students for writing the proposals for funding.

### **Advancing funds for sanctioned projects:**

The University acknowledges and supports the researchers on the sanctioned projects in providing advance funds whenever required from institutes to adhere to the timeline and schedule of the research projects. Advance funds were sanctioned in numerous grants like in Qualitative Research – Migrant Nepali Migrants in India (Bournemouth UK amount of INR 40,000), Frial Vital sign monitoring of new born in a USAID project of INR 821812: INORMUS – INR 158000, AYUSH – Public Health Initiative – INR 10000000, and Pallium India study of INR – 457600).

### **Providing seed money through Intramural Grant Scheme:**

1. The University has an earmarked seed money in the annual budget plan for R&D activities.
2. The university provides the seed money for all the career-stage researchers. (Undergraduate; Post Graduate; Doctoral; Post-Doctoral Fellow, Faculty level - Early Career; Mid-Career and Senior Career level) to undertake financial assistance for research projects.
3. Formative/pilot testing of research prior to submission to funding agencies
4. For collaborative multi/interdisciplinary research
5. For publication processing charges.

### **Simplification of procedures related to sanctions / purchases to be made by the investigators.**

R&D fully supports, mentors and orients faculty members and students of “fast track mechanism” and policies for the researchers to carry out the research by providing timely release of grants and assistance from the procurement offices for equipment’s, kits and facilities from the existing research infrastructure.

R&D simplified the procedures for all the Intramural and Extramural Grants so that the researchers can avail the research facilities and assistance from support department like Procurement Office, Finance Department to acquire and purchase the related material, equipment’s and needs of the investigator.

### **Autonomy to the principal investigator/coordinator for utilizing overhead charges.**

The Principal Investigators/Coordinators is given the autonomy for the overhead charges by the R&D for the utilization and dispensation of the activities of the projects so that the targets are achieved in time-bound manner.

**Timely release of grants:**

R&D has policies to adhere to the agreements and approvals from funding agencies to initiate and provide steps to ensure timely and in-need advance release of grants.

**Timely auditing:**

R&D coordinates and facilitates with the finance department to ensure the timely auditing of the research grants providing support to the researcher.

**Submission of utilization certificate to the funding authorities:**

Coordination and orientation is provided to the researcher to facilitate submission of utilisation certificate to the funding authorities in the stipulated time frame in coordination with the Finance Department.

**Availability of access to online data bases.**

Online Facilities of INFLIB-NET, EBSCO (HOST), CINAHL, MD-Consult, Clinics, MUHS (D.L) all full text database are available in IP address in campus is provided to all the researchers. The software used by library is LiBnet. The internet connectivity is provided and campus is Wifi enabled.

**Give details of the library holdings :****\* Print (books, back volumes, theses, journals)**

INFORMATIONS	TOTAL
Text Books	37616
Reference Books	23575
Journals	(Hardcopy 268) (Softcopy 1905) 2173
Archive journals (Bound vol)	6008
Thesis	1788

**\* Electronic (e-books, e-journals)**

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON
<b>E-books downloaded</b>	4162	2417	236	4356
<b>E-Journals(online)</b>	198	242	33	1538

**\* Special collections (e.g. text books, reference books, standards, patents)**

INFORMATIONS	TOTAL
<b>Research Topics</b>	72
<b>CD Animation</b>	377
<b>Digital Database</b>	1629
<b>CD &amp; Video</b>	2557



### **3.1.5 How is multidisciplinary / interdisciplinary / transdisciplinary research promoted within the institution?**

- \* **between/among different departments / and**
- \* **collaboration with national/international institutes / industries.**

Multidisciplinary / interdisciplinary / transdisciplinary research is promoted within the institution between/among different departments by;

- Creation of 10 Centres of Excellence
  - Doctoral Program in Interdisciplinary research
  - Promotion and deputation of faculty and research staff for inter/ multidisciplinary research
  - Sharing of labs and facilitates and resources amongst the researchers.
  - Promoting conduction of national, international conference, workshops, sessions, talks, of multidisciplinary / interdisciplinary / transdisciplinary research to bring together social scientist, community health experts, public health experts, clinical scientists and behavioral scientists and engineers on one platform.
  - Promoting competition for innovative ideas amongst researchers.
  - Conferring awards and recognitions to the researchers.
  - Promoting visits of Professors and adjunct faculties.
  - Coffee club, Bramhi group, ginger-group and incubation centre schedule innovative research promotion related activities for concept and idea sharing.
- \* Multidisciplinary / interdisciplinary / transdisciplinary research is promoted through proactive Collaborations with national/international institutes / industries in terms of faculty/student exchange, joint research proposals for funding, joint publications, experience sharing and reviews, multicentric research projects etc.

#### **Various Collaborations with International Organizations are as under:**

1. Bournemouth, University, UK
2. Chester University, UK
3. Liverpool John Moores University, UK
4. South - Asia Research Hub, DFID, UK
5. University of Sheffield, UK
6. Harvard University, Boston, USA
7. University of California-Davis (UC-Davis, USA)
8. John Hopkin University USA
9. Maina Foundation, USA
10. Vanderbilt University USA
11. Collaborative Observational Clinical Study Agreement McMaster University, Canada
12. Saving Brains, Grand Challenge Canada
13. Saving Lives – USAID
14. International Society for infectious Diseases (ISID)
15. International Training Agreement, American Heart Association
16. University of Padova, Italy
17. SYRCLE, Radboud University, Netherland
18. University of Sydney, Australia



19. University of Western Sydney, Australia
20. CME, Dhaka, Bangladesh
21. Sri Lanka Medical Council, Colombo
22. World Health Organization Department of Reproductive Health and Research (Open SRP)
23. Smile Train, New York (Agreement)
24. SemeyState Medical University, Kazakhstan
25. SUMMIT, Indonesia
26. University of Genoa, Italy (Agreement)
27. Georgia Southern University, USA
28. The Nebraska Medical Center
29. The George Institute of Global Health, Australia INFORMUS Study
30. Indian Ocean Dental School and Hospital, Mauritius
31. Rak Medical & Health Sciences University, UAE
32. Rangsit University, Thailand
33. Mania Foundation, USA
34. Bournemouth University, UK
35. USAID
36. International Society for Infectious Disease (ISID)
37. George Institute for Global Health Canada
38. University of Washington, USA
39. National Institutes of Allergy and Infectious Diseases (NIAID)
40. Sanofi Pasteur S.A. France
41. Smile Train Inc. USA
42. Swedish International Development cooperation agency department for research cooperation (SIDA)
43. Sri Vajera foundation, Brazila, Brazil
44. Indo-US Science and Technology Forum (IUSSTF)
45. United States-India Education Foundation (USIEF)
46. Centre of Education Innovations
47. Global Consortium for Epidemiology and Public Health (GCEPH)
48. South Asia Infant Feeding Research Network (SAIFRN)
49. University of Genova, Italy
50. Indian ocean dental school and hospital, Mauritius
51. Cancer Research, Malaysia

**Various Collaborations with National Organizations are as under:**

1. RSTM, Regional Cancer Centre, Nagpur
2. Indian Institute of Public Health- Gandhinagar
3. Indian Council of Medical Research (ICMR)
4. Shodhganga (INFLIBNET)
5. Bhopal Memorial Hospital And Research Centre (BMHRC)
6. National Environmental Engineering and Research Institute, Nagpur
7. Medical Council of India, New Delhi
8. Hislop College, Nagpur
9. DY Patil University, Kolhapur
10. Facility based new born care (UNICEF Sponsored) - MOU



11. GEM Hospital & Research Centre Pvt. Ltd, Coimbatore
12. Herbal Naturals, Nagpur
13. Mahatma Gandhi Institute for Rural Industrialization
14. National Institute of Nutrition (NIN), Hyderabad
15. PALLIUM INDIA, PALLIATIVE CARE
16. Tata Institute of Social Sciences (TISS) Student Placement
17. NIMHANS, Bangalore - Placement for Training
18. SEARCH (Society for Education, Action and Research in Community Health, Gadchiroli (Maharashtra), India
19. AVP Research Foundation, Coimbatore, Tamilnadu
20. GSR Institute of Cranio Maxillo-Facial And Facial Plastic Surgery, Vinaynagar Colony, Saidabad, Hyderabad
21. Lok Biradari Prakalp, Hemalkasa, Tah. Bhamragad, Dist Gadchiroli.
22. CCIM, New Delhi
23. Shri Ramachandra University
24. UNICEF India
25. Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI)
26. Conservation Wildlands trust (CWT) Mumbai
27. Wildlife Conservation Trust (WCT) Mumbai
28. State Health Resources Centre (SHRC)
29. UNFPA India Centre for Health and Social Justice
30. AVERT Society, Mumbai and MSACS
31. Dabar Research Foundation Ghaziabad
32. National Medicinal Plant Board (NNPB)
33. Unijules Life sciences
34. VNIT, Nagpur

**3.1.6 Give details of workshops/ training programs/ sensitization programs conducted by the institution to promote a research culture in the institution.**

The workshops/training programs/orientation and sensitization programs like research methodology, scientific writing, proposal writing, evidence synthesis, systematic review and meta-analysis, statistics analysis are periodically conducted for undergraduates, post-graduates, doctoral scholars, postdoctoral fellows and faculties (early, mid and senior level researchers) to promote research culture in the University. Inter/multidisciplinary and joint workshops/training are promoted particularly in cross-cutting domains.

Name of College	2012 - 13	2013 -14	2014 -15	2015 -16	2016 – 17 till date	Total
<b>Medical</b>	31	18	19	15	15	98
<b>Dental</b>	14	8	9	9	8	48
<b>Ayurvedic</b>	11	14	14	8	9	56
<b>Nursing</b>	6	7	5	5	5	28
<b>TOTAL</b>	<b>68</b>	<b>47</b>	<b>47</b>	<b>37</b>	<b>37</b>	<b>236</b>



3.1.7 How does the institution facilitate researchers of eminence to visit the campus? What is the impact of such efforts on the research activities of the institution?

The University facilitates and promotes visits of eminent scientists, researchers and consultants of national and international repute from academia, industries, NGOs and grant agencies.

- \* University provides financial assistance to the constituent units for travel, accommodation (in university guest house) and related expenses for the visit of the eminent scientists and researchers. The visiting professors and scientists are provided with facilities like computer with internet facility and access to central research lab.
- Guest lectures have been arranged on various relevant and important topics with particular emphasis on multidisciplinary/interdisciplinary / transdisciplinary, and on topics like evidence synthesis, theory of change model framework, bioethics in research, research methodology and advanced statistics.
- Eminent scientists and researchers of national and international repute have been invited as resource persons/speakers for conference, CMEs, workshops. National and international faculties from Harvard School of Public health, Liverpool John Moores University and the Bournemouth University have conducted Research & Grant Writing workshops and Mentoring Session Programs.

**The impact of such activities in the university is as under:**

- Increase in quality peer review high impact national and international publications like PloS One, BMC-Public Health, GUT, Cochrane Database Systematic Review (Cochrane Heart Review Group and Cochrane Pain and Palliative Review Group).
- 18 Joint Publications in high impact factor journal (Thomson Reuter) ranging from 02 to 54.
- Increase in Grants from International funding agencies such as Grand Challenge Canada, Smile Train, USAID, National Institute of Allergy and Infectious Diseases and National funding agencies like ICMR, DST, DBT, Ministry of Health and Family Welfare). 06 Joint Grant Application sanctioned by international funding agencies worth more than 6.8 crores
- 03 joint international conferences organized in the campus and currently 09 joint collaborative research projects ongoing in the campus

3.1.8 What percentage of the total budget is earmarked for research? Give details of heads of expenditure, financial allocation and actual utilization.

**The percentage of total budget is earmarked for research and details are of heads of expenditure, financial allocation and actual utilization is given in the following tables**

S N	Financial Year	Annual Budget - DMIMS	Annual Budget – Research Budget	% of funds for research
1	2013-2014	14242.54	1130.51	7.94%
2	2014-2015	16220.13	1037.17	6.39%
3	2015-2016	19679.24	1237.33	6.29%
4	2016-2017	21893.48	1239.08	5.66%



**The heads of expenditure for financial allocation are:**

**DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES (DU), WARDHA**

**Research & Development Budget**

**RS. IN LACS**

PARTICULARS/FY	2013-2014		2014-2015		2015-2016		2016-2017	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
<b>Recurring Expenditure</b>								
Seminar/Conference CME/Orientation program etc.	66.00	63.37	66.00	64.67	70.00	59.39	71.00	63.80
TIFAC Core in IR	45.00	42.28	45.00	44.20	45.00	43.50	45.00	44.13
Research & Development funding to Teaching Staff Award &Incentives	53.00	46.75	53.00	41.26	55.00	54.17	55.00	52.45
University Funded Research Projects	50.00	44.32	50.00	35.85	52.00	41.80	51.00	41.06
Maintenance of Research Infrastructure	66.00	58.71	66.00	67.68	78.00	73.67	66.50	76.32
Upgradation of Equipment (AMC/CMC)	50.00	44.50	60.00	64.18	65.00	69.22	75.50	71.12
Medicine & Consumables	59.00	64.11	59.00	72.67	91.00	87.48	80.50	86.35
Remuneration to the various cell chairs			6.00	6.20	6.00	6.30	25.00	24.56
<b>DOHPE</b>								
Nodal Centre	10.00	9.35	10.00	8.78	15.00	14.30	15.00	14.56
Faculty Development	21.00	19.11	21.00	17.86	26.00	22.86	26.50	24.30
School of Advance Studies					10.00	9.50	10.00	9.60
PHD Cell					20.00	19.80	20.00	19.78
<b>Total A</b>	<b>420.00</b>	<b>392.50</b>	<b>436.00</b>	<b>423.35</b>	<b>533.00</b>	<b>501.99</b>	<b>541.00</b>	<b>528.03</b>
Non Recuring expenditure/FY	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Building	70.00	90.26	70.00	66.90	230.00	209.15	225.00	170.29
Equipment Furniture & Computer	155.00	151.91	155.00	180.85	170.00	143.62	173.00	170.66
Tifac Core IR	25.00	24.34	25.00	23.90	25.00	24.13	25.00	23.40
<b>Total B</b>	<b>250.00</b>	<b>266.51</b>	<b>250.00</b>	<b>271.65</b>	<b>425.00</b>	<b>376.90</b>	<b>423.00</b>	<b>364.35</b>
Library Books & Journals/FY	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Books	58.50	78.63	60.50	105.00	31.00	96.34	47.00	105.62
Journals	40.50	9.81	40.50	0.00	47.00	0.00	38.00	0.00
Other Infrastructure	17.00	0.30	17.00	0.00	22.00	0.00	18.00	0.00
<b>Total C</b>	<b>116.00</b>	<b>88.74</b>	<b>118.00</b>	<b>105.00</b>	<b>100.00</b>	<b>96.34</b>	<b>103.00</b>	<b>105.62</b>
Research Funded Projects	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
International	317.86	317.75	96.00	49.14	143.11	106.71	83.70	115.75
National	23.81	20.51	136.63	92.71	35.75	18.42	62.09	22.30
Consultancy & Clinical Trails	2.84	3.84	0.54	0.51	0.47	0.07	26.29	13.69
<b>Total C</b>	<b>344.51</b>	<b>342.10</b>	<b>233.17</b>	<b>142.36</b>	<b>179.33</b>	<b>125.20</b>	<b>172.08</b>	<b>151.74</b>
<b>GRAND TOTAL (A+B+C)</b>	<b>1130.51</b>	<b>1089.85</b>	<b>1037.17</b>	<b>942.36</b>	<b>1237.33</b>	<b>1100.43</b>	<b>1239.08</b>	<b>1149.74</b>
<b>TOTAL BUDGET</b>	<b>14242.54</b>		<b>16220.13</b>		<b>19679.24</b>		<b>21893.48</b>	
% OF R&D IN TOTAL BUDGET	7.94%		6.39%		6.29%		5.66%	



3.1.9 In its budget, does the university earmark funds for promoting research in its affiliated colleges?

If yes, provide details.

Yes, the University earmarks funds for promoting research in its affiliated colleges. The research budget is allocated for promoting research through expansion and up-gradation of infrastructure and equipments, creation of advanced labs, facilitating manpower training, organization of conferences/ workshops/ CMEs, and providing expenses on visiting eminent scientists and scholars.

3.1.10 Does the institution encourage research by awarding Postdoctoral Fellowships/Research Associate ships? If yes, provide details like number of students registered, funding by the institution and other sources.– to be mentioned

Yes, the University provides Fellowships/Research Associate ships with incentives and awards to encourage research. The Total Number of student Registered in last four years is 63.

#### **Fellowship List - 2013-2014**

Sr. No.	Name of Fellowship Candidate	Fellowship Course Name	Department Name
1	Dr. Samata Kela	Neonatology	Paediatrics
2	Dr. Ashish Verma.	Neonatology	Paediatrics
3	Dr. Akash Saoji	Fellowship in spine	Orthopaedics
4	Dr. Sonali Choudhari	Health policy planning & economics	Dept community Medicine
5	Deeplata Mende	Fellowship in Palliative care	Dept of Medicine
6	Ruchira Ankar	Fellowship in Palliative care	Dept of Medicine
7	Dr. Neeta Varma	Pain management	Dept of Anaesthesia
8	Dr. C. Cham	Pain management	Dept of Anaesthesia
9	Dr. Smrutiranjana Nayak	Occupational and environmental medicine	Dept community Medicine

#### **Fellowship List - 2014-2015**

Sr. No.	Name of Fellowship Candidate	Fellowship Course Name	Department Name
1	Dr. G. N. Chavan	Critical care	Cardiac Anesthesia
2	Dr. Pankaj N.Hiwarkar	Critical care	Cardiac Anaesthesia





3	Dr. Samata Kela	Neonatology	Paediatrics
4	Dr. Ashish Verma.	Neonatology	Paediatrics
5	Dr. Akash Saoji	Fellowship in spine	Orthopaedics
6	Dr. Vasant Gawande	Fellowship in spine	Orthopaedics
7	Dr. Sonali Choudhari	Health policy planning & economics	Dept community Medicine
8	Deeplata Mende	Fellowship in Palliative care	Dept of Medicine
9	Ruchira Ankar	Fellowship in Palliative care	Dept of Medicine
10	Dr. Neeta Varma	Pain management	Dept of Anaesthesia
11	Dr. Mohmad Ahsan	Pain management	Dept of Anaesthesia
12	Dr. C. Cham	Pain management	Dept of Anaesthesia
13	Dr. Smrutiranjana Nayak	Occupational and environmental medicine	Dept community Medicine
14	Dr. Meenakshi Khapre	Occupational and environmental medicine	Dept community Medicine

#### **Fellowship List - 2015-2016**

Sr. No.	Name of Fellowship Candidate	Fellowship Course Name	Department Name
1	Dr. Manish M. Sharma	Fellowship in occupational and environmental medicine	Dept community Medicine
2	Dr. Thangjam Gautam Singh	Fellowship in Interventional Radiology (Sponsored by DST)	Dept. of Radiology
3	Dr. Premeshwar Niwant	Fellowship in Bioethics	Forensic Medicine
4	Dr. Shravani Deolia	Fellowship in Bioethics	Forensic Medicine
5	Mrs. Ruchira	Fellowship in Bioethics	Forensic Medicine
6	Dr. Tusharkumar Sinhal	Fellowship in Neonatology	Pediatrics
7	Dr. Kirti Swarnkar	Fellowship in Neonatology	Pediatrics
8	Dr. Nagpure	Fellowship in Therapeutic drug Monitoring	Pharmacology
<b>PDCC</b>			
9	Dr. Vaibhav Kumar Shrivastava	PDCC in interventional Radiology	Radiology
10	Dr. Pankaj Hivarkar	PDCC in cardiac-Anesthesia	Cardiac Anesthesia
11	Dr. Gurmindar	PDCC in Spine Surgery	Orthopedics



### **Fellowship List -2015-2016**

<b>Sr. No.</b>	<b>Name of Fellowship Candidate</b>	<b>Fellowship Course Name</b>	<b>Department Name</b>
1	Dr. Vishal Agrawal	Fellowship in Interventional Radiology (Sponsored by DST)	Radiology
2	Dr. Mishra Gavrav Vedprakash	Fellowship in Interventional Radiology (Sponsored by DST)	Radiology
	Dr. Prasad Manish Awadesh	Fellowship in occupational and environmental medicine	Dept community Medicine
3	Dr. Wanjari Anita Santoshrao	Fellowship in Therapeutic drug Monitoring	Pharmacology
4	Dr. Gudhe Mahendra Anantrao	Fellowship in Spine Surgery	Orthopedics
5	Dr. Ambade Ratnakar Eknath	Fellowship in Spine Surgery	Orthopedics
6	Dr. Ashish Kumar Khetan	Fellowship in Minimal Access Surgery	Surgery
7	Dr. Moushmi Shivshankar Rao	Fellowship in Gynecology Endoscopy	Gynecology
8	Dr. Kamble Bhavna Bhimrao	Fellowship in Otology	ENT
9	Dr. Nareshkumar	Fellowship in Limb Reconstruction & Deformity Correction	Orthopedics
<b>PDCC</b>			
11	Dr. Sadaverte Tejas Prafulla	PDCC IN interventional Radiology	Radiology
12	Dr. Mundada Gavrav Omprakash	PDCC IN Spine Surgery	Orthopedics
13	Dr. Khan Sohael Anjum Mohammed	PDCC in Spine Surgery	Orthopedics
14	Dr. Hiwarkar Pankaj	PDCC in Cardiac- Anesthesia	Cardiac- Anesthesia

### **Fellowship List -2016-2017**

<b>Sr. No.</b>	<b>Name of candidates</b>	<b>Name of fellowship</b>	<b>Name of Coordinator</b>
	JNMC		
1	Dr. Monika K. Katpalliwar	Fellowship in Infertility	Sr. Trupti Shrivastava
2	Dr. Deepika Dewani	Fellowship in Gynac Endoscopy	Dr. Neema Acharya
3	Dr. Anup Patil	Fellowship in Gynac Endoscopy	Dr. Neema Acharya
4	Dr. Avinash B. Taksande	Fellowship in Neurophysiology	Dr. Mrs Rawekar
5	Dr. Nikhil D. Dhande	Fellowship in Occupational & Environmental Medicine	Dr. Abhay Mudey



6	Dr. Rajkiran Rathi	Fellowship in Interventional Radiology	Dr. P. Banode
7	Dr. Gavrav Kumar	Fellowship in Interventional Radiology	Dr. P. Banode
8	Dr. Abhinav Mohan	Fellowship in Interventional Radiology	Dr. P. Banode
9	Dr. Pawan Wankhade	Fellowship in Bioethics	Dr. P. Mohite
10	Dr. Apoorva Mahalle	Fellowship in Pain Management	Dr. Mrs. Chandak
	SPDC		
11	Dr. Shivlal M. Rawlani	Fellowship in Head & Neck Imaging	Dr. R. Bhowate
12	Dr. Ravikant V. Sune	Fellowship in Head & Neck Imaging	Dr. R. Bhowate
13	Dr. Shubham Agarwal	Fellowship in Oral Oncology	Dr. Borle Sir
14	Dr. Prachet Dakshinkar	Fellowship in Oral Oncology	Dr. Borle Sir
15	Dr. Vasudevan	Fellowship in Orthognathic Surgery	Dr. Sunita Shrivastav

3.1.11 What percentage of faculty have utilized facilities like sabbatical leave for pursuit of higher research in premier institutions within the country and abroad? How does the institution monitor the output of these scholars? Monitoring mechanisms to be charted?

The university promotes facilities like sabbatical leave for pursuing higher research in premier institutes within the country and abroad. Many scholars from the university have availed the facility. Many faculties have been abroad for various research promotion activities like fellowships, conferences, workshops, short courses for advanced skill development. Sabbatical leave for higher research deputation at higher centers and assistance for international fellowships in last 4 years was taken by 68 Faculties.

The faculties are required to submit the full report of deputation to R&D cell which in turn identifies the feasible thrust areas of research to work at the university. Competency, training and dissemination of the learning is shared by the researcher within and inter departments promoting Inter/Multidisciplinary research at various forums like Staff Research Society. The researcher presents the research which is monitored & Charted by the R&D on quarterly basis in terms of research projects conducted, symposium, conferences, workshop conducted, publications and collaborative projects initiated.

**3.1.12 Provide details of national and international conferences organized by the institution highlighting the names of eminent scientists/scholars who participated in these events.**

The University regularly and periodically promotes departments and constituent colleges to organize conferences and workshops at national and international level.

The university has organized 80 National & 9 International Conferences / Conclave / Workshop/ Symposium in which 352 eminent scientists / scholars who have participated in events.



### 3.1.13 Mention the initiatives of the institution to facilitate a research culture in the below mentioned areas:

- \* Training in research methodology, research ethics and biostatistics.
- \* Development of scientific temperament.
- \* Presence of Medical / Bio-Ethics Committee.
- \* Research linkages with other institutions, universities and centers of excellence. (National and international).
- \* Research programs in Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics, etc.
- \* Promotional avenues for multi-disciplinary, inter-disciplinary research.
- \* Promotional avenues for translational research.
- \* Instilling a culture of research among undergraduate students.
- \* Publication-based promotion/incentives.
- \* Providing travel grant for attending national/international conference and workshops.

\* **Training in research methodology, research ethics and biostatistics:** To nurture the scientific temperament of the University, various initiatives have been taken to facilitate research culture in domains like research methodology, research ethics and biostatistics.

i. **Training in Research methodology:** University conducts various interdisciplinary and collaborative workshops/ trainings in constituent colleges on research methodology, scientific writing, biostatistics, systematic review and meta-analysis, grant writing aimed at enhancing research capacity of faculty and students.

At undergraduate and postgraduate level: All the constituent colleges annually conduct sessions on research methodology in undergraduate orientation and post-graduate Induction programs. Training in research methodology is also augmented by facilitating participation in researches in the form of community surveys, which are included in the curriculum leading to a better understanding of research concepts amongst students. Constant training by the university assists the student encouragement to apply for ICMR Student Fellowship and intra-mural undergraduate research grants.

At faculty level: The University regularly conducts structured training programs in research methodology and scientific writing at institutional / departmental / levels. Faculties are also deputed to other university / institutes/ research organizations for workshop / trainings. Guides and Scholars are enrolled in advanced studies like PhD, fellowship are encouraged to undergo research orientation workshops.

ii. **Research Ethics:** University also ensures teaching anecdotal issues at the level of individual research ethical review and systemic issues related to the institution apart from teaching the epistemological and philosophical issues of the research. University organizes workshop on ICH-GCP certification program for all the members of the ethics committee and the principal investigators of clinical trials. “UNESCO Ethics Unit” which is established in the university provides bio-ethics guidance. University has also started fellowship in bio-ethics for training in ethical issues regarding research.

iii. **Training in Biostatistics:** R & D cell of the university prepares the students to practice biostatistics on wide range of scientific teams and it develops groundbreaking thinkers through its programs. Workshops on basic statistics, applied statistics, data analysis and interpretation, regression modeling, inferential statistics, meta-analysis, data handling in STATA, SPSS, EPIINFO etc is a consistent part of the University R&D cell.



**\* Development of scientific temperament:**

**The university promotes development of scientific temperament from the inception to the professional course. Various mechanisms are as follows:**

- At the university level, guidance on solicitation and capacity building trainings to the researchers is delivered by Research Guidance Clinic (RGC), which has various research divisions like evidence synthesis, clinical epidemiology and biostatistics.
- All the constituent colleges of the university has a Staff Research Society (SRS) which provides a platform to present the research done by staff and post-graduate students.
- For promoting multidisciplinary / interdisciplinary/ translational researches, University has a forum for an informal meeting of like-minded early career researchers who meets once a month which is designated as Research Coffee Club.
- University partakes a Ginger group of highly motivated professionals consisting of health experts from DMIMS(DU)Wardha and technology experts from YCCE, Nagpur working on technology side to improve the research capabilities of the health professionals so that they can make healthcare more efficient and effective in rural areas.
- The University encourages the students and faculties to present research papers at various national and international platforms, for which the faculty receives, special leaves and travel grants.
- The University encourages the undergraduate and post-graduate students to attend scientific forums, conferences and workshops organized specially for undergraduate and post-graduate students, and present scientific papers by providing special leaves.
- Fellowship scholars and post-graduates from various departments are deputed to other Universities for learning about super specialties, subspecialties like interventional radiology, cardiology, and palliative care.
- The research culture in the University is reinforced by providing scholarships for Ph.D scholars and cash incentives to teachers for paper/poster presentations and publication fee in reputed journals.
- Numerous international and national extra-mural funded projects are completed and on-going in the constituent colleges of the university.
- Research Guidance Policy of the university aims at creating centers of excellence for research and development, and for disseminating knowledge and its relevant application regionally, nationally and Globally.

**\* Presence of Medical / Bio Ethics Committee:** R&D Cell of the University has a ‘Research Committee’ which aims to foster, design and execute high quality multidisciplinary research covering spectrum of health and medical research. The committee is headed by the Director Research & Development as the Chairperson. The University has “UNESCO Ethics Unit”, Ethics Committee and Animal Ethics Committee as per guidelines of ICMR (registered with DCGI) and CPCSEA. It is the Mandate of ethical committee to view all research projects by the faculty members and the students.

**\* Research linkages with other institutions, universities and centers of excellence (national and international):** Linkages with various reputed national and international universities and organizations has led to promoting research culture. The collaboration have resulted in enriched and increased number of joint publications, joint researches, visiting professors,



student and faculty exchange programs and joint grant submissions with the reputed universities like Harvard University (USA), University of Sydney (Australia), Sheffield University (UK), Bournemouth University (UK), Liverpool John Moores University (UK), Public Health Foundation of India (PHFI).

- \* **Research programs in Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics, etc.:** The University has grown in an open and free academic environment where dedicated teaching, state-of-the-art laboratories, fast information networks and well-stocked libraries have come into being for researches in arenas like Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics.

Basic Sciences: Doctoral research program has been approved in basic science departments of the constituent colleges. In addition to this, the University has research programs like Diploma in Neurophysiology.

Clinical: Doctoral research program has been approved in clinical departments of the constituent colleges.

Operational research and Epidemiology: R & D cell and Centre of Excellence- School of Epidemiology and Public Health (SEPH) in collaboration with other departments / institutes are undertaking abundant operational research as well as in the field of epidemiology. University runs many courses like diploma in Research Methodology and Biostatistics, Diploma in Health and Medical Record technology.

Health economics: University is running a Fellowship in Health Policy Planning and Economics for dealing the issues related to health economics.

- \* **Promotional avenues for multi-disciplinary, inter-disciplinary research**

Inter-disciplinary:

- University motivates Interdisciplinary research (IDR) by teams or individuals that integrates information, data, techniques, tools, perspectives, concepts, and/or theories to advance fundamental understanding or to solve problems whose solutions are beyond the scope of a single discipline or field of research practice.
- A number of interdisciplinary research projects have been funded involving scholars from multiple disciplines.
- Guest lectures have been arranged on various relevant and important topics with particular emphasis on interdisciplinary researches.
- University recognizes and supports the concept of interdisciplinary research as a valuable experience for the students. These experiences may take the form of internships, intensive study of specialized techniques with personnel at other institutions, and conducting research at research facilities.
- Center for interdisciplinary research and lifestyle modification has been established for the propagation of research in Indian System of Medicine.
- Under the umbrella of School of Advanced Studies, University aims to start new and need-based courses especially interdisciplinary courses. The efforts are made to focus on HRD recognized emergent areas.



#### Multidisciplinary:

- The well-equipped multidisciplinary research team comprises of faculties who are experts in health service researches including cost-benefit and cost-effectiveness analysis, medical informatics, decision analysis, survey researches, operations researches and health economics.
- The University facilitates collaborations across the campus and minimizes investments in multiple and superfluous instrumentation facilities by housing core facilities for sustaining and escalating research growth.
- The university promotes researches aiming at standardization of medicines, clinical studies through concept of reverse pharmacology under the roof of Centre of Excellence for Interdisciplinary Clinical research and Lifestyle Modifications which provide expertise for researchers from different disciplines to work together with special emphasis on Indian system of medicine.
- The university has collaborations /MoU's with well-renowned international and national organizations including Global Consortium which has resulted in joint symposium/ workshops/conferences and have provided a juncture for multidisciplinary researches.
- Concepts of faculty and student exchange programmes around the globe have been nurtured for developing new areas of teaching and research.

Joint grant submissions: For providing effective health-care; numerous interdisciplinary projects bridging Ayurveda and Dental streams have been conducted and still on-going for betterment in health care. Fiscal and non-fiscal backing for multidisciplinary /inter-disciplinary research are being provided by the University in the form of scholarships and contingency grant including incentives for publications.

#### ▪ **Promotional avenues for translational research**

- University has laid platform for various translational researches for the realization of scientific discovery to be delivered to patients for their clinical benefit and to give our scientific findings a practical vision to improve human health nationally and across the globe.
- The university supports and believes in the evidence-based practices and has taken sincere efforts to establish Centre of Excellence on evidence-based nursing.
- The University has Center of Excellence section in inter-disciplinary sciences and healthy lifestyles to promote benefits of leading healthy lifestyles.
- University has established Research policy and SOP for investigators and their teams obtaining multidisciplinary guidance to solve clinical and translational research problems.
- The University aims to provide comprehensive training to under-graduate and post-graduate students, practicing physicians and the research team, thereby promoting effective, efficient and collaborative translational research enterprise.
- The University provides continual encouragement to research teams and supports them to learn new skills necessary to create interventions that will be beneficial for the public.



- \* Instilling a culture of research among undergraduate students:
  
- \* **At Undergraduate/Postgraduate Level:**
  - Students are divulged in research environment from the period of commencement in various courses in Induction/Orientation Programs through introductory lectures on research methodology.
  - For incorporation of virtuous research culture, the University annually conducts special lectures / seminars / workshops on the issues of ethical conduct and practices in the field of research.
  - The University facilitates students to apply for ICMR - STS scholarship for short term UG research projects.
  - Intramural grants for short-term UG research projects are also available for the enhancement of research cultures.
  - The University also provides scholarships for UG/PG students for winning prizes at national/ international conferences for paper/poster presentation.
  - Special leaves are sanctioned for the purpose of participating /presenting research papers in national/ international conferences for paper/poster.
  - Various constituent colleges of the University have made the completion of at-least one research project mandatory in their curriculum even at the undergraduate level.
  - University has Central Research Lab (CRL) and collateral labs for conveying upright research culture.
  - The University organizes scientific forums for undergraduate students.
  - For amplification of research culture; the University has made it mandatory for the Postgraduate students to complete 4”Ps”: PG Orientation, Paper presentation, Poster presentation and Publication of research project.
  
- \* **Publication-based promotion/incentives:**
  - The university has formulated University policy guidelines for “Incentives/ Awards for research publications, publication of book, contribution of chapter in a book and getting patents”.
  - Due weight age to publications are given for promotions under the Career advancement scheme (CAS) of the University.
  - The policy motivates publication by providing more incentives in renowned and indexed journals, monographs and reference books.
  - The university has allocated a total of budget of INR 1255500till date as incentives for publications.
  - Significant achievement of the University lies in the fact that the faculties are publishing around 130 publications per year in Scopus database, which is competing with the best Institutes, and Universities across India.
  
- \* **Providing travel grant for attending national/international conference and workshops:**

The University provides financial assistance towards travel, accommodation and registration charges for participating and presenting paper/poster presentation/or for being chairman/resource person for scientific sessions at national/international conferences and workshops.





### 3.1.14 Does the institution facilitate

- \* R&D for capacity building and analytical skills in product development like diagnostic kits, biomedical products, etc. for the national / international market
- \* Development of entrepreneur skills in health care
- \* Taking leadership role for stem cell research, organ transplantation and harvesting, Biotechnology, Medical Informatics, Genomics, Proteomics, Cellular and Molecular Biology, Nanoscience, etc.

The University facilitates R&D for capacity building and analytical skills in product development like diagnostic kits, and biomedical products for national and international market.

- The University has received grants from many industries and pharmaceutical companies for biomedical products.
- The University has also linkages with industries like Qualcomm and Harvard School of Public Health for diagnostic kits.
- The university promotes seed grant and through Intellectual Property Rights (IPR) gives facilities and support to apply for copyright and patent filing for biotechnology and diagnostic kits.

The University also facilitates the development of entrepreneur skills in health care.

- The University has received a joint grant for social innovation and entrepreneur development from Erasmus+ funded by European Commission.

Taking leadership role for stem cell research, organ transplantation and harvesting, Biotechnology, Medical Informatics, Genomics, Proteomics, Cellular and Molecular Biology, Nanoscience, etc.

- The university has multi/interdisciplinary research in the areas of the stem cell research like with Raghavendra technology in the area of periodontal regeneration
- Various initiatives has been taken by the University for Organ Transplant including cadaveric organ donation like renal, liver, cornea, and heart donation and also taken the leadership in shifting of the organs to the prominent hospitals whenever required. Total 71 renal transplant has been conducted till date out of which 33 have been done in last four years. 66 Corneal collection and transplant done till date.
- The institution is taking steps and facilitating to develop Biotechnology lab in collaboration with national and international partners and collaborators, Medical Informatics with emphasis on data mining and learning machine initiatives, Genomics, Proteomics, Cellular and Molecular Biology like Oral oncology with prominent organization like Cancer Research Malaysia.



- Initiatives have been taken to promote projects on application of Nano-science in the traditional formulation in the Indian system of medicine (ISM) and to enhance the inter/multidisciplinary research.

### 3.1.15 Are students encouraged to conduct any experimental research in Yoga and / or Naturopathy?

Yes, students, and research scholars are encouraged to conduct experimental research in yoga and/or naturopathy. All available Advanced Research facilities like Department of Mind Body Medicine has conducted several research initiatives in various areas of Yoga and Meditation for Non-Communicable diseases like Diabetes Mellitus Type – II, hypertension, mental disorders are provided to the researchers.

PhD Scholars have undertaken research work on Yoga and one PhD is awarded on the topic of Rajyoga. Teaching faculty from the university have also published a protocol titled Yoga and Chronic Heart Failure in Cochrane Heart Group, the first of its kind from the Indian University. University has received a grant of Rs.1 lakh from AYUSH to create awareness and advocacy for promotion of Yoga.

## 3.2 Resource Mobilization for Research

3.2.1 How many departments of the institution have been recognized for their research activities by national / international agencies (ICMR, DST, DBT, WHO, UNESCO, AYUSH, CSIR, AICTE, etc.) and what is the quantum of assistance received? Mention any two significant outcomes or breakthroughs achieved by this recognition.

- The University currently has 49 departments out of which 15 departments of the constituent units have been receiving recognition for the research activities from various National and International reputed agencies. The National and International agencies which have given recognition to the departments are ICMR, AYUSH, DST, Ministry of Health and Welfare (MoHFW), UNESCO, USAID, Saving Brain, Grand Challenge Canada, Erasmus+ (European Commission), DFID, UK; AusAID; Bill Melinda Gates Foundation, MSME, CCRAS, International Society of Infectious Diseases (ISID), UNICEF. A Total Of 432 research projects are ongoing under all its constituent units.
- Quantum of Assistance received till date amounts is 471.97 lakhs in last 4 years in the table below Rupees in Lakhs.

SN	Financial Year	Research Extramural Grant	Consultancy/Clinical Trial	Total
1	2013-2014	108.83	3.84	112.67
2	2014-2015	81.85	0.51	82.36
3	2015-2016	125.13	0.07	125.20
4	2016-2017	138.05	13.69	151.74
	Total	453.86	18.11	471.97



- Two Significant Outcomes achieved by the recognition:
  - **Technology Information, Forecasting and Assessment Council (TIFAC):** Mission reached under TIFAC funded and recognized by Department of Science & Technology (DST) in the domain of interventional radiology & total project grant cost was 15 Crore.
  - **Saving Brains: Stepping Stones-Scaling of Anganwadi Centres for Early Childhood Development project:** Funded by Saving Brains Grand Challenge Canada has been selected as a pioneer and innovative center with bold ideas by Centre of Education Innovation for Early Childhood Development.  
The center has developed linkages and faculties from reputed universities like National Institute of Nutrition (Hyderabad, India), Harvard University (USA), University of California-Davis (USA). Various workshops and training has been conducted for the frontline workers, peer volunteers and caregivers for early childhood development of India. Total project grant cost was 2.6 Crore.
  - **Public Health Initiative for propagation of Ayurveda:** The Mahatma Gandhi Ayurveda College Hospital and Research Center has been recognized for its research in Diabetes and received grant from Ministry of AYUSH under the scheme Public Health Initiative for the propagation Ayurveda intervention for DM Type-2 in rural area. Total project grant cost was 1.6 Crore.

3.2.2 Provide the following details of ongoing research projects of faculty:

A. University awarded projects

Minor projects

Major projects

B. Other agencies - national and international (specify)

Minor projects

Major projects

**University Awarded and financially supported Intramural Ongoing Research Projects:**

Intramural Ongoing Research	Number of Research projects
Short term projects(<1 year) – Minor Projects	205
Mid-term projects(1 to 3 years project) – Major Projects	118
Long term projects(More than 3 years project) – Major Projects	109
Total	432

**Ongoing Extramural Minor and Major Projects:**

Nature of project	Extramural Funding agency
Ongoing Major (More than INR 5 lakhs)	16 (Saving Brains - Grand Challenges Canada, Smile train, ISID, Harvard School of Public Health Boston (USA), UNICEF, USAID, USA, , ICMR, SHRC, WCT, CWT, RNTCP, Pallium India, Palliative Care, District Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI), AYUSH, Govt. of India, Sanofi Pasteur S.A. France.



Ongoing Minor (Less than INR 5 Lakhs	14 ( ICMR, RNTCP- State operation Research Grant, , Ministry of Micro, Small and Medium Enterprises, Govt. of India, National Medicinal Plant Board (NNPB), Bournemouth University, UK, Mania Foundation, Integrated Health and Family Welfare Society - RNTCP Operation Research)
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**Ongoing Major extramural projects are:**

Sr No	Project Title	Funding Agency	Duration	Total Received Budget/Sanctioned
1	Community Based Participatory Research In Tribal Health: Improving Health through Comprehensive Health Approach - Aarogya Plus Project in and around Pench Tiger Reserve Maharashtra.	Conservation Wild lands trust (CWT) Mumbai	2015	5416400
2	Epidemiological study on estimating the burden of soil transmitted helminths infections in antenatal women in select states of India	Public Health Foundation of India	2016-2017	2900000
3	Training of Medical officers and health staff on facility based newborn care	UNICEF	2011	1035268
4	Improving access to pain Relief and Palliative Care, in India	Pallium India, Palliative Care	2015	500000
5	Effect of Social Media on Adolescent health : A systematic review & Meta-Analysis	Indian Council Medical Reseach (ICMR)	2015-2017	521000
6	Relevance and excellence in Achieving new height in educational institutions (Centre of Relevance & Excellence)	Department of Sciences & Technology (DST) (TIFAC)	2006	15000000



7	Project RCH Phase - II RCH Service Delivery Intervention in underserved areas of Maharashtra Through Service NGO	Ministry of Health and family welfare, Government of India	2010	4500000
8	District Health Management and Public Service Delivery: Evidence from India	Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI)	2015-2017	562500
9	Management of Lifestyle Disorder Namely Diabetes Mellitus II – by Ayurveda principles and Practices.	Scheme for Promotion of AYUSH Intervention in Public Health Initiatives: Ministry of Ayurvedic, Yoga & Naturopathy, Unani, Siddha & Homoeopathy AYUSH	2015-2018	6000000
10	Breast cancer Awareness and screening programme	Mania Foundation, USA	2016-2017	129728
11	Rapid Diagnosis of Frail and Sick Newborns with a Handheld Vital Sign Monitor	USAID (through Harvard University)	2016-2017	2674964
12	Development for thrive multisite study: OpenSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative.	Sub Contract Agreement from the Summit Institute of Indonesia (WHO; Harvard University USA)	2016-2017	991880
13	Assessment of clinically suspected and unsuspected tubercular Lymphadenopathy by PCR compared to non molecular Methods in Lymphnode Aspirates	International Society for Infectious Disease (ISID)	2015-2016	500000



14	Scaling early childhood development at Anganwadi Centers in India	Grand Challenges Canada	2015-2019	13220868
15	Cleft Lip and Cleft Palate: Smile Train Acharya VinobhaBhave Rural Hospital Project	Smile Train	2006	38101473
16	Effectiveness of maternal nutrition and parenting program on cognitive development of children from rural India at 2 Years of age : A Cluster RCT	Grand Challenges Canada	2017	12500000

#### Extramural Minor Funded Project Ongoing

Sr No	Name of the Funding Agency	Title of the Project	Amount Received in 2016-2017 (In Rupees)
1	Bournemouth University, UK	Lifestyle, health & wellbeing of Nepali migrants in India: A qualitative study	Two lakh eighty thousand (GBP 5000)
2	Mania Foundation, USA	Breast cancer Awareness and screening programme	2,65,0000
3	District Integrated Health and Family Welfare Society - RNTCP	Study of Interferon Gamma and ADA in Pleural Effusions	98000
4	George Institute for Global Health Canada	International orthopedic Multi-centre Study in Fracture Care (INORMUS)	1.58 Lakh
5	National Medicinal Plant Board (NMPB)	Herbal Garden	2,80,000
6	MSME Govt. of India	Double blind randomised clinical study to evaluate safety and efficacy of Probiotic Honey in children	98,000 (Ongoing. 45, 000 Grant expected in last week of June)
7	Govt. College Of Pharmacy, Amravati	Development and Evaluation of Anti-inflammatory herbal gel formulation	Rs 7500
8	State Operational Research (RNTCP)	Study of diabetes mellitus in association with tuberculosis	30,000
9	ICMR	Variation in Branches of Coeliac Trunk.	10,000



10	ICMR	Study of virulence mechanism and antibiotic resistance of extra intestinal escherichia coli causing urinary tract infection.	10,000
11	ICMR	A study of clinico-microbiological profile of surgical site infections in a tertiary care hospital.	10,000
12	ICMR	Identification of Stressors causing Suicidal Tendency and Impact of Psychotherapy in comparison to Drug Therapy: A Cross-sectional Study among budding health professionals.	10,000
13	ICMR	Myocardial Performance index in Prediabetes, in Medical Staff	10,000
14	ICMR	Assessment of mean platelet volume (MPV) in patients with type 2 diabetes mellitus (T2DM) in a rural back drop of central India.	10,000

### 3.2.3 Does the institution have an Intellectual Property Rights (IPR) Cell?

Yes. An Intellectual Property Right Cell, DMIMS(DU) was established on 22nd April, 2012.

### 3.2.4 Has the institution taken any special efforts to encourage its faculty to file for patents? If so, how many have been registered and accepted?

The university encourages the faculty to file applications to get their intellectual property patented or copyrighted through appropriate statutory agencies for which budgetary allocation is made by the university. IPR looks after the activities related to the Intellectual Property of the University, Evaluation and filling of patents, copyrights and design. It also works as a facilitative and guiding mechanism to the researchers to get their research work patented or copyrighted. IPR cell facilitates the development of inventions and technology resulting from University research, and facilitates the transfer of such technology via patents, for the use and benefit of the public, the University and the Creator.

The initiatives taken by the IPR cell of the university has resulted in total 27 patent and 75 copyright applications by the faculty in last 5 years. Out of the 27 patent applications one patent is granted and 21 patents are published. Considering the long and exhaustive process of registering the patents, the various applications are in advanced stage of processing. The university has received 32 copyrights till date and 43 applications are in advanced stage of processing.

Name of the faculty	Patents filed	Patents granted	Copyrights filed	Copyrights granted	Total copy rights processed
JNMC	04	-	7	11	18
SPDC	14	-	7	7	14



MGAC	09	01	3	1	4
Nursing	-	-	2	1	3
SHPER	-	-	24	12	36
Total	27 (21 published)		43	32	75

3.2.5 Does the institution have any projects sponsored by the industry / corporate houses? If yes, give details such as the name of the project, funding agency and grants received.

The University has research projects sponsored by the industry and corporate houses.

The details of the projects and funding agencies and grants received are mentioned as below:

Client Organization	Title of Consultancy of project	Amount received (in Rupees)
Qualcomm	Development for thrive multisite study : openSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	1,983,760
Confidential Consultancy (Business Development, Licensing and Distribution, M&A)	Perspective HGH in India	\$100
Rajiv Dixit Foundation, Sewagram	Formulation and Development. Production of Herbal Medicine	181315.5
Unijues Life Sciences, Nagpur	Formulation and Development. Production of Herbal Medicine	29870
Dr.SatyamSupare, Motharkar Hospital, Bhandara	Production of Herbal Medicine	6510
Dr. ShaileshMelekar(Shree BramhachaitanyaChikitsalaya, Karad)	Production of Herbal Medicine	9000
AmbikaNutristio, Wardha	Formulation and Development. Production of Herbal Medicine	11,780
Bramhachatnya, Karad	Formulation and Development. Production of Herbal Medicine	41419.5
Herba Natural, Nagpur	Formulation and Development. Production of Herbal Medicine	156423
Dr. MyshkerWardha	Production of Herbal Medicine	22600

3.2.3 List details of

- Research projects completed and grants received during the last four years (funded by National/International agencies).

Till date the University has completed 26 extramurally funded projects. The details of the completed extramural projects are as under:





Sr No	Project Title	Funding Agency	Status	Total Proposed Budget / Sanctioned Budget
1	Accuracy of Pulse Oximetry screening to detect critical congenital heart defects in hospitalized neonates	Indian Council Medical Research (ICMR)	Completed	4170289
2	Community Based Participatory Research in Tribal Health in and around Pench Tiger Reserve, Maharashtra; Improving through Comprehensive Health Approach -Aarogya Plus in collaboration with Forest health Department Nagpur.	Wildlife Conservation Trust (WCT) Mumbai	Completed	2554400
3	Evaluation of Public Private Mix (PPM) Model under RNTCP for rural area Wardha District	Maharashtra state Anti TB Association Mumbai RNTCP	Completed	1345906
4	Evaluation of Implementation of Sickle Cell Disease Control Programme in Maharashtra : Comparison of Performance of Selected districts covered by NGOs & ASHAs	State Health Resources Centre (SHRC)	Completed	234300
5	Community engagement and awareness for tuberculosis prevention and control in rural Wardha	Catholic Health Association of India (CHAI)	Completed	13100
6	Emergency obstetrics care Facilitators for District Quality Assurance program for RCH – 2 for Maharashtra State	UNFPA India Centre for Health and Social Justice	Completed	450000
7	Community care center for People living with HIV & AIDS : Training of TI NGOs in HIV Prevention and care	AVERT Society, Mumbai and MSACS Karnataka Health System Promotion Trust (KHPT)	Completed	7500000
8	Drug –resistant tuberculosis : study of clinical practices of chest Physicians Maharashtra, India	Foundation for Medical Research (FMR)	Completed	5000
9	Assessment of JSY Program under PPP in Amravati District of Maharashtra	FRCH Pune	Completed	250000



10	Training of District Epidemiologist & DSO in Maharashtra and Chattisgarh state	National Health Resource Centre (NHRC)	Completed	717404
11	Training Programme of Asha	District Integrated Health and Family Welfare Society NRHM, Wardha	completed	419752
12	Systematic Public Health Education Research and Empowerment Site (SPHERES)	Harvard School of Public Health Boston (USA)	Completed	1915290
13	Malaria Evolution in South Asia (MESA) (National Institutes of Health (NIH))	University of Washington (National Institutes of Health (NIH))	Completed	2310348
14	Prospective dengue seroprevalence study in Indian Children (Dengue)	Sanofi Pasteur S.A. France	Completed	598256
15	Collaboration between academy and clinical practice to promote evidence based practice in Indian and Swedish Health Care	Swedish International Development cooperation agency department for research cooperation (SIDA)	Completed	3580993
16	“Evaluation of Variation in the cranial base nasomaxillary complex and airway space in cleft cases as compared to normal cases – an in – vivo study using lateral cephalogram and CT scan”	ICMR	Completed	25000
17	Evaluation of the 3 Dimensional changes in airway volume due to Mandibular Advancement and vertical opening in patients with skeletal class II Growth patterns as compared with skeletal class I Growth pattern – A MRI In Vivo Study.	ICMR	Completed	25000
18	Comparative evaluation between hyluronic acid and subepithelial connective tissue graft for the treatment of suprabony pocket to minimize post surgical gingival recession in esthetic zone- a clinical study	ICMR	Completed	25000



19	Evaluation of effectiveness of sinus augmentation using crestal approach in posterior maxilla- A clinical and radiographic study	ICMR	Completed	25000
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b. Inter-institutional collaborative projects and grants received

- i) National collaborations
- ii) International collaborations

The Grant for National and International collaborative projects received by the University are as under :

Sr No	Project Title	Funding Agency	Total Amount Received
1	Saving Brains : Effectiveness of maternal nutrition and parenting program on cognitive development of children from rural India at 2 Years of age : A Cluster RCT	Grand Challenges Canada	2900000
2	Lifestyle, health & wellbeing of Nepali migrants in India: A qualitative study	Bournemouth University, UK	206693
3	Rapid Diagnosis of Frail and Sick Newborns with a Handheld Vital Sign Monitor	USAID (through Harvard University)	2674964
4	Development for thrive multisite study : openSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	Sub Contract Agreement from the Summit Institute of Indonesia (WHO; Harvard University USA)	1983760
5	Systematic Public Health Education Research and Empowerment Site (SPHERES)	Harvard School of Public Health Boston (USA)	1915290
6	Saving Brains : Scaling early childhood development at Anganwadi Centers in India	Grand Challenges Canada	13246677
7	International orthopedic Multicentre Study in Fracture Care (INORMUS)	George Institute for Global Health Canada	158000
8	Malaria Evolution in South Asia (MESA) (National Institutes of Health (NIH)	University of Washington (National Institutes of Health (NIH)	2310348
9	Prospective dengue seroprevalence study in Indian Children (Dengue)	Sanofi Pasteur S.A. France	598256
10	Collaboration between academy and clinical practice to promote evidence based practice in Indian and Swedish Health Care	Swedish International Development cooperation agency department for research cooperation (SIDA)	3580993

3.2.3 What are the financial provisions made in the institution budget for supporting students' research projects?



The total financial outlay for research under the university is INR 4275.12 Lakhs for last four financial years. The research projects of the institution, departments, faculty, and doctoral, post graduate and undergraduate students, which are not supported by the external funding agencies are supported through the intramural grant provided through this allocation. The university converts all the UG research projects (STS-not supported by the ICMR) into intramural projects for which financial assistance equivalent to that of ICMR is provided.

There is a structured mechanism for providing financial assistance to the young budding student researchers. The scrutiny committee constituted under the ambit of the Research cell, scrutinizes the applications and recommends the financial assistance for each project which is sanctioned in a timely manner to ensure that no deserving research projects are held up for the want of grants.

In house diagnostic facilities, facilities at the CRL and the satellite/collateral research labs, animal house established in the different constituent units are extended to the researchers free of cost and through appropriate subsidies, thereby providing indirect funding for research. For the clinical research, subsidized or free treatment is offered to the patients included in the research projects thereby facilitating the research work.

The doctoral and Post graduate thesis are provided institutional (Intramural Funding), in case assistance is not provided by the funding agencies.

Intramural grants for research projects to all the constituent colleges are as under:  
INR 10000 per undergraduate students, INR 25000 for the postgraduates and INR 40000 for doctoral research scholars has been allocated.

Annual Budget – Research Budget (Rupees in Lakhs)

SN	Financial Year	Annual Budget – Research Budget
1	2013-2014	901.08
2	2014-2015	897.63
3	2015-2016	1237.33
4	2016-2017	1239.08
	Total	4275.12

### 3.3 Research Facilities

#### 3.3.1 What efforts have been made by the institution to improve its infrastructure requirements to facilitate research? What strategies have been evolved to meet the needs of researchers in emerging disciplines?

The efforts to improve institutional infrastructure requirement to facilitate research has been an ongoing mechanism. Annually, all the constituent units are given an opportunity



to present their research ideas with infrastructural requirements. These suggestions are then incorporated in the University action plan.

Some of the key initiatives undertaken by the University are as under:

- Creation and establishment of Centre of Excellences - The university has taken initiatives and created 10 Centres of Excellence under its ambit. The university has created a chair for each centre and corpus of Rs 25 lacs is created for each centre. Each centre is headed by the director and co-conveners from the different constituent units. The centres are provided with separate infrastructural facility and support staff. The primary thrust of each centre is to promote & undertake research in the relevant area. The following centres of excellence have been created by the university:

<b>Name of Center of Excellence</b>	<b>Honorary Director</b>
• Center for Health Sciences Education Policy & Planning	Hon. Dr. Vedprakash Mishra
• School for Health Professionals Education & Research	Dr. Mrs. Sunita Vagha
• School of Advanced Studies	Dr. Mrs. Minal Chaudhary
• Center of Excellence for healthcare quality, patient safety and health economics	Dr. Sunil Nikose, Professor of Orthopedics
• COE for Arogya Setu	Dr. Sandeep Srivastava, Dean, JNMC
• School for Epidemiology & Public Health	Dr. Abhay Gaidhane, Professor Community Medicine, JNMC
• Evidence based Nursing	Mrs. Seema Singh, Prof. Medical Surgical Nursing, SRMMCON
• Interdisciplinary Clinical Research & Lifestyle Modifications	Dr. Manish Deshmukh, Dy. Director (Interdisciplinary Research), DMIMS(DU)
• Centre of Excellence for Technological interventions	Dr. Chandrashekhar Mahakalkar Professor of Surgery, JNMC
• Centre of excellence for Global Collaboration & accreditation	Mr. Rajiv Yashroy, Director

Other infrastructural augmentations for research are as follows:

- A dedicated R&D centre
- Advanced Central Research Lab
- Highly sophisticated FDA approved laboratory for Formulation and Development of Herbal Medicines
- Laboratory for Standardization, Quality Control and Assurance of Herbal Medicines



- Herbal Garden with Poly House, Green House and Demonstration Hall for Pharmacognostic research of Medicinal Plants
- Animal House Up gradation for Pre-Clinical Research and Safety Toxicity Research Studies
- Molecular Biology & Epidemiology Lab
- Bio Medical Engineering and Technology (Incubation) Centre - BeTIC

3.3.2 Does the institution have an Advanced Central Research facility? If yes, have the facilities been made available to research scholars? What is the funding allocated to the facility?

Yes, the Institution has an advanced Central Research Facility with all major equipments and resources under one roof mentioned as follows:

1. Therapeutic Drug Monitoring (TDM) for Phenytoin, Carbamazepine, Lamotrigine, Valproate and Lithium estimation by HPLC techniques.
2. Genetics and pharmacogenomics using real time PCR machine
3. Estimation of markers of oxidative stress (MDA/SOD).
4. Research in hormonal studies utilizing mini VIDAS.
5. Research in enzymatic studies in various clinical conditions.
6. Spectrophotometric determination of drugs.
7. Colorimetric determinations of analytes in blood and body fluids.
8. Electrophoretic patterns in various conditions.
9. Isolation of active principles from the ayurvedic drugs as a part of reverse pharmacology.

The establishment of Advanced central Research Lab ensures participation from all teaching departments of JNMC, SPDC, MGAC, RNPC and Nursing Colleges of the DMIMS. **More than 100 research projects have been completed till date since the inception of the lab.**

Satellite/ collateral labs are also located in the constituent units of the university. The facilities present in these labs are as under:

- Central clinical lab - all biochemical, hematological investigations
- Mycology, immunology, bacteriology and virology labs under the microbiology department
- Cytogenetic lab under department of anatomy
- Immunohematology lab in the department of pathology
- IHC and histopathology labs under department of pathology and Oral pathology
- DNA lab in department of oral pathology
- Clinical physiology lab with facilities of ECG, EEG, BERA, TMT, HRV
- Polysomography Lab in the department of Respiratory Medicine.

Funding allocated:

PARTICULARS	2013-2014		2014-2015		2015-2016		2016-2017	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Total	175	167.32	191	210.73	240	236.67	247.5	258.35



**3.3.3 Does the institution have a Drug Information Centre to cater to the needs of researchers? If yes, provide details of the facility.**

Yes, the Department of Pharmacology JNMC, is recognized as an Adverse Drug Reactions (ADR) Monitoring Center since July 2016 by Pharmacovigilance Programme of India (PVPI), run by the central government. The ADRs are reported to the National coordinating center through the software vigiflow.

The department has so far reported 264 ADRs to the National Coordinating Center. This number is 5th highest in the country. Meetings are regularly conducted under Pharmacovigilance Programme of India at adverse drug reaction monitoring centre (AMC) and all the relevant records and essential data is maintained for the smooth functioning of AMC.

The Drug alerts are periodically received from National coordinating center. These drug alerts are discussed in the department of Pharmacology. The received information is shared with all the healthcare professionals working in the hospitals run by the university and all the general practitioners and specialists in Wardha district.

For creating awareness about Pharmacovigilance the department is conducting periodic training and sensitization sessions of ADR reporting for faculty members, resident doctors and Nursing staff of AVBRH.

For orientation of the community, radio-interviews are also held for increasing awareness about rational drug use and its adverse effects.

ADR Monitoring Center has been established at Mahatma Gandhi Ayurved College Hospital and Research Center for the identification and reporting of Adverse Drug Reaction and Adverse Events related to Ayurveda Medicines. This center is also committed for creating awareness among Ayurveda clinicians for ADR, AE of Ayurveda, Medicines and Drug interaction between Ayurveda and Allopathic Drugs. The Center works under National Center of Gujarat Ayurved University, Jamnagar, Gujarat.

**3.3.4 Does the institution provide residential facilities (with computer and internet facilities) for research scholars, post-doctoral fellows, research associates, summer fellows of various academies and visiting scientists (national/international)?**

The University provides residential facilities to the research scholars in the campus with Wi-Fi facility. The computer facilities are provided at their place of work. They include research scholars, post-doctoral fellows, research associates, summer fellows and visiting scientists of academies like fellows coming from Indian Institute of Public Health (Gandhinagar), Public Health Foundation of India (New Delhi, India), Tata Institute of Social Sciences (Mumbai, India), Fulbright Scholars from Harvard School of Public Health (Boston, USA), John Hopkins University (USA), University of California - Davis (USA), University of Sydney (Sydney, Australia), Sheffield University (UK), Bournemouth University (UK), Liverpool John Moores University (UK), trainees deputed by Smile train.

**3.3.5 Does the institution have centres of national and international recognition/repute? Give a brief description of how these facilities are made use of by researchers from other laboratories.**

Yes, The University has centres of national and international repute. They are as follows:



- i. **Technology Information, Forecasting and Assessment Council (TIFAC):** Mission reach under TIFAC funded and recognized by Department of Science & Technology (DST) in the domain of interventional radiology. Faculties from Central India receive training and enhance the competency, skills in Interventional Radiology and do collaborative research.
- ii. **UNESCO Bioethics Unit:** DMIMS has been selected to have an UNESCO chair on Bioethics. Has conducted International workshops and has trained 43 faculties in Bioethics. Student wing for Bioethics has been created. Bioethics Unit is the Zonal Centre for the entire Central India region.
- iii. **Adverse Drug Reaction Monitoring Centre:** Department of Pharmacology JNMC Sawangi (M), is recognized as an ADR Monitoring Center since July 2016 by Pharmacovigilance Programme of India (PVPI), run by central government. The centre is reporting Adverse Drug reaction to National coordinating center through the software 'vigiflow'. The center is contributing in the efforts towards monitoring of adverse drug reaction. It has reported 264 ADRs to the National Coordinating Center. The center is conducting regular meetings of Pharmacovigilance Programme of India at AMC. It is maintaining the essential data required for the smooth functioning of AMC. The center is receiving Drug alerts periodically from National coordinating center which are discussed in the department of Pharmacology every Saturday as 'confab'. Also the center is circulating these Drug alerts amongst all the healthcare professionals of the Institute as well as all the members of IMA Wardha; which include all the general practitioners and specialist in Wardha district. For the awareness about Pharmacovigilance the center has conducted training sessions of ADR reporting among resident doctors and nursing staff of AVBRH and also radio interviews for increasing awareness about drug use and its adverse effects.
- iv. **Centre of Education Innovation for Early Childhood Development (ECD):** The center for ECD has been funded by Saving Brains Innovations, Grand Challenge; Canada has been recognized to be the Centre of Education Innovation for Early Childhood Development. The center aims to enhance early childhood development (ECD) programs for children from 0 to 6 years old. The Stepping Stones program aims to improve the government's existing Anganwadi early childhood development centres for indigenous tribal groups in rural communities through the development of an enhanced curriculum, use of technology to track implementation and child outcomes, public-private partnerships, and community engagement. The centre has developed linkages and faculties from reputed universities like National Institute of Nutrition (Hyderabad, India), Harvard University (USA), University of California-Davis (USA). Various workshops and training has been conducted for the frontline workers, peer volunteers and caregivers for early childhood development of India. The outcome of the research has been presented in various international platforms. The funding to the research center has been provided till 2019.
- v. **Division of Evidence Synthesis:** Centre of Excellence in School of Epidemiology and Public Health (SEPH) has a division of Evidence Synthesis. It promotes rational decision-making by conducting research in, and teaching the principles of research synthesis (systematic review and meta-analysis) and evidence contextualization. Research and training programs of the center provides experiential learning and research opportunities for undergraduates, graduates and post-graduates, scholars, faculties and healthcare professionals within and outside DMIMS(DU). The center is conducting various projects and received funding from ICMR, PHESA, Manipal University and South Asia Research Hub (SARH)-DFID, UK. It has linkages with various reputed national and international universities, and has joint publications





with faculties from Harvard University (USA), Liverpool John Moores University (UK), University of Western Sydney(Australia), CMC (Vellore, India), Manipal University (Manipal, India) and Public Health Foundation of India (New Delhi, India), ICMR (New Delhi). Joint workshop has been organized with the Cochrane South-Asia Centre, CMC, Vellore.

vi. **Training Centre for Cleft Orthodontics and Surgery:** This centre is recognized, supported and funded by Smile Train Inc. for training of budding orthodontics and surgery from the surgeons living in Low Income Countries and Low Middle Income Countries.

vii. **Centre for Research in Formulation Development and Standardization of Herbal Formulation:** This centre is devoted for research in innovative formulation in Ayurveda and development of newer techniques for standardization of herbal medicine. It is also involved in training of budding scientist. Ancillary facility of herbal garden is value addition for development of phyto-medicine.

These facilities are made available and promoted to the researchers for inter/multidisciplinary research for faculties in Central India who use facilities from other Institutes/organization. All the facilities are highlighted among the collateral labs and linkages are developed and expertise is shared for developing and enhancing the cross cutting domain research.

viii. **Biomedical Engineering and Technology (Incubation) Centre (BeTIC):**

In collaboration with IIT Mumbai, College of Engineering – Pune and VNIT, Nagpur funded by Department of Science and Technology. To bring clinicians and engineers together for indigenous medical device innovation, a Biomedical Engineering and Technology (incubation) Centre has been set up DMIMS, The major objectives are to:

Establish an integrated facility, Develop select medical devices, Facilitate translation to industry, Train suitable human resources. The team is establishing close links with industry for pilot production and technology transfer. Some of the team members are incubating startup companies to bring their innovations into clinical practice.

ix. **Innovation of Collaborative Partners:** The objective of this innovative collaborative partners are to Identification of interdisciplinary health care leadership competencies relevant to the medical, nursing, and public health professional education in India. Conceptualization of and piloting an inter-professional training model to develop physician, nursing, and public health leadership skills relevant for the 21st-century health system in India.

Partners of the Innovation Collaborative

The Innovation Collaborative is a partnership between the following three schools:

- Public Health Foundation of India, New Delhi—Public Health Institute
- Datta Meghe Institute of Medical Sciences, Sawangi, Wardha—Medical School
- Symbiosis College of Nursing, Pune—Nursing School

The center has come up with joint research and series of publications in collaboration with the partners of the innovation collaboration in scopus and pubmed high impact factor international peer reviewed journals.

x. **“School for Health Professions Education and Research”** along with its five departments of Curriculum , Department of Teaching & Learning , Department of Assessment & Evaluation, Department of , Educational & Research, Department of Competences and three educational Units Dental Education Unit(DEU) at SPDC, Ayurved Education Unit (AEU) at



MCAC & Nursing Education Unit (NEU) at SRMMCON at the constituent colleges to take care of academic ambience of the university and premier to promote improvement in quality of medical education at par with Global contest , ultimately leading to quality augmentation of Health care for the mankind. Medical-Education-Research (MER) in research has made great strides and is leading in education research innovation with number of publications being 87 in last four years, 14 Doctoral projects and 33 Copyrights.

- xi. **South Asia International Centre of Excellence for Malaria Research:** The centre is supported by National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. The objective of the centre has been (1) design and conduct multidisciplinary research on the epidemiology, transmission, and pathogenesis of malaria in endemic geographic regions; (2) design and conduct special projects to capitalize on new opportunities and emerging public health needs; and (3) develop and conduct training/career development programs for researchers from malaria-endemic areas.
- xii. **Centre of Herbal Gardening:** The centre is supported by National Medical Plant Board. The centre is growing species of useful herbal plants have medicinal usage in folk and documented systems of medicine, like Ayurveda, Siddha, Unani and Homoeopathy.
- xiii. **Evidence Based Nursing:** The center of evidence based nursing has been supported by the SIDA and in collaboration with Karsted University, Sweden has been taking collaborative research, publications and has collaborative student and faculty exchange programs.
- xiv. **Resource Centre of HIV/AIDS:** This centre is supported by MSACS and Avert Society. The centre supports and provides resources and research facilities to all the researchers working in the field of HIV/AIDS.
- xv. **International Training Centre for Basic and Advanced Life Support:** Under technical guidance from American Heart Association the centre has been the providing services in and around Central India and has enhanced the competency and skills of the community and health care professionals of various disciplines in this much required field of life support.

### 3.3.6 Clinical trials and research

- \* Are all the clinical trials registered with CTRI (Clinical Trials Research of India)?
- \* List a few major clinical trials conducted with their outcomes.

Yes, all the Clinical trials are registered with Central Trial Research of India (CTRI).

Few major clinical trials conducted have with their outcomes:

Sr. No	Principal Investigator	Title	Sponsor	Status of the Clinical trial	SMO
1	Dr. Gajendra Manakshe	Protocol Number: EFC11570: "A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Effect of Alirocumab (SAR236553/REGN727) on the Occurrence of Cardiovascular Events in Patients Who Have Recently	Sanofi Aventis	Ongoing	GDD Experts



		Experienced an Acute Coronary Syndrome”			
2	Dr. Babaji Ghewade	A multicenter, randomized, 52-week, double-blind, parallel group, active controlled study to compare the efficacy and safety of QVM149 with QMF149 in patients with asthma	Novartis	Ongoing	GDD Experts
3	Dr. Jayant Vagha	A seamless, sequential Phase III, randomized, multi centre single-blind study to evaluate immunogenicity, safety, reactogenicity of liquid ROTAVAC 5C formulation of the live attenuated rotavirus vaccine as a 3- dose series when compared with ROTAVAC in infants.	Bharat Biotech	Closing out	CTSI
4	Dr. Jayant Vagha	A seamless, sequential Phase III, randomized, multi centre single-blind study to evaluate immunogenicity, safety, reactogenicity of liquid ROTAVAC 5C formulation of the live attenuated rotavirus vaccine as a 3- dose series when compared with ROTAVAC in infants.	Bharat Biotech	Closing out	CTSI
<b>Trials Yet to Start</b>					
1	Dr. Chandrashekhar Mahakalkar	A Randomized, Open Label, Two Period, Single Dose, Crossover, Bioavailability Study of Paclitaxel Injection Concentrate for Nanodispersion (PICN) and Abraxane® in Subjects with Locally Recurrent or Metastatic Breast Cancer.	Sunpharma	Yet to start	
2	Dr. Chandrashekhar Mahakalkar	A phase III, multi-centre, randomized study to compare the efficacy and safety of WCK 771 (IV) and WCK 2349 (Oral) switch-over therapy with Linezolid in Acute Bacterial Skin and Skin Structure Infections (ABSSSI).	Wokhardt	Yet to start	
3	Dr. Sachin Diagavane	QRK207 “A Phase 2/3, Randomized, Double-Masked, Sham-Controlled Trial of QPI-1007 Delivered by Single or Multi-Dose Intravitreal Injection(s) to Subjects with Acute Nonarteritic Anterior Ischemic Optic Neuropathy (NAION)”	Parexel	Yet to start	



### 3.4 Research Publications and Awards

3.4.1 Does the institution publish any research journal(s)? If yes, indicate the composition of the editorial board, editorial policies and state whether it/they is/are listed in any international database.

Yes, the University publishes six scientific journals in order to create a platform for dissemination of knowledge generated at various constituent colleges of the University through researches and innovations in the field of health care and health care delivery.

The details are:

Name of the journals	Year of inception	ISSN no	Indexing	Frequency of publication	Editor-In chief	Nature
JDMIMSU	2005	Print ISSN : 0974-3901 Online ISSN : 2250-1231	Scopus, Index Copernicus	Quarterly	Dr Arvind Bhake Editor-In chief	Print & Online
Journal of Rural Nursing	2011	(ISSN-2320-6748)		Biannually	Prof Seema Singh Editor in Chief	Print & Online
Journal of Health Sciences Education (JHSE)	2014	eISSN 2349-8560	SIS indexing	Biannually	Prof Tripti Waghmare Editor in Chief	Online
Journal of Indian System of Medicine (JISM)	2013	Print ISSN-2320-4419 Eissn 2455-5029	Ayush portal, Research bib, Open academic J index, Euraci an scientific J Index	Quarterly	Dr K S R Prasad Editor in Chief	Print & Online
DMIMS Journal of Dental Research (JODRDMIMS)	2017	ISSN		Quarterly	Dr M L Bhongade Editor in Chief	Print & Online
Students Journal of Health Sciences	2017	In process		Biannually	Dr Abhay Gaidhane	Online



### **JOURNAL of DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES UNIVERSITY - JDMIMSU**

The Journal of Datta Meghe Institute of Medical Sciences University (JDMIMSU) is an official publication of Staff Research Society of Datta Meghe Institute of Medical Sciences Deemed University (DMIMSDU), started in year 2005. It is in the 11<sup>th</sup> year of publication. JDMIMSU is a multidisciplinary medical journal brought out by DMIMSDU in fulfillment of its aim to serve the cause of research and service to humanity through it. It publishes the researches on wide topics and multiple disciplines that give it the advantage of being a comprehensive medical research journal. It is in tune to the modern medicine demands to keep oneself update in one's specialty of academics and practice. It is widely circulated in India especially to the medical and dental institutes which run the post graduate courses.

It accepts articles from other medical and dental institutes of India as a principle of practice of sharing the research. JDMIMSU is sent to all premier institutes of medicine and dentistry in India and also to the statutory bodies governing medical education in India. It is published regularly and adheres to guidelines published by WAME.

### **JOURNAL OF RURAL NURSING**

The Journal of Rural Nursing is a Bi-annual journal. This is research based journal and the main purpose is to disseminate the research findings among readers in field of modern nursing.

### **JOURNAL OF INDIAN SYSTEM OF MEDICINE**

The Journal of Indian System of Medicine is a Quarterly journal. The journal provides a platform to develop collaborative research aptitude and attitude in Ayurveda and allied pathies.

### **JOURNAL OF HEALTH SCIENCES EDUCATION - JHSE**

The Journal of Health Sciences Education (JHSE) is an official publication School of Health professions education and research. It is National, open-access, biannual, peer-reviewed journal for scholarly work addressing all aspects of the Professional development and Continuing Health Education

### **DMIMS JOURNAL OF DENTAL RESEARCH – JODRDMIMS**

The DMIMS journal of Dental research is a National, peer reviewed quarterly journal. The journal aims at quality centric researches and clinical practices in dentistry.

### **STUDENTS JOURNAL OF HEALTH SCIENCES:**

The Students Journal of Health Sciences is a peer reviewed biannual journal and aims at the student's research.

3.4.2 Give details of publications by the faculty and students:

\* Number of papers published in peer reviewed journals (national / international)



Total Publications in all database including Index Copernicus, Scopus, Pubmed, ICI, Google scholar, AYUSH portal, research bib, open academic journal index, Eurasian scientific journal index etc:

Sr No	Year	Total	International	National
1	2013	529	201	328
2	2014	540	194	346
3	2015	497	203	294
4	2016	494	207	287
	<b>Total</b>	<b>2060</b>	<b>805</b>	<b>1255</b>

The 1333 number of papers published in peer reviewed national and international journals in 5 International reputed data-base (Scopus, Pubmed, ICI, Web-of-Science, and Google Scholar) with 534 international and 799 national journals.

Sr No	Year	Total	International	National
1	2013	342	137	205
2	2014	311	124	187
3	2015	325	130	195
4	2016	355	143	212
	<b>Total</b>	<b>1333</b>	<b>534</b>	<b>799</b>

- \* Monographs : 35
- \* Chapters in Books : 165
- \* Books edited : 09
- \* Books with ISBN with details of publishers : 62
- \* Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, EBSCO host, Google scholar, etc.)

#### DATABASE-WISE PUBLICATIONS SPREAD

YEAR	SCOPUS	WOS	ICI	PUBMED	GOOGLE SCHOLAR
2013	146	27	47	92	281
2014	119	21	39	67	266
2015	141	48	57	71	268
2016	153	51	59	73	289
	<b>559</b>	<b>147</b>	<b>202</b>	<b>303</b>	<b>1104</b>

#### \*Citation Index – range / average:

- Citation Index Scopus : 21.69 (Total Citation: 1063)
- Citation Index Google Scholar : 5.39 (Total Citation: 3339)
- \* Impact Factor – range / average : Range- 0.109- 54
- \* Source Normalized Impact per Paper (SNIP) : 0.034 - 18.697
- \* SCImagoJournalRank (SJR) : 0.100 - 6.474



\* h-index :

	<b>H – Index</b>	Number
1	h- Google scholar	35
2	h-Index scopus	21

3.4.3 Does the institution publish any reports/compilations/clinical round-ups as a part of clinical research to enrich knowledge, skills and attitudes?

Yes, the University promotes and motivates the researchers to publish reports/compilations/clinical round-ups. The emphasis is given to generate evidences and create interest to enhance the knowledge, attitudes and enable the researchers to develop complex thinking, problem resolving and competency. Various platforms are given to the researchers to publish such reports/compilations/clinical round-ups in websites (STARS therapy), journals(six in-house), monthly news bulletins (Meghwani) and sharing among the collaborators. All reports are available in the respective departments and constituent units.

3.4.4 Give details of

- \* faculty serving on the editorial boards of national and international journals
- \* faculty serving as members of steering committees of national and international conferences recognised by reputed organisations / societies

Faculty serving on the editorial boards of national and international journals: faculties are promoted to serve on the editorial boards of national and international journals. Faculties have served on editorial board like Frontier – Public Health, BMC Public Health – special supplement. Faculty serving as members of steering committees of national and international conferences recognized by reputed organizations / societies: More than 35% faculties have been members of the steering committees of various national and international conferences/workshops recognized by the reputed associations and societies like FOGSY, AMASI, IAPSM, Pediatric Association of India, APPI, World Medical Association, Global Consortium of Public Health and Research (GCPHR), South Asia Infant Feeding Research Network (SAIFRN), UNESCO Chair Bioethics, Haifa, AOMSI, Maharashtra State AOMSI, Asian Association of Oral and Maxillofacial Surgery, Prosthodontics Society of India, Indian society of Pediatric dentistry, IPS, IOS, PSI. Indian association of Oral med & Radiology, IAOP, IMA, Association of Surgeon of India, National Ayurveda Nidan and Challenges.

3.4.5 **Provide details for the last four years**

- \* **Research awards received by the faculty and students**
- \* **National and international recognition received by the faculty from reputed professional bodies and agencies**
- \* Research awards received by the faculty and students: Many prestigious national and international awards have been received by students and faculties from renowned organizations, associations and universities.



\* More than 350 awards have been given to the faculties like B C Roy Award, Fellowship of plastic and craniofacial surgery education foundation and Smile Train award, Fellowship of Indian Board of oral and maxillofacial surgery, CDC Fellowship Award, Khorana Program for Scholars 2016 from the Department of Biotechnology (DBT), R Ahmad Oration Award, Ginwala Oration Award, Colgate Oration Award, Young Scientist Awards, Bursary Award from International Initiative for Impact Evaluation, Australian Leadership Award Fellowship, Many prestigious awards has also been won by students like University of Sydney Scholarship awards, , Government of India, Indo-US Science and Technology Forum (IUSSTF), ICMR Short Term Studentship Awards, Innovative Ideas Competition, best paper/poster/essay competition, debate, quiz has been won at the national and international conferences organized by the professional bodies and association.

\* National and international recognition received by the faculty from reputed professional bodies and agencies: Renowned and reputed national and international professional bodies and agencies have given recognition to 253 faculties of constituent colleges like World Medical Association, Medical Council of India, Dental Council of India, AYUSH, FAIMER, AMASI, FOGSY, IAP, Global Consortium for Public Health and Research, South Asia Infant Feeding Research Network, UNESCO Chair Bioethics, AOMSI. Indian society of Pediatric dentistry, IPS, IOS, PSI, Indian Association of Oral Medicine & Radiology, IAOP, Smile train Inc, AOCMF, Central Council of Indian Medicine (CCIM), Sweden International Development Agency(SIDA).

#### 3.4.6 Indicate the average number of post graduate and doctoral scholars guided by each faculty during the last four years.

Number of post-graduate and doctoral scholars guided by each faculty in the last four years is as per the norms laid by the apical council of respective constituent colleges.

The average number of recognized 220 post-graduate guides (recognized PG teachers) in last four years is 1 per year i.e. 4 in past four years.

The average number of doctoral scholars guided by the faculty (recognized PhD guide) in last four years is 130 scholars guided by 48 guides. Hence, average of 3 Doctoral Scholar per guide.

#### FACULTY OF MEDICINE

S.N.	Department	Recognized PG Teachers
1	ANATOMY	5
2	PHYSIOLOGY	6
3	BIOCHEMISTRY	3





4	PATHOLOGY	10
5	MICROBIOLOGY	3
6	PHARMACOLOGY	5
7	FORENSIC MEDICINE	2
8	COMMUNITY MEDICINE	5
9	MEDICINE	13
10	Psychiatry	3
11	Dermatology	5
12	Respiratory Medicine	3
13	Surgery	16
14	Orthopedics	9
15	E.N.T.	2
16	Ophthalmology	7
17	Radiodiagnosis	7
18	Obst. & Gyne	14
19	Paediatrics	10
20	Anesthesia	12
21	CVTS	1
22	Cardiac Anaesthesia	1
	Total	142

#### FACULTY OF DENTISTRY

S.N.	Department	Recognized PG Teachers
1	PROSTHODONTIA	6



2	ORAL MEDICINE & RADIOLOGY	5
3	ORTHODONTIA	6
4	PEDODONTIA	3
5	ORAL SURGERY	6
6	PERIODONTIA	4
7	ORAL PATHOLOGY	4
8	CONSERVATIVE	7
	Total	41

#### FACULTY OF AYURVED

1	Dept. of Samhita	3
2	Dept. of RachanaSharir	4
3	Dept. of Dravyaguna	2
4	Dept. of Rasshastra	2
5	Dept. of Agadtantra	3
6	Dept. of Kayachikitsa	3
7	Dept. ShlayaTantra	1
8	Dept. of Panchakarma	2
9	Dept. of Kumarbhrutya	3
		23

#### FACULTY OF NURSING

1	Community Health Nursing	2
2	Child Health Nursing	2
3	Obgy Nursing	2



4	Mental Health Nursing	4
5	Medical Surgical Nursing	5
	Total	15

Recognized supervisors and scholars enrolled for doctoral research program

Sr. No.	Year	No. of candidates enrolled	No of Recognised Supervisors
1	2012-13	35	49
2	2013-14	34	49
3	2014-15	20	49
4	2015-16	41	49
5	2016-17	10	54

**3.4.7 What is the official policy of the institution to check malpractices and plagiarism in research? Mention the number of plagiarism cases reported and action taken.**

The official policy of the university to check malpractices and plagiarism in research is very stringent. Under-graduates, post-graduate students and doctoral scholars are explained about the potential errors and mistakes leading to malpractices and plagiarism in the annual UG and PG orientation programs. The students who are doing research for ICMR-STs and receiving intramural grants are explained and oriented for the malpractices and plagiarism.

The faculties are regularly oriented to the details, technicalities and complexities to check malpractices and plagiarism in various workshops and conferences. Orientation to originality detection software such as Turnitin, Viper, copyrights, Intellectual Property Rights and legal issues arising here-of are discussed in various forums like in Staff Research Society (SRS), Research Guidance Clinic (RGC) and Research Coffee Club (RCC). The university takes an undertaking and declaration from the researchers and the similarity index is kept below less than 10% as per the international norms and it is strictly monitored prior to the submission.

There is no-reports of serious offence for malpractices and plagiarism. University Research Guidance Cell is responsible for looking into the matters for malpractices and plagiarism. To impart transparency, all doctoral thesis are uploaded as per the norms of the UGC in Shodhganga@INFLIBNET Centre. We have not received adverse feedback there-of till date.



**3.4.8 Does the institution promote multi/interdisciplinary research? If yes, how many such research projects have been undertaken and mention the number of departments involved in such endeavors?**

Yes, the university promotes multi/interdisciplinary research. Conferences, workshops and colloquium have been held which were of multi/interdisciplinary in nature. The innovative idea competition is taken annually for all students from engineering, medical, Indian system of medicine, dental, nursing and allied sciences with an integrated approach. Departments - 28 from constituent colleges have been involved in 67 multi/ interdisciplinary research projects. Few funded projects from reputed international agencies has been involved like Saving Brains, Grand Challenge Canada project in which social scientist, behavioral scientist, pediatricians, public health experts, engineers and frontline workers are involved. Many researchers from medical, dental college, nursing, physiotherapy and ayurveda researchers in joint multi/interdisciplinary research and also involve engineering colleges.

Interdisciplinary Doctoral program, cadres dedicated to Multi/Interdisciplinary research, creation of Centre of Excellence, innovative fellowship programs in the emerging areas of knowledge, academic programs like Master Hospital Administration (MHA) in multi/interdisciplinary research in nature.

**3.4.9 Has the university instituted any research awards? If yes, list the awards.**

The University has instituted research awards for all categories of students, postgraduates, doctoral, post-doctoral fellows, and faculties in all career stages: early-level career, mid-level career and senior-level career stage.

- i. For undergraduate level: Intramural Research Award Grant of Rs 10000 is given for the researchers from all constituent colleges. Travel and accommodation grant, Registration Grant for conference presentation are also provided.
- ii. For post graduates level: Intramural Thesis Research Award Grant of INR 25000/- and Best Thesis award is given to the researchers from all constituent colleges. Travel and accommodation grant, Registration Grant for conference presentation are also provided.
- iii. For Doctoral Scholars: Intra-mural Doctoral Scholar Award Grant of INR 40000/- is given for the researchers from all constituent colleges. Paid special leave is granted for thesis writing. Three notional increments are granted on successful completion of doctoral scholars.
- iv. For Fellowship-Externship Award: Fellowship Externship Grant for 1 to 3 months is awarded to the candidates pursuing fellowship in which paid study leave is sanctioned to the candidate. The facilities of the advanced research labs are provided and financial assistance is provided to the candidates. One notional increment is granted on successful completion of Fellowship.
- v. For M. Phil Programs: The facilities of the advanced research labs are provided and financial assistance is provided to the candidates. Two notional increments are granted on



successful completion of Fellowship. Paid special leave is granted for thesis writing to the candidate.

- vi. For Faculty Level: Intramural Faculty Award Grant of INR 100000/- is given for the researchers from all constituent colleges.

#### **3.4.10 What are the incentives given to the faculty and students for receiving state, national and international recognition for research contributions?**

- The incentives are given to the faculty and students for receiving state, national and international recognition for research contribution.
- Financial assistance and Special leaves are sanctioned for workshops/CMEs/conferences/chairpersons
- Researcher of the year award: Annual Research Award is given to the researcher for the best researcher of the university (INR 25000).
- Publication Award: INR 5000 per publication is awarded for the publication in scopus and pubmed indexed journals.
- Best Scientific Presentation Award: Amount of INR 5000/- is given to the post graduate student.
- Best Poster Award: Post graduate student amount of INR 3000/- is given for the best Poster Award.
- Text Book/Reference Book: The faculty involved in writing of the book/ Monograph is provided all technical and financial assistance by the University. Researchers publishing Text/Reference book published is given an amount of INR 50000/- and Monographs: INR 25000
- Patent: The entire cost of processing the application for grant of patent is borne by the University. On successful grant of patent/copyright the researcher is awarded with the cash of INR 50000 and INR 10000/- respectively.

#### **3.4.11 Give details of the postgraduate and research guides of the institution during the last four years.**

The details of the postgraduates and research guides of the University during the last four years.

The number of postgraduate guides:

(Faculty of Medicine- 142, Faculty of Dentistry - 41, Faculty of Nursing – 15,  
Faculty of Ayurveda - 23)

The number of doctoral guides are 54

#### **3.5 Consultancy:**



The Datta Meghe Institute of Medical Sciences (DU) provides consultancy services to many commercial, governmental, voluntary and other not-for-profit organizations. Constituent colleges are involved in applying their world-leading research and teaching expertise to deliver services to suit individual business requirements.

**3.5.1 What are the official policy/rules of the institution for structured consultancy? List a few important consultancies undertaken by the institution during the last four years.**

The University has worked out a policy for consultancies provided by the University. The Institute has a policy to encourage consultancy, in order to facilitate the interaction of its faculty members with industry. All consultancy work is facilitated through the R&D cell to assist faculties and research to achieve objectives of consultancy projects. The faculties take up a consultancy assignment, as well as for details of how any revenue from such activity is to be shared.

Sr. No	Name of Consultant	Consultancy given to	Consultancy Given for	Amount Generated
1	Dr. S. Z. Quazi & Dr. Abhay Gaidhane	Qualcomm	Development for thrive multisite study : openSRP for Maternal, Newborn, and child health WHO, supported by the Qualcomm Wireless Reach Initiative	1,983,760
2	Dr. Mahalaqua Nazli Khatib	Lata Medical Research Foundation	Capacity building on systmatic Review	200,000
4	SPDC & JNMC Clinical Trial	Bharat Biotech Hyderabad ( Clinical Trial Project )	Bharat Biotech Hyderabad ( Clinical Trial Project )	253,250
5	Dr. B. Lakhar	UNICEF	Facility Based Newborn Care	1,035,268
6	Dr. S. Z. Quazi & Dr. Abhay Gaidhane	Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI)	District Health Management and Public Service Delivery: Evidence from India	562,500
7	Dr. Mahalaqua Nazli Khatib	Confidential Consultancy (Business Development, Licensing and Distribution, M&A)	Perspective HGH in India	8000
8	Mr. Manish P.Deshmukh	Unijules Lifesciences, Kalmeshwar	Protocol development for Safety Toxicity Study	5,000
9	Dr. Anita Wanjari	Ayurved College, Akola	Standardization of Herbal Medicine	2,500



10	Mr. M.Deshmukh/Dr. B.Rathi	Rajiv Dixit Foundation, Sewagram	Formulation and Development. Production of Herbal Medicine	2,62,235
11	Mr. M.Deshmukh/Dr. B.Rathi	Unijues Life Sciences, Nagpur	Formulation and Development. Production of Herbal Medicine	70,238
12	Mr. M.Deshmukh/Dr. B.Rathi	Motharkar Hospital, Bhandara	Production of Herbal Medicine	6,510
13	Mr. M.Deshmukh/Dr. B.Rathi	Shree Bramhachaitanya, Karad	Production of Herbal Medicine	63,827
14	Mr. M.Deshmukh/Dr. B.Rathi	Ambika Nutrition, Wardha	Formulation and Development. Production of Herbal Medicine	11,780
15	Mr. M.Deshmukh/Dr. B.Rathi	Bramhachatnya Clinic, Karad	Formulation and Development. Production of Herbal Medicine	9,000
16	Mr. M.Deshmukh/Dr. B.Rathi	Herba Naturals, Nagpur	Formulation and Development. Production of Herbal Medicine	1,56,423
17	Mr.M.Deshmukh/Dr. B.Rathi	Dr. Meshkar Wardha	Production of Herbal Medicine	45,385
<b>Total Amount of Consultancy generated</b>				<b>42,57,018</b>

### 3.5.2 Does the university have an industry institution partnership cell? If yes, what is its scope and range of activities?

Yes, The University has an 'Industry Institute Partnership Cell' for healthcare Entrepreneurship.

The scope of Industry Institute Partnership Cell is:

1. To work for the development of capabilities and skill sets in faculties and researchers through joint ventures to create awareness about Industry trends and practices.
2. To establish platform for funding of research ideas of mutual interest.
3. To act as facility center where academicians can provide expertise in terms of consultancy to industry.
4. To promote the expertise and facilities of University to meet growth and developmental needs of the industry
5. To coordinate the research and developmental activities with Industry
6. Conduct all other activities as are incidental or conducive to the functioning of the center

The ranges of activities of Industry Institute Partnership Cell are:

1. Arrange interaction of faculties and students with Industry representatives
2. Facilitation of Research projects sponsored by Industry
3. Arrange technical talks of Industry experts
4. Conduct workshops and symposium on the issues related to need of Academia and Industry
5. Felicitate faculty and Student research projects of Industry interest
6. Submitting joint proposal for research funding to funding agencies



7. Joint publications and patents with industry
8. Commercialization of joint prototype developed
9. Industrial Visits and Training
10. Involving industrial experts in University Research panels
11. Facilitation center for consultancy

**3.5.3 What is the mode of publicizing the expertise of the institution for consultancy services? Which are the departments from whom consultancy has been sought?**

**Modalities of publicizing the expertise:** The technical expertise available in the University faculties are made available through various activities like skill development program, workshops and conferences, forums of industrial associations, where University representatives participate for the mutual benefit. All the activities are regularly displayed on University website. Also, MoU has been established with various Industries to offer range of consultancies.

**Departments from whom consultancy has been sought:**

1. PSM
2. Pharmacology
3. Orthopedics
4. Pediatrics
5. Oral Surgery
6. Medicine
7. CVTS
8. Central Preclinical Research Facility and Animal House
9. Dattatraya Ayurved Rasashala

**3.5.4 How does the institution utilize the expertise of its faculty with regard to consultancy services ?**

University utilizes the expertise of the faculty members through Industry Institute Partnership Cell, which generally establishes a linkage with various industries/organizations by taking their feedback in terms of their specific requirements for consultancy. The same requirement is then circulated among the experts of the University. The Industry Institute Partnership Cell may prepare a suitable MOU after mutual agreements for the successful execution of consultancy work.

**3.5.5 List the broad areas of consultancy services provided by the institution and the revenue generated during the last four years.**

1. Training and Skill development program for industry and needy organizations.
2. Safety toxicity studies and preclinical research projects at Central Preclinical Research Facility.
3. Sharing of existing facility of University to conduct animal research for other Organizations and Industries
4. Expertise and sharing of facilities for conducting research at different Clinical Laboratories





5. Training and skill development program at Central Research Laboratories for Therapeutic Drug Monitoring and Research on sophisticated instruments like HPLC, GC, etc.
6. Formulation and Development of novel herbal formulations at DattatrayaAyurvedRasashala
7. Manufacturing of various formulations for Pharmaceutical companies
8. Providing facility and expertise for standardization, Quality Control and Quality Assurance of Herbal Medicine at Dattatraya Ayurved Rasashala

### **3.6 Extension Activities and Institutional Social Responsibility (ISR)**

3.6.1 How does the institution sensitize its faculty and students on its Institutional Social Responsibilities? List the social outreach programs which have created an impact on students' campus experience during the last four years.

Students are sensitized regarding Institutional Social Responsibilities during special orientation lectures that are held every year before they begin community field visits in adopted villages.

They also acquire hands on sensitization during various extramural visits planned through the Community medicine posting of constituents collages like visits to some social institutes like School for blind people, Water purification Plant, DOTS center, DTT center, Leprosy foundation, Yoga center, Sewage treatment plant, Government milk dairy etc.

Sensitization also occurs during actual visits to communities in adopted villages, Jan-jagran sessions and other various outreach service camps and during internship Orientation Program.

The University has taken cognizance of social responsibility and social accountability and in accordance to its "Mission", University organizes various Extension Service Programs to provide quality health and allied services to individuals and populations to improve the quality of life in the region and the country.

These extension services and teaching program ensure student's need are met and academic standards are maintained and at the same time community also benefitted.

The University is doing enviable exemplary work in community oriented medical care to bring succour and health care to the doorsteps of the rural, poor, marginalized and needy, especially in un-served and under- served region.

The University has established, a "Community Health & Extension Unit" headed by Director Community Health, to conceive, develop, ensure implementation, monitor, supervise and evaluate all activities relevant to societal needs, it runs various innovative outreach programs for the rural masses:

- \* Health care through a network of Peripheral Community Health Centers
- \* Community Health Team (CHT) Approach to provide holistic health care and imbibe among student the feeling and confidence to work as team member.
- \* University - Community Health Partnership (UCHP)
- \* Adoption of the villages
- \* Medical, Dental & Nursing care at door steps through Community HealthTeam



- \* Health Camps (Intra district, inter district, intra-state and inter-state health camps)
- \* Health and social activities through Community Based Organizations
- \* Jan Jagran Abhiyan (health education & awareness)
- \* Safe motherhood program
- \* Mobile e-health technology for ANC & neonates
- \* Anti-Tobacco Campaign
- \* Transportation services
- \* School health Surveys and Services
- \* Health exhibition, Rallies, role plays etc
- \* Health Worker Scheme
- \* Mobile dental clinics
- \* Tele-medicine program.

Ganesh festival: This social event is organized to celebrate Ganesh Festival for 10 days where in nearly more than 200,000 people visit this mega event and benefitted by following health activities arranged during this period by the constituent colleges of the University:

- General Health Camps
- Specialized medical, dental and Ayurved camps for screening, diagnosis and Management
- Health exhibition, Puppet show, role plays for Health awareness & Education

### 3.6.2 How does the institution promote university-neighborhood network and student engagement, contributing to the holistic development of students and sustained community development?

The University promotes institution-neighbourhood network by taking Initiative, responding to the local health and social needs and demands of the community.

The University creates supportive environments, strengthen community actions, develop personal skills and reorient its health services as needed.

The University involves faculties, students and the communities for community development in

- a) Community needs assessments,
- b) Strategic planning,
- c) Decision-making,
- d) Evaluation,
- e) Vision/values/mission development,
- f) Community forums/dialogues, and
- g) Skill training and development.

The University-Neighbourhood Network fosters health-promoting partnership between communities and educational institutions that build each other's Strength, Confidence, and Capabilities and Develop Health Professional Education relevant to the country and the Globe



through “Continuous Dialogue” between Community – Student – Faculty & Health Care Provider.

Some of the activities in which students acquire attitude for service and training, contributed to community development are as follows:

#### University Community Health Partnership (UCHP)

The University-Community Health Partnership, started in 2006-07, seeks to promote a healthy interface between the university and the community for mutual benefit and advancement of knowledge. The UCHP seeks to involve and address the concerns of the community by making available the expertise of the University faculty for their holistic health care.

This university has adopted a unique concept of “Comprehensive Community Health Team” which was evolved more through the analysis perceived needs of the community through a focused interaction with Key Opinion Leaders in the community. A complete team of students from various disciplines like modern medicine, dentistry, Ayurveda, nursing and Physiotherapy visits villages along with their respective specialist supervisors so as to provide a holistic health package to the community at their doorsteps.

#### Health Promotion and prevention activities:

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities -their ownership and control of their own endeavors and destinies.

- Ensure safe water Supply (demonstrate and train local community)
- Promotion of kitchen gardens and healthy nutritional practices
- Promotion of smoke free environment in the house & vicinity
- Promote healthy life-style to reduce Non communicable disease
- Promoting healthy oral health practices
- Integration of ISM in health care

#### Swasthya Aadhar for Elderly:

The University launched Swasthya Aadhar scheme under UHCP as part of social commitments. The elderly people are provided with free medical, dental and Ayurvedic check up and investigations, basic yoga training to build up desirable life-style modifications, free basic treatment and heavily subsidized advanced treatment with free food and stay at the hospital free pickup and drop.

#### Swasthya Aadhar for orphanages and mentally challenged children:

As a part of social responsibility, the University has also started Swasthya Aadhar to the orphanages and mentally challenged children. The following services are provided:

- Free Pediatric check up
- Free ophthalmic check up



- Free dental check up
- Free IQ test
- Free Ayurvedic check up
- Free all investigations
- Free diet charges
- Free pickup & drop

Medical, Dental and ISM camps:

Community need based camps are organized where in community is mobilized, consulted, share in planning including resource mobilization and finally implementation in their community.

The University has developed Institution-Neighborhood Network with NGO working for vulnerable and marginalized sections of the society like Orphanage, old-age homes, schools for deaf & dumb etc.

Through this program student learn their empathy & social responsibility which is as an intrinsic requirement of a physician.

The faculty of university has been working as members of local advisory committee of the District level committee like District RCH Society, District TB Committee and PPP Committee, PIP, Quality Assurance committee etc. helps in planning, implementation and evaluation of health activities to bring quality changes in health care delivery.

All the activities are organized in consultation and with active participation of community for “Sustained Community Development”.

Residential camp at Rural Health Training center

Undergraduate students are posted at rural health training center for duration of 15 days.

During this period, students stay in the adopted village for a fortnight and visit their adopted families daily. With the help of interns and staff they conduct socio-demographic, dietary and health appraisals in their adopted families. The students also observe how community leaders, social organizations and village health committees work together for health. The roles of village health workers, village health committees, school teachers and other stakeholders are examined. This community-academic partnership offers a unique opportunity to learn the social and cultural determinants of health. Thus, the village serves as a laboratory and a demonstration center for the students to learn public health.

This institution-neighborhood network helps:

- To develop self-reliant and sustainable community programs which in turn have bearing on quality of life.
- Students, teachers & community to share Ideas, Knowledge, Resources and Experiences to create healthier communities and appropriate & responsible “Community Physicians/family physician”.
- Community and teacher dialogue provides opportunity for the student to learn various methods in research and development of knowledge.
- Providing opportunity to utilize community as a source of teaching and learning material for faculty and students.



### 3.6.3 How does the institution promote the participation of the students and faculty in extension activities including participation in NSS, NCC, YRC and other National/ International programs?

The University has developed State-of-Art quality driven extension programs and activities based on relevant international, National, regional and local needs.

The Department of Community Medicine/ Community Dentistry /SwasthaVrita (Ayurveda) / Community Health Nursing and Physiotherapy coordinate these Extension/ Outreach Activities.

In addition to this, the University promotes active participation of the students and the faculty in extension activities of NSS and other NGOs. NSS units of JNMC and SPDC were established in 1998 under the aegis of MUHS.

The University has established NSS unit independently in January 2012 for its constituent colleges with the objective of contextual understanding, learning and holistic personality development of the students through community service.

The NSS also inculcates values that commensurate with Socio-cultural, economic immediate and far environment realities based on mutual trust, cooperation and understanding with society.

Presently a total 1275 students are on roll at NSS Unit.

The NSS volunteers carry out various social and health activities like:

- o Health Education and awareness programmes
- o Sanitation drive
- o Health Camps (Medical, dental and Ayurved)
- o Responding as volunteers to in the event of disaster
- o Tree plantation
- o Blood donation
- o Observance of health days
- o Observance of Oral Health Month
- o Participation in Swatch Bharat Abhiyaan
- o Pledge to blood donation to medical colleges.

10 days program is held in villages for NSS volunteers so that they can perceive and understand health determinants, health seeking behavior; health related social issues including women & Adolescent Health, Declining Sex Ratio, Addictions, Dowry System, environmental problems, political issues and scenario, taboos and culture of the rural India. They also help to provide health care services to the rural population.

Faculty actively participates and works shoulder to shoulder with NSS volunteers.

Apart from the NSS activities, student and faculty are also involved in the activities carried out by local NGO like Utkarsh Jan KalyanShikshanSanstha (UJKSS), Rotary club, Lions Club, ManoharKusthDham ,Dattapur and MaharogiSewaSamiti, Warora.



3.6.4 Give details of social surveys, research or extension work, if any, undertaken by the institution to ensure social justice and empower the underprivileged and the most vulnerable sections of society?

ROLE OF THE INSTITUTION IN EXTENSION ACTIVITIES:

- a. Adaptation of the population in the geographical area for total health care. Villages and urban slum areas are adopted for academic training and overall development. Students study various social and health determinants affecting the families, identify problem, health seeking behaviour and help find solution to their social and health problems. This endeavor helps in adaptation of the population for total health care.
- b. Creation for prevention of diseases and promotion of health through Information, Education and Communication. (IEC):

Jan Jagran Abhiyan: This is a health education & awareness / IEC activity. A team from DMIMS, comprising of Doctors, Students, Medical Social Worker, Link Worker (Sampark-Pramukh) visits a pre-decided village at the time suitable to the community. The purpose of this activity is to create health awareness for prevention of health problems, promote healthy life styles and various health schemes available at the institute. The community share their experiences and practices for generating the appropriate IEC material towards healthy practices in the community.

Observance of Health Days: The University observes all the National Health Days like World AIDS Day, World Health Day, Orjal Health Day, No Tobacco Day, Nutrition Week, Anti Leprosy Day, Anti TB Day, Blood Donation Day and utilizes the opportunity for interacting with the Community and increasing the health awareness.

Health Camps: Institute organizes various Health Camps independently and also by collaborating with various NGOs; CBOs; and Government Health Agencies to create awareness amongst masses. An IEC stall, targeting various health and social issues, is the common feature in all the camps.

School Health Services: Routinely the Institute conducts these activities in various schools. This opportunity is utilized to create awareness regarding hygiene, nutrition and prevention of illness in school children.

In order to provide Screening Diagnosis and Management of diseases by cost effective interventions the Institute organizes "Health Camps". Institute arranges multi-diagnostic and Speciality camps and takes the health care facilities at the doorsteps of the people.

- c. Awareness creation regarding potable water supply, sanitation and nutrition.
- d. Sanitation, potable water and nutrition are the three most essential determinants of health of the people. Extensive regular extension activities like Health Awareness Programs, Health Exhibitions, Jan Jagran Abhiyan, Observance of National Health Days, Health Camps, and School Health Programs contribute in a major way in creating awareness regarding potable water supply, sanitation and nutrition. Apart from these, various Government Schemes related



to water and sanitation, like water harvesting, construction of sanitary latrines is encouraged by the Institute in different villages from time to time.

The above-mentioned efforts also contribute positively towards creating awareness regarding water borne, air-borne communicable diseases and emerging diseases.

**Outbreak Investigation:** Whenever there is outbreak/epidemic of communicable disease, Institute coordinates with Public Health Authorities, Public Health Lab, and Civic Authorities to investigate the epidemic and take appropriate measures.

The institute identified remote, underserved areas and also marginalized and Under-privileged sections of the society in the district (Tribal area in Seloo block) and nearby district (Melghat area in Amravati Dist.)

Following extension activities, programmes and schemes are implemented by the University to reach out to under-privileged sections in particular women and children:

- Service NGO
- DattatrayaArogyaDattakYojana (DADY)
- Family Health Insurance Scheme
- Sanjivini Scheme
- Safe Motherhood Program and VandeMatramYojana
- JananiSurakshaYojana
- JijauKanyaRatna Promotion Yojna
- Mobile e- technology for ANC & Newborn
- Bal-Sanjivani Scheme
- KawaachKundalYojana
- Free transportation services for deliveries
- Establishment of Health Centres
- Mobile Dental Clinic

The University offers benefit to the community through a range of extension activities, out-reach programs and partnering with NGO and Govt. Organization by improving access specially to marginalized and disadvantaged groups.

These activities address community- health needs and concerns through the process of awareness, realization and utilization.

The university reviews performance periodically through a set of targets and performance thereof to ensure provision and quality of services.

Local community is benefited by the following programs, services and activities conducted by the institution:

#### A. Community Health Services

- Community Health Education to increase knowledge, change attitude & behaviour for better health practices.
- Community Based Clinical Services are provided through a network of health centers and camps.



- Health screening programs like diabetes, hypertension, cancer etc are offered at all the health centre run by the university.
- Health Care Support Services are delivered with the support from NGO at grass-root in remote and inaccessible areas.
- B. Health Professions Education
- CME/CDE/CAE for General Practitioners are organized and need based demand driven issues are discussed
- Health Professional Education: Village level health workers (ASHA) are trained to provide quality health care to the local community.
- Scholarships/Funding for Professional Education: Some of the needy local students (medical, dental, Ayurved and nursing) are provided education free / subsidize fee.
- Medical officers serving at Government Primary health centers are provided modular training in Revised National Tuberculosis Control and HIV program.

3.6.5 Does the institution have a mechanism to track the students' involvement in various social movements / activities that promote citizenship roles?

Yes institution has a sound mechanism to track the student's involvement in various social movements that promote citizenship roles in the form of routine monitoring system in place for attendance of community related activities and NSS has an annual schedule of activities that are followed and monitored for proper implementation for the same.

Students are felicitated and appreciated for various social ventures like participation in blood donation drive, tree plantation, promoting kitchen gardening, cleanliness drive during Swatch Bharat Abhiyaan.

3.6.6 How does the institution ensure the involvement of the community in its outreach activities and contribute to community development? Give details of the initiatives of the institution that have encouraged community participation in its activities.

The university seeks an active community participation in all its extension programs and activities. This provides an opportunity for the community to take active part as local governance to exercise their rights for a sustenance and quality control of the program.

The community is involved throughout the process of developing and conducting the program. The process includes:

- Identifying the target community through community consultation
- Involving members of the community in planning, implementation and evaluation
- Conducting needs assessment;
- Establishing a community benefits programs/activities
- Resource generation like providing place, electricity, community mobilization and organizing, manpower (AHSA) etc.

Following are the activities where institution seeks community participation in its out-reach/extension programs/ activities.

- Community Health Team (CHT) Approach to provide holistic health care
- Community academic partnership and Adoption of the villages





- Community health workers, Key Opinion Leaders (KOL), ASHA training
- Rapid appraisal survey - Training & involving the educated community members in community need assessment and other rapid surveys.
- Establishment of Self Help Group
- Involvement of CBO in health promotion – institute provide training to CBOsto promote health through its meeting and social programs.
- Involvement of school students for adolescent health awareness & Utilization through peer group BCC activities
- Resource generation for camps / NSS
- Epidemic investigation-Community provides information on epidemic occurrence, practice measures to control epidemic.
- Health Promotion through Community Participation
- Social programs like Haldi-kumkum, facilitation of ANC mothers who had undergone quality check-up etc. helps to increase community participation for better net-working and health care.

3.6.7 Give details of awards received by the institution for extension activities and/contributions to social/community development during the last four years.

The University is providing Quality Health care Services and allied facilities to the region of Vidarbha especially toward marginalized and disadvantaged society for more than One and a Half decades.

Acknowledging the contribution of these services following awards/recognitions are conferred upon:

Appreciation certificates for outstanding extension work by the following organizations:

- Adarsh sansatha, Kareli, MP
- Mitra Milan Society, Narsingpur, MP
- CAD Pulgaon (Ministry of Defense)
- VidarbhaVikasParishad
- Datta MegheVidyaMandir
- UJKSS
- Zindal Steel ,DistRaighad
- MoharogiSevaSamiti ,Anandwan, Warora
- Moharogi Seva Samiti ,Somnath, Dist Chandrapur
- Lok Biradari Prakalp, Hemalkasa, Dist. Chandrapur
- Jamnalal Bajaj Foundation, Wardha
- Rotary Club, Arvi, Wardha
- Gandhi VicharPratisthan, Wardha
- MGA Trust, Asti, Wardha
- Niramaya, Arvi, Wardha
- NIMA, Wardha
- Wardha Doctors Association
- Jain Samaj, Mahela mandal, Karanja.



- Certificate from ICDS (District branch) and Collector; for reducing the prevalence of Grade III & Grade IV malnutrition in Deoli Tehsil.
- HIV/AIDS awareness award in exhibition by Zilla Parishad; Wardha.

3.6.8 What intervention strategies have been adopted by the institution to promote the overall development of students from rural/ tribal backgrounds?

Students are provided books free of cost from central library for students belonging to rural and tribal background.

Various recent ventures in the form of state of art Communication skills lab, Digital E learning room Virtual Learning school which is first of its kind in Asia are operational for holistic development of Students especially from Rural and Tribal Background.

3.6.9 What initiatives have been taken by the institution to promote social-justice and good citizenship amongst its students and staff? How have such initiatives reached out to the community?

NSS imbibes the values required for developing in to good citizen of the nation. Other initiatives for promoting Social Justice are provisions of Grievance redressal committee and prevention of sexual harrassement of Women at workplace committee.

The University has developed Institution-Neighbourhood Network with NGO working for vulnerable and marginalized sections of the society like Orphanage, old-age homes, schools for deaf & dumb etc. Through this program students learn their empathy & social responsibility which is as an intrinsic requirement of a physician.

The faculty of university has been working as members of local advisory committee of the District level committee like District RCH Society, District TB Committee and PPP Committee, PIP, Quality Assurance committee etc. helps in planning, implementation and evaluation of health activities to bring quality changes in health care delivery.

All the activities are organized in consultation and with active participation of community for “Sustained Community Development”.

3.6.10 How does the institution align itself with the annual themes/programs of WHO/ICMR?

Health related days as in accordance with WHO are regularly celebrated in Institution and related peripheral institutes in the form of Health day celebration, Skit performance, Flash Mob Dace. etc.

UG Students enthusiastically participate in ICMR STS program and Other ICMR related activities and Students and staff attend various short term Training program under ICMR.



### 3.6.11 What is the role of the institution in the following extension activities?

Community outreach health programs for prevention, detection, screening, management of diseases and rehabilitation by cost effective interventions.

For prevention, detection, screening, management of diseases and rehabilitation by cost effective interventions services are provided by various peripheral health centers and adopted Primary health centers and satellite centres namely Seloo, deoli, Pimpalhuta, Arvi, Nachangaon, Pulgaon, Dahegaon and through various outreach service camps. Screening clinics are held for Non communicable diseases and for cancers, also patients referred from these centers get subsidized state of art health care at AVBRH.

Service NGOs for ANC & PNC mothers, under-five children and adolescents girls providing services through mobile van covering rural and tribal area in and around Wardha district.

Mammography mobile bus for prevention, detection, screening of Breast cancer and cervical cancer diseases are providing free of cost services at the door step of community.

All the extension services are provided free of cost by the institutions.

Awareness creation regarding potable water supply, sanitation and nutrition

Awareness regarding Sanitation, potable water and nutrition done through regular extension activities like health awareness programs, health exhibitions, Observance of world Environment day, IEC during health camps, School Health Programs.

Apart from these, various Government Schemes related to water and sanitation, like water harvesting, construction of sanitary latrines is encouraged by the Institute in different adapted villages from time to time.

Breast feeding & Nutrition week and growth monitoring awareness programs are periodically organized to propagate the healthy eating practices to reduce Low birth weight and Malnutrition.

Awareness creation regarding water-borne and air-borne communicable diseases

The above-mentioned efforts also contribute positively towards creating awareness regarding water borne and air-borne communicable diseases.

Awareness programs for emerging communicable diseases like Swine flu ,SARS , MDR-TB , HIV are organized from time to time incorporating simple measure like hand hygiene, cough etiquettes and promotion of universal precaution

Awareness creation regarding non-communicable diseases-cardiovascular diseases, diabetes, cancer, mental health, accident and trauma, etc



Health education programs for emerging non communicable disease like Hypertension, Diabetes Mellitus , Cardiovascular diseases and Metabolic syndrome is given due emphasis to adopt healthy life style and various dietary and life style related changes that are appropriate for prevention of this diseases are advised.

Awareness creation regarding the role of healthy life styles and physical exercise for promotion of health and prevention of diseases

During school health education and exhibition programme, special sessions are conducted for promotion of physical exercises and how to maintain healthy and balanced diet. Sessions are also organized on social, economic & physical ill effects of addictions.

Awareness creation regarding AYUSH Systems of medicines in general and/or any system of medicine in particular

Institute is running a village adoption program since 2012 and students are creating awareness regarding daily regimen, seasonal regimen along with dos and don'ts in different diseases. Ayurvedic medicines are distributes through mini camps at adopted villages. Volunteers are creating awareness regarding AYUSH.

#### Complementary and alternative medicine

Research projects on DM is sanctioned by AYUSH department as long term 3 year project and is ongoing in Deoli Taluka, Ayurvedic medicines as well as Yogic intervention is the integral part of it.

#### Pharmaco economic evaluation in drug utilization

Drug utilization studies and prescription audit are conducted under Pharmacology department.

Participation in national programs like Family Welfare, Mother and Child Welfare, Population Control, Immunization, HIV/AIDS, Blindness control, Malaria, Tuberculosis, School Health, anti tobacco campaigns, oral health care, etc.

Actively takes part in various National health programs like Pulse Polio, Family Health Awareness Campaign, Reproductive & Child Health Program, National AIDS Control Program, and Revised National Tuberculosis Control Program. For this, Institute also coordinates with local public health authorities and other implementing agencies.

DMIMS (DU) has been recognized as regional training center for HIV/AIDS, ASHA training and modular training of Medical Officers in RNTCP & TB /HIV and DOTS Center.

Institute coordinates with Public Health Authorities, Public Health Lab, and Civic Authorities to investigate the epidemic and take appropriate measures.

Promotion of mental health and prevention of substance abuse



DMIMS DU has its separate cell of students' guidance clinic and counseling center. Provision of Psychological counselor for students in Institute has been made. Various Sensitization programs regarding harmful effects of substance abuse is made.

Adoption of population in the geographical area for total health care

Villages and urban slum areas are adopted for academic training and overall development. Students study various social and health determinants affecting the families, identify problem, health seeking behaviour and help find solution to their social and health problems.

This endeavor helps in adaptation of the population for total health care.

A total 30 villages are adopted and entire families are provided with a DADY card for availing the total health care at University hospital and health centres.

To provide holistic health an innovative concept of Community health team is adopted wherein medical, dental, nursing student learn & serve to work as team in modern medicine. The student from Indian System of Medicine (Ayurved), Nursing & Physiotherapy has also adopted population to provide health services.

Research or extension work to reach out to marginalized populations.

The institute identified remote, underserved areas and also marginalized and under privileged sections of the society in the district (Tribal area in Seloo block) and nearby district (Melghat area in Amravati Dist.) and Bhamragad District Gadchiroli

Following extension activities, programmes and schemes are implemented by the University to reach out to under-privileged sections in particular women and children:

- Mobile Health clinic for ANC, PNC mothers and Paediatric age group children and adolescents is provided free of cost to the marginalized rural and tribal population at their door step completely free of cost.
- All referral are given services free of cost under various schemes of the institution.
- Mobile Mammography and PAP smear facilities are provided to rural and tribal populace free of cost for early detection of two most common cancers in female population namely Cervical and Breast cancer.
- Mobile Team for dental Services is also provided to marginalized population in Chandrapur district through PPP model with Baba Amte trust at Anandwan, Warora

Various research activities are carried out by institution to reach out to underprivileged sections in particular women and children like

- Utilization of Reproductive Health services
- Prevalence of Child Labor in rural areas
- Practices of breast-feeding in rural area
- Baseline Community Need Assessment
- Behavioural Communication Change.



Impact of extension services observed is as under:

- Increase in community awareness and understanding regarding determinants of health
- A strong community network of people interested in taking action on health issues
- Community Participation in Health Promotion
- Establishment of Self Help Group
- Improvement in Healthy Nutritional Practices

3.6.11 Do the faculty members participate in community health awareness programs? If yes, give details.

Yes Faculty members participate routinely participates in Community health awareness programs.

Faculty members accompany the Health Team that visit Adopted villages and participate in various community awareness programs.

Faculty members participate in Jan-Jagran program conducted at evenings in the Adopted villages and Field practice area.

Through involvement in various camps and screening programs conducted by the institutions.

3.6.13 How does the institution align itself and participate in National program for prevention and control of diseases?

Institute actively takes part in various National health programs like Pulse Polio, Family Health Awareness Campaign, Reproductive and Child Health Program, National AIDS Control Program, Revised National Tuberculosis Control Program. For this Institute also coordinates with local public health authorities and other implementing agencies.

Subspecialty clinics are run by various departments of JNMC for implementation of various National health programs as follows

- National Health mission and associated programs and initiatives like JSSY, JSY, etc.
- Revised national tuberculosis control program-Institute is a designated as a DMC under RNTCP
- National vector Borne disease control program by implementing Various IEC and BCC components of the program
- Integrated disease surveillance program by notifying any notifiable disease and Outbreak.
- National Blindness control program: sub specialty clinics by OPTH dept and collaboration with DBCS.
- National AIDS Control program- ICTC as per norms and referral services for ART centers
- National Program for prevention and control of Cancer, Diabetes, CVD and stroke.
- National Leprosy eradication program.
- National Mental Health Program.
- Pharmaco-vigilance Program of India- Institute is a nodal center for the same.



Apart from this various Health days are celebrated in alignment with NHPs like World Health day, world TB Day, National nutrition week, World breastfeeding Week and World population day to name a few.

3.7.1 How has the institution's collaboration with other agencies impacted the visibility, identity and diversity of campus activities? To what extent has the institution benefitted academically and financially because of collaborations?

University has developed significant collaborations and linkages with prominent and reputed universities and organizations across the world like US, UK, Australia, Italy, Netherland, Srilanka, Bangladesh, Brazil, Indonesia, and Kenya for academic and research activities in areas of health sciences, public health, dentistry, nursing, herbal medicine and life sciences.

Collaborations have an impact on visibility, identity and diversity of campus activities and have resulted in outcomes like:

- Student and Faculty Exchange: Eminent scientists and research scholars of national and international repute from recognized universities have visited the University for academic and research activities. The University had students from universities and organizations like Public Health Foundation of India (PHFI), Tata Institute of Social Sciences (TISS), University of Sydney (Australia) and Harvard School of Public Health (HSPH) in collaboration with United States-India Education Foundation (USIEF) Fulbright-Nehru Scholarship exchange under the public health program. Many students from DMIMS have been to universities of repute like Sydney Scholarship award, prestigious Khorana Program for Scholars (awarded by Department of Biotechnology, Government of India, Indo-US Science and Technology Forum)
- Joint Publications: Joint Publications with collaborators in high impact reviewed journals like PloS one, Cochrane Database of Systematic Review (Cochrane Heart Review Group and Cochrane Palliative and Pain Review Group, and BMC-Public Health. Co-authors are from prominent institutions/universities like CMC Vellore, Manipal University, Public Health Foundation of India (PHFI), Tata Institute of Social Sciences (TISS), National Institute of Nutrition and international universities like Harvard School of Public Health (USA), John Hopkins University (USA), University of California Davis (USA), University of Washington (USA), Liverpool John Moores University (UK), Bournemouth University (UK), University of Sydney (Australia). University of Western Sydney (Australia).
- Joint research funded projects: DMIMS has received funding from reputed funding agencies like National Institute of Allergy and Infectious Diseases (NIAID- NIH), Saving Brains Grand Challenge Canada, USAID, AusAID, Harvard University under SPHERES program, South Asia Research Hub (SARH), DFID (UK), Smile Train Inc, Erasmus+ European Commission, Bournemouth University UK under Research Hub India, International Society for Infectious Diseases (ISID) and Qualcomm. The universities with which it has collaborated for the research projects are Harvard School of Public Health (USA), John Hopkins University (USA), University of California Davis (USA), University of Washington (USA), Liverpool



John Moores University (UK), Bournemouth University (UK), University of Sydney (Australia).

- Joint Symposium / Conference / Workshops: Joint Symposium / Conference / Workshops have been organized with prominent and reputed organizations like Cochrane South Asia Centre, CMC Vellore (India), Public Health Foundation of India (New Delhi, India), Liverpool John Moores University (UK), Chester University (UK), Harvard School of Public Health (USA), Global Consortium of Epidemiology and Public Health.

The mission of University is not any longer alongside education and research, but it is more holistic, active cross-fertilization. Collaboration with Harvard University, Boston, USA has developed capacity to do quality research and helped to generate credible research data. Collaborations have helped the University to initiate strategic research projects that has ultimately resulted in identifying, understanding, and addressing expected future real-world challenge. The collaborations have resulted in high degree of commitment and interdependence among all partners involved in the collaboration. University researchers and academicians have developed skills to overcome challenges arising during the collaborative research project, sharing responsibilities and tasks and acknowledging valuable contributions throughout the collaboration process.

DMIMS has been benefitted by collaborations in terms of:

- Enhanced identification of scientific challenges outside academia through interaction with international and national collaborators
- Improvement of University profile which has attracted more funding for research partners and for researchers
- Enhanced credibility generated through joint activities which has positively impacted collaborating organizations and Universities
- Formation of interdisciplinary team including researchers from the academic and nonacademic sector
- Enhanced professional mobility of researchers in and out of the academic sector
- Better research management, better records in research assessment exercises
- Increased research capacity, competitive advantage and innovation
- Strengthened human resources
- Improvement in the skills of researchers and academicians like, general administration, quality monitoring, adaptation to fast-evolving environment, legal and intellectual property rights (IPR).





### 3.7.2. Mention specific examples of how these linkages promote

Examples of promotion of linkages are as follows:

Example No	Name	Area of Linkages/Collaboration
1	Chester University	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
2	California University (UC-Davis, USA)	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
3	Collaborative Observational Clinical Study Agreement McMaster University , Canada	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
4	Grand Challenge Canada: Early Childhood Development	<ul style="list-style-type: none"> <li>● Research</li> </ul>
5	Saving Lives – USAID	<ul style="list-style-type: none"> <li>● Research</li> </ul>
6	Harvard University, Boston, USA	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
7	International Society for infectious Diseases (ISID)	<ul style="list-style-type: none"> <li>● Research               <ul style="list-style-type: none"> <li>● Publication</li> <li>● Joint research grants</li> <li>● Joint Conference / Presentation</li> </ul> </li> </ul>
8	International Training Agreement, American Heart Association	<ul style="list-style-type: none"> <li>● Capacity Buidling</li> <li>● Training</li> </ul>



9	John Hopkin University USA	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
10	Liverpool John Moores University	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
11	Maina Foundation, USA	Creating Awareness on breast cancer
12	Padova University, Italy	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
13	SYRCLE, Radboud University, Netherland	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
14	South - Asia Research Hub, DFID, UK	Research
15	University of Sheffield	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
16	University of Western Sydney, Australia	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
17	Vanderbilt University USA	<ul style="list-style-type: none"><li>● Electronic Data Capturing</li><li>● Data Management</li></ul>
18	University of SYDNEY University of Sydney	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li></ul></li></ul>



	Sydney Medical School, NSW 2006, Australia (SMS)	<ul style="list-style-type: none"> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
19	CME, Dhaka, Bangladesh - MOU	<ul style="list-style-type: none"> <li>● Research <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
20	Sri Lanka Medical Council, Colombo	<ul style="list-style-type: none"> <li>● Research <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
21	World Health Organization Department of Reproductive Health and Research, Includes (Open SRP)	<ul style="list-style-type: none"> <li>● Research <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
22	Smile Train, New York (Agreement)	Capacity Building Services Research
23	Semey State Medical University, Kazakhstan	<ul style="list-style-type: none"> <li>● Research <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
24	World Health Organization (WHO), Geneva, Switzerland. Department of Reproductive Health & Research	Research
25	SUMMIT Indonesia	<ul style="list-style-type: none"> <li>● Research <ul style="list-style-type: none"> <li>● Publication</li> <li>● Joint research grants</li> <li>● Joint Conference / Presentation</li> </ul> </li> <li>Knowledge Transfer &amp; other</li> </ul>
26	University of Genoa, Italy (Agreement)	<ul style="list-style-type: none"> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>



27	Georgia Southern University, USA - MOU	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
28	The Nebraska Medical Center (Agreement)	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
29	Bournemouth, University UK	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
30	The George Institute of Global Health, Australia INFORMUS Study	<ul style="list-style-type: none"><li>● Research</li></ul>
31	Indian Ocean Dental School and Hospital, Mauritius	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
32	Rak Medical & Health Sciences University, UAE	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
33	School of Health Sciences AnhembiMorumbi University, Sao Paulo, Brazil	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li><li>● Academic</li><li>● Knowledge Transfer &amp; other</li></ul>
34	Rangsit University , Thailand	<ul style="list-style-type: none"><li>● Research<ul style="list-style-type: none"><li>▪ Publication</li><li>▪ Joint research grants</li><li>▪ Joint Conference / Presentation</li></ul></li></ul>



		<ul style="list-style-type: none"> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
35	Lawrence Technological University, MI, USA - - MOA	<ul style="list-style-type: none"> <li>● Research <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>
36	Purdue University, College of Engineering, Global Engineering Program (CoE) - MOA	<ul style="list-style-type: none"> <li>● Research <ul style="list-style-type: none"> <li>▪ Publication</li> <li>▪ Joint research grants</li> <li>▪ Joint Conference / Presentation</li> </ul> </li> <li>● Academic</li> <li>● Knowledge Transfer &amp; other</li> </ul>

3.7.1 Has the institution signed MoUs or filed patents with institutions of national/international importance/other universities/industries/corporate houses etc.? If yes, how have they enhanced the research and development activities of the institution?

Yes,

DMIMS(DU) has academic and research collaborations with universities of national and international importance. The collaborations primarily provide an opportunity to academicians, researchers, undergraduate as well as postgraduate students of University to participate in various activities like research, joint publications, trainings, skill development programs, twinning programmes, joint conferences and presentations. Vice-versa, the collaborations are also encouraging students from the partner universities to attend short term internship programs and observer ships. In addition, it is encouraging exchange of faculty members for joint academic and research programmes. MoUs have resulted in reinforcing the research culture in the University.

3.7.4 Have the institution-industry interactions resulted in the establishment / creation of highly specialized laboratories / facilities?

The University is actively promoting development and association of local industries with academic programs of the University for mutual benefit. Discussions are currently going on with the reputed industries. Various international and national agencies have funded basic research to University which is of Industry importance. University is also offering consultancy services to many industries like Unijules Life Sciences, which is WHO GMP approved organization. Many faculty members received recognitions in the form of awards, fellowships in prestigious academic bodies for their contributions in diverse technical fields which are important to industry.

3.7.5 Give details of the collaborative activities of the institution with the following:

- \* Local bodies/ community
- \* State government / Central government /NGOs
- \* National bodies



- \* International agencies
  - \* Health Care Industry – Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO)
  - \* Service sector:
  - \* Any other (specify)
- 
- \* Local bodies/ community: The University conducts multi-diagnostic and multi-specialty camps, blood donation camps, awareness and advocacy programs on gender equality and sanitation program in collaboration with local bodies, communities and local NGOs like Rotary Club, Lions Club, UJKSS and local associations like Deoli-FOGSI for antenatal postnatal care and general awareness on gender equality.
  - \* State government / Central government /NGOs: In collaboration with State/Central Government/NGOs the University has been involvement in National Health Programs, Health Promotion Activities and caters to preventive, promotive, and curative programs including Organ Transplantation and body donation programs. Centre for Adverse Monitoring Reaction recognized by Central Government provides general awareness and monitoring of adverse drug reaction for the region.
  - \* National bodies:The University is collaborating with the following organizations/Universities for Research, Academic including faculty and student exchange, knowledge transfer, services and extension services:
    1. RSTM, Regional Cancer Centre, Nagpur
    2. Indian Institute of Public Health- Gandhinagar
    3. Indian Council of Medical Research (ICMR)
    4. Shodhganga (INFLIBNET)
    5. Bhopal Memorial Hospital And Research Centre (BMHRC)
    6. National Environmental Engineering and Research Institute, Nagpur
    7. Medical Council of India, New Delhi
    8. Hislop College, Nagpur
    9. DY Patil University, Kohlapur
    10. Facility based new born care (UNICEF Sponsored) - MOU
    11. GEM Hospital & Research Centre Pvt. Ltd, Coimbatore
    12. Herbal Naturals, Nagpur
    13. Mahatma Gandhi Institute for Rural Industrialization
    14. National Institute of Nutrition (NIN), Hyderabad
    15. PALLIUM INDIA, PALLIATIVE CARE
    16. Tata Institute of Social Sciences (TISS) Student Placement
    17. NIMHANS, Bangalore - Placement for Training
    18. SEARCH (Society for Education, Action and Research in Community Health, Gadchiroli (Maharashtra), India
    19. AVP Research Foundation, Coimbtore, Tamilnadu
    20. GSR Institute of CranioMaxillo-Facial And Facial Plastic Surgery, Vinaynagar Colony, Saidabad, Hyderabad
    21. Lok Biradari Prakalp, Hemalkasa, Tah. Bhamragad, DistGadchiroli.



22. CCIM, New Delhi
23. Shri Ramachandra University
24. UNICEF India
25. Public Health Foundation of India, Indian Institute of Public Health- Gandhi Nagar(PHFI)
26. Conservation Wildlands trust (CWT) Mumbai
27. Wildlife Conservation Trust (WCT) Mumbai
28. State Health Resources Centre (SHRC)
29. UNFPA India Centre for Health and Social Justice
30. AVERT Society, Mumbai and MSACS
31. Dabar Research Foundation Ghaziabad
32. National Medicinal Plant Board (NNPB)
33. UnijulesLifesciences
34. VNIT, Nagpur

\* International agencies: The University is collaborating with the following organizations/Universities Research, Academic including faculty and student exchange, knowledge transfer, services and extension services:

1. Bournemouth, University, UK
2. Chester University, UK
3. Liverpool John Moores University, UK
4. South - Asia Research Hub, DFID, UK
5. University of Sheffield,UK
6. Harvard University, Boston, USA
7. University of California-Davis (UC-Davis, USA)
8. John Hopkin University USA
9. Maina Foundation, USA
10. Vanderbilt University USA
11. Collaborative Observational Clinical Study Agreement McMaster University, Canada
12. Saving Brains, Grand Challenge Canada
13. Saving Lives – USAID
14. International Society for infectious Diseases (ISID)
15. International Training Agreement, American Heart Association
16. University of Padova, Italy
17. SYRCLE, Radboud University, Netherland
18. University of Sydney, Australia
19. University of Western Sydney, Australia
20. CME, Dhaka, Bangladesh
21. Sri Lanka Medical Council, Colombo
22. World Health Organization Department of Reproductive Health and Research (Open SRP)
23. Smile Train, New York (Agreement)
24. Semey State Medical University, Kazakhstan
25. SUMMIT, Indonesia



26. University of Genoa, Italy (Agreement)
27. Georgia Southern University, USA
28. The Nebraska Medical Center
29. The George Institute of Global Health, Australia INFORMUS Study
30. Indian Ocean Dental School and Hospital, Mauritius
31. Rak Medical & Health Sciences University, UAE
32. Rangsit University, Thailand
33. Mania Foundation, USA
34. Bournemouth University, UK
35. USAID
36. International Society for Infectious Disease (ISID)
37. George Institute for Global Health Canada
38. University of Washington, USA
39. National Institutes of Allergy and Infectious Diseases (NIAID)
40. Sanofi Pasteur S.A. France
41. Smile Train Inc. USA
42. Swedish International Development cooperation agency department for research cooperation (SIDA)
43. Sri Vajera foundation, Brazil, Brazil
44. Indo-US Science and Technology Forum (IUSSTF)
45. United States-India Education Foundation (USIEF)
46. Centre of Education Innovations
47. Global Consortium for Epidemiology and Public Health (GCEPH)
48. South Asia Infant Feeding Research Network (SAIFRN)
49. University of Genova, Italy
50. Indian ocean dental school and hospital, Mauritius
51. Cancer Research, Malaysia

\* Health Care Industry– Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO): The University is collaborating with the Health Care Industry in Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO) for the benefit of improving health care and technology. Various collaboration activities are going with the health-care industry like development of formulation, clinical trials and testing and making of biotechnology products. The outcome of the collaborative activities has been presented in conferences, forums, seminars and workshops. Many publications have been in high impact factor peer reviewed journals with health care industry and faculties as collaborators. Few publications have been made in WHO South Asia Bulletin and New England Journal of Medicine.

Datta-traya Ayurved Rasashala; a constituent unit of Mahatma Gandhi Ayurved College Hospital and Research Center is engaged with research and consultancy activities with Pharmaceutical companies. Dattatraya Ayurved Rasashala is sharing its facility for Formulation and Development of Novel herbal formulation for Pharmaceutical companies. Dattatraya Ayurved Rasashala is also engaged in standardization of Raw and Finished medicines of Pharmaceutical companies and contractual manufacturing for Herbal Pharmaceutical Companies.





Central Animal House is engaged in safety toxicity studies for Pharmaceutical companies and sharing its facility with Academic institution for Animal Research.

\* Service sector: The University is providing various services particularly for the career progression of allied professionals by conducting various activities of training. The University is also involved in Palliative Care and received recognition and support from Pallium Care India.

\* Any other (specify): Collaborative activities have immensely increased the quality of research and services.

### 3.7.6 Give details of the activities of the institution under public-private partnership.

The University is conducting various activities under Public Private Partnership. Few of the prominent activities of the institution under public-private partnership are:

- i. Centre for Facility for New Born Care (UNICEF, India): The Government of Maharashtra with the UNICEF (India) is collaborating with the University to give training to the nursing staff of the government district hospitals in taking care of newborn.
- ii. ASHA Training: The University is providing training of ASHA of Wardha District.
- iii. Enhancing Early Childhood Development – Anganwadi Workers: The University is collaborating with the District ICDS in training the Anganwadi Workers for enhancing Early Childhood Development (ECD) in under-five year children of rural areas of Wardha District.
- iv. Primary Health Centres: The University is providing various promotive, preventive, curative and referral services to the primary health centres and offers these services under the public private partnership.



## **CRITERION IV: INFRASTRUCTURE AND LEARNING RESOURCES**

### **4.1 Physical Facilities**

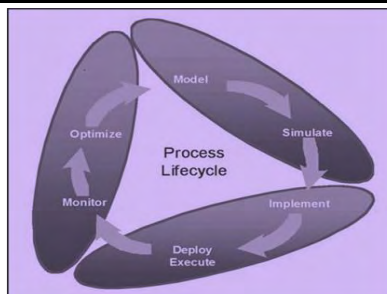
#### **4.1.1 How does the institution plan and ensure adequate availability of physical infrastructure and ensure its optimal utilization?**

The University ensures availability of adequate infrastructure and it is optimally utilized through well carved, structured mechanisms as under:

#### **Planning:**

- a. A 5-year perspective plan is prepared taking into account future academic enhancements likely students' intake, expansion of the services, starting of new courses, creation of the facilities and infrastructure to increase academic, research and campus environment. The 5 year perspective plan is unitized as annual targets, appropriate budgetary allocations are made and the periodic review of the targeted activities is undertaken through its various statutory bodies to ensure time bound compliance. The university has created 2 sub-committees under the finance committee namely, the purchase committee and the construction committee. Both these committees ensure time bound implementation. At the end of each academic year a compliance report pertaining to meeting the targets is furnished to the Planning and Monitoring board and the Board of Management.
- b. A structured feedback is obtained from all the relevant stake holders and based on their valid suggestions, a suitable incorporation is made in the perspective development plan and timely compliance is ensured. The faculty feedback is obtained annually through the departmental presentations done by various departments, which is an annual calendar activity. A 100% exit feedback is obtained from the patients and based on their valid suggestions appropriate target setting is done.
- c. The guidelines issued by the statutory bodies from time to time are incorporated in the plan for time bound execution.
- d. There is ongoing quest of the University not only to create and augment the infrastructure but also to ensure its proper upkeep and qualitative up gradation. The suggestions from IQAC for quality enhancement are considered as mandatory.

#### **Model of process life cycle is internalized by the university**



#### **Utilization**

To ensure optimum utilization, thoughtful allocation, generating master timetable and fullest utilization of all teaching areas, pooling and sharing of major equipments for research & services. To avoid the duplication and optimal utilization the following facilities are centralized.



- |   |                      |                                    |
|---|----------------------|------------------------------------|
| 1. University Research House:<br>a) Central Research lab<br>b) Research Guidance Unit<br>c) Statistical Guidance and Assistance Unit<br>d) Institutional Ethics Committee | 2. Examination Hall  | 3. Animal House                    |
| 4. Sport facilities   | 5. Auditorium        | 6. Guest houses                    |
| 7. DOME   | 8. Transport         | 9. Central Supply Chain Management |
| 10. Laboratories  | 11. Lecture Theatres | 12. Learning resources             |
| 13. Community Health Services and Centres   |                      |                                    |

**4.1.2 Does the institution have a policy for the creation and enhancement of infrastructure in order to promote a good teaching-learning environment? If yes, mention a few recent initiatives.**

Yes, some of the recent initiatives taken by the University in this regard are:

1. **Upgradation, renovation and re-christening the Central Research Lab as university research with addition of:**
  - a) Research Guidance Unit
  - b) Statistical Guidance and Assistance Unit
  - c) Institutional Ethics Committee
2. Creation of the skill labs under the faculty of Dentistry
3. Creation of the virtual learning facility by installation of virtual dissection table “Anatamage”
4. Augmentation of the facilities and modules in the existing communication and linguistic lab, basic skill lab and advanced skill lab
5. Incorporation of the BLS (Basic Life Support) and ACLS (Advance Cardiac Life Support) modules in the advanced skill lab which are accredited by the AHA (American Heart Association).
6. Upgradation of the museums for facilitating self learning

**4.1.3 Has the institution provided all its departments with facilities like office room, common room and separate rest rooms for women students and staff?**

Yes.

**4.1.4 How does the institution ensure that the infrastructure facilities are barrier free for providing easy access to college and hospital for the differently-abled persons?**

The University has complied with all the statutory guidelines prescribed by the UGC and the Govt. of India pertaining to differently-abled persons to ensure “barrier free” access to the differently-abled stakeholders. The steps taken by the University in this regard are:

- Creation of ramps with railings at all the different level areas starting from parking area to the buildings
- Facility of manned wheel chairs are provided in all the buildings
- Lift facility
- Specially designed toilets



In terms of the binding regulations of the Apical council a candidate with maximum up to 40 % disability in lower extremity is the eligibility for the admission to the courses. Commensurate with the same the facilities are created for such students that include

- Preferential hostel allotment on ground floor
- Separate rest rooms with required facilities
- Transport services
- Special sitting arrangement in class rooms & labs
- Appropriate Ambulatory facilities

#### **4.1.5 What special Facilities are available on campus to promote students' interest in sports and cultural events/activities?**

The University lays equal emphasis on promoting co-curricular and extracurricular activities, so as to ensure overall personality development of the learners. To ensure optimum student participation in the sports, cultural and other extracurricular activities the University has created a '**Student Welfare Cell**' headed by a Director (Sports) and cultural committees are constituted in each constituent college which comprises of teacher in-charge and elected student council members. These committees work under the umbrella of the central student welfare cell of the University. The annual time table of all the co-curricular and extracurricular activities is prepared by the student welfare cell and is notified by the University at the beginning of each academic year and its compliance is ensured periodically through the structured MIS.

The University has sports facilities in the form of play grounds for cricket, football, volley ball, basket ball, and athletics. **The University has entered in a MOU with Vidarbha Cricket Association to develop State of art cricketing facilities in the campus.**

The indoor sports facilities like chess, carom, table tennis, badminton are provided in all the hostels. Similarly, centralized facilities for badminton, table tennis are provided for the staff. The facilities of "**State of Art**" indoor and outdoor gymnasium and swimming pool are provided centrally in the health club for staff and students.

The University organizes annual sports tournament '**ENERGIA**' for boys and girls. The winners are awarded trophies and certificates. Similarly the University regularly conducts a State level inter health sciences colleges tournament "**IMPULSE**" annually for boys and girls and trophies and cash awards are given to the winners and runners.

The University organized a National level inter health sciences Universities cricket, volleyball, foot ball, table tennis tournament in the year 2013-14 for boys and girls.

The annual social gathering is held along with Ganesh festival celebration and over a period of 10 days, the students are provided opportunities to exhibit their talent in cultural activities. The students are encouraged to participate and are rewarded with cash prizes and testimonials for the excellence. The University grants deputation and special leaves to the students who participate in sports, cultural, debate & elocution competitions, quizzes organized by the regional, state, national bodies and Universities. The winners at such State and National level events are granted 25% concession in the tuition fees as an incentive.



#### **4.1.6 What measures does the institution take to ensure campus safety and security?**

The University ensures optimum safety of students, staff and patients in the campus through:

##### **Closed Circuit TV**

For personal safety of the stakeholders, security department is in place. Security guards are posted at all identified locations round the clock on 24x7 basis. The surveillance & CCTV camera are installed in the campus, college buildings, hostels, hospital at appropriate places and due surveillance is maintained.

##### **Fire Safety**

Other safety measures such as fire extinguishers are deployed in the entire campus and it is monitored by the fire department. All the buildings are provided with appropriate fire fighting systems and training pertaining to fire safety is imparted to all the staff members.

##### **Water Safety**

Water samples are periodically checked for ensuring the potability and RO systems and water softener plants are installed at locations to provide safe drinking water.

##### **Electrical Safety**

Electrical circuits incorporate safety devices to prevent electrical accidents.

##### **Road Safety**

The campus roads are broad and signages, street lights and speed barkers are provided making the roads safe for the commuters and making it pedestrian friendly.

##### **Hygiene Safety**

Waste management and biomedical waste management systems are in place as per the statutory norms to ensure that campus is clean, and hazard free.

#### **4.1.7 Facility of Animal House**

- \* **Is animal house maintained as per CPCSEA guidelines?**  
The animal house is maintained strictly as per the CPCSEA guidelines.
- \* **Whether records of animal house are maintained for learning and research activities?**  
All the relevant records pertaining to research undertaken at the animal house are maintained for learning and research activities.
- \* **Does the animal house have approval for breeding and selling experimental animals as per CPCSEA guidelines?**  
Yes, the animal house has the approval of CPCSEA for breeding of experimental animals.

#### **4.1.8 Provide the following details on the use of laboratories / museums as learning resources:**

- \* **Number**  
Each constituent unit has laboratories as per the UG & PG program requirements as stipulated by the apical councils. The University has created centralized labs like CRL, communication skill lab, linguistic skill lab, basic and advanced skill lab, virtual learning lab, computer skill lab, etc. The Acharaya Vinoba Bhave Rural Hospital (Teaching Hospital) has Cyto-genetics lab, Immune Histo-chemistry laboratory, Frozen Section labs, FD 20 Cath Lab, the clinical & Neuro-physiology labs, the polysomnography labs, temporal bone lab, PRP lab, etc and these are housed at different areas for convenience. The distribution and number of the labs in the different constituent units



Name of constituent unit	Number of laboratories
JNMC	29
SPDC	22
SRMMCON	06
MGAC	06
RNPC	01
AVBRH	08
University Created labs	11
<b>Total</b>	<b>82</b>

\* **Maintenance and up-gradation**

The laboratories are periodically upgraded by improving the infrastructural facilities, replacement of old instruments/ equipments and addition of the new equipments and technology wherever desired. Advanced mannequins are procured to augment the quality of simulation labs.

Preventive maintenance of equipments is periodically undertaken through the in-house team of biomedical engineers and technicians and wherever indicated external agencies are hired for completion of the work. Major equipments are covered under the CMC/ AMC for preventive maintenance and to ensure timely repairs.

\* **Descriptive catalogues in museums**

All the departments are having their own museum which is availed as self learning modality. The specimens are provided with appropriate legends and descriptive catalogues are maintained. Many museum resources are converted to digital form, to make them more user-friendly.

\* **Usage of the above by the UG/PG students**

The laboratories and museum are primarily used by the undergraduate students but certain museum like anatomy museum is used by the PG students frequently as a self learning aid. Special labs like communication skill lab, advanced skill labs, surgical skill labs, and virtual learning laboratory are used by both the UG and PG students.

#### 4.1.9 Dentistry

\* **Dental chairs in clinic – specialty wise**

Departments	Dental Chairs
Oral Medicine and Radiology	26
Periodontics	39
Oral Surgery	41
Conservative Dentistry	54
Oral Pathology	6
Orthodontics	38
Prosthodontics	52
Pedodontics	29
Public Health Dentistry	16
Sub-Center	26
<b>Total</b>	<b>327</b>



**\* Total dental chairs –**

327 chairs with all necessary attachments and facilities are available

**\* Schedule of chair side teaching in clinics – specialty wise \***

The clinical chair side teaching starts in the 3<sup>rd</sup> year and is continued in final year. The students are distributed in batches and posted in different departments by rotation. The duration of the posting is as per the guidelines of apical council. The students are given an opportunity to avail elective posting in the subject of their choice during the vacation period.

PERIO	PROSTHO.	PEDO.	O.S	OMR	PHD	ORTHO.	CONSER.	PERIO.
Ist Term	A	B	C	D	E	F	G	H
Diwali Vacation								
IInd Term	A	B	C	D	E	F	G	H

PERIO	PROSTHO	PEDO.	O.S	OMR	PHD	ORTHO.	CONSER.	PERIO.
Ist Term	A	B	C	D	E	F	G	H
Diwali Vacation								
IInd Term	A	B	C	D	E	F	G	H

During the internship the students are required to perform the routine clinical procedures under observation and can assist more complicated procedures. The students are posted in the ward and OT during their posting in Oral surgery department during the internship to provide them orientation and training pertaining to care of the indoor patients, post-operative care, parenteral therapy and nutrition, drawing blood samples, administering the IM/ IV injections, airway care, wound care etc. They get an opportunity to learn OT discipline, aseptic principles, OT and ICU protocols. The posting in the ward OT is of one month duration.

**\* Number of procedures in clinics per month and year**

SR. NO.	Department	Procedures	Year		
			2016	2015	2014
1	Prosthetics	Complete Denture	397	411	382
		RPD	474	452	439
		FPD	2130	2061	1998
		Special Prosthesis	15	11	12
2	Conservative	RCT	4666	4255	4180
		Restorations	6,467	5970	6003
3	Oral pathology	Biopsy	301	246	202
		Hematology	2020	1657	1821
4	Orthodontics	Removable appliances	43	37	32
		Fixed appliances	3012	3827	3552
		Myofunctional appliance	83	77	61
5	Periodontics	Scaling & curettage	8781	9130	8530
		Surgeries	16	18	21
6	Oral Surgery	Extraction	6170	6830	6970
		Minor surgeries	842	740	690
7	ODMR	IOPA	21327	20,223	19,332



		OPG	3878	3380	3487
		Extra oral	1635	1530	1428
8	Pedodontics	Restorations	1119	1087	989
		Extraction	182	202	129
		Scaling	1107	1030	1048
		RCT and pulp therapy	474	426	410

**\* Mobile dental care unit**

- One mobile dental unit with all the facilities on board is available for imparting basic dental treatment in the remote areas.
- The other van has the onboard facilities for oral cancer screening and detection.
- One additional van is donated by the Smile train for transporting the cleft lip palate patients to the hospital and conduction of screening camps.

**MOBILE CLINIC-SPECIFICATIONS**

Mobile dental van	One dental chair with all attachment and sitting space for 4 to 5 people
Dental chair with unit	Hydraulically operated with spittoon attachment, halogen light with 2 intensity, air ventury suction, air rotor, micromotor, 3 way-scaler and x-ray viewer, instrument tray, operating stool
Autoclaves	Yes
Intraoral x-ray	Yes
Glass bead sterilizers	Yes
Compressor	Yes
Metal Cabinet	Yes
Portable dental chair	Yes
Stabilizer	Yes
Generator	Yes
Water tank	Yes
Oxygen cylinder	yes
Public address system	Yes
TV and video cassette player	Yes
Demonstration models	Yes

**\* Facilities for dental and maxillofacial procedures**

Name of Department	Name of Facility
Conservative Dentistry & Endodontics	<ul style="list-style-type: none"> <li>• Endodontic Operating Microscopes</li> <li>• Soft Tissue LASER</li> <li>• Digital X-Ray PSP</li> <li>• Microsurgical Kit with Ultrasonic Tips</li> <li>• LED Bleaching Unit</li> <li>• Advanced Rotary Endodontic Units</li> <li>• Apex Locators</li> <li>• Obturating Systems of Latest Technology</li> </ul>
Pedodontics & Preventive Dentistry	<ul style="list-style-type: none"> <li>• Conscious Sedation Unit</li> <li>• Diode LASER</li> <li>• Radio-Visiography</li> <li>• Rotary Endodontic Handpiece with Apex Locator</li> <li>• Hydrosolder</li> <li>• Magnifying Eye Loupe</li> </ul>
Orthodontics	<ul style="list-style-type: none"> <li>• Labial Orthodontics</li> </ul>





	<ul style="list-style-type: none"><li>• Lingual Orthodontics</li><li>• Pre-surgical Orthodontic Treatment</li><li>• Post-surgical Orthodontics</li><li>• Cleft Orthodontics</li><li>• Growth Modulation Therapy</li><li>• Implant Supported Orthodontics</li></ul>
Oral & Maxillofacial Surgery	<ul style="list-style-type: none"><li>• Maxillofacial Trauma Centre</li><li>• Dental and Maxillofacial Implants</li><li>• HDU and ICU Facilities</li><li>• Chemotherapy Set-Up</li><li>• Cleft Lip and Palate Surgery</li><li>• Plastic and Reconstructive Surgery</li><li>• Oral Cancer Unit</li><li>• Orthognathic Surgery</li></ul>
Oral Pathology	<ul style="list-style-type: none"><li>• Complete Haemogram</li><li>• Routine Histopathology</li><li>• Exfoliative Cytology</li><li>• Frozen Section Cytology</li><li>• DNA extraction &amp; Banking</li><li>• Binocular Microscope with Video Eyepiece</li><li>• Pentahead microscope with Multi-Viewing Facility</li><li>• Stereomicroscope</li><li>• Immunohistochemistry</li></ul>
Prosthodontics, Crown & Bridge	<ul style="list-style-type: none"><li>• All ceramic lab</li><li>• Maxillofacial Prosthesis – Medical Grade Silicones</li><li>• Advanced Dental Implant Systems</li><li>• Smile designing software</li><li>• Wide view Articulators and Face bow</li></ul>
Periodontology	<ul style="list-style-type: none"><li>• LASER assisted Gum Surgery</li><li>• Advanced Dental Implant Systems</li><li>• Gum Surgery using Surgical Microscope</li><li>• Piezosurgical Unit</li><li>• Electrosurgery Unit</li><li>• Ultrasonic scalers</li><li>• Teeth Polishing Prophyjet</li></ul>
Oral Medicine & Radiology	<ul style="list-style-type: none"><li>• Orofacial Pain Clinic</li><li>• TMD clinic</li><li>• Oral Precancer/ Cancer Clinic</li><li>• TENS And Ultrasound Physiotherapeutic Unit</li><li>• Counseling/ de-addiction Centre for OSMF and Precancer /Cancer Patients</li><li>• LAN connected Digital Imaging Centre</li></ul>
Community dentistry	<ul style="list-style-type: none"><li>* Satellite Treatment Centres</li><li>* Mobile Dental units</li><li>* Outreach Community Activities</li><li>* Central Self Learning and Counseling Museum</li></ul>



#### 4.1.10 Pharmacy

The University does not have faculty of Pharmacy under its ambit. However, the following facilities are available

Pharmaceutical Science Laboratories (Ras-Shala)

#### 4.1.11 Yoga and Naturopathy

The University does not have faculty of Yoga and Naturopathy under its ambit. However, the following facilities are available

- \* Demonstration hall with teaching facility to cater to the needs of the students.
- \* Diet Service Management Department
- \* Yoga cum multipurpose hall for meditation and prayer
- \* Solarium compatible for multimedia presentation
- \* Mud Storage Unit
- \* Outdoor Facilities - Walking track with reflexology segment.
- \* Swimming Pool
- \* Naturopathy blocks

#### 4.1.12 Homoeopathy

**4.1.13 The university does not have faculty of Homoeopathy under its ambit.**

#### 4.1.14 Nursing

The SRMMCON has well furnished laboratories for training of UG and PG students. The area of different nursing laboratories as under

Nursing Foundation lab
Medical Surgical Laboratory
Community Health Nursing Laboratory
Maternal and Child lab
Nutrition lab

All the labs are well furnished and all the necessary instruments, equipments, models, charts and mannequins are provided. Digital facilities and AV aids are provided for effective teaching learning process.

#### \* **Pre clinical Laboratories**

- \* Pre clinical Science Lab (Biochemistry, Microbiology, Biophysics, Anatomy & Physiology labs are shared with Jawaharlal Nehru Medical College constituent unit of Datta Meghe Institute Of Medical Sciences (Deemed University)
- \* Computer lab (digital Library): 30 terminals with internet facilities. Total area 1000 Sq.ft is available in the SRMMCON for training of the students
- \* The basic and advanced skill labs, linguistic and communication skill labs and the behavioral skill labs under the university are freely available for training of the nursing students.

#### \* **Specimens, Models and Mannequins**

There is a rich collection of charts, models, specimens in all the labs and mannequins are provided for effective simulation assisted training of the students. Educational videos demonstrating routine procedures are also demonstrated to the students for effective communication and better understanding.



#### 4.1.14 Ayurveda

##### Herbal Gardens

- \* Herbal garden is spread over 5 acres of land.
- \* More than 1500 plants of 328 species
- \* Nakshtra van, Shivpanchayat van, Saptarushi van, Ashok van and Navgraha van are created in the herbal garden.
- \* Poly-house and green house are available.
- \* Medicinal Plant Nursery

##### Museum Herbarium

- \* All the 14 departments have their self learning museums in conventional and digital form.
- \* Dravyaguna department established departmental herbaria with collection of over 150 species.

##### Panchakarma Facility

• Well equipped separate male and female Panchakarma procedure rooms	•Shirobhyanga ( Head massage) •Shirodhara Stress/RelaxationTherapy •Takradhara	•Mukha Abhyanga ( Face Massage)
• Abhyanga (Full Body massage)	•Shiro-Basti	•Mardana
• Unmardana	•Samvāhana	•Udvertana, Padaghata (Churna/powder massage)- For weight Loss
• Māstiskya, Shiro Lepa (Tala Potichil)	•Various swedana procedure	• Agnikarma
• Vamana • Virechana • Niruha basti • Anuvasana Vasti	•Matra vasti	• Uttaravasti
• Kativasti, Januvasti	•Nasya	•Raktamokshana
• (siravyadha), Jalauka	•Keraliya Panchakarma Chikitsa	•Physiotherapy (various tractions, TENS, Infra red Lamp)

##### **Special Treatment Facility for various diseases like:-**

• Diabetes	• Obesity	• IVDP	• Bronchial Asthma
• Lumbar/cervical Spondylosis	• Male Infertility	• Skin Diseases	

##### **Eye Exercises Clinic**

Eye exercise clinic is available under the department of Shalakya with kriya kalpa facilities



**\* Kshara Sutra and Agni Karma Setup**

* Ksharsutra preparation room	* Ksharsutra cabinet	* Instruments
* All facilities available for the preparation of different types of Kshar-sutras	* Separate technician available for ksharsutra preparation	* Well equipped operation theatre for Ksharsutra application
* Anesthetics available	* Separate OPD/IPD for Ksharsutra patients	

**Agnikarma set-up**

- \* Separate room for agnikarma chikitsa is available.
- \* Different shapes of shalakas i.e. Valaya, Bindu, Vilekha, Pratisarana, Ardachandra, Swastika, Ashtapada are provided.

**Ayurveda Pharmacy**

Dattatraya Ayurved Rasshala with total area of 575.47 sq.mt has got FDA license for production of ayurvedic preparations. FDA has approved 132 formulations for manufacturing tablet, capsule, syrup, avleha, churna, oil and ointment. Rasshala is equipped with modern facilities like strip packing machine, augur filler, fluidized bed drier, sperodiser, planetary mixer and semi automatic tablet punching machine. A research lab is created in the Rasashala for maintaining and testing the samples to ensure purity and quality.

**4.1.15 Does the institution have the following facilities? If so, indicate its special features, if any.**

**\* Meditation Hall**

The University has launched a Life style modification Centre (Mind body clinic) under its teaching hospital, AVBRH. The facilities of meditation hall are provided therein. The patients, students and staff undergo meditation therapy in this clinic as per the modules prepared by the clinic on regular basis. The facilities for yoga training are also provided under the scope of the Mind body clinic. Additional meditation hall is also available in the swasthavritta department, at MGAC.

**\* Naturopathy blocks**

The facilities for naturopathy are provided at the Ayurveda College along with the facilities of Panchakarma.

**4.1.16 Provide details of sophisticated equipments procured during the last four years.**

The sophisticated and high end equipments/ gadgets purchased for enhancing the quality of teaching-learning, hospital services and research are as under:

**Budget - INR 20.77 cr.**

**Specialized Equipments**

- Anatomage, virtual dissection table for teaching learning, self learning, virtual surgery planning



- ACLS , BLS mannequins for conducting training courses accredited by AHA
- Two Buses with on board mammography machines have been procured for breast cancer screening in the remote areas. The vans also have the facility for PAP smears.
- Advanced Dental Mannequins for starting dental skill lab
- Metal ceramic furnace
- Diode and NDR Lasers for dermatology
- All OTs are provided with Anesthesia work station
- All OT lights are provided with LED lights
- The ortho and neuro OTs are upgraded and modular OT's with Laminar air flow.

**Other major and sophisticated equipments.**

Anesthesia work station	8
Anatomage virtual dissection table	1
Analog mammography system	1
Servo upgradeable ventilator platform and ventilator	12
Color doppler complete system	9
Ivf centre's equipment	2
Vivid s6 high performance echocardiography system	2
Optical coherence tomograophy complete system	1
D.r.& c.r.systems	1
Sonastar ultrasonic surgical aspiration system for soft tissue aspiration	1
Cusa	1
Icsi + imsi-tisnt-88 v3	1
Surgical microscope ophthalmic surgery	1
High frequency x-ray machine	2
C-mount high defination can.	1
C-arm image intensifier	2
Camera & scoopes	1
1470 nm elves painless surgical laser machine	1
Digital neurophysiological system for eeg, ep and emg	1
Zeiss opmi pico surgical microscope	4
Duodenovideoscope standard set	1
Ercp complete unit	1
Dd easyone pro pft machine	1
Flexible intubation video endoscope set 4.0mmx64cm (pead)	1
Als simulator with simpad system	1
Ndd easyone pro (respiratory analysis system)	1
Main frame nim neuro 3.0, international	1
Hamilton-c1 international ventilator	3
X-ray machine	1
Ge datex-ohmeda 9100c anesthesia machine	2
Posterior vitrectomy machine	1
Haemodialysis machine	2
C-arm image intensifier	4
Water proog c-mount three chip hd camera	1



System 6 rotary handpiece	1
Cryostat (frozen section machine)	1
Bellavista 1000 ventilator	1
Fiberoptic bronchoscope	1
C-arm image intensifier	1
Humidifier with infant chamber and holder	1
Video processor with xenon light source	1
Fractional co2 laser system	1
Steriscopic observer head hss	1
Video processor	1
Portable color doppler system	1
Midas rex drill attachment	1
Phacoemulsification system	1
Telecam sl ii camera control unit (fi, scb, en)	1
Flexible intubation video endoscope set 4.0mmx64cm (pead)	1
Flexible intubation video endoscope set 5.5mm x 65cm (adult)	1
Ceramic furnace	1
Single channel vessel sealer	1
Karl storz pulsar ii, for stroboscopy of the larynx	1
Water proof c-mount three chip hd camera	1

## 4.2 Clinical Learning Resources

### 4.2.1 Teaching Hospital

The details of the different hospitals are as under:

Name of hospital	Yr of establishment	Hospital institute distance	Whether owned by college or affiliated to any other institution?	Are the teaching hospitals and laboratories accredited by NABH, NABL or any other national or international accrediting agency?	No of beds
AVBRH	1989	Within same campus	Owned by JNMC	The hospital & Labs are accredited by ISO 9001: 2008 and process of accreditation by NABH is underway	1300
SPDC	1990	Within same campus	Owned by SPDC	Accredited by Smile train Inc (USA) for cleft surgeries orthodontic training and treatment	329 dental chairs. 48 beds for OMFS separately created at AVBRH
MGAC (Ayurvedic hospital)	2006	Within same campus	Owned by MGAC	Process of accreditation by NABH is underway	180
RNPC hospital	1997	Within same campus	Owned by RNPC	Nil	Outdoor physiotherapy facilities in place



\* **Number of specialty services**

The specialty services under different hospitals are as under

<p><b>I. Clinical Services</b></p> <ol style="list-style-type: none"> <li>1. Anesthesiology</li> <li>2. Dermatology and Venereology</li> <li>3. Emergency Medicine</li> <li>4. General Medicine</li> <li>5. General Surgery</li> <li>6. Obstetrics and Gynecology</li> <li>7. Ophthalmology</li> <li>8. Orthopedic Surgery</li> <li>9. Otorhinolaryngology</li> <li>10. Pediatrics</li> <li>11. Psychiatry</li> <li>12. Respiratory Medicine</li> <li>13. Cardiac Anaesthesia</li> <li>14. Cardiology</li> <li>15. Cardiothoracic Surgery</li> <li>16. Specialty ICU</li> <li>17. Medical Gastroenterology</li> <li>18. Nephrology</li> <li>19. Neurosurgery</li> <li>20. Pediatric Surgery</li> <li>21. Plastic and Reconstructive Surgery</li> <li>22. Urology</li> <li>23. Transplantation Services</li> </ol>	<p><b>II. Diagnostic Services</b></p> <p><b>a. Diagnostic Imaging</b></p> <ol style="list-style-type: none"> <li>1. Computed Tomography Scan</li> <li>2. DSA Lab</li> <li>3. Mammography</li> <li>4. Magnetic Resonance Imaging</li> <li>5. Ultrasonography</li> <li>6. X Rays</li> </ol> <p><b>b. Laboratory services</b></p> <ol style="list-style-type: none"> <li>1. Clinical Biochemistry</li> <li>2. Clinical Microbiology and Serology</li> <li>3. Clinical Pathology</li> <li>4. Cytopathology</li> <li>5. Hematology</li> <li>6. Histopathology</li> </ol> <p><b>c. Other Diagnostic Services</b></p> <ol style="list-style-type: none"> <li>1. 2 D Echo</li> <li>2. Audiometry</li> <li>3. EEG</li> <li>4. EMG</li> <li>5. Holter Monitoring</li> <li>6. Spirometry</li> <li>7. Treadmill test</li> </ol>
<p><b>III. Clinical Support Services</b></p> <ol style="list-style-type: none"> <li>a) Ambulance Services</li> <li>b) Blood Bank</li> <li>c) Psychology</li> <li>d) Occupational Therapy</li> <li>e) Physiotherapy</li> <li>f) Speech and Language Therapy</li> </ol>	<p><b>IV. Other Non-clinical Departments</b></p> <ol style="list-style-type: none"> <li>a) Biomedical Engineering</li> <li>b) Central Sterile Supply Department</li> <li>c) General Administration</li> <li>d) Human Resources</li> <li>e) Information Technology</li> <li>f) Maintenance/ Facility Management</li> <li>g) Management of Biomedical waste</li> <li>h) Mortuary Services</li> <li>i) Medical Records Department</li> <li>j) Pharmacy</li> <li>k) Material management</li> </ol>

**The AVBRH is providing the specialty services like**

<ul style="list-style-type: none"> <li>• Diabetes clinic</li> <li>• Neonatology</li> <li>• Dermatological lasers</li> <li>• Ophthalmic laser surgeries</li> <li>• Eye bank</li> <li>• Spine surgery</li> <li>• Renal transplant</li> <li>• Laparoscopic surgeries</li> </ul>	<ul style="list-style-type: none"> <li>• Burn care</li> <li>• Hair transplant</li> <li>• Total joint replacement surgeries</li> <li>• Geriatric clinic</li> <li>• Infertility clinic and IVF lab</li> <li>• Regenerative medicine centre ( PRP clinic)</li> <li>• Adolescent clinic</li> <li>• Neuro-ophthalmology clinic</li> <li>• Sickle cell clinic</li> </ul>
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**Acharya Vinoba Bhave Rural Hospital provides the following service**

<b>B-SPDC</b>	<b>C-MGAC</b>
<ul style="list-style-type: none"> <li>• Head &amp; neck oncosurgeries</li> <li>• Lingual orthodontics</li> <li>• All ceramic restorations</li> <li>• Maxillofacial prosthesis</li> <li>• Laser dentistry</li> <li>• Craniofacial traumatology</li> <li>• Facial rejuvenation procedures</li> <li>• Orthognathic surgeries &amp; distraction osteogenesis</li> <li>• Reconstructive surgeries</li> <li>• Dental implantology</li> <li>• Rotary endodontics</li> <li>• Pediatric dentistry</li> <li>• Smile design</li> <li>• Porcelain laminates and veneers</li> <li>• Oral precancer cancer detection clinic</li> <li>• Cleft orthodontics</li> <li>• Cleft lip &amp; palate surgeries( Primary, secondary &amp; Tertiary)</li> </ul>	<ul style="list-style-type: none"> <li>• Panchakarma</li> <li>• Naturopathy</li> <li>• Ayurvedic immunization</li> <li>• Anorectal diseases care clinic</li> </ul>

\* **Number of beds in ICU / ICCU / PICU / NICU, etc.**

<b>Section</b>	<b>Number of beds</b>
ICU	34
ICCU	16
Surgical ICU	30

The AVBRH is providing the following superspeciality services

<ul style="list-style-type: none"> <li>• Neurosurgery</li> <li>• Neurology</li> <li>• CVTS</li> <li>• Cardiology</li> <li>• Interventional radiology</li> <li>• Pediatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Urology</li> <li>• Nephrology</li> <li>• Medical oncology</li> <li>• Surgical oncology</li> <li>• Plastic &amp; reconstructive surgery</li> <li>• Gastroenterology</li> </ul>
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PICU	15
NICU	15
Trauma ICU	02
Burn ICU	02

\* **Number of operation theatres**

<b>Name of the hospital</b>	<b>Number of operation theatres</b>
AVBRH	17





SPDC	06
MGAC	03
Total	26

\* **Number of Diagnostic Service Departments**

Constituent unit	Number of diagnostic departments	
JNMC	5	Physiology, Biochemistry, Pathology, Microbiology, Radiodiagnosis,
SPDC	02	Oral Pathology, Oral Radiology & Diagnosis
MGAC	03	Sharer Kriya, Rog Nidan,

\* **Clinical Laboratories**

The clinical laboratories established under the different hospitals of the university are as under:

- Central clinical laboratory with facilities for biochemical, hematological, cytological, microbiological investigations. The lab is equipped with cell counters, autoanalyzers, mini vidas, Elisa reader etc.
- Clinical physiology lab having facilities for ECG, EEG, Treadmill, NCV, BERA, EMG.
- Polysomnography lab under Respiratory medicine
- Speech pathology & Impedence audiometry labs under ENT
- Under the faculty of dentistry, software lab is established under the department of orthodontics for diagnosis and assessment of dentofacial deformity, virtual surgical planning and predictive tracings for the patients with different dentofacial deformities.

\* **Service areas viz. laundry, kitchen, CSSD, Backup power supply, AC plant, Manifold Rooms, pharmacy services**

- The centralized catering unit to the hospital is in place.
- The central mechanized laundry is well equipped to maintain high quality cross infection control.
- The hospital kitchen was upgraded in the year 2014 and furnished with modern equipments and facilities to ensure excellent quality, hygiene and cleanliness.
- The entire campus is provided with backup power supply by installing generators of adequate capacity at different planned locations. The important equipments like CT scan & MRI machines, cath-lab, blood bank refrigerators and critical areas like Operation theatres and ICUs are provided with UPS.
- Major areas are provided with centralized A/C plants and in other areas through the separate split units.



### **Blood Bank services**

The hospital has central blood bank and component lab facilities duly approved by the statutory bodies.

### **Ambulance services**

The hospital has total 14 ambulances including a cardiac ambulance with all the necessary life saving gadgets on board for transporting the critically ill patients. The university provides free ambulance services to the patients residing within 15 Km radius and for other patients, the ambulance services are highly subsidized.

### **Hospital Pharmacy services**

In-house Pharmacy services are provided for the patients. The pharmacy runs on 24x7 basis on all days. Subsidized medicines and disposables are provided to the patients. The generic medicine pharmacy store is also provided for the benefit of poor & needy patients in the campus through the Government of Maharashtra scheme. The patients covered under various Government schemes, our own innovative hospital schemes, special service packages, insurance scheme and poor and the needy patients are provided drugs and disposables through the hospital pharmacy.

#### \* **Drug poison information service**

- \* The information is maintained at the place of treatment of patients.
- \* The record of such patients is maintained at MRD Level.

#### \* **Pharmacovigilance**

The pharmacovigilance committee is functioning with the objectives of ensuring rationality in drug prescriptions, adherence to hospital antibiotic policy, prescription audits and working up measures for pharmacoconomics to ensure prevention of drug abuse and affordable treatment to the poor and needy patients.

University has Adverse Drug Reaction (ADR) Monitoring center, with Dept. of Pharmacology, JNMC. All ADRs and drug alerts are circulated amongst the Faculties. All ADRs are reported to this centre. All ADRs are analyzed by this centre.

#### \* **Mortuary, cold storage facility**

The facilities of mortuary, embalmment and cold storage are provided in the department of Anatomy.

#### \* **Does the teaching hospital display the services provided free of cost?**

As a part of societal commitment the hospital has launched various innovative schemes for poor, needy and marginalized population. The patients eligible under these schemes are provided free and highly subsidized treatment depending on the inclusions in each scheme. It is duly displayed by the hospitals by way of posters, banners in the hospital premises and important locations in the adjoining cities to ensure wide publicity. Pamphlets giving details of the schemes are distributed among public. Electronic media, news papers and radio are also used as a medium



for wider dissemination of the information, so that the beneficiaries are well informed. The teams of social workers carry out the surveys in the villages and the information is given to the needy population. Camps are regularly organized at remote areas and through these camps; also desired information is given to the population about the hospital schemes and their accruable benefits.

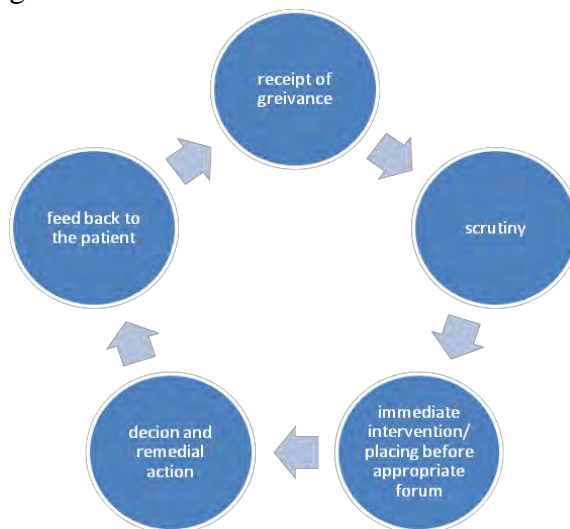
\* **What is the mechanism for effective redressal of complaints made by patients?**

The hospital has a policy of collecting 100% exit feedback from the indoor patients. The other modalities of obtaining the feedback from the patients is OPD level feedback, feedback through the complaint boxes, or complaints received directly through the patient or relatives pertaining to care/services.

A two tier mechanism is adopted for effective and fast grievance redressal. The grievances pertaining to patient care or deficiency of services are dealt promptly by the concerned hospital authority and in consultation with the concerned HOD or Unit in-charge. The necessary remedial steps are taken to ensure optimum services to the patients.

The other grievances which are pertaining to the facilities, systems or those which are generic in nature are kept before the appropriate forum and needful remedial steps are taken. The action so taken is communicated to the concerned patient through appropriate medium such as telephonically, through SMS or letter.

The hospital follows the 360<sup>0</sup> mechanism while redressing the patient grievances which are pertaining to the facilities and infrastructure.



\* **Give four years statistics of inpatient and outpatient services provided.**

**ACHARYA VINOBA BHAVE RURAL HOSPITAL  
SAWANGI (MEGHE), WARDHA  
OPD & ADMISSION DETAILS**

Sr. No.	Year	OPD	AVG/DAY
1.	2013	651430	2171
2.	2014	708079	2360
3.	2015	733371	2445
4.	2016	762893	2543



Sr. No.	Year	IPD	AVG/DAY
1.	2013	57116	156.5
2.	2014	58878	161.3
3.	2015	59845	164.0
4.	2016	60134	164.3

#### Year wise OPD details of SPDC

Sr no	Year	New patients	Old patients	Total patients
1	2013	48,310	61,673	1,09,983
2	2014	50,038	63,935	1,13,973
3	2015	52,075	67,658	1,19,733
4	2016	53,514	76 041	1,29,555

#### OPD & IPD statistics at MGAC hospital in last 4 years

Sr. No.	Year	OPD	IPD
1	2013	63,809	3606
2	2014	61,050	4057
3	2015	62,373	4537
4	2016	62,644	5311
<b>Total</b>		<b>2,49,876</b>	<b>17,511</b>

\* **Does the hospital display charges levied for the paid services?**

Yes, the hospital rate master, duly certified by the chief medical superintendent is put in public domain for the information of all the relevant stake holders.

\* **Are the names of the faculty and their field of specialization displayed prominently in the hospital?**

Yes, the boards depicting the names of the faculty, their speciality, days of OPD are prominently displayed in each departmental OPD for the information of the patients.

\* **Is pictorial representation of the various areas of the hospital displayed in a manner to be understood by illiterate patients?**

Yes, all the signage of the hospitals are made professionally. They are bilingual and display symbolic pictorial image of the facility which can be easily understood by the patients.

\* **Is there a prominent display of ante-natal, mother and child health care facilities?**

Yes, the master plan and the floor plan of the hospital prominently depict ante natal, mother and child health care facility for the benefit of the concerned stake holders.

\* **How does the hospital ensure dissemination of factual information regarding rights, responsibilities and the health care costs to patient and the relatives/attendants?**

The hospital ensures the dissemination of factual information regarding rights, responsibilities and the health care costs to patient and the relatives/attendants through the



following mechanisms

- a. Display boards
- b. Digital displays and important areas including patient holding areas in OPD
- c. Pre admission counseling of each patient by the professional counselor and consultants
- d. Appropriate displays near the indoor wards
- e. Notification of rate master of the hospital

\* **How does the hospital ensure that proper informed consent is obtained?**

At the admission, consent form is filled and the written consent from each patient is obtained. The consent is explained to the patient and the relatives in their vernacular language followed by obtainment of signatures.

After admission, consent for admission, treatment, minor procedures and parenteral therapy is obtained in the ward after due explanation to the patient and the relatives.

Separate consent for surgery & anesthesia is obtained in the standard perform and also in the vernacular language after explaining the procedures, risks, likely complications and morbidity in presence of the relatives and the patients signatures are obtained on the form with signatures of relative as witness. A consent for any high risk invasive procedures such as central line insertions and adjunct procedures is also obtained.

The patients with co-morbidities, having high risk during surgery or anesthesia are explained the risk and benefits. They are given choice and on their approval, high risk consent is obtained.

\* **Does the hospital have well-defined policies for prevention of hospital-acquired infections?**

Yes, the hospital has notified a well defined policy and SOPs for prevention of hospital acquired infection. A well designed manual 'Infection control Manual' is maintained and updated from time to time for this purpose. A dedicated administrative person with medical background, assistant administrative officer and an assistant nursing superintendent daily monitor the adherence to the policy. Monitoring of functioning of HICC is done by a trained Assistant Nursing superintendent on day to day basis. Any deviations from the notified policies are brought before the infection control committee periodically and appropriate remedial action is taken.

\* **Does the hospital have good clinical practice guidelines and standard operating procedures?**

Yes. The hospital has notified Healthy clinical practice guidelines and SOP's based on the same. Periodic monitoring is done in the hospital audit committee meetings and remedial actions are taken from time to time. The procedural guidelines and SOPs are updated from time to time as per the statutory guidelines/ National Health Care Policy guidelines.

\* **Does the hospital have effective systems for disposal of bio-hazardous waste?**

Yes. The hospital has effective system to ensure proper disposal of hazardous biomedical waste as per the statutory guidelines. Dedicated team of qualified personnel are



conducting and monitoring this activity. Training and sensitization programs are organized periodically for the hospital personnel of all levels and cadres. All the processes pertaining to waste collection, segregation, transport and disposal are scrupulously done as per the statutory norms.

\* **How does the hospital ensure the safety of the patients, students, doctors and other health care workers especially in emergency department, critical care unit and operation theatres? Are the safety measures displayed in the relevant areas?**

The hospital ensures safety of the patients, students, doctors and other health care workers especially in emergency department, critical care unit and operation theatres by undertaking following steps

The hospital scrupulously follows the BMW management rules, 2016

- a. Display of desired safety measures at the relevant places
- b. Imparting training and sensitization
- c. Providing necessary personal protective equipments and gadgets and ensuring their use as per the standard norms
- d. Immunization programs against hepatitis B
- e. Prompt remedial actions, if needed.

\* **How are the Casualty services/Accident and Emergency Services organized and effectively managed?**

A full time professor of surgery is in-charge for the overall supervision. The administrative matters are handled by AMS. Well illuminated display boards of casualty services are put up at the convenient places so as to identify the casualty department from a distance. There is also availability of dedicated services like toll free number, Ambulance services (24x7),

There is also a space and a system for Triaging during mass casualties. Social workers are present to help patient and their relatives.

Quick response team (code blue & red teams) is available round the clock for life threatening emergencies.

\* **Whether the hospital provides patient friendly help-desks at various places?**

Yes

\* **Does the hospital have medical insurance help desk?**

Yes

\* **What are the other measures taken to make the hospital patient friendly?**

1. Rights & responsibilities displayed
2. Counseling mechanism.
3. System for incidence, near miss and sentinel events are recorded
4. Monitoring of HAI rate
5. Monitoring of adverse drug reactions(ADR)
6. Bus service
7. Free/ subsidized treatment
8. Generic drug pharmacy shop
9. Subsidized medicines and disposables



\* **How does the hospital achieve continuous quality improvement in patient care and safety?**

- Quality policy is in place
- Updated on yearly basis
- Strict adherence to the policy guidelines
- Feedback from patients and relatives

\* **What are the measures available for collecting feedback information from patients and for remedial actions based on such information?**

The hospital has a policy of collecting 100% exit feedback from the indoor patients. The other modalities of obtaining the feedback from the patients is OPD level feedback, feedback through the complaint boxes, or complaints received directly through the patient or relatives pertaining to care/services.

A two tier mechanism is adopted for effective and fast grievance redress. The grievances pertaining to patient care or deficiency of services are dealt promptly by the concerned hospital authority and in consultation with the concerned HOD or Unit in-charge. The necessary remedial steps are taken to ensure optimum services to the patients.

The other grievances which are pertaining to the facilities, systems or those which are generic in nature are kept before the appropriate forum and needful remedial steps are taken. The action so taken is communicated to the concerned patient through appropriate medium such as telephonically, through SMS or letter.

2 The hospital follows the 360<sup>0</sup> mechanism while redressing the patient grievances which are pertaining to the facilities and infrastructure.

\* **How does the institution ensure uniformity in treatment administered by the therapists?**

**Uniformity in treatment is ensured through:**

- Drug policy
- Antibiotic policy
- Tumour board meetings
- Joint clinics
- Case audit and medical audits
- Emphasis on for evidence based practice

\* **Does the institution conduct any orientation training program for AYUSH-based para-medical staff?**

Yes, the orientation trainings for all paramedical staff regularly as per the notified time table pertaining to

- BLS, under code blue
- Fire fighting under code red
- Disaster management



- Infection control practices
- Communication skills
- Risk identification
- Computer skills
- HIS software orientation and training

#### 4.2.2 What specific features have been included for clinical learning in the out-patient, bedside, community and other clinical teaching sites?

The clinical teaching learning process is well organized to make sure that the hands-on training is effective. During the clinical teaching, integration of the clinical training is done with the didactic teaching. The students are allotted cases on the topics which are being taught in the didactic lectures as far as possible. It is ensured that the grooming is a stepwise mechanism i.e simpler cases are allotted first and then gradually major cases are allotted for the clinics. The clinical training is done at the OPD level, bedside clinics and in the community health care centers with the following features:

Out Patient	<ul style="list-style-type: none"> <li>• OPD Posting</li> <li>• Clinics conducted by senior faculty</li> <li>• Interesting cases are displayed</li> <li>• Clinical examinations are demonstrated</li> <li>• Students are exposed for treatment protocols with reasoning and justification thereof.</li> <li>• Large numbers of patients are discussed in a shorter time.</li> </ul>
Bedside	<ul style="list-style-type: none"> <li>• Clinical cases are displayed</li> <li>• Clinical rounds</li> <li>• Operative procedures are</li> <li>• Invasive procedures are demonstrated</li> <li>• Case presentations – traditional as well as by innovative methods like OMP, SNAPPS</li> <li>• X rays and Other Investigations are shown and discussed</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Family Adoptions</li> </ul>

#### 4.3 Library as a Learning Resource

##### 4.3.1 Does the library have an Advisory Committee? Specify the composition of the committee. What significant initiatives have been implemented by the committee to render the library student/user friendly?

Yes, there is a Library advisory committee at the level of the University on which representation is given to the teacher in-charge and student representatives from each constituent college. The library advisory committees are also established at the level of each constituent college which works under the umbrella of the central library advisory committee.

**The composition of the Central Library advisory committee is as under:**

Sr. No	Particulars	Designation
01	One Dean of the faculty by rotation of 3 years	Chairman
02	1 teacher in charge from each constituent college nominated by the HOI	Member
03	All assistant librarians of the constituent colleges	Members





04	Finance officer	Member
05	Head IT section	Member
06	One representative each from UG and PG students of each constituent college as nominated by HOI	Student representatives
07	Chief librarian	Member secretary

**The objectives of the library committee are:**

1. To prepare annual plan for library development and enhancement of ambiance
2. To finalize the budget for library
3. To finalize list of books to be purchased
4. To finalize the list of journals to be subscribed
5. To prepare and implement plan for ICT enabled library services
6. To monitor the overall functioning of the library
7. To incorporate modalities to make the library services student centric
8. To work as grievance redressal forum pertaining to library related grievances of staff and students.

**The tasks of the library committee are:**

- a. To advise suitably for policy incorporations wherever necessary
- b. To compile & finalize the annual requirements of books, journal, other library material, furniture fixtures and manpower.
- c. To advise the constituent libraries for optimal utilization measures from time to time in regards to learning resources
- d. To submit the recommendations to the finance committee for budgetary allocation
- e. To ensure optimal budget utilization by the libraries of the constituent colleges and the departments.
- f. Procurement of books, Journals & other library material.
- g. To take stock of functioning the libraries of the constituent colleges and the departments.
- h. To take stock regarding the library utilization
- i. To advise on such matter that would be remitted to them from time to time.

**Various initiatives taken by the central library committee to make the library more students centric are as under**

- a. Incorporation and upgradation of book bank facility
- b. Digital communication pertaining to availability of wait listed books
- c. Procurement and enhancement of e books, and e data bases
- d. Augmentation of the Wi-Fi services
- e. Intimation about new arrivals through electronic mode
- f. Upgradation of the facilities in digital library, reading rooms

**4.3.2 Provide details of the following:**

**\* Total area of the library (in Sq. Mts.)**

As per the binding guidelines of the statutory councils, each constituent college of the university is provided with a separate library. Keeping pace with the growing needs, increase in intake capacity, the infrastructural facilities in the library have been augmented. Every constituent college has a library & Departmental libraries are attached to the respective departments. The library area is as under:

College	Current library area (in Sq Mts) in 2017
JNMC	3210
SPDC	836



SRMMCON	500
MGAC	246.29
RNPC	200
Total area	<b>4992.29</b>

**\* Total seating capacity**

The total seating capacity in the library of each constituent college is as under:

College	Total Seating Capacity
JNMC	500
SPDC	250
SRMMCON	225
MGAC	150
RNPC	75
<b>TOTAL</b>	<b>1200</b>

**\* Working hours (on working days, on holidays, before examination, during examination, during vacation)**

The library is working on all the days of the year except 4 days i.e on Independence day, Republic day, Diwali and Holi. The working hours are as under

All working days- 8 AM to 11 PM

Sundays and holidays- 8 Am to 5 PM

During the examinations- the reading rooms are open for 24 hours.

**\* Layout of the library (individual reading carrels, lounge area for browsing and relaxed reading, IT zone for accessing e-resources)**

**The library has the general lay out as under.**

1) Office area	2) Property counter	3) Reprography section
4) AV section	5) Digital library	6) News papers and magazines section
7) General reading material area	8) Stacking room	9) UG, PG and staff reading area
10) Relaxed reading area (indoor & Outdoor)	11) Journal section	12) Bound volumes
13) Archival area	14) Utility area- rest rooms, drinking water, tea, coffee and snacks vending machines	

The reading rooms are provided with comfortable chairs and desks with isolation. The reading areas are provided with sofa sets and easy chairs. The outdoor area is specially created for relaxed reading and browsing.

**\* Clear and prominent display of floor plan; adequate sign boards; fire alarm; access to differently-abled users and mode of access to collection**

The entire floor plan of the library is displayed and adequate informative sign boards are displayed at appropriate places to provide guidance to the users. The separate seating arrangement and toilet arrangements are in place for the differently abled users and they are provided due assistance by the library staff. The library is provided with adequate fire



fighting systems as per the stipulated norms. The access is provided both manually and digitally through the OPAC software for which dedicated computers are installed.

**\* List of library staff with their qualifications**

The list of staff working in the libraries of each constituent college is as under:

**1) JNMC**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Dr. V.P. Bharambe	Librarian	M.Lib.Sc, PHD
2	Mr. Sandesh Nimbalkar	Asst. Librarian	M.Lib.Sc, M.Phil
3	Mrs. Vrushali Dhopte	Clerk	M.Lib.Sc, M.Phil
4	Mrs. Fatima Shikh	Clerk	M.Lib.Sc.
5	Mr. Vinod Khekade	Attendant	SSC
6	Mr. N. K. Ganeshpure	Attendant	HSC
7	Mr. Sharad Kadam	Attendant	B.A.
8	Mr. Sharad Koram	Attendant	SSC
9	Mr. Ramakant Gode	Digital Lib (Clerk)	B.A.

**2) SPDC**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Mrs. Sandhya Deshmukh	Librarian	M.Lib.Sc
2	Mr. Praful Kadam	Clerk	B.A.
3	Mr. Ramlal Dube	Clerk	B.Com
4	Mr. Raju Kamble	Clerk	B.A.
5	Mr. Anand sable	Attendant	SSC
6	Mr. Pramod. Patil	Attendant	SSC
7	Mr. Mangesh Mohad	Attendant	HSC

**3) MGAC**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Mr. Subodh Nishankar	Librarian	M.Lib.Sc.
2	Mr. Umesh Choudhari	Clerk	M.A.
3	Mr Kailash Choudhary	Attendant	HSC
4	Mr Salim Sheikh	Attendant	SSC

**4) SRMMCON**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Mrs. Anita Jagtap	Asst. Librarian	M.Lib.Sc.
2	Mr. Dilip Urkude	Asst. Librarian	B.Lib.Sc.
3	Mrs. Bhanshri Bahe	Computer Instructor	M.Sc. M.Lib.Sc.
4	Mr. Vikas Kashimpure	Attendant	SSC

**5) RNPC**

**List of Library Staff with their qualification**

S.N.	Name	Designation	Qualification
1	Ms.Kavita Mujbaile	Asst. Librarian	M.Lib.Sc.
2	Ms.Jaishree Agarkar	Computer Instructor	M.Phi.MSW,
3	Mr.Vijay Ganghare	Attendant	SSC



#### 4.3.3 Give details of the library holdings :

\* Print (books, back volumes, theses, journals)

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
Text Books	11530	5305	9776	5365	512	36118
Reference Books	9084	3919	5742	3630	340	22715
Journals	(Hardcopy I.109 + F. 65= 174) (Softcopy F. 178) 352	(Hardcopy I.4 + F. 12= 26) (Softcopy I. 35 + F.210=245) 271	(Hardcopy I= 57) 57	(Hardcopy I.10 + F. 10= 20) (Softcopy F.=1485) 1505	Hard copy I 2 +f 3	(Hardcopy 282) (Softcopy 1908) 2190
Archive journals (Bound vol)	3450	2048	264	266	22	6050
Thesis	881	461	85	334	25	1786

\* Average number of books added during the last three years \* Non Print (Microfiche, AV)

S.N.	Name Of Institution	Books Purchase in 1/4/2014 to 31/3/2015		Books Purchase in 1/4/2015 to 31/3/2016		Books Purchase in 1/4/2016 to 31/3/2017	
		Qty	Cost	Qty	Cost	Qty	Cost
1	JNMC	757	14,01,987	554 books	6,55,000	263	408028
2	SPDC	196	159243	347 books	1,99,041	192	1,77.716
3	SRMMCEN	1194	4,06,086	880	3,49,307		
4	MGAC	1605	644284	651	2,58,110	909	446332
5	RNPC			—	—	70	53264

\* Electronic (e-books, e-journals)

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
E-books downloaded	3242	2662	105	4356	--	10365
E-Journals(online)	178	245	33	1485	Include in JNMC	1941

\* Special collections (e.g. text books, reference books, standards, patents)

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
Research Topics	27	17	21	7	5	77
CD Animation	15	17	5	210	9	256
Monograms	28	13	5	13	12	71
Digital Database	433	200	155	834	02	1624
CD & Video	870	674	272	685	147	2648

\* Book bank

INFORMATIONS	JNMC	SPDC	MGACH&RC	SRMCON	RNPC	TOTAL
Book Banks	114 set	60 set	84 Set	235 set	10 sets	449 sets



\* **Question bank**

The University has validated electronic question bank for all programs at every level along with their model answers, which is duly displayed in the digital Kiosks installed in the library.

**4.3.4 To what extent is ICT deployed in the library? Give details with regard to**

Library automation	Yes, Libnet in-house Software
Total number of computers for general access	175
Total numbers of printers for general access	10
Internet band width speed □ 2mbps □ 10 mbps	2 Gbps
Institutional Repository	Yes
Content management system for e-learning	Yes
Participation in resource sharing networks/consortia (like Inflibnet & Delinet	Yes

**4.3.5 Give details of specialized services provided by the library with regard to Manuscripts**

- \* Reference : Provided
- \* Reprography / scanning : Provided
- \* Inter-library Loan Service : Yes
- \* Information Deployment and Notification : Yes
- \* OPACS : Yes
- \* Internet Access : Provided through Wi-Fi
- \* Downloads : Facility in place
- \* Printouts : Facility in place
- \* Reading list/ Bibliography compilation : Yes, 488
- \* In-house/remote access to e-resources : Yes
- \* User Orientation : Yes, prominently depicted and library staff actively facilitates the same
  
- \* Assistance in searching Databases : provided by the staff in digital library and flow charts are also displayed
  
- \* INFLIBNET/HELINET : Yes

**4.3.6 Provide details of the annual library budget and the amount spent for purchasing new books and journals.**

The library committee makes the budget for the library and upon sanction by the finance committee the faculty wise allocation is done. The budgetary allocation for last 4 years and its utilization is depicted below. During all the past 4 years the budget utilization was consistently above 90 percent.

FY 2012-13		(In Lacs)	
Sr no	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	2	1.17
2	JNMC/RNPC	55	46.13



3	SPDC	24.75	26.49
4	MGAC	8	8.16
5	SRMMCON	10	15.39
	<b>TOTAL</b>	<b>99.75</b>	<b>97.34 (98%)</b>

FY 2013-14		(In Lacs)	
Sr.No	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	1	0
2	JNMC/RNPC	46	53.17
3	SPDC	25	11.64
4	MGAC	8	10.45
5	SRMMCON	10	13.48
	<b>TOTAL</b>	<b>90</b>	<b>88.74 (99%)</b>

FY 2014-15		(In Lacs)	
Sr no	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	2	2
2	JNMC/RNPC	61	60.93
3	SPDC	35	23.71
4	MGAC	10	11.72
5	SRMMCON	10	6.64
	<b>TOTAL</b>	<b>118</b>	<b>105.00 (89%)</b>

FY 2015-16		(In Lacs)	
Sr no	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	5	4.5
2	JNMC/RNPC	55	50.18
4	SPDC	23	17.44
5	MGAC	10	14.75
6	SRMMCON	10	9.47
	<b>TOTAL</b>	<b>103</b>	<b>96.34 (94%)</b>

FY 2016-17		(In Lacs)	
Sr no	Name of Unit	Library	
		Approved Budget	Utilisation
1	DU	1	2.94
2	JNMC/RNPC	78	65.77
3	RNPC	2	1.25
4	SPDC	9	12.65
5	MGAC	13	12.35
6	SRMMCON	10	10.66
	<b>TOTAL</b>	<b>113</b>	<b>105.62 (93%)</b>



**4.3.7 What are the strategies used by the library to collect feedback from its users? How is the feedback analyzed and used for the improvement of the library services?**

- Structured feedback pertaining to library is obtained from the students annually
- The suggestion boxes are provided
- Annual interactive meetings between the students and the Vice Chancellor and other higher officers are organized wherein feedbacks are obtained
- Students are given representations in the library committee and their valid suggestions are duly incorporated.

The annual structured feedback is analyzed through the independent agency. The suggestions of the students are discussed at the appropriate university forum. The valid suggestions are converted in the actionable points and the responsibilities are assigned to the concerned officers for timely action. The compliance is ensured in time bound manner by periodic reviews through effective MIS systems in place.

Minor suggestions and grievances are placed before the library advisory committee, they are redressed timely and those requiring actions are converted into actionable points and time bound compliance redressal is ensured by periodic reviews.

**4.3.8 List the efforts made towards the infrastructural development of the library in the last four years.**

The various initiatives taken by the University in last four years are

- Air cooling/ conditioning of the reading rooms
- Increasing the number of book sets in book bank and ensuring that the book bank facility is extended to not only the socioeconomically backward students but also to the meritorious students
- Upgradation of Wi-Fi facility
- Upgradation of computers in digital rooms

**4.4 IT Infrastructure**

**4.4.1 Does the institution have a comprehensive IT policy with regard to:**

**\* IT Service Management**

Yes, the University has a comprehensive IT policy for IT services management, covering all the parameters herein.

**\* Information Security**

The University is having centralized data centre for maintenance of the Data of entire campus, pertaining to Offices & Hospital. The users are provided access through user level security / authentications to their data and security is managed by IT staff. Direct access to information from outside campus is limited with user access rights. Other public related information is open through portal for all with server level securities.

**\* Network Security**



All the computers are connected in LAN locally with manageable switches and routers with different user's access policies to secure and monitor network efficiently. Apart from this the institutional computers are connected with WAN through firewall to restrict outside users to access the internal data or information. Policy for the information securities are made and maintained through the centralized Data Center with dedicated staff.

\* **Risk Management**

All data is stored at centrally located Data Centre with proper security access only to staff managing the same. The servers for the application / database and data are configured along with database mirroring and data recovery system. The backup servers are available with NAS for the regular auto backups of Data Center at the remote end. All servers and user computers are protected with antivirus software to protect from viruses and unauthorized access. Review of all logs and backup activities are monitored quarterly.

\* **Software Asset Management**

The records of software assets are maintained centrally by IT department system wise. IT department takes review annually for all the requirements related to softwares.

\* **Open Source Resources**

NA

\* **Green Computing**

Disposal of the e-waste is done on regular basis as per statutory guidelines.

#### 4.4.2 **How does the institution maintain and update the following services?**

\* **Hospital Management Information System (HMIS)**

The HMIS is implemented at Hospital for better patient service with quality treatment. The HMIS is maintained 24x7 by IT department having dedicated staff comprising of software engineers, database expert, network engineers and hardware engineers. The University is having data centre to maintain all data centrally with high uptime for users. Trainings for users are taken monthly.

\* **Electronic Medical Records System (EMR)**

Electronic Medical Records System is integrated with HMIS and having access to all concerned users ensuring proper data security and maintained by IT department centrally.

- \* The Digital diagnostic and imaging systems including PACS are implemented across the Hospital with secured remote access from outside Hospital for expert opinion if required. IT department maintains the PACS centrally at Data Centre with proper data security and backups.





#### **4.4.3 Give details of the institution's computing facilities i.e., hardware and software.**

- \* Number of systems with individual configurations : 937 (Dual Core i3)
- \* Computer-student ratio : 1:3
- \* Dedicated computing facilities : 937
- \* LAN facility
  - All the computers are connected with LAN centrally to the Data Center through the Wired (Cat-6 / OFC)/ Wireless media, with proper network security through routers and manageable switches.
  - All the units are directly connected through the fiber optic cable to the Data Center under the project of the HRD.
- \* **Wi-Fi facility**–  
The Wi-Fi facility is available as under:
  1. DMIMS Wi-Fi to all the units through the internal access points, dedicated slot of bandwidth being configured from 1 GBPS lease line provided by NKN.
  2. The constituents units including all Hostels and open area in the campus are having Wi-Fi facility by virtue of the internal and outdoor access points installed at various locations.
- \* Proprietary software–(HIMS, Student ERP, Tally, Oracle 12g, Visual Studio, Crystal report 10, MS Office, Microsoft OS, Net protector etc..)
- \* Number of nodes/ computers with internet facility - 626
- \* Any other (specify) – Telemedicine facility is available at 3 remote locations for needy people. IPEPBX is installed for fast communications.

#### **4.4.4 What are the institutional plans and strategies for deploying and upgrading the IT infrastructure and associated facilities?**

- The University plans for augmentation of HMIS and some other applications facility to be provided on mobility basis, the hardware and software infrastructures are to be developed accordingly.
- To promote cashless transactions, the facility of e-payments is proposed.
- Up-gradation of student interface software
- Up-gradation of the telemedicine center.

#### **4.4.5 Give details on access to on-line teaching and learning resources and other knowledge and information database/packages provided to the staff and students for quality teaching-learning and research.**

- Internet facility for the all the departments is provided for the online teaching
- All the lecture halls are connected through LAN and the server for the presentations is made available centrally. The presentations can be viewed through the LAN for conducting the lectures.
- Wi-Fi facility is provided to all the departments through access points.
- Separate web page is designed for the research and management.

#### **4.4.6 What are the new technologies deployed by the institution in enhancing student learning and evaluation during the last four years and how do they meet new / future challenges ?**

- All the hostel and residential areas are connected through Wi-Fi, through which students are able to access all the academic information for their studies.



- All the power point presentation of the validated LRM is made available through Kiosk system
- The attendance of the students is marked through biometric machine and updated on daily basis.
- The notifications and the attendance is regularly updated and is accessible to all the students through Kiosk system
- The comprehensive academic calendar is displayed on the Kiosks at the beginning of the academic term depicting time table, list of holidays, vacations, dates of formative and summative exams and the dates of declaration of the results.
- Facility for digital fee payment is provided.
- The results of the examination and mark sheets can be seen by the students in the portal provided on the website.
- The attendance of the students and their academic progression can be monitored by the parents through the portal provided on the website which is password protected to maintain secrecy and privacy.
- e museum is developed for the students through which the study material for individual subject can be studied through the educational CDs and DVDs.
- Digital libraries are available for all the constituent units.  
For evaluation purposes
  - Validated electronic question bank along with model answers is available
  - The same can be availed by the paper setters and moderators for online paper setting and moderation.
  - The process of online evaluation of the answer sheets is in pipeline
  - The MCQ are evaluated by scanning of ORM answer sheets.
  - The results of the thesis can be submitted online by the evaluators
  - All these steps are undertaken to make the process of examination free, fair, credible and transparent and also to ensure declaration of results within 15 days.

#### **4.4.7 What are the IT facilities available to individual teachers for effective teaching and quality research?**

- Wi-Fi facility is provided
- Necessary hardware is provided in the department/ staff chambers
- Technical assistance is provided by the EDP section for making LRM
- Research data processing and statistical work up is facilitated by trained medical statisticians and with the help of necessary softwares provided to them.
- Facilities for clinical photography and Photomicrography are provided in-house.
- Library resources/ literature are shared digitally.
- All the computers installed in the lecture halls are connected to centralized server through the LAN (intranet). The lectures presentations for forthcoming week are stored in the server which is accessed in the lecture hall for the teaching purpose by the faculties.
- The lectures are being presented on LCD projection for proper visualization throughout the lecture hall.
- Wi-Fi facility is made available in all the lecture halls.
- Recorded lectures of the senior teachers are available in the library.

#### **4.4.8 Give details of ICT-enabled classrooms/learning spaces available within the institution. How are they utilized for enhancing the quality of teaching and learning?**

The audio visual systems are installed in the lecture hall in all the colleges. Regular classes in lecture halls are taken through the LCD presentations with audio systems.



All the computers installed in the lecture halls are connected to centralized server through the LAN (intranet). The lectures presentations for forthcoming week are stored in the server which is accessed in the lecture hall for the teaching purpose by the faculties.

**4.4.9 How are the faculty assisted in preparing computer-aided teaching-learning materials? What are the facilities available in the institution for such initiatives?**

- Computers are provided for preparation of the presentations in each Department.
- Technical support is provided by the IT Department.

**4.4.10 Does the institution have annual maintenance contract for the computers and its accessories?**

Yes, Separate IT/ EDP department under the University comprising of hardware, software engineers and technicians is maintaining all the hardware and softwares. The institution has entered MOU with the ADCC an IT company which lends advanced technical support for major maintenance and breakdown work pertaining to hardware and software related problems.

**4.4.11 Does the institution avail of the National Knowledge Network (NKN) connectivity? If so, what are the services availed of?**

Yes, the lease line of 1 GBPS is provided by the NKN.

**4.4.12 Does the institution avail of web resources such as Wikipedia, dictionary and other education enhancing resources? What are its policies in this regard?**

NA

**4.4.13 Provide details on the provision made in the annual budget for the update, deployment and maintenance of computers in the institution.**

**FY 2013-14**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	1	3.01
2	JNMC/AVBRH/RNPC	11	49.6
3	SPDC	5	4.83
4	MGAC	2	4.85
5	SRMMCON	2	4.1
	<b>TOTAL</b>	<b>21</b>	<b>66.39 (316%)</b>

**FY 2014-15**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	1	4.87
2	JNMC/AVBRH/RNPC	36	77.41
3	SPDC	7	5.19
4	MGAC	5	9.68
5	SRMMCON	2	3



	<b>TOTAL</b>	<b>51</b>	<b>100.15 (196%)</b>
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**FY 2015-16**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	5	15.73
2	JNMC/AVBRH/RNPC	60	70.04
3	SPDC	14	7.42
4	MGAC	5	10.22
5	SRMMCON	5	6.39
	<b>TOTAL</b>	<b>89</b>	<b>109.8 (123%)</b>

**FY 2016-17**

Sr. No.	Name of Unit	Computer	
		Approved Budget	Utilization
1	DU NGP	5	4.69
2	JNMC/AVBRH	170	45.39
3	RNPC	2	1.7
4	SPDC	5	8.32
5	MGAC	7	5.14
6	SRMMCON	3	3.62
	<b>TOTAL</b>	<b>192</b>	<b>68.86 (36%)</b>

**4.4.14 What plans have been envisioned for the transfer of teaching and learning from closed institution information network to open environment?**

The University has upgraded its IT policy in tune with the global standards. The university provides 4G Wi-Fi campus to its inmates along with campus-wide networking. The University is a partner in National Mission on Education through Information and Communication Technology project and Shodhganga. The University has created its learning resource material which is validated by the external experts and is available to students through knowledge portal of the intranet. The University plans to provide a web based/ cloud access to these materials. In addition the University has state of the art e – CME platform in collaboration with Department of Science and Technology, GOI which is web based continuing professional development platform. The University plans to increase its user base in a phase wise manner.

**4.5 Maintenance of Campus Facilities**

**4.5.1 Does the institution have an estate office / designated officer for overseeing the maintenance of buildings, class-rooms and laboratories? If yes, mention a few campus specific initiatives undertaken to improve the physical ambience.**

Yes, the University has in-house maintenance and construction departments. Office of campus development and maintenance is headed by consultant architect and the team of trained, dedicated support staff for the purposes of:

1. Effective campus planning and management of new development and upgrading work
2. Provide timely, responsive, value added services



3. Develop and manage facilities in compliance with regulatory and quality requirements
4. Retain and develop staff for these activities
5. Improve continuously quality management services

### **Key Areas of Operation**

1. **Maintenance Service** – A Dedicated helpline available for registering the maintenance requirements through EPBAX and Intranet with multi leveled system for real time correction. 24x7 helpline for maintenance/ breakdown/ security is available.  
It also prepares the schedules for preventive maintenance of the physical infrastructure so as to increase its longevity.
2. **Development Services** - The main functions of Development Services are to perform project management, upgrading and maintenance of buildings and infrastructure development such as connectivity and barrier free accessibility keeping in mind the principles of eco-friendly development and optimum utilization of resources.
3. **Facility Services** - The main functions of Facilities Services provide good quality food at affordable prices for the retail and dining outlets. It also provides transportation services, in-house transportation, management of parking and logistics support for major events.

**The staff of Maintenance department consists of:**

#### **A) Civil Section**

Architect	01
Civil Engineer	02
Civil Assistance Engineer	04
Plumber	04
Carpenter	02
Welder	02
Supervisor	06
Labour on contract basis	---

#### **B) Electrical Section:**

Electrical Engineers	03
Electricians	15
Technician	01

#### **C) Equipment Maintenance Section:**

Bio-Medical Engineers	02
Dental Workshop Technician	01
Equipment Technician	01
O.T. Technician	04

#### **D) Computer Maintenance Section:**

Head IT services	01
Software Engineer	01
Assistant Software Engineer	01
Hardware Engineer	02
Assistant Hardware Engineer	02

In addition to the technical staff, additional administrative and supporting staff has been provided as under:



Maintenance Store I/C	01
Clerk	02
Computer Operator	01
Attendant	04

#### 4.5.2 How are the infrastructure facilities, services and equipments maintained?

The team of maintenance division is assigned the task of maintaining the infrastructure. The maintenance activities are divided in two heads

1. Preventive maintenance
2. Repairs

For each block, one junior engineer/ supervisor is appointed. He takes the round of the facility as per the preventive maintenance calendar and notes down the findings requiring servicing, rectification or repairs. The periodicity of maintenance of the RO systems, compressors, cleaning of overhead water tanks, servicing of motor pumps, air conditioners, central coolers, painting etc is planned in advance and preventive maintenance work is under taken by the maintenance department either in-house or through hired agency. Budgetary allocation is made for maintenance and repairs and the funds from the allotted budget are made available for such activities.

An online complaint register is in place and the users submit their complaints online. Daily review is done and depending on priority the work, repair is undertaken in time bound manner. The status of the complaints and the action taken thereof are periodically reviewed. Services through the MIS system is in place to ensure that actions are taken in time bound manner.

#### Services

The contractual services are hired for the maintenance of gardens, sweeping and security services.

#### Equipments maintained through well organized Biomedical Engineering Unit

The equipments are maintained in top working condition at all times through a structured mechanism. The maintenance activities are again divided in preventive and corrective maintenance. Due care is taken during installation of the equipments by providing all necessary supportive gadgets ( like stabilizers, UPS, dehumidifiers) as per the recommendation of the manufacturer, to ensure their longevity and prevent breakdowns. The users are imparted training at the inception to ensure proper handling and to prevent breakdowns due to rough use. Invariably, the institution enters in CMC/ AMC with the manufacturer / supplier for all major equipments. The visits of the agency for preventive maintenance are critically monitored and the timely breakdown repairs are ensured. Data of down time in house and out house repairing time index is periodically monitored through M.I.S.

#### 4.5.3 Has the institution insured its equipments and buildings?

Yes, all the assets of the university are covered under insurance.

Any other information regarding Infrastructure and Learning Resources which the institution would like to include.

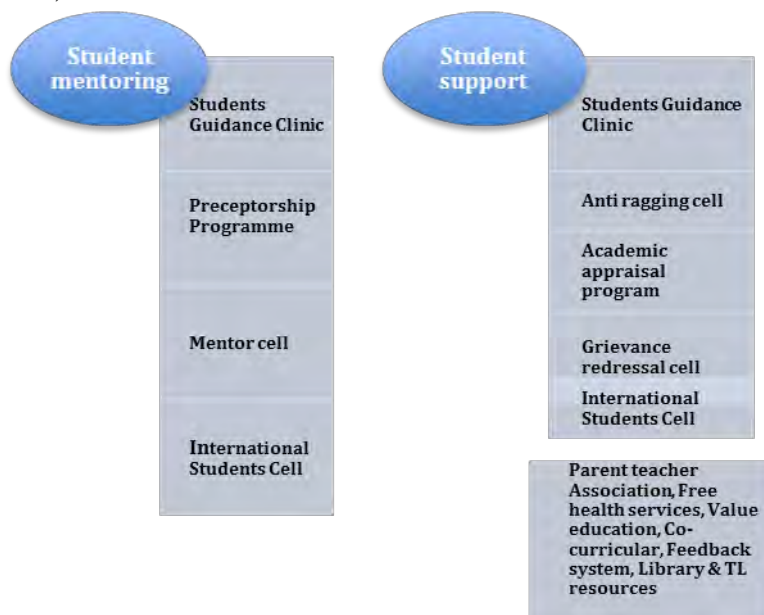


## CRITERION V: STUDENT SUPPORT AND PROGRESSION

### 5.1 Student Mentoring and Support

5.1.1 Does the institution have a system for student support and mentoring? If yes, what are its structural and functional features?

Yes, the structural and functional features are as under:



The student support and mentoring is done through various modalities like:

#### 1. Students Guidance Clinic:

The 'Students Guidance Clinic' is an innovative practice started by the Institute. It is manned by trained clinical psychologist to offer help, assistance and counseling to the needy and also provides psychological support to enhance their performance, build up their confidence and thus help them in their all-round personality development.

#### 2. Students Welfare Cell:

The Students Welfare Cell guides the students about the free-ships and scholarships available to them and also provides information, help and encouragement to participate in co-curricular activities like quizzes, debates etc. Encouraging the students by way of testimonials, awards, and prizes etc. to the best performers in academics and co-curricular activities is another noteworthy feature.



### **3. International Students Cell:**

The Cell caters to the needs of the NRI/FN/PIO students and acts as a facilitating link between them, their parents and the University.

### **4. Grievance Redressal Mechanism:**

The institute has a structured three tier grievance redressal mechanism for providing a platform to the students to vent their grievances and get them redressed through Preceptors, Institutional committees and the Grievance Redressal Cell of the University.

### **5. Anti-Ragging Cell and Mentor Cell:**

As per the recommendation of the Raghavan Committee report and the relevant notifications from UGC as well as by the apical councils, the University has established an effective Anti-Ragging Cell and Mentor Cell in order to achieve 'zero tolerance' to ragging. Resultantly, the University has a Ragging Free Campus.

### **6. Preceptorship Programme:**

It is another innovative activity wherein senior teachers are allotted ten students each for whom they act as mentor teachers. They interact periodically to review their attendance, progress and counsel them towards sorting out their relevant grievances by taking them to the appropriate forum.

### **7. Alumni Association:**

Every constituent college has an alumni association which organizes periodic interactive meetings, where they share their experiences and also take up activities for helping their alma mater.

### **8. Parent Teacher Association (PTA):**

In an attempt to involve the parents into the implementation of the academic programmes, obtain their suggestions for its better implementation and to have healthy dialogue between the parents, teachers and the students; this Association has been established.

### **9. Free Health Services and Health Insurance:**

Free health services including health insurance facilities have been provided for the students. All hostels have been provided with first aid boxes. The teaching hospital provides emergency care and free health services to the students. Biannual Medical examination of all the students is done free of cost by the teaching hospitals.





#### **10. Feedback system from stake holders:**

Constructive feedback from the stake holders is obtained for improving the implementation of academic programmes and policies.

#### **11. Value Education Cell:**

The subject “value education” has come to acquire increasing prominence in educational discussions at all levels during recent times in our country. The issue has been projected as one of national priority in the National Educational Policy (NPE), 1986. The Policy declares: “the growing concern over the erosion of essential values and an increasing cynicism in society has brought to focus the need for readjustments in the curriculum in order to make education a forceful tool for the cultivation of social and moral values”.

**DMIMS (DU) is one of the first Health Sciences University in the country that has introduced value education in its curriculum.**

Value education cell is established and the curricula is framed in the form of “value education module” and approved for various disciplines. It includes a value education component & value orientation which incorporates a section on social citizenship roles.

#### **12. Co-curricular & Extra- curricular activities:**

The students are encouraged to participate in various co-curricular activities including games and sports. They participate and excel at various such activities organized at College level, at inter-collegiate and Regional/National levels. The Institute organizes annual sports meet (‘ENERGIA’) in which students from all constituent colleges participate enthusiastically. In addition, a Vidarbha level inter-collegiate sports events (‘IMPULSE’). is also organized every year by the institute. They also participate in the events organized at inter-university and national levels. The students who excel are encouraged by rewarding them with appreciation letters, certificates, medals, prizes and awards. Some of them are also given incentive in the form of fee concessions based upon their socio-economic status.

The sports infrastructure available to the students is excellent and all activities are carried out under guidance and supervision of a qualified sports officer. There is an excellent facility of gymnasium and swimming pool at the health club in the campus.

The students are also encouraged to participate in other State/ National/ International co-curricular activities like debates and quiz competitions within and outside the institute.

The college annual magazines are published to give opportunities to the students to express their literary and creative talent. Students committees work together under



the guidance of faculty in-charges to bring out annual college magazines in each constituent college.

Formal NSS activity is in place. Various activities conducted are awareness programs, health check-up camps, tree plantations, blood donation camps, 'Swaccha Bharat Abhiyaan' etc.

### **13. Academic Appraisal Program (AAP):**

One of the unique activities of this University in the domain of curricular transaction is the Academic Appraisal Programme. The AAP focuses on internally auditing the extent and the manner of dispensation of the academic task assigned to the constituent colleges as well as the adherence to the academic calendar notified by the University at the beginning of the academic term. It is as such a novel way of student led monitoring of quality of teaching practiced in the University. It helps to continuously re-adjust teaching learning process & supporting infrastructural augmentations in a timely manner.

### **14. Recognition to meritorious students:**

There is a well-crafted reward and incentive scheme of the University for encouraging and rewarding the meritorious students. The University has a policy for free-ship, scholarship for the meritorious performance. The students who excel in the co-curricular activities at the National & International level are also given concession in the fees. Participation in the UG research is awarded.

The student research activities are provided funding with internal resources to inculcate and promote research culture among the learners. The students are provided financial assistance for attending the National & International conferences in terms of the policy notified by the University.

The meritorious students are awarded with laptop. During the convocation medals and cash prizes are given to the meritorious students.

### **15. Financial support to economically backward students:**

There is a well-crafted reward incentive scheme of the University for encouraging and rewarding the learners from the lower socio-economical background. The University has policy for free-ship, scholarship for the learners from the lower economical strata.

### **16. Library and Teaching learning resources :**

The University has a rich library comprising of books, e- books and journals (Print and Online) as stated below:

▪ Text books	:	36,118
▪ Reference books	:	22,715
▪ Journals (Print )	:	282
▪ Journals (Online)	:	1,908
▪ Journals (Archives)	:	6,050



All the Learning resources are freely available to staff and students. Book bank facility is in place. Student kiosks are equipped with Learning Resource Material (LRM) taught in classrooms so that students can refer later to the contents taught in classroom.

5.1.2 Apart from classroom interaction, what are the provisions available for academic mentoring?

The provisions available for academic mentoring are as under:

**1. Preceptorship program:**

The program specially entails academic mentoring of the students. The academic progress of every student is reviewed in preceptor meetings, learning issues are discussed and other academic/nonacademic concerns are sorted or referred to relevant forums.

**2. Short term student projects:**

Small projects are allotted to students with one faculty/per student as guide who guides and facilitates the project work. Advanced learners are encouraged and guided to apply for ICMR funding under STS scholarship.

**3. Student Portfolio:**

Every student maintains an e-portfolio wherein an interface is provided between student and preceptor for constructive feedback, continuous progress monitoring and needful support and interventions. This allows asynchronous communication and mentoring between the teacher and the student.

**4. Small group teaching:**

Small group teaching methods viz. Problem based learning (conventional & modified), tutorials (conventional & modified) , One minute preceptor methods, integrated teaching including all domains of learning are incorporated within the curriculum of every phase for better student participation and interaction.

**5. Academic Re-enforcements:**

Academic mentoring is also done through re-enforcement teaching programs in the form of Remedial teaching (for 'potential learners'), capsulated teaching (for academic enhancement) and Booster teaching (for the interrupted learner).

**6. Innovative academic mentoring practices:**

Evidence based journal clubs, theme based PG seminars, Undergraduate and Postgraduate research mentoring are a few innovative methods for academic mentoring.



5.1.3 Does the institution have any personal enhancement and development schemes such as career counseling, soft skills development, career-path-identification, and orientation to well-being for its students? Give details of such schemes.

Yes, the personal enhancement and development schemes practiced in this Institution are as follows:

- **Career counseling:** Career counseling is conducted for students in the final phase of their graduation through the Student guidance clinic. The external experts are invited for interactive sessions to provide career guidance & its perspectives.
- Workshops are annually conducted by Dale Carnegie certified trainers for soft skills, grooming, interview techniques and personality development.
- Students of every phase are posted to the Communication, Attitude and Phonetic (CAP) lab for professional and inter-personal skill training as a part of the curriculum.
- Presentation skills, stress and time management are a part of Post-graduate induction training program (PGITP).
- **Career-path-identification:** The credit based choice system allows students to take up electives of their choice and enhance their knowledge and skills in preferred areas of health profession.

5.1.4 Does the institution have facilities for psycho social counseling for students?

Yes, the institution has a Student Guidance Clinic (SGC) with qualified personnel for counseling of students in psycho, social, academic and personal matters. The Student Guidance Clinic is an initiative to help the students not only to improve their academic performance but also to ensure their emotional wellbeing through psychometric testing and counseling in a confidential setting by trained, experienced and qualified professionals. Psycho-diagnostic tests and psychotherapy are a part of overall functional profile of SGC.

5.1.5 Does the institution provide assistance to students for obtaining educational loans from banks and other financial Institutions?

Yes, the Institute has an MOU with Tirupati Urban Co-operative Bank to provide educational loans. It also has tie-ups with the local branches of Punjab National Bank and State Bank of India for the same purpose.



5.1.6 Does the institution publish its updated prospectus and handbook annually? If yes, what are the main issues / activities / information included / provided to students through these documents? Is there a provision for online access?

Yes, the Institute publishes three documents on an annual basis and they are:

1. **Prospectus:** It contains relevant information including the process of admission, tuition fees and the syllabus for the UG/PG entrance examination (as per UGC Regulations, 2016)
2. **Student Information Brochure:** It contains academic curriculum that includes syllabus, scheme of examinations, information about autonomous cells, hostel facilities, rules & regulations and other student support mechanisms. It ensures that the students are well informed about the various facets of the Institution.
3. **Comprehensive Annual Academic Calendar:** It contains time-table, schedule of clinical postings, examinations (Formative & Summative), date of declaration of results, holidays etc.

There is a provision of online access of the above documents through the University website, Intranet & student kiosks.

5.1.7 Specify the type and number of institution scholarships / freeships given to the students during the last four years. Was financial aid given to them on time? Give details. (in a tabular form)

- As per the policy of the University, free-ship is granted to students from economically weak backgrounds.
- Scholarships are granted to students in recognition of their meritorious academic and co-curricular achievements.
- Free-ship / concession is also granted to deserving students participating in sports/cultural competitions at State/ National / International level.

In the last four years, total freeships / scholarships provided by the University are well over Rs.4.5 Crores.

Details of freeships/scholarships is as under:

Sr.No	Institute	13-14	14-15	15-16	16-17	Total
1	JNMC	2694861	2259492	2967390	3982042	11903785
2	SPDC	2753244	1690253	2637062	11086132	18166691
3	MGAC	511997	5254966	5238819	786424	11792206
4	SRMMCON	627720	646856	648343	393972	2316891
5	RNPC	0	0	159620	0	159620
Total		6587822	9851567	11651234	16248570	44339193



5.1.8 What percentage of students receive financial assistance from State Government, Central Government and other National agencies?

As per the prevalent laws, the University does not receive any financial assistance from the State Government, Central Government and other National agencies.

5.1.9 Does the Institution have an International Student Cell to attract foreign students and cater to their needs?

Yes, the Institute has an International Student Cell to attract Foreign and International students and cater to all related matters.

The members regularly participate in International Education expos to interact and guide prospective students. Interactive seminars are conducted to highlight the salient features of the Institution and to facilitate their admission process. Formal presentations are conducted at prominent schools in various countries to promote awareness about the Institution.

The Cell takes care of International students till they graduate by catering to their needs, addressing their concerns in a timely manner and provide valuable support so that they feel comfortable in the campus and are able to concentrate on their studies. It also provides a platform to the parents to communicate their concerns and obtain valuable feedback of their wards.

5.1.10 What types of support services are available for

\* Overseas students:

International Student Cell provides a robust support service for overseas students apart from other student support mechanisms of the University. It facilitates and ensures the wellbeing of International students through the following:

- a) Acts as a single window for all admitted International students
- b) Acts as a single point of contact for their parents
- c) Ensures the completion of the admission formalities for such students
- d) Ensures the acclimatization of such students in the campus
- e) Ensures the compliance of 'anti-ragging' measures
- f) Maintains database of relevant information of such students
- g) Provides need based travel assistance for the students
- h) Arranges for the accommodation for their Parents visiting our campus
- i) Feedback mechanism is in place to address concerns, grievances and needs.



- j) Ensures the compliance regarding the registration formalities of the foreign students as per rules laid down by statutory bodies.
- k) Arrange for their training in local language for better student patient interaction
- l) Any other matter related to the welfare and needs of such students

**The Institute celebrates National days of all representative countries as a part of healthy practice.**

**Physically challenged / differently-abled student:**

As per the regulations of the Apical Council, seriously physically challenged candidates are not eligible for admission, however, reservations as per apical norms are adhered to.

The Institute has infrastructural facilities like ramps, lifts, and special toilets to cater to the needs of the physically challenged and differently abled students.

**SC/ST, OBC and economically weaker sections:**

- \* Educational loan facilities are made available and the University sponsored scholarships are provided to economically backward meritorious students.
- \* Book Bank facility is available to economically and socially backward students through libraries of the constituent colleges.
- \* The facility of fee concession is also extended to such students as per policy of the University.

**Students participating in various competitions/conferences in India and abroad:**

- a. **Administrative support:** Students are encouraged for participating in various competitions /conferences in India and abroad by deputations, providing financial and logistic assistance.

Institute also encourages organization of academic and non-academic activities like annual student conferences (Undergraduate and Post graduate students) and annual social gathering thereby providing a platform for presentation of their work, skill and abilities.

- b. **Academic support** is provided through reducing the attendance denominator, capsulated teaching to compensate the academic loss and flexibility in Part completion examinations. Additional weightage of marks is given in Internal Assessment for students who are enrolled for Short term studentship (STS scholarship) granted by ICMR.
- c. **Financial Support:** Financial support is provided, in terms of TA/DA and registration charges to the participants as per the policy of the University. Students who are selected for State or National level competitions are given fee concessions.



**Health center, Health insurance etc.:** ‘Dattatreya Health insurance scheme’ is provided by the teaching hospital to every student with all type of health care services up to a total of Rs.1 lac /year. There is a dedicated yoga and meditation center and mind body clinic for ensuring a sound body and body.

**\* Skill development** (spoken English, computer literacy, etc.):

1. Soft skills, interpersonal skills and values are addressed through workshops conducted by Dale Carnegie certified trainers.
2. Communication, attitude and behavioural skills are inculcated through postings in CAP lab wherein students are taught by using validated modules and role plays available for every phase.
3. Training in local languages as well as training in English is provided for students from other states and countries.
4. Institute encourages development of organizational skills and team work by encouraging the students to organize annual undergraduate and post-graduate conference and the annual social gathering.
5. Young Undergraduate as Administrators program (YUGA): This program focuses on training of undergraduates in Administration skills, managerial skills, right attitudes and problem solving capacity enhancement. It gives an opportunity to undergraduates to lead and manage events, give radio talks, organise awareness campaigns, Competitions, rallies etc. with faculty acting as facilitators.
6. Psycho-motor skill training: Basic and advanced skill lab facilitates development and enhancement of psychomotor skills.
7. Life support skill training: Training in basic and advanced life support (certified by American Heart Association) is provided to every student.
8. Skill enhancement: Skill enhancement opportunities are provided to the students by unhindered access to Skill labs, digital library, e-museum, virtual learning lab, Student kiosks etc.

**\* Performance enhancement for slow learners:**

- The Institute identifies students who require special learning conditions as “Potential learners”. They are identified on the basis of their academic performance through well-defined mechanisms (like preceptor-ship meetings, autonomous cell meetings and college council meetings).
- Academic counseling for potential learners is routed through Students Guidance clinic for students referred via Preceptor meeting, Attendance cell, and Examination cell.
- Academic support is provided through remedial and booster teaching, peer assisted teaching and in-class formative assessments.
- In addition, all other facilities like Skill labs, virtual learning labs, e-museum and student kiosks etc. are also available for learning reinforcements.





\* exposure of students to other institutions of higher learning/ corporates/business houses, etc.:

The institution has collaboration and linkages with reputed institutions and opportunity for higher learning is provided to students.

Few International collaborations are: Chester University, Karlstad University Sweden, University of Sydney, University of Wisconsin, Maddison School of Public Health and Medicine, USA etc.

Students deputed for higher learning are as under;

SN	Name of students	Institute	Year	University
1	Roshni Varghese	B.Sc. Nursing	2013	Karlstad University Sweden
2	Poonam Mulupuru	B.Sc. Nursing	2013	Karlstad University Sweden
3	Navnita Jadhav	B.Sc. Nursing	2014	Karlstad University Sweden
4	Angel Raju	B.Sc. Nursing	2014	Karlstad University Sweden
5	Merlyn Jacob	JNMC	2014	University of Sydney
6	Dr. Vishal Shah	JNMC	2015	Chester University
7	Dr. Himanshu Mansharamani	JNMC	2015	Chester University
8	Sumer Bora	JNMC	2016	University of Sydney
9	Chirag Agrawal	JNMC	2016	University of Sydney
10	Shreyan Mohapatra	JNMC	2016	University of Wisconsin, Maddison school of public health and Medicine, USA

\* **Publication of student magazines, newsletters:**

Annual student magazine consisting of academic, literary and informative contributions from students of all constituent units is published and is available on the University website.

5.1.11 Does the institution provide guidance and/or conduct coaching classes for students appearing for competitive examinations (such as USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS)? If yes, what is the outcome?

Yes, the Institution conducts coaching classes for students appearing for competitive examinations for PG entrance examination in meaningful collaboration with the outside experts. Infrastructural support beyond working hours is provided to a leading coaching academy.

In the faculty of Medicine 78 % and in the faculty of Dentistry about 43% students opted for post-graduation during last five years. In the faculty of Nursing 7% students opted for post-graduation and 90% of students got employment opportunities in and outside the country. In the Faculty of Ayurveda, the cumulative percentage of employability and post-graduation is 93%.



5.1.12 Mention the policies of the institution for enhancing student participation in sports and extracurricular activities through strategies / schemes such as

Additional academic support and academic flexibility in examinations:

Academic support is given to such students through capsulated teaching program to overcome the academic loss. There is provision of flexibility in part completion examinations for students participating in such activities. Additional weightage in Internal assessment mark for is given for students who receive ICMR-STs project grant by ICMR. University Re-sit examination provides an additional opportunity to minimize academic loss.

Special dietary requirements, sports uniform and materials:

- \* Professional dietary advice is provided by dietician for such activities and the adherence to same is ensured by hostel mess. Sports uniform and material are provided by the University.
- \* any other (specify)

There is provision of Fee concession for students who are selected for National / International level competitions for representing the state/ country. The students are officially deputed for various National and International events.

5.1.13 Does the institution have an institutionalized mechanism for student Placement? What are the services provided to help students identify job opportunities, Prepare themselves for interviews, and develop entrepreneurship skills?

Yes, the University has a centralized Placement Cell.

The Cell provides the following services: -

- a. Aids the students to prepare for the Post Graduate Entrance exams especially in case of Medical and Dental students. Space has been provided to a leading Entrance Exam Coaching center in the campus to facilitate the preparation of the students.
- b. Arranges workshops on Personality development, grooming and preparing for interviews and group discussions
- c. Arranges Campus Recruitment drives for students especially with respect to the Nursing, Ayurveda, Hospital Administration and Public Health students
- d. Maintains data related to the placement including those pursuing higher education of its students.
- e. Guest lectures are arranged by inviting experts from the related industry to give the students an insight into the actual working and also the avenues for development of entrepreneurial skills
- f. Counselling and career guidance is also provided to the students in house as well as from invited experts.



The graduates coming out of the constituent colleges mostly opt for self-employment, more so in case of medical and dental courses. However, sizable number of students get the opportunity to pursue post graduate studies in the faculty of Medicine and Dentistry.

In the faculty of Medicine 78 % and in the faculty of Dentistry about 43% students opted for post-graduation during last five years.

In the Faculty of Nursing 7% students opted for post-graduation and 90% of students got employment opportunities in and outside the country.

In the Faculty of Ayurveda the cumulative percentage of employability and post-graduation is 93%.

5.1.14 How does the institution provide an enriched academic ambience for advanced learners?

The institution provides an enriched academic ambience for advanced learners in the following ways:

- a. Deputation to International Universities for higher learning.
- b. Representing the Institution in academic competitions (Quiz, Debates, etc.).
- c. Encouragement to apply for extra mural funded projects (by one is to one academic mentoring)
- d. Participation in scientific presentations at National and International scientific forums.
- e. Involvement of students with exceptional scientific temperament in the ongoing funded projects.
- f. Identification of high achievers as “Peer Tutors” for teaching and mentoring peers.
- g. Opportunity to represent their batch in various Institutional committees.
- h. Recognition of merit by awarding a Laptop as per the well-defined scheme of the University.
- i. Recognition of merit by providing opportunity to the University topper (by rotation) to hoist the National flag on Independence and Republic day.

5.1.15 What percentage of students drop-out annually? Has any study been conducted to ascertain the reasons and take remedial measures?

There are no drop-outs at any level except rare cases where “Migration” is permitted as per the governing rules of the Medical Council of India.

5.1.16 Give the number of students selected during campus interviews by different employers (list the employers and the number of companies who visited the campus during the last four years).

Number of students selected during campus interviews by different employers are **813** in last four years.



Some of the employers/ companies who visited campus during last four years are:

1. Wockhardt Hospital
2. Shri Krishna Hrudyalaya
3. CARE Hospital
4. Tata Consultancy Services
5. Madhav bag
6. BVM India

5.1.17 Does the institution have a registered Alumni Association? If yes, what are its activities and contributions to the development of the institution?

Yes, the institution has a registered Alumni Association with the motto of strengthening the bond between Alumni and the Alma Mater. It has its own website with a facility for online registration. Yearly “Get Together” and “Interactive Meets” are organized. Alumni of the institute are well placed in India and abroad.

Activities and contributions to the development of the institution are as follows:

- Endowment of the gold medal
- International symposia
- Oration on socially relevant issues
- Motivational speech
- Fund raising activities
- Donation of scientific/clinical equipment
- Contributions towards curriculum revision through structured feedback mechanism.

5.1.18 List a few prominent alumni of the Institution.

1. Dr. Anand Sancheti – Cardiovasculothoracic surgeon, Association head
2. Dr. Anand Lohia – Pathologist, Denmark
3. Dr. Shivam Mittal: Research fellow, Yale School of Medicine, Fellowship, Mayo clinic
4. Dr. Anubha Bang: MBA, USC School of Marshalls, Senior Consultant, Deloitte Consultancy
5. Dr. Elakshi Morey: Mrs. India 2015
6. Dr. Hemant Unadkat : Research Scholar, Singapore
7. Dr. Ujjwal Patni : Motivational speaker
8. Ku. Mercy S. Kharat , Vice Principal Suretech College of Nursing, Nagpur
9. Ku. P. Leelawati , Principal, College of Nursing, Vijaywada
  
10. Mr. Meena R. Tiwari, , Principal ,Govt. College of Nursing, Nagpur
11. Abhai Chacko, Staff Nurse, Australia
12. Dr. Vivek Sharma, Executive committee Member, Dental Council of India
13. Ku. Manisha Shukla, Deputy Director Nursing services, Ujjain, MP
14. Sheikh Abdul Wasim Abdul Habib, Principal, Saraswati GNM School, Chandrapur



15. Alwadkar Indu Prakashrao, Principal, SRMM School of Nursing, Wardha

5.1.19 In what ways does the institution respond to alumni requirements?

Based on regular interaction with the Alumni via on site events and online portals, the Institute responds to their requirements in the following ways;

1. **Professional development:** Online Continuous Professional Development activities are organized. This provides an opportunity to the alumni to update their knowledge and earn credit points for renewal of registration. A mobile friendly alumni portal is created for allowing them to stay connected and share knowledge and experiences on a common platform.
2. **Recommendations:** Need based recommendations and related documentation is provided to Alumni for professional advancements.
3. **Knowledge sharing platform:** Institution facilitates their interaction with students for motivating and guiding them in career path.
4. **Extension of professional services:** The institute provides support for organization of community based activities like health camps.
5. **Recognitions:** The alumni who are well placed, achieved any professional excellence, or have any outstanding achievements are showcased on the University website.
6. **Others:** Benefits like fee concession for wards of Alumni in different educational Institutes of the group, discounts in loan, on-line gift vouchers are extended to the alumni.

5.1.20 Does the institution have a student grievance redressal cell? Give details of the nature of grievances reported. How were they redressed?

Yes, institution has a student grievance redressal cell and following is the mechanism:

Each constituent college has a 'Grievance Redressal Cell' (GRC). The university has the 'University Grievance Redressal Cell' which redresses the grievances at the University level and also functions as an appellant authority. The meetings of the cell are held on a need-based manner. The representations received from the students are placed before the cell which are looked in to by the members of the cell in a most transparent and unbiased manner. The recommendations of the cell are analyzed and forwarded to the appropriate administrative authority for the needful action.

A separate grievance redressal cell for women employees & female students is also in place.

The grievances of the students are looked into at various levels depending upon its nature, as stated below:

- i. Departmental level – Head of the Department
- ii. Institutional level- Dean & Vice Deans of the institution
- iii. Attendance & Examination cell – Dean & the Conveners of the respective cells



- iv. Hostel – Rectors & the Chief Rector
- v. University level – Registrar, Controller of Examinations & the Vice Chancellor.
- vi. The Preceptor-ship programme is also availed for the purposes of grievance redressal of the students. The observations of the preceptors made during the interaction with the preceptees are forwarded to the respective authorities for prompt & timely action. The review of the preceptor- ship program& its functioning is taken by the college council on monthly basis.

The nature of grievances reported and mechanisms through which they were dealt with are:

- a. Attendance percentage, particularly progressive attendance. : redressed by respective department / Attendance cell
- b. Pertaining to clinical postings.: redressed in College council meeting
- c. Non-eligibility in University examinations due to inadequate progressive attendance / part completion examination marks: dealt in College council meetings
- d. Hostel issues pertaining to Mess, infrastructural facilities: redressed by Hostel committee
- e. Complaints against peers, College bus timings, library timings: redressed by College Council meeting
- f. Departmental academic issues: Redressed by Department/Preceptor/College Council

5.1.21 Does the institution promote a gender-sensitive environment by (i) conducting gender related programs (ii) establishing a cell and mechanism to deal with issues related to sexual harassment ? Give details.

Yes, the institution promotes a gender-sensitive environment through Institutional Forum for women & the Sexual Harassment committee at the University level.

**Institutional Forum for women:** The forum has been constituted & working effectively and suggest preventive administrative and other measures from time to time in this regard. The forum carries out activities throughout the year.

Students are oriented towards the composition, objectives and functioning of Women's forum during Induction programs for Undergraduate students, Interns and Post graduate Students. Every constituent college has identified "Gender Champions" from respective phases who promote gender equality and help women's forum in organizing various related activities. Women's forum of the Institute recognizes 22nd June as "Gender equality day" wherein various gender equality related activities and events are organized (Essay, elocution, 'modak' making competition , poster and drawing competition on gender



equality, tree plantations, guest lectures etc.). The University has carried out a gender audit.

**Sexual Harassment committee:** The committee is in place to deal with similar issues. Students are oriented towards the composition, objectives and functioning of the committee during Induction programs for undergraduate students, Interns and Post graduate students.

The awareness regarding the Sexual Harassment committee is widely done through display of posters at the prominent places.

5.1.22 Is there an anti-ragging committee? How many instances, if any, have been reported during the last four years and what action has been taken in these cases?

Yes, the anti-ragging committee is in place with the principle of “Zero tolerance”. No incidence of ragging has been reported in last four years. The guidelines as per Raghavan committee report is strictly adhered to.

5.1.23 How does the institution elicit the cooperation of all its stakeholders to ensure the overall development of its students?

The various stakeholders are Faculty, Administrative authorities, parents, community, patients, alumni, policy makers and governing bodies. The University elicits cooperation of all its stakeholders to ensure overall development of students in following ways:

**Faculty:**

- The cooperation from the Faculty is elicited by encouraging them to participate in FDPs & CPDs, thereby ensuring the transfer of updated knowledge base to enhance the learning experience of the students.
- Recognition & appreciation of best performers in the domain of Teaching – Learning in terms of rewards & promotions leading to good academic ambience.
- Undertaking educational projects for generating evidence aimed towards better teaching learning outcomes.
- Preceptorship program

**Administrative authorities:**

- Strict Monitoring of Teaching learning and assessment activities
- Academic appraisal program as a method of student feedback (quantitative) for timely teaching learning adjustments within the curriculum.
- Autonomous cells for smooth academic progress and grievance redressal
- Review of curriculum, syllabus progression and functioning of autonomous cells through regular meetings (college council, JCC, Autonomous cell meetings )
- Student representation in all academic matters
- Ensuring implementation of all the learner centric policies and best practices
- Relevant and timely incorporations within the curriculum as notified by governing bodies

**Parents:**

- Maintaining communication with Parents/ guardians. Parents can monitor the progress of



their wards (examination scores, attendance – current and progressive) through a unique ID and Password on the web portal.

- Timely communications through Letters, SMS and phone calls.
- Parent Teacher association and its annual meeting
- Feedback in curriculum revision process
- Appreciation mail to parents for outstanding achievement of their wards.

**Community:**

- Community oriented teaching learning activities like community postings, village adoption scheme, posting to rural and urban health centres and early clinical exposure in community settings.
- Extension activities through different camps like health camps, NSS camps etc.
- Health awareness programs, Street Plays, Rallies, Role plays etc.
- Feedback in curriculum revision process

**Patients:**

- Free Transportation provided to the patients.
- Subsidized health care services & Insurance benefits.
- Comprehensive Health Care Team (CHCT), Family adoption scheme
- Involvement of patients in various TL and assessment methods

**Alumni:**

1. Continuing Professional development activities
2. Providing Recommendation and related documents
3. Providing knowledge sharing platform
4. Extending support for community services
5. Recognizing outstanding achievements and professional excellence
6. Benefits like fee concession for wards of Alumni in different educational Institutes of the group, discounts in loan etc.

**Governing bodies and Policy Makers:**

- Issue of directives & policies.
- Ensuring compliance of the rules and regulations as specified from time to time.
- Ensuring the quality sustenance & enhancement through Assessments & Accreditations by relevant agencies.

5.1.24 How does the institution ensure the participation of women students in intra-and inter-institutional sports competitions and cultural activities? Provide details of sports and cultural activities where such efforts were made.

Policies are in place to motivate the participation of women students in sports & cultural events.

**Sports:** Women's cricket, football, short-put, Javelin throw, Basketball, Volleyball, Badminton, table tennis, carom and chess competition in annual sports meet "ENERGIA"

**Cultural:** Performance of maximum female students in the Annual social gathering event.





5.1.25 Does the institution enhance the student learning experience by providing for rotation from the teaching hospital to the community and district hospital during the internship period?

Yes, the Institution has a compulsory Internship rotation program under which an Intern is posted not only to the teaching hospital of the Institute but also to the Community based Hospitals namely ;

- Rural health training center, Seloo
- Rural health center, Deoli
- Urban health Training center ,Wardha
- Urban Health care center , Tarfail

Apart from the routine postings interns are also deputed at the following Community based Public Health Institutes for enhancing the Community based learning experience:

1. District malaria Center
2. District Tuberculosis Office and DOTS center
3. ART Center and ICTC
4. District Training center under DHO

Every Intern is allotted a Community Based research project focused on priority public health problems under the guidance of a faculty member. The student at the end of internship program presents the project report of the said project.

The Interns in Dental faculty are posted to 10 Satellites clinics (in rotation) to provide comprehensive oral health care to the rural population.

5.1.26 Does the institution have immunization policy for its students and staff?

Yes, the immunization policy for its students and staff is in place. All the new students are screened for their immunization status and it is ensured that they complete their immunizations as per WHO guidelines. Booster dose of Hepatitis B is given to every student.

5.1.27 Does the institution give thrust on students growth in terms of :

**Physical development:**

*Sports:* The sports infrastructure available to the students is excellent and all activities are carried out under guidance and supervision of the qualified sports officer. There is a state-of-art facility of gymnasium and swimming pool at health club in the campus.



The students are encouraged to participate in various co-curricular activities including games and sports. They participate and excel at various such activities organized at college level, inter-collegiate and Regional/National level. The institute organizes annual sports meet ('ENERGIA') in which students from all constituent colleges participate enthusiastically. In addition, Vidarbha level inter-collegiate sports event ('Impulse') is also organized every year by the institute. They also participate in the events organized at inter-university and National levels. The students who excel are encouraged by rewarding them with appreciation letters, certificates, medals, prizes and awards. Some of them are also given incentive in the form of fee concessions based upon their socio-economic status.

*Exercise:* Yoga training is imparted through Value education program for students of all faculty.

**Emotional Control:** Students guidance clinic conducts in house workshops and seminars on motivation, positive attitude, personality development, stress management. Value education programs conduct sessions on Peace, Enthusiasm, Faith & forgiveness, Self-esteem & active listening, Creativity & Empathy, Problem solving and respect, thereby focusing on the emotional wellbeing of every learner. Training in CAP Lab also include behavioral adjustment techniques and attitude.

Hostel authorities provide emotional support by nurturing the concept of "Home away from home".

**Social dimension:** Social dimension to the entire training in health profession is the hallmark of the Institute. Community oriented and community based education in through various curricular strategies (Early clinical exposure, rural postings, family adoption schemes, Comprehensive community health team, community based projects, knowledge about endemic diseases etc.) ensure training based on local needs of the community. Participation of students in extension activities like camps, rallies, orientation programs, role plays also adds to the social dimension of training.

**Spiritual growth.** : Value Education program specifically focuses on the spiritual growth of every student. Meditation techniques with hands on are taught during value education classes conducted by the Value Education Cell.



## 5.2 Student Progression

- 5.2.1 What is the student strength of the institution for the current academic year? Analyze the Program-wise data and provide the trends (UG to PG, PG to further studies) for the last four years.

### Student Strength:

Student Progression	
Student Progression	Against Enrolled
UG to PG	2015-16 - 117 Students
	2014-15 - 96 Students
	2013-14 - 89 Students
PG to M. Phil, DM/M.Ch./DNB	2015-16 - 12 Students
	2014-15 - 16 Students
	2013-14 - 19 Students
Entrepreneurs	44 Students

- 5.2.2 What is the number and percentage of students who appeared/qualified in examinations for Central / State services, Defense, Civil Services, etc.?

: 322

- 5.2.3 Provide category-wise details regarding the number of post graduate dissertations, Ph.D. and D.Sc. theses submitted/accepted/ rejected in the last four years.

### Postgraduate Dissertations Report for last four years

Sr.No.	Year	Postgraduate Dissertations Submitted	Postgraduate Dissertations Accepted	Postgraduate Dissertations Rejected
1.	2013	102	102	00
2.	2014	139	139	00
3.	2015	154	154	00
4.	2016	150	148	02
5.	2017	173	173	00

### Ph.D. Thesis Report for last four years

Sr.No.	Year	Ph.D. Thesis Submitted	Ph.D. Thesis Accepted	Ph.D. Thesis Rejected
1	2013	5	5	0
2	2014	4	4	0
3	2015	2	2	0
4	2016	3	3	0
5	2017	34	34	0



5.2.4 What is the percentage of graduates under AYUSH programs employed in the following?

- \* AYUSH departments/Hospitals : 15.74 %
- \* Multinational companies : 0.42%
- \* Health clubs : 2.1%
- \* Spas : 0.85
- \* Yoga wellness centers : 0.85 %
- \* Yoga studios : Nil
- \* Own Yoga cubes/studios : 18.29%

### 5.3 Student Participation and Activities

5.3.1 List the range of sports, cultural and extracurricular activities available to students. Furnish the program calendar and provide details of students' participation.

#### Sports Calendar:

Sr. No	Month	Activities
1	August	New students give choice of games
		National Sports Day (29 <sup>th</sup> August) Prize distribution of ENERGIA
2	September	Analysis of the students choices
		Procurement of the material required for sports activities for the year
3	October	Chess, Carrom, Table – Tennis played in respective hostels
		Badminton in the respective hostels and auditorium.
		Cricket, Football played at the Dattatraya Krida Sankul.
		Volleyball played in the playground of respective hostel and Dattatraya Krida Sankul.
4	November	Winter Vacation
		Indoor and outdoor games at respective hostel and Dattatraya Krida Sankul..
5	December	Preparation for ENERGIA (Inter & Intra Collegiate meet) and Impulse (Vidarbha level sports meet of Medical , Dental, Ayurveda and Nursing Colleges)



6	January	1 <sup>st</sup> to 3 <sup>rd</sup> Week 'Energia' (Inter & Intra Collegiate Sports meet)
		4 <sup>th</sup> Week 'Impulse' (Vidarbha level comp.)
7	February	1 <sup>st</sup> Week of February All India inter Medical Deemed University Competition (Cricket, Volleyball and Table – Tennis).
8	March	All Indoor & Outdoor sports activities to be continued.
		'Synergies' (Vidarbha level Sports Completion) Nagpur
		Bhausahab Mulak M.A.C. Vidarbha level Cricket comp. Nagpur
9	April	'Impectus' Indira Gandhi M.C. Sports Comp. Nagpur
10	May	Summer Vacation
11	June	All Indoor & Outdoor sports activities to be continued.
12	July	All Indoor & Outdoor sports activities to be continued.

### Program Schedule: Ganesh Festival and Annual Social gathering

Date	Morning	Afternoon 2 pm-5 pm	Afternoon 5pm-7 pm	Evening 7 pm onwards
Day 1	10 am Sthapana & Prasad			<ul style="list-style-type: none"> <li>• Arti</li> <li>• Inauguration of Health Exhibition</li> <li>• Orchestra 1</li> </ul>
Day 2		<ul style="list-style-type: none"> <li>• Cyber Games</li> <li>• Institutional Forum for Women Programme</li> </ul>		1. Variety 1
Day 3		2. Cyber Games		3. Garba 4. Bhangra
Day 4	• Treasure Hunt			• Variety 2
Day 5				• Jalsa
Day 6		• T-Shirt Painting		• Sports Night
Day 7		• Antakshari		• Gurukul (Teacher's Performance)
Day 8	• Paint Ball	• P.S. 4		<ul style="list-style-type: none"> <li>• Variety 3</li> <li>• Traditional Day</li> </ul>



Day 9		• One Minute show		• Marathi Folk Rajasthani Folk
Day 10		• Debate		• Best of Variety
Day 11	• Cyber Games	• Personality		• Street Dance • Band Night • FETE
Day 12	• Mahaprasad 11.00 AM to 3.00 PM		• Visarjan 4.00 PM onwards • Post Visarjan Mahaprasad	

Variety Performances: Solo Dance, Group dance, Dance drama, Salsa, Instrumental, Fashion show (JNMC, SPDC, Ayurveda)

Range of sports activities and Report of student participation: Annexure 5.4

- 5.3.2 Give details of the achievements of students in co-curricular, extracurricular and cultural activities at different levels: University / State / Zonal / National / International, etc. during the last four years.

Report of student Achievement

#### Students Achievements

Sr.No.	Name of Faculty	2013-14	2014-15	2015-16	2016-17
1	Medicine	06	13	36	121
2	Dentistry	26	36	31	29
3	Ayurveda	15	08	13	16
4	Nursing	33	17	14	16
5	Para-Medical	-	-	-	01

- 5.3.3 Does the institution provide incentives for students who participate in national / regional levels in sports and cultural events?

Yes, the Institute provides incentive to students who are selected for National level in sports and cultural events in the form of Fee concession.

- 5.3.4 How does the institution involve and encourage its students to publish materials like catalogues, wall magazines, college magazine, and other material? List the major publications/ materials brought out by the students during the last four academic sessions.

- The Institute encourages the involvement of students for publishing materials like catalogues, wall magazines, college magazine, through Orientation & Awareness Programs and appropriate guidance by faculty in such activities.
- Every constituent unit of the Institute publishes student magazine annually as follows:
  - 1.Jawaharlal Nehru Medical College : “Sparsh”
  - 2.Sharad Pawar Dental College : “Neev”



3. Mahatma Gandhi Ayurveda College : “Umang”  
4. Smt. Radhikabai Memorial College of Nursing : “Drushti”.

- The proceedings and abstract book of in-house UG and PG conference is published by the students of the organizing committee.
- Website is published by students for annual social gathering by students of the Organizing committee.
- Wall painting competitions are organized during annual gathering wherein campus walls are beautified.
- Students designed a logo on Women’s day which was adopted as an official logo for Women’s forum on “8th March 2017 -International Women’s day”.

5.3.5 Does the institution have a Student Council or any other similar body? Give details on its constitution, activities and funding.

Yes, the Institution has a student council. The details are as follows:

**Composition of Student Council:** President, Vice-President, General Secretary, Joint Secretary, Cultural Secretary, Sports Secretary, Ladies Representative, Class Representatives of Ist, IInd and IIIrd MBBS ( Batch A & B).

**Activities:**

1. Organization of Annual sports meet “ENERGIA” and Vidarbha level inter-collegiate sports “IMPULSE”
2. Organization of Annual Social Gathering and Ganesh Festival
3. Organization of Republic Day and Teacher’s Day celebrations
4. Ensure Peer mentoring and support
5. Representation of student grievances and concerns in Institutional forums
6. Facilitate inter-batch and inter-pathy communication, co-operation and collaboration within the University.

**Funding:** By the University

5.3.6 Give details of various academic and administrative bodies that have student representatives in them. Also provide details of their activities

The student representation is ensured in all Autonomous cells of the University, Curriculum Committee, Academic Appraisal Cell, Library Advisory Committee, Internal Quality Assurance Cell, College Council, Joint College Council, Women’s Forum and Hostel Advisory Committee.

Any other information regarding Student Support and Progression which the institution would like to include.



1. **Reflective learning: Student Portfolios** is introduced to foster reflective learning approach and monitoring student progress. E-portfolio is developed under the domain [www.eportfolio4u.in](http://www.eportfolio4u.in), using MAHARA, an open source platform. It is a learner-centered Personal Learning Environment. Participants can gain access to the eportfolio via internet using their laptops, smartphones, tabs, etc. e-portfolio helps in giving immediate feedback, and can use hyperlinks to organize material and link to relevant content and objectives. It enhances learning by providing flexibility in the presentation of content and ideas, and links to other sources and other forms of representation. Users can collect and display evidence of learning from many sources such as texts, presentations, images, photographs, and videos that can be uploaded. It provides users as well as mentors with the opportunity to look at their learning across context and time, supporting the development of integrative capacities that develops reflective practices.
2. **Enquiry based learning:** The University strives hard to inculcate enquiry based learning and scientific temperament right from the foundation years of curriculum. The various approaches to imbibe a robust research culture amongst students are : Compulsory small projects as a part of Internal assessment, guidance to apply for funded projects, incentives for STS – ICMR grants, providing a platform for scientific presentations by organizing in house UG and PG conference, Compulsory community based projects during Internship training, Research methodology workshop during PGITP, PPPP model (participation in PGITP, Poster and Paper presentation, Publication) for PGs, Evidence based research clubs in all subjects, , involving students in ongoing funded projects, six in-house scientific journals, Intramural research grants, recognition in the form of opportunity for higher learning to International organizations on the basis extraordinary research contributions, financial incentives for scientific publications and generation of IPRs and certificate of appreciation.
3. **ICT enhanced learning:** Higher education has undergone profound transformation due to technological advancements, thereby providing a strong base to utilize information technology by students in health profession for their professional development. Recognizing the role and impact of technology in education, the University has judiciously incorporated newer technologies in teaching learning. Various such measures are: ICT enabled lecture theatres, ICT (standardized Power point presentations) based teaching across all subjects, ICT based practical teaching and demonstrations, Virtual learning lab with ‘Anatomege Table’ for teaching Anatomy with a three dimensional view of fresh Cadavers & preoperative planning in difficult surgeries, Basic and advanced skill Simulation labs with sophisticated mannequins for training and practice of important psychomotor skills, Basic and Advanced life support training (certified by AHA), opportunity to publish websites e-museum , digital library , Students portfolios, online feedback and surveys, e books and online journals and Wi-Fi campus.





## **CRITERION-VI: INSTITUTIONAL VISION AND LEADERSHIP**

6.1.1 State the vision and the mission of the institution.

The “Vision & Mission” statements of the University are:

### **THE VISION**

- “To emerge as the global center of excellence in the best evidence based higher education encompassing a quality centric, innovative and interdisciplinary approach, generating refutative research and offering effective and affordable health care for the benefit of the mankind”

### **THE MISION**

- DMIMS shall develop competent, confident, concerned, compassionate and globally relevant professionals by quality, learner, community and evidence centric ‘competency based model’ of higher education with value orientation, through all its constituent units.
- It shall foster a conducive milieu for interdisciplinary research practices generating consequential and meaningful outcomes for the nation in general and the region in particular
- It shall deliver comprehensive quality health care services to the rural, needy, marginalized and under privileged populace.
- This shall be achieved through appropriate collaborative linkages and a proactive, transparent and accountable decentralized governance system.

**6.1.2 Does the mission statement define the institution's distinctive characteristics in terms of addressing the needs of the society, the students it seeks to serve, the institution's tradition and value orientations, its vision for the future, etc.?**

Yes

The Vision and Mission of the university is formulated by the committee under the chairmanship of the Chancellor which had representations from all the relevant stakeholders of the University. While formulating the Vision, Mission document the due credence is given to the objectives of higher education with specific focus on health sciences education, the students it seeks to serve, the institution's tradition and value orientations. It is also ensured that the document addresses the needs of the society and has relevance to the regional / national and global trends and developmental needs.



### 6.1.3 How is the leadership involved in

- \* **Developing E-Governance strategies for the institution?**
- \* **Ensuring the organization's management system development, implementation and continuous improvement?**
- \* **Interacting with its stakeholders?**
- \* **Reinforcing a culture of excellence?**
- \* **Identifying organizational needs and striving to fulfill them?**

The University has a standing mechanism for invoking of the commitment of the management through a 'first person leadership' and 'first hand involvement' of the administration for effective and efficient transaction of the teaching- learning process. The quality based policy framework as approved by the Board of Management on the recommendations of the Academic Council in regard to teaching- learning-evaluation processes are in place.

The leadership involvement for effective and efficient transaction of the teaching-learning processes encompasses a wide range of initiatives that are grouped under three major headings:

1. **Institution-wide quality assurance policies** including global projects designed to develop a quality culture at institutional level, like policy design with predetermined benchmarks, developing e governance strategies and internal quality assurance systems with reference to teaching and learning processes.
2. **Programme monitoring:** Apart from being monitored by the Academic Appraisal Program, the Teaching Learning processes are monthly reviewed by the College Councils of the respective constituent units headed by the Deans of the respective faculties, as a part of the well laid structured agenda for the same. The University has designed a unique **Joint College Council** concept, conducted four times a year wherein a review of the various activities including T-L processes, evaluation and research of the constituent units as viewed by the monthly College Council meetings are considered under the chairmanship of the Vice Chancellor. An annual report on this count is placed before the Academic Council for its information and necessary considerations.
3. **Teaching and learning support:** including initiatives targeting the teachers (on the teaching side), the students (on the learning side) or both (e.g. on the work environment). Examples include continuing education for faculty, pedagogy improvement, student support (e.g. mentoring and career advice), support for student learning (focused on inputs, such as the innovative pedagogical tools, or on outputs, such as the development of certain abilities for the students and teachers) through the department of Health Profession Education and the Autonomous Cells in the university.



The university has a well laid Management Information System (MIS) for all its major departments/units. The frequency for submission of these MIS reports is also laid down. Accordingly, the activities of the university are reviewed in a structured manner based on these reports. This helps in taking timely decisions in the working of the university.

Apart from the regular feedbacks which are obtained from the students, alumni, academic peers and other relevant stakeholders on the working of the university, top Management annually interacts on a pre-decided date with Parents, students and the Departmental Heads for taking first hand feedback.

**6.1.4 Were any of the top leadership positions of the institution vacant for more than a year? If so, state the reasons.**

No

**6.1.5 Does the institution ensure that all positions in its various statutory bodies are filled and meetings conducted regularly?**

Yes, by a Standing Mechanism through SOP, which is reviewed by the Board of Management as a part of its regular agenda.

**6.1.6 Does the institution promote a culture of participative management? If yes, indicate the levels of participative management.**

The university works through the principle of participative management. The University has decentralized its administration by an appropriate committee based all participative handling of all its major activities like academic, general administrative , financial and examinations. In addition to established statutory committee structures the focused activity based decentralization of administration is achieved through creation of Autonomous Cells and empowering those with special sovereignties. These committees have representations of related staff members and students who participate in the discussions and offer suggestions related to the working of the university. The various autonomous cells created by the university are attendance cell, research cell, examination cell, co-curricular cell and institutional forum for women. In all more than 30% of the staff and 104 students are members of the various decisions making bodies of the University. The student participation is achieved through having them as invitee on various bodies and committees e.g. College Council.

There is an additional phase wise committee structure in all the constituent colleges (like pre-clinical, Para-clinical and clinical) for an improved coordination for curricular transaction and quality enrichment in its academic activities.



The administrative decentralization helps in

1. leadership development at lower hierarchical levels,
2. greater participation in the decision-making process by people at lower hierarchical levels,
3. an increased sense of responsibility, for the final output, by those at lower hierarchical levels,
4. implementation of innovative changes which are proposed by individuals at lower hierarchical levels,
5. the development of different approaches to solving problems in the various subsystems at lower hierarchical levels,
6. the rapidity at which decisions can be made concerning local issues.

**6.1.7 Give details of the academic and administrative leadership provided by the university to its affiliated colleges / constituent units and the support and encouragement given to them to become autonomous.**

The University was established under Section 3 of the U.G.C. Act 1956 and does not have an affiliating character. All the constituent units operate with full autonomy in their day to day functioning

**6.1.8 Have any provisions been incorporated / introduced in the University Act and Statutes to provide for conferment of degrees by autonomous colleges?**

Not Applicable, as because of the Deemed University Status there are no autonomous colleges under the University

**6.1.9 How does the institution groom leadership at various levels? Give**

**details.** Leadership Qualities are groomed at Each level

**Students:** By making them partners in major decision making by incorporating them as members on various committees. Providing them platforms like Ganesh Festival and Annual Gathering wherein they are provided a guided opportunity of organizing various events and showcasing their inborn talents.

**Research Fellows:** Are provided with administrative responsibilities of their domain of expertise. They are trained to generate their IPR material and register it with the appropriate authorities so as to make them future research leaders.

**Faculty:** More than 30% of the faculty members are part of various administrative and academic bodies of the University. They are delegated authority with accountability in order to groom them in leadership. The University implements the 3 years rotation policy for the headship for all the units providing the opportunity to the successor in leadership.

**Non-teaching Staff:** The University provides unparalleled support to the non teaching staff to take up ownership of their work. They are encouraged and incentivized for their good deeds and hand hold for their weaker domains.



**6.1.10 Has the institution evolved a knowledge management strategy which encompasses the following aspects such as access to**

- \* **Information Technology,**
- \* **National Knowledge Network (NKN),**
- \* **Data Bank,**
- \* **Other open access resources along with effective intranet facilities with unrestricted access to learners.**

**If yes, give details.**

The University has updated its IT policy in tune with the global standards. The university provides 4G wi-fi campus to its inmates along with campus-wide networking. The University is a partner in **National Mission on Education through Information and Communication Technology project** and Shodhganga. The University has created its learning resource material which is validated by the external experts and is available to students through knowledge portal of the intranet. In addition the University has e classrooms, telemedicine centers and state of the art e –CME platform in collaboration with Department of Science and Technology, GOI.

**6.1.11 How are the following values reflected in the functioning of the institution?**

- \* **Contributing to National development**
- \* **Fostering global competencies among students**
- \* **Inculcating a sound value system among students**
- \* **Promoting use of technology**
- \* **Quest for excellence**
  
- \* **Contributing to National development**
  - \* Contributes annually over 700 trained health professionals to the total pool.
  - \* MHRD 2008 – identified 22 emerging areas of knowledge in the Health sciences domain for futuristic needs.
  - \* The total research programs offered by the university are 69% (masters and above).
  - \* One of the 10 Nodal Centers of MCI for faculty development
  - \* Part of **National Mission on Education through Information and Communication Technology project.**
  - \* 48 Global linkages , 13 Faculty Student Exchange opportunities with International Universities
  - \* offers 56 Non-conventional Innovative Inter-disciplinary Programs including Inter-disciplinary Ph.D.
  - \* 26 are in the emerging areas of knowledge covering 68% of the total emerging areas identified by the ministry of health and family Welfare for health sciences.
  
- \* **National Development through Societal Contribution**
  - \* Adoption of villages for totalistic health care
  - \* Rural Center for 24x7 health care in Tribal malnourished and Naxalite Affected Region of Vidarbha



- \* Transportation Facilities for patients
- \* Telemedicine Centers
- \* Subsidized Health care services through teaching hospitals
- \* NSS Unit Activities
- \* **Fostering global competencies among students**
  - \* Inquisitiveness inculcation through establishment of autonomous research Cell and IPR Cells
  - \* Implementation of innovative teaching learning tools at par with global standards.
  - \* Skill inculcation programs to ensure global competence and to facilitate employability.
  - \* Value education as a beyond curriculum learning opportunity for overall personality development of the student.
  - \* Weighing Perspectives and taking Action through
    - Cultural awareness
    - Community oriented education
    - Global linkages and competencies
    - Evidence based
    - Interpathy integration
    - Team work and cooperation
    - Effective Communication through
      - \* Trainings in Behavioural, Attitudinal and Communication Skill Laboratories
- \* **Strong Support Systems**
  - Students Guidance Clinic
  - Student welfare Cell
  - Preceptorship Programme
  - Alumni Associations
  - Parent Teachers Associations
  - Grievance Redressals
- \* **Co-Curricular Development through**
  - Regular Sports activities – ENERGIA and IMPULSE
  - Ganesh Festival Celebrations and Annual Social Gathering
  - College Magazines
  - Debate, Quiz, Elocutions
  - Disciplinary and Interdisciplinary Expertise
  - \* Disciplinary Expertise through learner Centric, Evidence Based Trainings
  - Strong Doctoral Research Program with PhD Avenues and Masters programs to generate disciplinary expertise of the highest levels
  - Creation of School of advanced Studies and faculty of Interdisciplinary Health sciences for creating avenues in the Emerging areas of knowledge as well as in the areas where super specialty avenues are unavailable



\* **Inculcating a sound value system among students**

- One of the first Health Sciences Universities to introduce value education as a part of its curriculum
- Rural family adoption by the students during their tenure at DMIMS DU
- Medical ethics incorporated in the syllabus at all relevant levels
- Behavioral and Attitudinal training done at Communication skills laboratory
- Student Mentors

\* **Promoting use of technology**

- Part of National Mission on Education through Information and Communication Technology project.
- Incorporation of ICT at all levels
  - \* E-Governance
  - \* E- Learning
  - \* E-Healthcare
  - \* E- Infrastructure and Training

\* **Quest for excellence**

- Formulation of quality policy, Creation of Centers of Excellence, IT policy, Plagiarism Policy, environmental policy, student support policy etc., to provide guidelines, establish procedures and to enable monitoring and regular audits.
- Promoting outcome based teaching learning processes by aligning teaching and evaluation methods to graduate attributes and intended learning outcomes.
- Training the faculty in latest educational technologies and creating excellence in faculty development
- Creation of Autonomous Cells especially for research and IPR and fostering a conducive environment for research and innovations
- Engaging in meaningful collaboration with bodies of International Repute.

**6.1.12 Has the institution been indicted / given any adverse reports by National Regulatory bodies? If so, provide details.**

No

**6.1.13 What are the projected budgetary provisions towards teaching, health care services, research, faculty development, etc.?**

Budgetary provisions under the various categories for the financial year 2017-18 are **annexed** herewith.



## 62 Strategy Development and Deployment

### 6.2.1 Does the institution have a perspective plan for development? If yes, what aspects of the following are considered in the development of policies and strategies?

- \* Vision and mission
- \* Teaching and learning
- \* Research and development
- \* Community engagement / outreach activities
- \* Human resource planning and development
- \* Industry interaction
- \* Internationalization

The perspective developmental plan is prepared taking in to account the following criteria:

- a. Statutory requirements
- b. Suggestions from planning & monitoring board.
- c. Suggestions from the IQAC.
- d. Active Need Analysis keeping in mind global trends, national Health Policy, WHO and WFME guidelines
- e. Inputs generated by the departments who propose their short term, midterm & long term plans during the research & academic presentations. These inputs are generated by the Heads of the departments and the teachers, collectively.
- f. Feedback from students, patients and peers
- g. Suggestions received from all other stakeholders.
- h. Individual representations/ suggestions received from the faculty.

The administrators involved in developing the perspective plan are Vice Chancellor, Registrar, Deans of the faculties, Heads of the Institutes and Heads of the Departments, Finance officer, Architect and the representatives of the non-teaching staff. The plan is worked out under 3 heads i.e. short term (for 1 year), Mid-term (for 3 years) & Long term for the five years) (**Annexure**) The plan generated is submitted to the Joint College council for its furtherance.





The Process map for the same is



The Developmental and the action plan thus generated is communicated to all concerned by Heads of the Institutes through College Councils, targeted group meetings with Departments, Autonomous Cells, Students, Various Committees and Stake holders.

The time bound execution as per Gant Chart timeline is monitored by IQAC. Current Perspective developmental plan is about to conclude in 2018. The University has prepared a Vision 2025 document annexed out of which a next five years perspective developmental plan shall be carved out in June 2018.

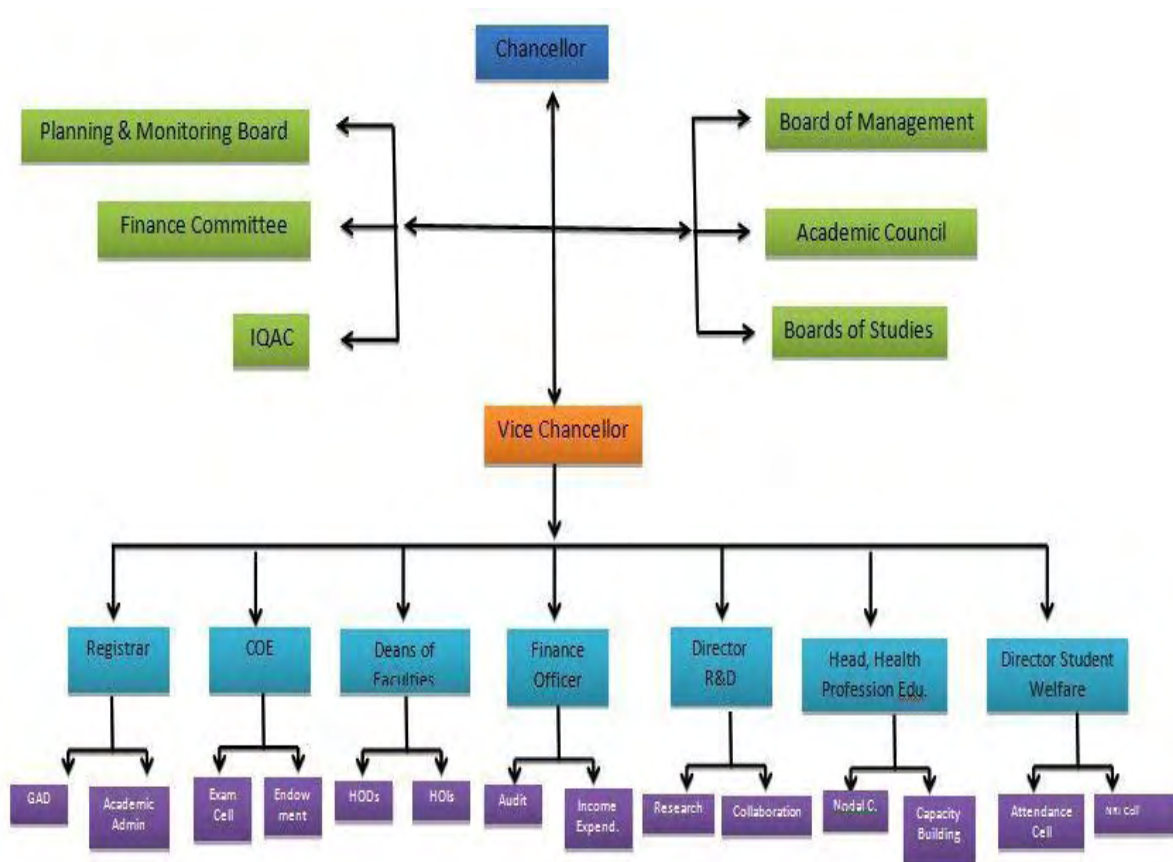


**6.2.2 Describe the institution's internal organizational structure (preferably through an organogram) and decision making processes and their effectiveness.**

**\* Is there a system for auditing health care quality and patient safety? If yes, describe.**

**\* How often are these review meetings held with the administrative**

**staff?** The University organogram is as under:



**Is there a system for auditing health care quality and patient safety? If yes, describe. Yes**

The day to day activities of the teaching hospital are periodically monitored and controlled by different committees. They meet regularly to analyze and review issues in the meeting and initiate appropriate actions from time to time.



The list of committees and their frequency of meeting is given below.

#### **Internal Committees**

SN	List of Committees	Frequency of meeting
01	HQAC	Monthly
02	Mortality & morbidity committee	Monthly
03	Surgical Safety committee	Fortnightly
04	Grievances committee	Monthly
05	Infection control committee	Monthly
06	Radiation, Laboratory and Hazardous Materials (HAZMAT) safety committee	Quarterly
07	Admin review meeting	Fortnightly
08	Medical Records Committee	Fortnightly
09	Quality improvement and patient safety team	Monthly
10	Hospital Core Committee	Monthly
11	Human Organ Transplant Committee	Quarterly
12	Antibiotic monitoring committee	Quarterly
13	Transfusion committee	Quarterly
14	Advisory board committee	Quarterly

#### **How often are these review meetings held with the administrative staff?**

Administrative staffs are part of the clinical audits. Their review meetings are also conducted monthly through MIS

#### **6.2.3 Does the institution conduct regular meetings of its various Authorities and Statutory bodies? Provide details.**

The University has decentralized its administration by an appropriate committee based all participative handling of all its major activities like academic, general administrative, financial and examinations. In addition to established statutory committee structures the focused activity based decentralization of administration is achieved through creation of autonomous cells and empowering those with special sovereignties. The various autonomous cells created by the university are attendance cell, research cell, examination cell, co-curricular cell, grievance redressal cell and institutional forum for women.

There is an additional phase wise committee structure in all the constituent colleges (like pre-clinical, Para-clinical and clinical) for an improved coordination for curricular transaction and quality enrichment in its academic activities.

The various bodies & cells constituted by the University for managing and monitoring different University activities have been constituted as listed under:

1. Board of Management
2. Planning & Monitoring Board
3. Academic Council
4. Finance Committee
5. Purchase and Construction Committee
6. Deans Standing Committee



7. Human Resource and Development Committee
8. Continuous Monitoring and Evaluation
9. Board of studies
10. Board of Examinations
11. Attendance cell
12. Examination cell
13. IQAC
14. Research cell
15. Centers of Excellences Review meeting
16. Institutional Forum for Women
17. Anti-ragging committee
18. Student Welfare Cell
19. Hospital Audit
20. Hostel Advisory Committee
21. International Students Cell

The periodicity of the meetings of the different bodies was held is as under:

<b>Name of the Committee</b>	<b>Frequency of Meeting</b>
<b>A. COMMITTEE AT DEEMED UNIVERSITY LEVEL :</b>	
Board of Management	4 times in a year
Academic Council	3-4 times in a year
Finance Committee	6 monthly
Board of studies	As per the need
Planning and Monitoring Board	Once in a year
IQAC along with all the HOI & HOD's	Quarterly
Human Resource Development Committee	Quarterly as and when required
Institutional Ethical Committee	Quarterly and as required
Animal Ethical Committee	Quarterly and As and when required
Centres of Excellence Review	Quarterly
Purchase committee	Quarterly
Board of Examinations	Quarterly
Grievance redressal committee	Quarterly
Central library committee	Quarterly
College wise committees	
College council	Monthly
Post Graduate Committee	Quarterly
Phase wise – Academic and Monitoring Committees Pre-clinical Para-clinical Clinical Part-I Clinical Part-II	Once in a month
Student Welfare Committee	Quarterly
Hostel Advisory Committee	Quarterly
Clinical Audit Committee	Twice a month
Library Committee	Quarterly
Purchase Committee	Quarterly
Equipment Maintenance Committee	monthly
Grievance Redressal Committee	Quarterly & As and when required
Anti ragging committee and squad	Quarterly or as needed
All Autonomous Cells	Quarterly Review



**6.2.4 Does the institution have a formal policy to ensure quality? How is it designed, driven, deployed and reviewed?**

The institution has a formal Quality Policy Separate for University as well as hospital. In addition the University has carved out The Student and The Patient Charters for University and its teaching hospitals respectively. As such the University is ISO 9001:2008 certified and thus all the processes of the University are streamlined and implemented properly.

The Policy is designed by the sub-committee of IQAC having external experts, it is driven by the IQAC and Hospital Quality Assurance Cell. The review of the Quality Policy is taken by the Planning and Monitoring Board.

**6.2.5 Does the institution encourage its academic departments to function independently and autonomously and how does it ensure accountability?**

Yes, the university provides full functional autonomy to its academic departments. The annual targets are set by the department for itself on the basis of the commitments under the Perspective Developmental Plan. The University at the end of every academic year reviews the status of target set Vs targets achieved. The departments are graded on the basis of their target compliance. Midterm review or the course corrections if any are looked after by the IQAC which in turn reports the same to the Joint College Council.

The University has well organized mechanism for the coordination and monitoring of various activities and compliance of the administrative tasks through College Councils, Hospital Audits and Joint College Councils,. The MIS system is well established and the monthly review pertaining to the services, administrative work, store, finances is taken by the Registrar. The Scheduled meetings with specified agenda items are conducted to coordinate the activities.

The monitoring is done during the ensuing meetings by way of review of action taken report of the actionable points of previous meeting, periodic review of research profile and academic profile of the departments.

**6.2.6 During the last four years, have there been any instances of court cases filed by and / or against the institution? What were the critical issues and verdicts of the courts on these issues?**

There has been no court cases filed by and/or against the institution in last four years where critical issues were involved and courts have pronounced the verdicts



**6.2.7 How does the institution ensure that grievances / complaints are promptly attended to and resolved effectively? Is there a mechanism to analyze the nature of grievances for promoting better stakeholder-relationship?**

Each constituent college has a 'Grievance Redressal Cell' (GRC). The university has the 'University Grievance Redressal Cell' at the University level which redresses the grievances at the university level and also functions as an appellant authority for the GRC at the level of the constituent colleges. The meetings of the cell are held on a need based manner. The representation received from the teaching & non-teaching employees are placed before the cell which are looked in to by the members of the cell in a most transparent and unbiased manner. The recommendations of the cell are analyzed and forwarded to the appropriate administrative authority for the needful action.

A separate grievance redressal cell for women employees & the students are also in place.

The grievances of the students are looked into at various levels depending upon its nature

- i. Departmental level – Head of the department
- ii. Institutional level- Vice Deans & Dean of the institution
- iii. Attendance & examination cell – Dean & the Conveners of the respective cells
- iv. Hostel – Rectors & the Chief Rector
- v. University level – by the Registrar, Controller of Examinations & the Vice Chancellor.
- vi. The preceptor-ship program is also availed for the purposes of grievance redressal of the students. The observations of the preceptors made during the interaction with the preceptee are forwarded to the respective authorities for prompt & timely action. The review of the preceptorship program & its functioning is taken by the college council on monthly basis.

The number of the grievances redressed during the last two years is as under:

a. Faculty	:	29
b. Non-teaching staff	:	43

**6.2.8 Does the institution have a mechanism for analyzing student feedback on institutional performance? If yes, what was the institutional response?**

As described in Point No 1.4 of this document the University has adopted a 360<sup>0</sup> feedback cycle for all its stakeholders. Apart from annual online feedbacks and academic appraisal program, there is an annual opportunity for an in camera interaction with top management of the University. The response from the students is analyzed in the right spirit and the corrective measures taken are communicated back to them. The University has also ventured into a five year feedback analysis of all its stakeholders.



**6.2.9 Does the institution conduct performance audit of the various departments?**

Apart from Academic and Administrative Audit which is conducted twice in each cycle of NAAC accreditation, an annual departmental review and audit of target set Vs target met is conducted by the University.

**6.2.10 What mechanisms have been evolved by the institution to identify the developmental needs of its affiliated / constituent institutions?**

The University follows a committee based governance structure. Departmental needs in terms of infrastructure, manpower, expertise and training are reported by the Heads of the Department to the College Council . Upon approval of the College Council they are presented to the Joint College Council and the Standing Committee of the Deans from where they are put before the appropriate sanctioning authorities / bodies.

**6.2.11 Does the institution and hospital have their own updated websites? If so, is the information regarding faculty and their areas of specialization, days of availability, timings, consultation charges available on the website?**

Yes,

All the information regarding faculty and their areas of specialization, days of availability, timings, and consultation charges are available on the website

**6.2.12 What are the feedback mechanisms and documentations to evaluate the outcomes of these exercises?**

Satisfaction levels are calculated for various stakeholders on the basis of their feedbacks. They are utilized for the purposes of the course correction and continuous improvement measures by the IQAC. The Hospital Quality Assurance Cell discusses the patient satisfaction index on the monthly basis.



## 63 Faculty Empowerment Strategies

### 6.3.1 What efforts have been made to enhance the professional development of teaching and non-teaching staff? What is the impact of Continuing Professional Development Programs in enhancing the competencies of the university faculty?

Teaching staff:

The University has adopted policies for a well defined and structured CPD program as follows;

1. Mandatory training in Basic Education Technology in respective faculties.
2. Training in Advance Education Technology in respective faculties for 30% of faculty
3. Mandatory annual CPU activities for every department as specified in the annual calendar.
4. Monthly Staff Research Society and ‘Symbiosis’ activity
5. Capacity building workshops in research methodology, scientific publications, TLE methods and quality assurance.
6. In house PhD , fellowship and diploma courses in all the subjects
7. Special and sabbatical leaves for professional development activities
8. Well placed mechanisms for Review, Monitoring and Quality of CPU activities.
9. Annual Intramural budget allocation for in-house CPD activities (Departmental, Interdepartmental, Inter-institutional, Regional/State, National , International)
10. Financial aid for participation in CPU activities in other National/international Institutes.
11. Due weightage to organization and participation in CPU activities in promotions through Career advancement scheme (CAS).

#### **Impact of Continuing Professional Development Programs in enhancing the competencies of the university faculty:**

CPD programs has led to overall enhancement in scholarly activities by the faculty and generation of sizable scholarships.

Sr.No	CPU program	Impact
1	Basic education technology & Advance courses in education technology	<ul style="list-style-type: none"> <li>• 100% and 30% faculty trained respectively.</li> <li>• Recognition of trained faculty in National and International Educational Institutes/ bodies / Organizations</li> <li>• Generation of sizable copyrights</li> <li>• Smooth implementation of newer TLE approaches</li> <li>• Incorporation of newer TLE methods within the curriculum of UG &amp; PG based on Educational project outcomes.</li> </ul>





2.	Research	<ul style="list-style-type: none"> <li>• Improvement in the quality of scientific contributions.</li> <li>• Inclusion of faculty in editorial/review board of various National/International journals</li> <li>• Generation of IPRs and patents</li> <li>• Grants</li> </ul>
4	CMEs/workshops/conferences	<ul style="list-style-type: none"> <li>• Enhanced clinical skills</li> <li>• Establishment of special lab facilities and clinical services</li> </ul>
5	Diploma and degree Courses	<ul style="list-style-type: none"> <li>• 34% faculty with Higher qualification than the statutory requirement</li> <li>• Inclusion of faculty as subject experts in courses offered by other universities/organizations.</li> </ul>

**6.3.2 What is the outcome of the review of various appraisal methods used by the institution? List the important decisions.**

**Appraisal methods:**

Self-Appraisal through API score

- Peer Review – through SHPE&R
- Students' Evaluation
- Academic Administrative Audit

Adoption of the appraisal system and feedback provided to the faculty has visible impact in terms of increase in number of publications, increase in number of papers listed in international databases such as SCOPUS, increase in quality of publications, teaching and evaluation methods adopted, motivational levels and involvement of the faculty in co-curricular and extracurricular activities.

The meagre performers are given appropriate counselling. The University has also adopted appropriate policy to encourage best performers by awarding 'Best Teacher Award' and 'Best Researcher Award'. Performance of the non-teaching staff is assessed based on fixed parameters prescribed by the University.

**6.3.3 What are the welfare schemes available for teaching and non-teaching staff? What percentage of staff have benefitted from these schemes in the last four years? Give details.**

Staff welfare measures available in the University are

- Free Health Services
- Fee concession Policy for the wards
- Research incentives



- Deputation to conferences
- Additional increments for acquiring higher qualifications e.g. Fellowship, M.Phil. and Ph.D.
- Subsidized Residential facilities
- Transport facilities
- Organizing Professional and personality development Trainings
- Loan facilities with lower interest rates
- Rewards for meritorious performance
- Staff Welfare Fund

Welfare measures for Non-Teaching staff:

- a. Freeship for the perusing education  
The wards of the permanent staff members, who are admitted in various courses under the University as per merit, are entitled for 25% concession in tuition fees, as per the laid down policy.
  - b. Reward for meritorious performance
  - c. Reward for acquiring relevant additional / higher qualification
- Biannual free Medical Check-up twice in a year by Staff & their families including dependents  
All non-teaching staff and their dependent family members are provided free health check-up, twice in a year.
  - Soft Loan to the employees for “Self Marriage” or “Marriage of the Children”  
A loan given by bank with no interest or a below-market rate of interest. This loan is given to an employee as financial help for ‘Self marriage’ or ‘Marriage of Son/Daughter’  
Upgradation of Educational Qualification of Staff Members
  - Birthday Cards / SMS  
On behalf of the Meghe Group of Institutions, Hon. Dattaji Meghe, Chancellor, DMIMS (DU) sends a birthday wishes cards/SMS to all employees and students on the day of their birth anniversary.
  - Guest Houses  
28 AC Guest Houses & 04 VIP Guest houses are available in the campus for the Visitors, Parents, examiners & other dignitaries visiting the campus. The allotments of guest houses are done through the Hostel Department and the forms are available with the Adm. Officer Hostels.
  - ‘Meghwani – In-house Quarterly Magazine  
In-house quarterly magazine – “Meghwani” is published and distributed to all the employees of the DMIMS (DU) and other institutions under the ambit of Meghe Group.  
68% of Teaching Faculty 83 % of Non Teaching staff have availed the schemes.



6.3.4 What are the measures taken by the institution for attracting and retaining eminent faculty?

Eminent faculty with national and international academic credentials are invited as full time faculty members in various departments. The institution attracts eminent faculty by offering them visiting professorship / emeritus professorship

**Faculty Retention Strategies**

- Salary as per sixth pay commissions recommendations
- Time bound promotions in terms of prescribed guidelines.
- Campus ambience –CBSE school, Shopping complex, bank with ATM, post office, Party Hall all at a walking distance from the campus
- Incentive Policies for extra ordinary works
- Subsidized residential Facilities
- Free health Services
- Fee concessions to the wards, loan facilities without requirement of any mortgage
- Career enhancement avenues in terms of depositions to higher centers, study leaves, regular conduct of CME/workshop/symposia.
- The university freely supports and promotes the professional development of the faculty.
  - The deputation is granted to the faculty for attending the International, National & State conferences, as per the notified policy.
  - The meritorious performances of the faculty at such conferences are rewarded as per the notified policy.
  - The faculty is also provided with the incentives for publications in research journals of repute, publication of books, and contribution of chapters, receiving patents or intellectual property registration as per the publications incentive policy.
  - Grants are given for conducting research activities by the various departments under the constituent colleges.
  - The candidates who wish to pursue higher education or professional updates are granted special paid leaves.
  - Faculty members who are on the executive committees of the professional bodies are provided special leaves.
  - The university has made a separate budgetary allocation for the staff development activities and actively volunteers for organizing National/State conferences of the professional bodies at the University Campus for instance the National Conference of the Association of Physiologists and Pharmacologists of India, Association of Medical Biochemists of India, Laparo-Tech 2011, OMS, Nursing, Surgical Anatomy in Ayurveda are few events organized by the University.



- To cultivate the artistic talents of the faculty, during Ganesh Festival Celebrations, a stage show is organized by the name, “GURUKUL” wherein the faculty members of all the constituent colleges perform on the stage in front of the student gathering.

**6.3.5 Has the institution conducted a Gender Audit during the last four years? If yes, mention a few salient findings.**

Yes,

The University has carried out a gender audit.

The purpose of the audit was to ensure that the practices followed in the campus are in accordance with the Gender Policy adopted by the institution. With this in mind, the specific objectives of the audit were to evaluate the adequacy of the management control framework as well as the degree to which the Departments are in compliance with the applicable regulations, policies and standards.

During the initial planning of the audit, an analysis was conducted in order to identify, evaluate and prioritize the risks associated with Gender issues.

The analysis was based upon an examination of the policies, manuals and standards that govern the gender sustainability, on data analysis, and on the results of preliminary interviews with personnel.

The criteria and methods used in the audit were based on the identified risks. The methodology used included physical inspection of the campus, review of the relevant documentation, and interviews.

The main findings of the audit show that, in general, all the departments and students are aware about the need for gender sensitization at a general level. It was also observed that a number of best practices such as, awareness programs etc. are followed in the campus.

**6.3.6 Does the institution conduct any gender sensitization programs for its faculty?**

**Institutional Forum for Women has been established to safeguard the interests of the female staff & students.**

The forum orients and sensitizes the female students and employees towards their “Rights” and “Privileges” and makes them aware about the policies of Government in this regard.

Emphasis is given in the curriculum to study gender-related bias and mitigation thereof through creating awareness in regard to the rights and privileges of the women.



They are also educated on gender related issues and provisions of various related “Statues” for improving women’s status in the society, including:

1. Adolescent Girl Child Education
2. Women’s Right and Empowerment
3. Measures to improve sex ratio in India
4. Pre-Natal Diagnostic Test and its implications
5. Domestic Violence
6. Reproductive and Child Health
7. Printing of Women rights sensitization Manual

**6.3.7 How does the institution train its support staff in better communication skills with patients?**

The Training & Development to non-teaching supportive staff is divided in three categories:

1. Staff Development Program
2. Professional Development program
3. Career Development Program

Under the staff Development Program, the supportive staff is given training on soft skills which includes communication skills with patients. As per the Policy of the University any new support staff appointed in the teaching hospital has to mandatorily undergo such training within six months of his/ her joining. The refresher modules are arranged for the senior staff once in every four year.

**6.3.8 Whether the research interests of teaching faculty are displayed in the respective departments ?**

Yes, The Research Interests and Consultancy areas of the faculty members are displayed in the department as well as on the University Website

**6.3.9 Do faculty members mentor junior faculty and students ?**

Yes, The Teaching Hospital follows a pattern of Unit based working wherein a professor is an unit incharge of 1 associate professor and 1or 2 Assistant professor which helps in mentoring of the junior faculty. School of health professional education also follows a senior –junior mentoring pattern for peer reviewing of the junior faculty.

The postgraduate students and research fellows are attached to a senior faculty member as guide helping him mentoring in the subject skills. Preceptorship programs is a formal platform for mentoring the undergraduate students by the faculty members.

**6.3.10 Does the institution offer incentives for faculty empowerment ?**

Yes, there are incentives for extraordinary contributions in all three domains: Academics, Research and Clinical Services.



## 6.4 Financial Management and Resource Mobilization

**641 What is the institutional mechanism available to monitor the effective and efficient use of financial resources?**

The Institution has robust mechanism to monitor the effective and efficient use of financial resources. The main source of financial resources is from fees from students and hospital receipts from patients. The institution draws a detailed budgetary estimates before the start of the financial year. These budgets are reviewed on monthly basis and variances if any are addressed then and there only. Apart from this the institution has activity wise monitoring system for the use of its resources and all such usages are pre-sanctioned and post audited.

**642 Does the institution have a mechanism for internal and external audit? Give details.**

Yes, the accounts of the institution are audited annually by statutory auditors who are appointed by the board of man agent. M/s B J Bajaj and Company Chartered Accountants are the statutory auditors of the institution. Similarly the Board of Management has appointed M/s.V.K.Surana and Company Chartered Accountants as their internal auditors.

The accounts of the university are audited regularly in time as per the provisions of Bombay Public Trust Act. The external audit procedures are as per the accounting and auditing standards prescribed by the Institute of Chartered Accountants of India. The Internal Auditors have drawn well defined audit procedures to cover all the major activities of the university in a financial year. The audit procedures ensure well defined internal control mechanisms over the financial affairs of the university.

**643 Are the institution's accounts audited regularly? Have there been any audit objections, if so, how were they addressed?**

Yes, the institution's accounts are audited regularly both by external and internal auditors.

The major observations of the internal auditors are discussed in finance committee meetings for appropriate actions and ratifications. The same is taken note of by the Board of Management.

**644 Provide the audited statement of accounts with details of expenses for academic, research and administrative activities of the last four years.**

The audit report of last four years is annexed.



**645 Narrate the efforts taken by the institution for resource mobilization.**

The Institution takes a lot of efforts for resource mobilization. The major resources for the institution is through fee collection and hospital receipts.

The institution has formed a fee recovery committee for timely collection of fees from the students

All the teaching hospitals of the University run many patient welfare schemes and it is also accredited with Government run Rajiv Gandhi Jeevandayee Yojna for poor patients in the region. Such patients are provided free of cost treatment while the cost is recovered through the Government Schemes.

Besides, the University also encourages the faculty members to apply for research grants from UGC, DST, DBT, AYUSH, ICMR etc. The University approaches various philanthropic organizations, individuals and alumni to provide for certain patient welfare funds, scholarships, endowments or research funds

The other sources of income are through sale of University forms and publications, examination fees, interest from investments and consultancy services.

**646 Is there any provision for the institution to create a corpus fund? If yes, give details.**

Yes the University has created corpus Fund of Rs.5 Crore and the same is maintained in the name of Institution Deemed to be University as required under UGC Norms

**647 What are the free / subsidized services provided to the patients in the hospital ?**

The University has three teaching hospitals one each for medical dental and Ayurveda. All the teaching hospitals are equipped with all the tertiary care facilities to provide state of the art patient care at an affordable cost to the rural population. Apart from providing free transport facilities to about 70 villages in the vicinity, the various in-house patient benefit schemes are:



SN	Scheme	Offers
01	Out Patient /In-Patient health services	As a part of social responsibility, the university hospital is providing health care services on subsidized services and socially and economically deprived community members are provided free services
02	Maternal and Child Health	The institution has been providing free/ subsidized maternal and child health services since its inception
03	Balsanjivani Yojana	Free medication to Children at IPD level
04	Sanjivani Yojana	Free medication to all admitted patients at medical wards
05	Kavach Kundal Yojana	Free woolen clothes to all newborns to prevent hypothermia and as a part of social responsibility.
06	Vandematram Yojana	Subsidized services all patients undergoing cesarean section
07	DADY Card	Majority of hospital services are free and others are highly subsidized
08	Family Card	Subsidized services all family members under this scheme
09	Privilege Card	Subsidized services all families enrolled
10	Adhar Yojana	Free hospital services to all elderly and orphan children under this scheme
10	'Madhumeh Kadha'	given free to all Diabetics in Ayurveda Hospital
11	Medicated milk for bronchial asthma	Ayurveda Hospital

The total annual beneficiaries are approximately 5.5 lacs.

**648 Does the institutions receive fund from philanthropic organizations / individuals towards patient care ? If yes, give details.**

Yes, the University receives donations from the philanthropic organizations. During the last four years Rs 3,56,34,051/- ( Rupees Three Crore Fifty Six Lacs Thirty Four Thousand and fifty one only) have been received from various organizations





**649 Do patients from other states / abroad come for treatment, reflecting the unique quality health care provided by the institution ?**

Yes, the University teaching hospital caters to patients from all over central India and other states of the Country. The University has received many patients from nearby Countries like Bangladesh, Sri Lanka and Nepal. In last three years 5411 patients from other states have reported to the hospital ranging from Gujarat, Haryana, Punjab, Orissa, Bihar, UP, Rajasthan, MP ,Chhattisgarh, Telangana and Andhra Pradesh. During 2016-17 there was an explosive fire at CAD Pulgaon Camp. Patient from Army were treated free of cost at our hospital. The treatment provided to the patients was appreciated by OIC Brigadier. Looking to our services they are allowing our empanelment with EX-servicemen for medical treatment contributory health scheme which is under process.

**6.5 Internal Quality Assurance System:**

651 Does the institution conduct regular academic and administrative audits? If yes, give details.

Yes, the academic Audit is regularly conducted by the University. The frequency of the audit is twice in one cycle of NAAC Accreditation. The IQAC has developed a unique proforma for academic audit of health Sciences University and is in the process of obtaining the copyright for the same. The last audit was conducted on August 2014 the report of the academic audit is annexed herewith as **annexure**. The next Audit is due in April 2017

652 Based on the recommendations of the Academic Audit, what specific follow up measures have been taken by the institution to improve its academic and administrative performance?

S.No.	Recommendations of AAA Committee	Measures undertaken by the Institute
01	<b>Efforts towards Attaining academic leadership over other self-financing medical institutions need strengthening</b>	The University has gained a leadership role amongst the self financing health sciences institutions and has been positively engaging with the regulatory bodies for representing the self financing institutions and their needs. Major representations Undertaken by the University are Successfully Arranged an



		interactive meeting with the Minister of Health And Family Welfare GOI for addressing the major concerns faced by the private medical institutes NIRF Rankings for health Sciences university
02	<b>Institute should work towards establishing the centres for excellence in the identified thrust areas</b>	7 Centers of Excellence established in the identified thrust areas by the University
03	<b>Consultancy Projects, Publications with higher impact need augmentation</b>	Annual consultancy average amount generation has increased from 35 lac per annum to 55 lac per annum. Percentage of publications in high impact journals amongst the total publications of the University has enhanced from 24% to 38%
04	<b>Extensive Use of technology for Communicating with the community like telemedicine, tele-radiology, tele-pathology need to be developed to augment the strong community presence possessed by the University</b>	Complied by revising It policy, establishing a state of the art e – CME platform in collaboration with Department of Science and Technology, GOI, and increasing the number of Telemedicine Centers from 2 to 3

**653 Is there a central unit within the institution to review the teaching-learning process in an ongoing manner? Give details of its structure, methodologies of operations and outcome?**

Yes, the Central unit has Three Components to review three dimensions of teaching learning process.

School for Health Professions Education and Research: The School is a seat of intellectual input for teaching learning processes, incorporating innovative methods of teaching learning, collecting feedbacks and formulating curriculum development strategies towards providing TL processes which are nationally and globally relevant.

Mid Course correction through Continuous Stakeholders Feedbacks – Academic Appraisal Programme

Monitoring Adherence to the Notified Schedule – Autonomous Attendance Cell



**654 How has IQAC contributed to institutionalizing quality assurance strategies and processes?**

IQAC has contributed to institutionalizing the quality assurance strategies in following manner:

<b>Strategy</b>	<b>Initiative by IQAC</b>	<b>Process</b>	<b>Outcome</b>
Ensuring timely, efficient and progressive performance of academic, administrative and financial tasks	Monitoring of Notified Academic Calendar	IQAC College Councils with a Structured Agenda	> 95% adherence to the notified academic calendar for 2015-16
	Effective Internal Audit Mechanisms	Management Information systems for AOs, Stores, Vehicle and Finance	High Stakeholders satisfaction for administrative task dispensations
The relevance and quality of academic programs	Curriculum update Committees and Mechanism for Continuous curricular update	Annual Reports on Curricular updates along with feedbacks from stakeholders submitted to Deans Committee for curriculum update @ frequency of 3 years	Curriculum Revision Models CBCS SOPs for revision
	School of Advanced Studies Upgradation to Centre of Excellence	Faculty of Interdisciplinary Health sciences	Total 22 programs covering 68% of Emerging Areas of Knowledge launched
Equitable Access and Affordability to academic programs	Forum created through Student Welfare Units in all constituent Colleges Institutional forum for women	No discrimination policy Standing Mechanisms for fee concessions to the deserving candidates In-house candidates	Largely cohesive campus representing diverse cultures Fee concessions to the tune of nearly RS 4.5 crore provided to the deserving candidates



		pursuing higher qualifications	
Optimization and integration of modern methods of TL	School for Health Professionals Education and Research	Creation, validation, standardization and update of LRM, e Question Banks Venturing into innovative methods of TL like IT, MPBL, TBL, EBM, OMP etc.	100% revised curriculum is unitized with available resource material Departments routinely use modern methods of TL through a pre-notified timetable
	creation of matcheable infrastructure in terms of e - class rooms, e museum, kiosks etc.	Student Information Systems	Readily retrievable resource for students
The Credibility of Evaluation procedures	Up gradation of Autonomous Examination Cell for formative Assessments	Annual Notification of Examination schedule including dates for Declaration of Results	Timely conduct of formative assessment with > 90% stakeholder satisfaction. 100 % compliance of AC
	Board of Examinations	Examination Reforms Committee	Major reforms in Examination including ICT involvement and process standardizations

**655 How many decisions of the IQAC have been placed before the statutory authorities of the institution for implementation?**

The report of the IQAC is a regular agenda point in both Academic Council as well as the Board of Management as well as joint College Council. The Annual Quality Assurance Cell Report approved annually by both the statutory bodies. All the decisions of the IQAC are placed before the relevant bodies for their noting/ institutionalization. The major decisions of the IQAC adopted by the statutory bodies are as under:



<b>Year</b>	<b>Major Contribution from IQAC</b>	<b>Current status</b>
2007-08	Creation of Autonomous Cells, Four stage orientation Programs	Institutionalized
2008-09	Creation of School of Advanced Studies University Community Health Partnership	> 50 Innovative , Interdisciplinary Programs Swasthya Aadhar Scheme, adoption of villages,24*7 health services tribal and naxalite affected areas, telemedicine
2009-10	Research Guidance Clinic Structured Internal Audit Mechanisms	Providing Research Assistance >300 beneficiaries Well-developed MIS
2010-11	Academic Appraisal Program Comprehensive Community Health Teams	Standardized
2011-12	Curriculum Update Mechanism Creation of value Education Cell	Models Copy righted, SOPs for Continuous update implemented Institutionalized
2012-13	Creation of IPR cell Symbiosis	IPR policy, 23 copyrights , 11 published and 22 filed patents Institutionalized
2014-15	Arogya Setu Evidence Based Nursing	In process of standardization, Centers of Excellence Created
2015-16	School of Virtual Learning SOPs for Conducting AAA for Health Science Institution.	Institutionalized Sent for Copyright



**656 Are external members represented in the IQAC? If so, mention the significant contribution made by such members.**

Yes, the External Members in IQAC have a term of two years. In last five years following members have served on the IQAC of the University:

<b>S No</b>	<b>Name of the External Expert</b>	<b>Designation/ Expertise</b>	<b>Major Contribution</b>
01	Dr Mrs. N. V. Mishra	Prof & Head Department of Physiology , GMC Nagpur - Educationist	Plagiarism Policy, Curriculum Update Mechanism
02	Late Dr. K. Taori	Then Expert Member of Ethics Committee of MCI, President Maharashtra Medical Council	Concept of Centers of Excellence. Contribution in formulating Vision 2025 Document
03	Dr. Prantik Banerjee	Professor of English & Director IQAC Hislop College Nagpur a	Concept of Development of soft skill through finishing school, communication skills module
04	Dr. Satish Wate	Then Director NEERI (national Environmental Engineering and Research Institute)	Development of Green Campus, Carbon Emission Issues Collaborative research in Basic Sciences
05	Dr. Jayant Deopujari	Eminent Researcher in Alternative Medicine	Standardization of Rasshala
06	Dr. V. K. Hazare	Dean Government Dental College Nagpur- Eminent Academician and Administrator	Contribution in formulating Vision 2025 Document



**657 Has the IQAC conducted any study on the incremental academic growth of students from disadvantaged sections of society?**

Yes, IQAC regularly conducts studies on pattern of academic growth amongst diverse student community. Recent study was conducted on developing a Booster Mechanism for Interrupted learners from disadvantaged section of students under Nursing Faculty. The challenge in front of educationists is the integration of these students in the mainstream of academics and make them confident and productive members of the society. The IQAC has developed a SOP for bringing them back in the mainstream.

**658 Are there effective mechanisms to conduct regular Clinical Audit of the teaching hospital? Give details.**

The teaching hospitals have Clinical Audit committee chaired by Chief Medical Superintendent that conducts the Clinical Audits on various topics of clinical relevance and also on the topics where reinforcement is required.

**Objectives of the Clinical Audit committee are:**

1. To conduct various clinical audits.
2. To review quality and adequacy of care provided.
3. To monitor and evaluate various hospital statistics
4. To suggest remedial measures to the concerned clinician in case any discrepancy in clinical practices is noted and ensure their immediate implementation

**659 Has the institution or hospital been accredited by any other national/international body?**

The University is accredited by American Heart Association as International training Center for Basic and Advanced life Support program, Department of Sciences and Technology as TIFAC Core Center of Excellence in Interventional Radiology, MCI and CCIM as Nodal Center for Faculty Development, ICMR as Toxicological Research Center and ISO.9001:2008.

The Hospital is accredited with ISO 9001:2008 Certificate wide BSCIC Certificate Number BN 6122/5887:1212 dated 17 December 2012 and reaccredited on 17 December 2015 after reassessment on 03 December 2015. It is valid till 22 September 2018.

AVBRH also has applied for Pre Accreditation Entry Level by NABH wide Application No NABH/PEH-2017-0520/L-01. The assessment is pending.

**6510 Does the hospital have institutional and individual insurance schemes to cover indemnity claims?**

Yes, the hospital has insurance schemes for indemnity cover.



## CRITERION VII: INNOVATIONS AND BEST PRACTICES

### 7.1 Environment Consciousness

#### 7.1.1 Does the institution conduct a Green Audit of its campus?

Yes. The Green Audit is based on three aspects.

1. Environmental Audit (Go Green)
2. Energy Audit
3. Waste Audit

#### 1. Environment Audit

Maintaining a pleasant and clean environment is the foundation for a healthy planet and human well-being. The environmental audit team focuses on subjects such as;

- a) What factors can improve the biodiversity around / in the campus
- b) Does the infrastructure facilities such as parking facility affect the water drainage and so the biodiversity?
- c) Does the campus have initiatives to improve carbon sequestration?
- d) Monitoring of the increase / decrease of number of trees in the campus
- e) Arranging awareness programs for the staff and students of the college.
- f) Formation & Monitoring of activities of environmental clubs.

#### 2. Energy Audit

In the energy Audit we usually monitor the monthly electrical energy usage of the college. This will help us to understand where we use electricity in our campus and where savings could be made. Solar and Wind energy is used as renewable energy source which has reduced the consumption of conventional electricity. Incandescent lamps have been replaced by CFL and now CFL are being replaced by LED bulbs.

#### 3. Waste Audit

Hazardous waste is waste that is likely to be a threat to your health or the environment. In the campus this audit deserves primary attention as many harmful chemical wastes are produced from the laboratories of various science departments. E-waste management is also a major aspect of the waste audit.

In any of the above audit, we follow the following action plan.

1. Determine the scope. We will need to determine early on what aspects the audit has to be performed.
2. Determine how the audit will be evaluated.
3. Communicate the goals of the audit. We will share these goals throughout the organization – students, teaching staff and the non-teaching staff.
4. Conduct the audit on a determined date, using the prescribed format of the audit. Each Audit Team will be a group of three persons with a Team Leader.





The teams will walk through the concerned facilities of the campus (class rooms, garden etc). Interviews and surveys shall be performed. To get accurate data, relevant details should be collected (Eg. utility bills in the case of energy audit)

5. Summarize the findings and report them as conclusions. Once the data have been collected it needs to be collated and analyzed to ensure that the right conclusions are reached. These conclusions will then be used to make recommendations for the implementation of a retrofit plan.
6. Verify the results. Verifications can be done by an external expert.
7. Share the findings.
8. Repeat the process. Environmental audits, Energy Audit and Waste Audit are conducted on a regular basis.

### **Green Audit Committee**

- A proactive and enlightened Green Audit Committee helps to keep the environment on the campus pollution free and neat & clean.
- The committee comprises of teachers and students who work hand in hand to take care of the campus.
- The whole campus is divided in different sub-section; each section is looked after by a teacher and five volunteers.
- The teachers and volunteers are provided with a green audit batch to give them identity on the campus.
- The committee has ensured systematic disposal of the garbage by classifying them in to biodegradable and non-degradable components.

The Institution runs several initiatives in the campus to educate, promote and foster the importance of a clean and green environment. Prominent amongst those are exhibitions, road shows, lectures to showcase the importance of a healthy environment.

Stress is laid on measures such as minimal printing, saving paper by using both sides of the same, segregation of waste at source for proper disposal and recycling, composting, e-circulars for meeting notices and agenda, increasing the green cover in the campus, water recycling, increasing the use of renewable sources of energy such as Solar Energy in a phased manner etc.

All the stakeholders are involved in this process and regular feedback based mechanism is put in place to monitor the gaps if any and remedial action is initiated forthwith.



### 7.1.2 What are the initiatives taken by the institution to make the campus eco-friendly?

- \* Energy conservation: Sensors provided for all air-conditioners to avoid wastage of electricity and thereby conserving energy; shifting to LED lights in a phased manner all over the campus; increased usage of Solar energy in Hostels for water-heaters, street lighting; installation of panels in all buildings to generate Solar power; provision of posters and signages at each power switch to remind users to conserve energy; installation of proper taps to check leakage and wastage of water are some of the measures which are in place to conserve energy. Energy audit is conducted periodically.
- \* Use of renewable energy: Solar energy is being used in a big way all over the campus. Each of the hostel buildings have Solar panels installed and the electric water-heaters have been replaced with the solar water heaters. Moreover, Solar panels have been installed in the College and Hospital buildings and also all the new construction taking place have a plan for the installation of the same. The street and garden lights are powered by solar power and gradually but surely the usage of solar power is growing in the institution.
- \* Water harvesting: All the buildings are equipped with 'rainwater harvesting facilities'. The rainwater is drained into soak pits thus conserving water and in turn raising the groundwater level of the campus and the surroundings. The waste water generated from the buildings is also recycled through the four STPs installed in the campus with a capacity of 2 lac liters/day and the same is then used for flushing the toilets and also for gardening purposes.
- \* Solar panels: Solar panels are in place in the hostel and hospital buildings for last 3 years. Now, the solar panels are being installed in all the other buildings including all the new construction scheduled and underway.
- \* Efforts for carbon neutrality: Apart from the awareness programs conducted for the students and staff of the Institution, rules have been written to prohibit the use of four-wheelers for the students in the campus. They are educated to inculcate the good habit of walking instead of using bikes and cars on campus which would not only better their health but would also be very healthy for our environment by way of lesser carbon emissions.

Free bus facility which is provided for the students between the hostel and college is another measure to deter the usage of individual bikes or two-wheelers and also promote the cause of sharing or pooling the vehicles thereby reducing carbon emissions to ensure a cleaner environment.



- \* **Plantation - Botanical or Medicinal significance:** The importance of plants, plantation and green cover can never be under emphasized. In addition to the oxygen released by the plants, they offer shade from the harsh sun, fruits, medicinal extracts apart from their sheer aesthetic appeal.

Taking into consideration the above factors, proper thought has gone into increasing the green cover in the campus by choosing the types of trees suited to the prevalent climate and soil conditions of the area. Over 1,000 trees have been added to the existing 30,000 during the past year and a plan has been drawn to continue addition to the plantation every year.

- \* **Bio-hazardous waste management:** The Institution is fully aware of the ill-effects of not managing the bio-hazardous waste which can result in polluting the environment and in turn having an adverse effect on the overall health of living beings which include humans, animals and plant life.

To ensure proper disposal of the bio-hazardous waste, proper segregation of the waste at source is being practiced and then disposal as per the extant norms outlined by the Maharashtra Pollution Control Board is done. Proper care is taken to handling of the waste so that there is no contamination and training workshops are conducted at all levels to create awareness towards the same.

The Medical College and its attached teaching hospital have recently been selected in the four large hospitals in the State under the UNIDO funded project on “Environmentally Sound Waste Management of Medical Wastes in India”. The same is being implemented and partially funded by the Ministry of Environment and Forest, Government of India and the State Pollution Control Boards. It would be developed as a Model centre in this regard and then would be utilized for capacity building and generating awareness in the vicinity.

- \* **E-waste management:** The E-waste generated in the institution is collected on a centralised basis sent for recycling and disposal to the authorized recyclers.

Efforts are also being made to reduce the usage of instruments containing mercury and lead by switching to cleaner and safer technologies.

- \* **Effluent treatment and recycling plant:** Two ETPs have been installed to treat the waste water generated before releasing them into the drains. Periodical testing of the same before and after treatment is being done by an outside agency to check the adherence to the prescribed norms.

The four STPs installed in the campus recycle the waste water and the recycled water is then used for flushing of the toilets and watering the plants thereby conserving this precious resource.



- \* Recognition / certification for environment friendliness: The selection of our Medical College and its attached hospital in the UNIDO project on “Environmentally Sound Waste Management of Medical Wastes in India” is testimony to the fact that it is one amongst the four selected institutions in the entire State and the only one from this region.

7.1.3 How does the institution ensure that robust infection control and radiation safety measures are effectively implemented on campus?: The institution ensures that the proper infection control and radiation safety measures are strictly adhered to by implementing the following measures: -

- a) Written policy on Radiation safety
- b) Written policy on Infection Control
- c) Specific Isolation Policy
- d) Policies are in line with the norms and guidelines prescribed by the concerned Apical agencies such as BARC, Pollution Control Board
- e) Radiation Safety Officer
- f) Periodic awareness and sensitization campaigns
- g) Immunisation policies and programmes for staff and students
- h) Workshops related to risk identification and risk minimisation
- i) Regular monitoring through meetings of designated committees such as Radiation Safety Committee, Hospital Infection Control Committee, Bio-Medical Waste Management Committee, Infection Control Committee

7.1.4 Has the institution been audited / accredited by any other agency such as NABL, NABH, etc.?

The teaching hospital attached to the Medical College is accredited by ISO and the same is valid till 22.09.2018.

The University has been placed in the ‘A’ Category by the Ministry of HRD, Government of India. The Medical college is recognized training center for basic and advanced life support by American Heart Association (AHA). The Dental College has been accredited as a Centre of Excellence for training and treatment of Cleft, Lip and Palate Surgery by Smile Train Inc, USA. Application has been made for the certification of the same to NABH and the inspection is awaited.

The Medical College is recognized by the Medical Council of India as the Nodal Centre for Medical Education and similarly the Ayurveda College has been accredited by the CCIM in the same domain.



## 7.2 Innovations

7.2.1 Give details of innovations introduced during the last four years which have created a positive impact on the functioning of the institution.

Improvement is a continuous process in the Institution and it is followed and practiced at all levels. The atmosphere is conducive for excellence, improvement, innovation and growth and due rewards, incentives and encouragement is provided. The Institution strives to set and achieve higher benchmarks leading to the all-round growth of the institution.

The innovations introduced during the past four years can be categorized as under: -

- a) **Creation of a Centre of Excellence for Virtual Learning:** With the induction of 'Anatamage', a 3D virtual learning model which assists dissection, section wise views of the human body, an effective tool for planning difficult surgeries and treatments and an excellent teaching model; a separate center of excellence has been created which would not only help the students and staff of this institution but would also help in capacity building of stakeholders from other institutions as well.
- b) **Innovations in Teaching, Learning and Evaluation:** The University considers innovation as an equivalent problem solving. The major innovations worked out by the University in the domain of Curriculum.
  - i) **Curricular design:** Competency Based Curriculum for Post graduates, provision of foundation and electives ( core and optional) in Undergraduate courses
  - ii) **Teaching Learning:** Innovative TL methods viz; Modified PBL (IPR ref L-62803/2015), Interactive Intragroup tutorials (IPR Ref L-60802/2014), Peer led Teaching, Enrichment Courses in super-specialty/ sub specialty etc.
  - iii) **Assessments:** Formative Assessments in PG Curriculum, Introduction of higher levels of cognition in question paper (UG & PG), Standardization of primary and secondary test blueprints in all subjects for all faculties.
  - iv) **Curriculum Evaluation:** Institute has evolved a model of curriculum evaluation "FIPO" model.



- a) **Administrative Academic Appraisal Model:** This model has been put in place to monitor the academic growth; achievement of quality parameters; optimal utilization of the resources; adherence to the norms and guidelines of the Apical Councils and the Governmental agencies; effectivity of the system; identifying bottlenecks and suggesting remedial measures and as a means to identify areas wherein reforms can be initiated for the sustenance and enhancement of the quality of education.
  
- b) **Celebration of National Days of respective countries of International Students:** The National Days of the countries of the international students studying in our Institution are duly celebrated and congratulatory messages are sent to the students as well as their parents. A report of the function is also sent to the respective Embassies in India.
  
- c) **Appointment of Vice-Dean (Student Affairs):** To demonstrate the students' participation in the decision and policy making of the Institution, the post of Vice-Dean (Student Affairs) has been created in the Institution wherein the elected President of the Student Council is designated as the Vice-Dean (Student Affairs) and he/she attends the important meetings of the decision making bodies of the Institutions.
  
- d) **Research:** The Institute strives hard to ignite the temperament of scientific enquiry amongst students. One such initiative taken by the Institute is conduction of "Evidence based journal club" as a part of PG activity in all subjects. The journal club specifically focuses on thorough scientific analysis and interpretation of a research article on a chosen theme. This also informs and train students to practice evidence based medicine.



## Best Practices

### 1. Title of the Practice : **Test Blueprint for Student Assessment**

“Assessment drives student learning” is the accepted mantra. But what is more enigmatic is the way in which assessment directs, drives and influences learning. This understanding holds the key for a medical / health educator to control the entire process of learning through **blueprinting**.

### 2. **Underlying principles / concepts of this practice:**

A blueprint provides a template for the question paper to the setter and the moderator / validator to assess all that is expected from a student at the end of learning session. It defines the **purpose and scope of assessment** and specifies the weightage to be given to the various elements. A blue print specifies the content area topics, appropriate tools of assessment, balancing the degree of difficulty in regard to must know area, desirable to know area and nice to know area in the proportion of 60:30:10. It also helps in balancing the various levels of learning, according to Bloom’s taxonomy.

A comprehensive blueprint therefore serves as a reference framework for the question paper setter to prepare the questions according to the **standardized norms and guidelines**.

### 3. **Aim:**

To make assessment process authentic, reliable, transparent and valid.

### 4. **Objectives:**

- a. To accomplish content validity in question paper
- b. To accomplish construct validity in question paper
- c. To balance degree of difficulty (MK:DK:NK – 60:30:10) in question paper
- d. To balance levels of learning (Level I: Level II- 80:20) in a question paper.

### 5. **The Context:**

Contextual Features of this practice lie in the age-old dissatisfaction of the students towards the unpredictable and erratic mode of paper setting. The question papers due to their lack of balance had a huge element of luck imbibed in them. This was counterproductive towards the aim of assessment and hence, needed to be addressed.

### 6. **The Practice:**

Till date only the basic formatting of the question paper has been carried out i.e with respect to number of questions, marks allotted, type of question and the duration of the paper. Balancing of the paper with respect to the levels of difficulty and the ascending domains of knowledge (Bloom’s taxonomy) was not taken into consideration and this has resulted in generation of non-standardized question papers of questionable quality and devoid of objectives. Taking these limitations into account **Test blueprinting of the question papers** has been carried out.



## Challenges Faced:

### a) During Designing

As the entire university with its multiple faculties, with diverse ideas were to be brought on a common platform, a multitude of challenges had to be overcome. There was variation in the number of marks, total number of questions, the types of questions and the level of difficulty attributed to them. To standardize all these parameters time analysis was carried out and the time, types of questions, level of difficulty were kept constant with variation being allowed in the marks allotted to each question

### b) Implementing this model needed orientation and cooperation of the trainers and staff and providing logistic and technical support. Before any of these formats were implemented, the subject experts carried out large-scale training of faculty and small test runs were made in the formative assessments for their validation and were subsequently implemented in the summative assessment.

The test blueprint of question paper is carried out in two Parts

1. **Part I** -Primary Test Blueprint (PTB) for **format of question paper**
2. **Part II** -Secondary Test Blueprint (STB) for **content of question paper**

### 1. **Part I** - Primary Test Blueprint (PTB) for **format of question paper**

It was done under following heads;

- a) Directions given in the Question paper
- b) Conformity with distribution of questions according to total marks.
- c) Conformity with distribution of different type of questions according to PTB.
- d) Conformity with number of different levels of learning (level I & II) of questions as per PTB.

### 2. **Part II** - Secondary Test Blueprint (STB) for **content of question paper**

It was done under following heads:

- a) Distribution of all themes/topics across the question paper
- b) Distribution of weightage to themes/topics as per allotted teaching hours
- c) Conformity with various Levels of Learning (From level 1 to level 6: Level I was considered as recall and Comprehension and Level II as Problem solving, analysis and application of knowledge).





## Evaluation of the practice:

A process of evaluation was put in place in the University to evaluate the papers against the set norms for PTB and STB. (structured formats were prepared and appropriate weightage was given to every step).

### 7. Uniqueness of the practice:

- The uniqueness of this practice lies in the fact that it was a maiden scientific and time analyzed attempt for question paper setting.
- All the levels of the learning in cognitive domain were assessed with this format.
- All the faculties in the university were brought on a unified platform with respect to student assessment parameters.

### 8. Requirement: As the process is now standardized, the requirement are as under:

- It needs special orientation and training of the faculty.
- It was labour intensive in the initial period.

### 9. Evidence of Success

Question papers for summer 2016 were evaluated for test blueprint for format as well as contents and the following conclusions was drawn:

- It was observed that **format validation** of question papers under all the four faculties and the average score of **98 % was observed**. Hence, the next step; the 'content validation' was undertaken.
- **Content validation** revealed an average of **95%**score in all the four faculties in terms of the set prescribed norms.

### 10. Conclusion:

The outcome of successful adherence to the test blueprints of question paper (Primary as well as Secondary) resulted into achieving objectivity, validity and higher quality of question papers Pan-University leading to standardization of the process of examination with desired principles of student assessment.

### 11. Implication:

As this is a scientific process, it can be emulated at other health sciences universities.



## BEST PRACTICES

### 1. Academic Appraisal Program

**Academic Appraisal Program (AAP) is an innovative practice towards ensuring comprehensive audit and quality assurance of the teaching learning process with timely remedial interventions.**

#### *Need:*

**The educational environment is same to each of the learner, but they tend to gain differently. Assessment of the extent of learning through the exit feed backs are traditionally taken which is not a real time feedback. However, the outcomes and shortcomings of the learning process, if any, are known at the end. Thus, it is neither helpful for incorporating remedial interventions for the benefit of the same set of learners nor are they spread through- out over the entire curriculum. Therefore, to ensure that each learner gains adequately, a ongoing quality assurance practice should be in place comprising of continuous appraisal, reviews and corrective actions.**

#### *Objectives:*

The primary objectives of the AAP are:

1. To ascertain whether specific learning and educational objectives (SLOs) are well defined and understood by Faculty and Learners.
2. To ensure whether the core areas for competency in each subject are identified by the teachers.
3. To verify if the targeted learning activities towards meeting of learning/ educational objectives/ competency are adopted and practiced.
4. To validate if the Teaching learning resources used are adequate and appropriate for meeting these objectives.
5. To identify difficulties faced by students in understanding and acquiring the requisite skill/acumen.
6. To incorporate learner centric teaching modalities.
7. To identify the weakness and strengths of the curriculum and make appropriate recommendations.

#### *Context:*

The Academic Appraisal Program (AAP) consists of getting an appraisal through a structured feedback from learners on key objectives at pre-determined marker points.



These marker points are placed throughout the curriculum at the endpoint of a theme, topic, or competency. The pre-defined objectives are assessed on a 5 point Likart's scale. These objectives are benchmarked at 3.8/5. This is done with the intention that quality concerns are step ahead of mere meeting the minimum which is 2.5/5 i.e. 50% (the passing percentage at exit examination).

Each learner participates in this program. There is an 'Education Lead' (faculty) in each subject, who places these marker points before the starting of the term and supervises the marker point appraisal. He analyses the data collected by the designated 'Student Lead' and develop a report which is submitted to 'Academic lead' (Vice Dean, Academics). The academic lead generates the Pre-term, Midterm and Post-term reports with full analysis of each appraised marker point and if needed, take the remedial actions to ensure no progressive learning loss happens. This is usually done in consultation with the Head of Department and Education lead. Further these reports are reviewed and monitored by College council, Joint college council and Academic council.

***Evidence of success:***

The objective assessment of the outcome in a 5 point scale is evaluated against the benchmark score of 3.8 / 5. Applying this criterion the average score gained across all the faculties, for different parameters towards all the identified marker points are as under:

1. The Academic calendar is designed to provide almost 15% more time to reinforce the learnings. Any academic loss is well covered through remedial teaching and capsulated teaching programs.
2. Adherences to the teaching-learning schedule were almost to the tune of 99%. It reflects a well planned and timely implementation of schedules and disposition of syllabus.
3. The first objective was the "Learning Objectives Set" for a topic / theme/ competency. An average score of 4.08 / 5 was achieved in all subjects. This revealed that the objectives were well conceived and aptly set in all the subjects. Very few exceptions were categorically brought out by the learners which were timely and suitably re-set by the facilitators (teachers). This is a "Quality-Enhancement "initiative of the University.
4. Learning Resource Material was another key determinant of good quality Teaching-Learning process. The learners were appraised on this issue and where-



ever inadequacies were felt by them, they reflected it in the appraised scores. A mean score of 4.25 /5 in all the faculties reflects that the institution is using a well structured teaching resource material. This is also “Quality Enhancement” initiative of the university.

5. Speech and Audibility are correlative to each other, and a poverty of either makes the learning gains insufficient. Same was appraised by the learners through the average score of 3.88 /5 which was above the bench mark. This is “Quality Preservation” initiative and has a strong need to be built further towards learner’s conduciveness.
6. Appropriate time allotment to a topic was another objective which is significant for adequate teaching -learning process. The average score of 4.12 /5 achieved for this parameter spells out appropriateness and assurance of adequate time - managements.
7. Interactivity between Facilitators and Learners is vital for effective dispensation of teaching-learning process. The average score of 3.7 / 5 on this count reflected that students seek more interactivity in the classroom which was appraised repeatedly to increase the same. To enhance the interactivity and the learning gain as reflected by the learners through this appraisal, the university has incorporated inter active learning modalities through problem based learning, case based learning, team based learning and Quizzes.
8. On the practicals / clinical learning activities the objectives of psychomotor skill training / practical demonstration of techniques / adequacy of clinical material and conduction of clinic all have scored high scores ranging from 4.0 to 4.28. This endorses that in the institution, the learners are getting adequate ‘hands-on training’ opportunities and experiences.
9. The appraisal given by the students on the parameter ‘Overall learning objectives met’ demonstrated an average score of 3.96 for all the faculties. This reflected not only Quality sustenance initiative but a quality enhancement.

***Problems Encountered and Resources Required:***

As the program is learner led, the actions based on their inputs is of high priority to all other stakeholders and few other issues pertaining to learning environment shifts to low priority. As passing the examination/evaluation are the major focuses of learners, the topics which are more important from that viewpoints take larger concerns than the whole curriculum. It requires committed logistic support particularly in terms of planning,



sensitization, orientation, implementation , review and analysis, including whole hearted participation from dedicated facilitators as education leads , HOD's , Heads of Institutions and Education Managers. The generation of marker points needs a thought process, indulgence, application of mind and innovative approach. The meaningful participation by all learners and faculty needs training and orientation towards this practice.

***To conclude:***

The AAP is an innovative, effective, real time audit and appraisal program to assess the efficiency & effectivity of teaching learning process. It provides an opportunity of remedial interventions for real time course corrections thereby augmenting the quality of teaching learning process and meeting the subtle learning and educational objectives.

## **Annual Report of Sport**

Datta Meghe Institute of Medical Science (Deem University) regularly conducts the annual sports meet named “ENERGIA” every year where the sports activities for the boys and girls are conducted separately. The institution also conducts a Vidarbha Level Inter Medical, Dental & Physiotherapy sports competitions named “IMPLSE” in the campus. The participation of the Girls in these events is exemplary. The institution encourages the students to participate in various sports and cultural competitions organized by difference institutions which has added to the personality profile of the students in a big way.

### **ENERGIA – 2013**

Energia - 2013 (Annual Sport Meet) of the University was organized in the campus. The event started on 1<sup>st</sup> January 2013 and was completed on 31<sup>st</sup> January 2013. In this sport meet students of Jawaharlal Nehru Medical College, Sharad Pawar Dental College, Ravi Nair Physiotherapy College, Mahatma Gandhi Ayurved College, Smt. Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha participated.

Following events were included in the schedule –

#### **1. Events for Boys & Girls**

- a. Cricket
- b. Volley Ball
- c. Basket Ball
- d. Badminton
- e. Table Tennis
- f. Carron
- g. Chess
- h. Athletics

#### **2. Events only for Boys**

- a. Foot Ball
- b. Kabaddi

**ENERGIA 2013**

<b>ATHLETICS 100 MTRS</b>						
	<b>S.NO</b>	<b>RUNNER</b>	<b>BATCH</b>	<b>S.NO</b>	<b>WINNER</b>	<b>BATCH</b>
<b>SRMM</b>	1	VIHANG TAYDE		2	MANOJIT PARDHAN	
<b>MGAC</b>	3	NILESH MUSALE	2K10	4	ROHIT AGALAVE	2K9
<b>SPDC</b>	5	NALINBH SINGH	2K9	6	NAKUL NAIDU	2K11
	7	MEGHANA DESHPANDE	2K12	8	NIKITA PATEL	2K09
<b>JNMC</b>	9	NAVEEN KUMAR		10	MALAR JADHAV	
	11	SOPHIA SHAREEF		12	JYOTHI JANARDHAN	
<b>SHOT PUT</b>						
<b>SRMM</b>	13	VIHANG TAYDE		14	MANOJIT PARDHAN	
<b>MGAC</b>	15	SHAYAM REKHADE	2K10	16	DHANANJAY DESHAMUKH	2K10
<b>SPDC</b>	17	PINAK PANIKAR	2K9	18	SUNNY KESHARI	2K10
	19	SONAL BHATNAGAR		20	NIKITA PATEL	2K9
<b>JNMC</b>	21	KUNAL JIBHAKATE		22	ANAND	
	23	SUKANYA KALE		24	KAUSHIKA RAUTRAY	
<b>DISCUSS</b>						
<b>MGAC</b>	25	DHANANJAY DESHAMUKH	2K10	26	AJAY SANTRE	2K9
<b>SPDC</b>	27	SIAMA		28	KARAN VEDI	
<b>JNMC</b>	29	KUNAL MISHRA		30	SAWPNIL PANDY	
	31	AKANASHA WANLDUDE		32	KAUSHIKA RAUTRAY	
<b>JAVELIAN</b>						
<b>MGAC</b>	33	ROHIT AGLAVE	2K9	34	SHRIKANT INGOLE	2K9
<b>SPDC</b>	35	KISHIKA TAWRI		36	NIKITA PATEL	
<b>JNMC</b>	37	SOPHIA SHAREET		38	PRIYA PARIHAR	2k9
<b>CARROM</b>						
<b>SRMM</b>	39	UTTAM KHANTE	2K10	40	RAHUL KAPGATE	2K10
	41	YOGITA SHIRODE	2K12	42	MANSI PATEL	2K12
<b>MGAC</b>	43	DHANANJAY DESHMUKH	2K10	44	CHETAN BHALKAR	2K10
<b>CHESS</b>						
<b>SRMM</b>	45	SANDIP RANGARI	2K9	46	RAHUL KAPGATE	2K10
	47	JISHA T. CHACKO	2K9	48	DAFNA THACHILL	2K9
	49	AAMIR KHAN	2K9	50	DARSHAN KHANDEZOD	2K9

MGAC	51	NAZEN HYDARI	2K9	52	PRINYANKA PAWAR	2K9
<b>BADMINTON</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX BOYS</b>	53	ROHIT AGLAWE	2K9	56	LIJITH THOMAS	2K9
	54	DARSHAN KHANDEZOD	2K9	57	RAHUL KAPGATE	2K10
	55	NILESH MUSALE ©	2K10	58	PAUL PETRE	2K10
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX GIRLS</b>	59	SNEHA KOLHE ©	2K9	62	MANSI PATEL	2K12
	60	SONAM WASEKAR	2K9	63	ANJANA THOMAS	2K9
	61	NAMRATA SHANKARPURE	2K9	64	BINI CHERIAN	2K9
		<b>RUNNER</b>	<b>2K11</b>		<b>WINNER</b>	<b>2K10</b>
<b>SPDC BOYS</b>	65	SHANTANU MANKAR		68	DAMA	
	66	ANIKET MEGHAWAT		69	VAIBHAV CHOUDHARY	
	67	PRATIK WARADE		70	ANKIT PITALE	
		<b>RUNNER</b>			<b>WINNER</b>	<b>2K10</b>
<b>SPDC GIRLS</b>	71	JYOTI CHAPHEKAR		74	OSHIN PAWAR	
	72	UTTKARSHA BASAKHETRE		75	SHALINI PATIL	
	73	NANCY		76	NEHA JAIN	
		<b>RUNNER</b>	<b>2K9</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC BOYS</b>	77	ISHAN AGIHOTRI		80	SURAJ PILLAI	
	78	SHANTANU VERMA		81	JESVIN ABRAHAM	
	79	ISHAN MISHRA		82	GOURVE BHUTADA	
		<b>RUNNER</b>	<b>2k10</b>		<b>WINNER</b>	<b>2k9</b>
<b>JNMC GIRLS</b>	83	JYOTI JANARDHAN		86	SUKANYA KALE	
	84	SAKSHI UBEJA		87	AKANSHA VERMA	
	85	PRIYANKA SACHDEVA		88	PRIYA PARIHAR	
<b>TABLE TENNIS</b>						
		<b>RUNNER</b>	<b>SRMM</b>		<b>WINNER</b>	<b>MGAC</b>
<b>MIX BOYS</b>	89	SANDIP RANGARI		92	SAURABH SONTAKKE	2K9
	90	LIJITH THOMAS		93	DHANAJAY DESHMUKH	2K10
	91	ABDUL SEIKH		94	ROHIT AGLAWE	2K9
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX GIRLS</b>	95	SNEHA KOLHE	2K9	98	ANJANA THOMAS	
	96	NAMRATA SHAURKAR	2K9	99	JISHA T. CHACKO	
	97	NAZMIN HAIDARI	2K9	100	ANNAMMA JOSEPH	
		<b>RUNNER</b>			<b>WINNER</b>	
<b>SPDC</b>	101	PINAK PANIKER		104	DAMA	
	102	ABHISHEK AGARWAL		105	ZODIN	



<b>BOYS</b>	103	NALINABH SINGH		106	PARA	
		<b>RUNNER</b>	<b>2K9</b>		<b>WINNER</b>	<b>2K12</b>
<b>SPDC</b>	107	SHRUTI DEODA		110	MEGHANA DESHPANDE	
	108	NIKITA PATEL		111	SHREYA KATE	
<b>GIRLS</b>	109	YUSRA KHAN		112	SEJAL CHAUHAN	

		<b>RUNNER</b>	<b>2K11</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC BOYS</b>	113	AVINASH		116	MADHAV BHARGAV	
	114	MUKUND		117	SHASHWAT AGRAWAL	
	115	HASAN		118	AISWARYA MADARIA	
		<b>RUNNER</b>	<b>2K11</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC GIRLS</b>	119	RICHA JHA		122	MALVIKA CHATTERJEE	
	120	ANKITA SWARNKAR		123	JYOTI JANARDHAN	
	121	RUCHIKA CHOUKSEY		124	ANJALI DUBEY	

### KABADDI

		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX BOYS</b>	125	AJAY SANTRE ©	2K9	133	ABDUL WASIM SEKH	
	126	SHREEKANT INGOLE	2K9	134	NISHIKANT CHACKOLE	
	127	DHANANJAY DESHMUKH	2K10	135	AMOL DHANGE	
	128	ROHIT AGLAWE	2K9	136	SAGAR BHOWRE	
	129	NAUSHAD KHAN	2K10	137	MANOJIT PRADHAN	
	130	AMIT GULHANE	2K10	138	GAWUR SAHA	
	131	NILESH MUSALE	2K10	139	ADHIJEET PATHARE	
	132	SHYAM REKHADE	2K10	140	SANDIP RANGARI	
		<b>RUNNER</b>	<b>2K10</b>		<b>WINNER</b>	<b>2K9</b>
<b>SPDC BOYS</b>	141	CHIRAG PATIL		149	LATESH JOGEKAR	
	142	KARAN VEDI		150	KARAN NARANG	
	143	GUNJAN KHOBRAGADE		151	ABHISHEK MISHRA	
	144	DEEPAK SHEKAWAT		152	ABHISHEK AGRAWAL	
	145	MOHIT DULANI		153	NALINABH SINGH	
	146	SUYOG BAHIRAMWAR		154	RAHUL BAMBOLE	
	147	ANKIT PITALE		155	BHUPENDRA SEN	
148	SUNNY KESHRI		156	SWASTIK BHATTACHARYA		
		<b>RUNNER</b>	<b>2K12</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC</b>	157	AHBISHEK SINGH		165	SWAPNIL PANDEY	
	158	PRIYANSHU PANDEY		166	SAUMITRA DUBEY	
	159	SWATHAK RATHORE		167	AKSHAY RATHOD	

<b>BOYS</b>	160	JANAID QUAZI		168	RAJ DEOKULE	
	161	SHUBHAM BALKE		169	SHISHIR YADAV	
	162	RAUNAK KOTRCHA		170	PRANJAL MISHRA	
	163	BABAR MIRZA		171	VINIT SANJEEV	
	164	AKSHAY PAL		172	RAHUL AGRAWAL	
<b>VOLLEY BALL</b>						
		<b>RUNNER</b>	<b>SRMM</b>		<b>WINNER</b>	<b>MGAC</b>
<b>MIX BOYS</b>	173	RAHUL KAPGATE		181	ROHIT AGLAWE ©	2K9
	174	SACHIN MAHAJAN		182	SHREEKANT INGOLE	2K9
	175	SAGAR BOWARE		183	DHANANJAY DESHMUKH	2K10
	176	SAHYOG PUSATE		184	AAMIR KHAN	2K9
	177	PRAJAK SABLE		185	AJAY SANTRE	2K9
	178	VIPUL LALSARE		186	NAUSHAD KHAN	2K10
	179	MANOJEET PRADHAN		187	NILESH MUSALE	2K10
	180	SANDIP RANGARI		188	SAURABH SONTAKKE	2K9
		<b>RUNNER</b>	<b>FNTCN</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX GIRLS</b>	189	SUHSMA CHAUVHAN		196	MAMTA KUMARE	
	190	UTKARSHA GAURKHODE		197	PRIYANKA BHUTE	
	191	DEEPALI ATE		198	KOMAL JADHAV	
	192	MAMTA CHANDAUKHEDE		199	MONALI DHAGE	
	193	MANISHA KAMBLE		200	TINOY RACHACL	
	194	SHWETA CHAUDHARI		201	KALYANI JADHAV	
	195	BHAGYASRI KHODE		202	NILIMA JADHAV	
				203	BHAWNA	
		<b>RUNNER</b>	<b>2K10</b>		<b>WINNER</b>	<b>2K12</b>
<b>SPDC BOYS</b>	204	ANKIT PITALE		211	VIPUL RATHI	
	205	VAIBHAV CHOUDHARY		212	SAURABH RATHI	
	206	ARADHYA JAIN		213	VAIBHAV CHAUDHARI	
	207	MOHIT DULANI		214	SANTOSH CHATTANI	
	208	SIAMA		215	SAURAV DHAWAS	
	209	VANLAL		216	HARSHAL CHATKI	
	210	ZODIN		217	OVAIS KHAN	
		<b>RUNNER</b>	<b>2K9</b>		<b>WINNER</b>	<b>2K11</b>
<b>SPDC GIRLS</b>	218	SHILPA NAIR		225	NUPUR BADGE	
	219	JESSICA PATEL		226	NANCY RAMDINWAWII	
	220	MOHINI KUMARI		227	SUKHDA KASBEKAR	
	221	RADHIKA BORKAR		228	JYOTI CHAPEKAR	
	222	NIKITA PATEL		229	SHRUTIKA PISE	

	223	KASHISH JOSHI		230	ROSHNI SAWARKAR	
	224	SANA GAUHAR		231	JUHI TALREJA	
		<b>RUNNER</b>	<b>2K10</b>		<b>WINNER</b>	<b>2K9</b>
<b>JNMC BOYS</b>	232	SHASHWAT AGRAWAL		239	KUNAL MISHRA	
	233	SIDDHANT TRIPATI		240	SUMIT BAHETI	
	234	ROHAL CHANDRAKAR		241	APURV VARMA	
	235	SWAPNIL PANDEY		242	ISHAN AGRAWAL	
	236	SARANDEEP SINGH SALUJA		243	AKBAR ZAWERI	
	237	MADHUSUDHAN		244	KUSHAL KALWIR	
	238	SURAJ PILLAI		245	SATYAM GUPTA	
		<b>RUNNER</b>	<b>2K9</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC GIRLS</b>	246	DEEPSHIKA CNANDRAVANSI		253	PALLAVI THAKUR	
	247	MONIKA SINGH TAKUR		254	NEHA PATIL	
	248	PRIYA PARIHAR		255	SWEETY MISHRA	
	249	AKANSHA WANKHEDE		256	JYOTI JANARDHAN	
	250	JYOTI BISWAS		257	HARSHA SINGH	
	251	SUPRIYA PANDEY		258	TANVI MITTAL	
	252	SHREYA TIWARI		259	PPIYANKA SACHDEVA	
<b>FOOT BALL</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX BOYS</b>	260	SAURABH SONTAKKE	2K9	272	VIHANG TAYDE	
	261	ROHIT AGLAWE	2K9	273	PRANAY SELOKAR	
	262	SHREEKANT INGOLE	2K9	274	GAUR SAHA	
	263	DARSHAN KHANDEZODE	2K9	275	MANU GEORGE	
	264	MANISH CHAVHAN	2K11	276	PRITAM MESHRAM	
	265	AAMIR KHAN	2K9	277	VIPUL LALSARE	
	266	AJAY SANTRE	2K9	278	PAUL PETER	
	267	DHANANJAY DESHMUKH	2K10	279	LILIT VERGHESE	
	268	SHYAM REKHADE	2K10	280	RAHUL KAPGATE	
	269	AKSHAY JAYALE	2K10	281	SAGAR BHOWRE	
	270	NILESH MUSALE	2K10	282	MANOJIT PRADHAN	
271	AMIT GULHANE	2K10	283	SAURABH KATHANE		
		<b>RUNNER</b>	<b>2K9</b>		<b>WINNER</b>	<b>2K10</b>
<b>SPDC BOYS</b>	284	NALINABH SINGH©		296	H.LALPARMAWIA©	
	285	ABHISHEK AGGARWAL		297	ZODINLIANA NGENTE	
	286	PINAKPANI KAR		298	R.LALREMSIAMA	
	287	SWASTIK BHATTACHARYA		299	C.VANLALHRIATPUIA	
	288	KARAN NARANG		300	K.LALCHHANDAMA	

	289	ABHISHEK MISHRA		301	ARADHYA JAIN	
	290	JEFFRY JOHNNY		302	VAIBHAV CHOUDHARY	
	291	ROHAN KHEDKAR		303	SUNNY KESHARI	
	292	ROHIT AWLEKAR		304	ANKIT PITALE	
	293	BHUPENDRA SEN		305	MOHIT DULANI	
	294	SOMIT DAS		306	KAPIL JADIYA	
	295	RAHL BAMBOLE		307	KARAN VEDI	
		<b>RUNNER</b>	<b>2K9</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC BOYS</b>	308	SANUJIT PAWDE©		322	MALHAR JADHAV©	
	309	KUNAL MISHRA		323	SIDDHANT CHANDEL	
	310	AHMED ALJABALI		324	SHASHWAT AGRAWAL	
	311	ISHAN AGNIHOTRI		325	MADHAV BHARGAVA	
	312	VISHWAS KUMAR		326	PRIYAM SHARMA	
	313	RAHUL CHAUBEY		327	PRINCE VERMA	
	314	ABHISHEK HALDAR		328	JESVIN JOIS	
	315	APOORV VERMA		329	SIDDHANT TRIPATHI	
	316	PRIYANSH PANDE		330	YUDHAJEET KALITA	
	317	RAJ GUPTA		331	ROHAL CHANDRAKAR	
	318	SUMIT BEHTI		332	ANAND AFARIA	
	319	SAGAR MEENA		333	AAYUSH KOTHARI	
	320	MAYUR HOLKAR				
	321	PRANAY SELOKAR				
<b>CRICKET</b>						
		<b>RUNNER</b>	<b>SRMM</b>		<b>WINNER</b>	<b>MGAC</b>
<b>MIX BOYS</b>	334	RAHUL KAPGATE		346	SHREEKANT INGOLE ©	2K9
	335	VIHANG TAYDE		347	DHANANJAY DESHMUKH	2K10
	336	GAUR SAHA		348	AAMIR KHAN	2K9
	337	MANOJIT PRADHAN		349	ROHIT AGLAWE	2K9
	338	MANU GEORGE		350	FAIZAL RAZA	2K10
	339	SUSHANT CHUNDE		351	AMIT GULHANE	2K10
	340	TARUN PARIMAL		352	NILESH MUSALE	2K10
	341	SAGAR BOWRE		353	ANKUSH PATIL	2K9
	342	PRITAM MESHARAM		354	SAURABH SONTAKKE	2K9
	343	SANDIP RANGARI		355	MD. MUKHAZZAR SHEIKH	2K9
	344	PRANAY SELOKAR		356	PRATIK ROUT	2K10
	345	MAYUR HOLKAR		357	CHETAN BHALKAR	2K10

		<b>RUNNER</b>	<b>SRMM</b>		<b>WINNER</b>	<b>FNTCN</b>
<b>MIX GIRLS</b>	358	MAMTA KUMBHARE		370	PRIYANKA SHENDE	
	359	KOMAL JADHAV		371	RANI JADHAV	
	360	KALYANI JADHAV		372	AMRUTA INGLE	
	361	NILIMA JADHAV		373	PRATI KSHA SATHE	
	362	PRIYANKA BHUTE		374	UTKARSHA GORKHADE	
	363	GULBAKSHI		375	SUSHAMA CHAUHAN	
	364	PRANALI KADAM		376	SWETA CHAUDHARI	
	365	TINCY RACHEL		377	DEEPALI ATE	
	366	BHAGYASRI		378	MUMTA CHANDANKHADE	
	367	POOJA TEMBHURNE		379	SHABANA SHEIKH	
	368	ASHWINI		380	SUBHANGI CHATE	
	369	BHAWNA		381	POOJA KANNWAR	
		<b>RUNNER</b>	<b>2k11</b>		<b>WINNER</b>	<b>2k9</b>
<b>SPDC BOY'S</b>	382	PRATIK WARADE		394	NALINABH SINGH	
	383	NAKUL NAIDU		395	ABHISHEK AGARWAL	
	384	ZYNUL JOHN		396	ABHISHEK MISHRA	
	385	KIRAN HINGE		397	KARAN NARANG	
	386	SHANTANU MANKAR		398	PINAK PANIKAR	
	387	WAJEEH KHAN		399	ANKIT PUJARI	
	388	HITESH JAGYASI		400	LATESH JOGEKAR	
	389	ADITYA PAWAR		401	ROHAN KHEDKAR	
	390	ANIKET MEGHAWAT		402	JEFFRY JHONNY	
	391	ARPAN JAISWAL		403	ANIKET GID	
	392	RUSHIKESH BHONDE		404	BHUPENDRA SEN	
	393	RAHUL AHUJA		405	ROHIT AWLEKAR	
				406	SOMIT DAS	
		<b>RUNNER</b>			<b>WINNER</b>	
<b>SPDC GIRL'S</b>	407	JYOTI CHAPHEKAR		418	NIKITA PATEL	
	408	SONAL SAHU		419	SHILPA NAIR	
	409	NUPUR BADGE		420	SANA GANHAR	
	410	SONAM BATRA		421	RISHIKA TAWRI	
	411	SHARFA KHAN		422	PRIYANKA TALMALE	
	412	NANCY RAMDIMAUU		423	KASHISH JOSHI	
	413	NEELAM MOTWANI		424	SIDDHI JAIN	
	414	NEHA PARATE		425	MOHINI KUMARI	
	415	SHRUTIKA PISE		426	VINI MEHTA	
	416	SUKHDA KASBEKAR		427	PALLAVI BAMBLE	
417	AIMAN		428	SURABHI JAIN		
		<b>RUNNER</b>	<b>2K10</b>		<b>WINNER</b>	<b>2K9</b>

<b>JNMC BOYS</b>	429	SIDDHANT TRIPATHI		441	AKBAR ZAMAN	
	430	ANAND AFARIA		442	MUKESH PATEL	
	431	SHASHWAT AGRAWAL		443	KUNAL MISHRA	
	432	MALHAR JADHAV		444	APURV VARMA	
	433	AYUSH KOTHARI		445	ISHAN AGNIHOTRI	
	434	VINIT SANJEEV		446	PRIYANSH PANDEY	
	435	JASVIN ABRAHAM		447	SANCHIT CHAUKSEY	
	436	SWAPNIL PANDEY		448	RAJ GUPTA	
	437	DEEPANSHU SAHU		449	ABHIGYAN MUKHERJEE	
	438	KUNAL JIBHKATE		450	KUNAL JAIN	
	439	SHASHANK JAIN		451	HEMANT THAKUR	
	440	MADHUSUDAN LADDA		452	VISHWAS KUMAR	
	<b>RUNNER</b>	<b>2K10</b>		<b>WINNER</b>	<b>2K9</b>	
<b>JNMC GIRL'S</b>	453	HARSHA SINGH		465	PRIYA PARIHAR	
	454	TANVI MITTAL		466	RADHIKA AGRAWAL	
	455	PARTISHA GUPTA		467	PRIYANKA MONDAL	
	456	JYOTI JANARDAN		468	SUPRIYA PANDEY	
	457	ARTI KUMAR		469	SUKANYA KALE	
	458	PRIYANKA SACHDEVA		470	VINAMRATA SHUKLA	
	459	MALVIKA CHATTERJEE		471	PURNIMA YADAV	
	460	MANISHA SAO		472	NEHA JAIN	
	461	NEHA PATIL		473	AKANSHA WANKHEDE	
	462	ANKITA GUPTA		474	MONIKA SINGH THAKUR	
	563	MRITIN JOCOB		475	JYOTI BISWAS	
	464	AMITA ROI		476	RUPAL NANDA	

**BEST SPORTS PERSON AWARD 2013**

<b>JNMC</b>		<b>ISHAN AGNIHOTRI</b>	<b>2K9</b>		<b>CHAMPION BATCH</b>	
		<b>SHASHWAT AGRAWAL</b>	<b>2K10</b>		<b>2010</b>	
		<b>PRIYA PARIHAR</b>				
<b>SPDC</b>		<b>NALINABH SINGH</b>	<b>2K9</b>		<b>CHAMPION BATCH</b>	
		<b>NIKITA PATEL</b>	<b>2K9</b>		<b>2009</b>	
<b>MGAC</b>		<b>ROHIT AGLAWE</b>	<b>2K9</b>			
		<b>DHANANJAY DESHMUKH</b>	<b>2K10</b>			

Vidharbha level sports meet (SYNERGIE-2013) organized by Govt. medical college(Nagpur) from 25<sup>th</sup> feb to 28<sup>th</sup> feb 2013 in which our university also participated and performed brilliantly in the tournament. They achieved the following:-

1. CRICKET- Winners 1<sup>st</sup> position(JNMC)
2. BASKETBALL- Winners 1<sup>st</sup> position(JNMC)
3. TABLE TENNIS- Winners 1<sup>st</sup> position(JNMC)
4. VOLLEYBALL- Winners 1<sup>ST</sup> position(JNMC)
5. VOLLEYBALL- Runners 2<sup>nd</sup> position(SPDC)

The following students participated in the above events:-

### JNMC

#### CRICKET TEAM: (WINNER)

- 1.BHUSHAN PATIL(08-32)
- 2.RIJUL NANDA (O8-102)
- 3.ANANAD AFARIA(10-27)
- 4.SIDDHANT TRIPATHI(10-112)
- 5.ABHIRAJ PAREKAR(11-03)
- 6.UTSAV SAXENA(11-141)
- 7.PRATEEK GUPTA(11-05)
- 8.AMOL BAMNE(11-16)
- 9.AKASH GANDHI(12-18)
- 10.KUNAL MISHRA(09-41)
- 11.KRISHNA SAUJI(11-66)
- 12.SHASHWAT AGGARWAL(10-45)
- 13.MUKUND AGGARWAL(11-78)
14. AKBAR ZAMAN(09-12)

**FOOTBALL TEAM:**

- 1.MALHAR JADHAV(10-23)
- 2.SIDDHANT CHANDEL(10-73)
- 3.SIDDHANT TRIPATHI(10-112)
- 4.ANAND AFARIA(10-27)
- 5.MADHAV BHARGAVA(10-93)
- 6.YUDHIJEET KALITA(10-127)
- 7.GANESH A(11-18)
- 8.SAURABH VERMA(11-118)
- 9.BHUSAN PATIL(08-32)
- 10.SHARANDEEP SINGH(10-72)
- 11.SANUJIT PAWDE(09-87)
- 12.PRIYAM SHARMA(10-35)
- 13.ATTHAR SYED(12-

**VOLLEYBALL TEAM: (WINNER)**

1. KUNAL MISHRA(09-41)
2. NIKHIL MEHTA(08-77)
3. SHASHWAT AGRAWAL(10-45)
4. ISHAN AGNIHOTRI(09-34)
5. SHUBHAM UMALKAR(11-174)
6. VENKATESH JAISWAL(11-181)
7. SUMIT BAHETI(09-109)
8. SHARANDEEP SINGH(10-72)
9. SIDDHANT TRIPATHI(09-112)

**TABLE TENNIS TEAM : (WINNER)**

- 1.MALVIKA CHATERJEE(10-04)
- 2.MADHAV BHARGAVA(10-093)



- 3.PRATEEK GUPTA(11-05)
- 4.AVINASH YADAV (11-165)
- 5.AKASH DASWANEY(12-09)
- 6.JYOTI JANARDHAN(10-147)

**BADMINTON TEAM:**

- 1.SURAJ PILLAI(10-145)
- 2.JESVIN ABRAHAM(10-148)
- 3.GAURAV BHUTADA(10-05)
- 4.SUKANAYA KALE(09-107)

**SWIMMING TEAM:**

- 1.ANANYA GHOSH(10-131)
- 2.KAVSHIKA(11-59)

**BASKETBALL (WINNER)**

- 1.BHUSHAN PATIL(08-32)
- 2.RIJUL NANDA (08-102)
- 3.ANANAD AFARIA(10-27)
- 4.SIDDHANT TRIPATHI(10-112)
- 5.ABHIRAJ PAREKAR(11-03)
- 6.UTSAV SAXENA(11-141)
- 7.PRATEEK GUPTA(11-05)
- 8.AMOL BAMNE(11-16)
- 9.AKASH GANDHI(12-18)
- 10.KUNAL MISHRA(09-41)
- 11.KRISHNA SAUJI(11-66)
- 12.SHASHWAT AGGARWAL(10-45)

13.MUKUND AGGARWAL(11-78)

14. AKBAR ZAMAN(09-12)

### **SPDC**

Cricket and volleyball teams.

- i. NALINABH SINGH 09-41
- ii. ABHISHEK AGRAWAL 09-03
- iii. ROHAN KHEDHKAR 09-57
- iv. RAHUL GUPTA 08-56
- v. VAIBHAV CHOUDHARY 10-60
- vi. ANKIT PITALE 10-05
- vii. ARADHYA JAIN 10-08
- viii. VIPUL RATHI 12-49
- ix. NAKUL NAIDU 11-09
- x. PRAVEEN PURVEY
- xi. SAURABH JAIN
- xii. JUNAID AHMED
- xiii. VIKAS KUMAR
- xiv. PRATEEK WARADE 11-16
- xv. ZYNUL JOHN 11-26
- xvi. PRIYANK SEN

All india inter Medical tournament organized by **Armed force medical college(PUNE)** from 12<sup>th</sup> feb to 20<sup>th</sup> feb 2013 in which our university also participated. The achievements are:-

1. CONTER STRIKE- Runners 2<sup>nd</sup> position
2. 100 mts RUNNING- Runners 2<sup>nd</sup> position

The following students participated in the above Tournament:-

### **FOOTBALL**

1.	Sanujit A.Pawde	2009-87
2.	Ahemad Aljabali	2009-145
3.	Malhar Jhadav	2010-23
4.	Anand Afaria	2010-27
5.	Siddhant Chandel	2010-73
6.	Siddhant Tripathi	2010-112
7.	Aayush Kothari	2010-76
8.	Yudhajeet Kalita	2010-127
9.	Priyam Sharma	2010-35

10.	Madhusudan Ladda	2010-123
11.	Kunal Jeebkate	2010-57
12.	Shashwat Agrawal	2010-45
13.	Sumit Baheti	2009-109
14.	Shashank Jain	2010-11
15.	Jesvin Abraham	2010-148
16.	Suraj Pillai	2010-145

### **COUNTER STRIKE**

1.	Rahul Chaubey	2008-94
2.	Akshay Bora	2009-13
3.	Ishan Mishra	2009-35
4.	Mohit Gupte	2009-86
5.	Aradhya Verma	2008-25
6.	Ankit Agrawal	2008-15

### **TABLE TENNIS**

1.	Madhav Bhargava	2010-93
2.	Prateek Gupta	2011-05
3.	Nikhil Mehta	2008-77(intern)

### **100 MTS RUNNING**

1. Jyoti Janardhan 2010-147

#### **IMPULSE-2013**

**Vidarbha level sports meet organized by DMIMS (DU), Sawangi (Meghe), Wardha from 5<sup>th</sup> to 10<sup>th</sup> March, 2013**

**The following colleges are participated:**

1. Lata Mangeshkar Medical College Nagpur.
2. Lata Mangeshkar Dental College Nagpur.
3. Mahatma Gandhi Institute of Medical Sciences, Sevagram.
4. Jawaharlal Nehru Medical College Sawangi (Meghe), Wardha
5. Sharad Pawar Dental College Sawangi (Meghe), Wardha
6. Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod (H), Wardha.
7. Smt. Radhikabai Meghe Memorial College of Nursing Sawangi (Meghe), Wardha

**Events:-**

1. Cricket
2. Volleyball
3. Badminton
4. Table Tennis

**2. Achievement:-**

<b>1. Cricket</b>		<b>Winner</b>	<b>: JNMC</b>
		<b>Runner</b>	<b>: LMC</b>
<b>2. Volleyball</b>		<b>Winner</b>	<b>: LMC</b>
		<b>Runner</b>	<b>: JNMC</b>
<b>3. Badminton</b>	<b>Single</b>	<b>Winner</b>	<b>: JNMC</b>
		<b>Runner</b>	<b>: MGIMS</b>
	<b>Doubles</b>	<b>Winner</b>	<b>: SPDC</b>
		<b>Runner</b>	<b>: MGIMS</b>
<b>4. Teble Tennis</b>	<b>Single</b>	<b>Winner</b>	<b>: JNMC</b>
		<b>Runner</b>	<b>: JNMC</b>
	<b>Doubles</b>	<b>WINNER</b>	<b>: MGIMS</b>
		<b>Runner</b>	<b>: JNMC</b>

**IMPULS -2013 CRICKET**

**WINNER :- JAWAHARLAL NEHRU MEDICAL COLLEGES SAWANGI  
(MEGHE) WARDHA**

- 1) Bhushan Patil
- 2) Rijul Nanda
- 3) Shashwat Agrawal
- 4) Anand Afaria
- 5) Siddhant Tripathi
- 6) Gagan Gupta
- 7) Rajnikant Singh
- 8) Mukund Agrawal
- 9) Amol Bamne
- 10) Abhiraj Prekar
- 11) Krishna Saoji
- 12) Aiswarya Dubey
- 13) Utsav Saxena
- 14) Kaustobh Sane
- 15) Syed Athar
- 16) Akash Gandhi

**IMPULS -2013 CRICKET**

**LATA MANGESHKAR COLLEGE NAGPUR [RUNNER]**

- 1) Ashish Pandey
- 2) Jasmeet Singh Bhatia
- 3) Arjun Gautam
- 4) Dhrubojyoti Saha
- 5) Ranveer Singh Yadav
- 6) Deepak Mundhe
- 7) Rahul Dagar
- 8) Nikitesh Chavan
- 9) Shubham Padmawar
- 10) Vijay Singh
- 11) Anurag Mishra
- 12) Mahesh Goswami

### **IMPULS 2013 VOLLEY BALL**

#### **WENNER- COLLEGE FOR LATA MANGESHKAR COLLEGE**

- 1. Shubham Padmawar**
- 2. Niranjan Jadhav**
- 3. Prasad Kadasne**
- 4. Devesh Agrawal**
- 5. Ajay Athawale**
- 6. Deep Dhawan**
- 7. Koustabh Gadpayle**
- 8. Adhip Jain**
- 9. Debobrato Saha**
- 10. Ranveer Singh Yadhav**
- 11. Deepak Mundhe**
- 12. Abhishek Gyanchandani**

### **IMPULS 2013 VOLLEY BALL**

#### **RUNNER :- JAWAHARLAL NEHRU MEDICAL COLLEGES SAWANGI (MEGHE)WARHDA**

- 1. Kunal Mishra**
- 2. Nikhil Mehta**
- 3. Shashwat Agrawal**
- 4. Sharandeep Singh**
- 5. Ishan Agnihotri**
- 6. Avinash**
- 7. Siddhant Tripathi**
- 8. Venkatesh Jaiswal**
- 9. Priyansh Pandey**

10. Pawan Singh Bamar
11. Satyam Gupta
12. Shubham Umalkar

**IMPULS 2013 BADMINTON**

**WINNER COLLEGE FOR SINGLE :- JAWAHARLAL NEHRU MEDICAL COLLEGES SAWANGI (MEGHE)WARHDA**

1. Ishan Agnihotri

**RUNNER COLLEGE FOR SINGLE :-MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES SEVAGRAM**

1. Vinit Mishra

**WINNER COLLEGE FOR DOUBLES:-SHARAD PAWAR DENTAL COLLEGE SAWANGI (MEGHE)WARHDA**

1. Dama
2. Akshar

**RUNNER COLLEGE FOR DOUBLES :-MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES SEVAGRAM**

1. Ajay Shukla
2. Sourav Mohan

**IMPULS 2013 TABLE TENNIS**

**WINNER COLLEGE FOR SINGLE :- JAWAHARLAL NEHRU MEDICAL COLLEGES SAWANGI (MEGHE)WARHDA**

1. Akash Daswani

**RUNNER COLLEGE FOR SINGLE :- JAWAHARLAL NEHRU MEDICAL COLLEGES SAWANGI (MEGHE)WARHDA**

1. Prateek Gupta

**WINNER COLLEGE FOR DOUBLES :-MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES SEVAGRAM**

1. Vedant Mwikey
2. Aurag Singh

**RUNNER COLLEGE FOR DOUBLES :- JAWAHARLAL NEHRU MEDICAL COLLEGES SAWANGI (MEGHE)WARHDA**

1. Prateek Gupta
2. Avinash Yadav

## **Annual Report of Sport**

Datta Meghe Institute of Medical Science (Deem University) regularly conducts the annual sports meet named “ENERGIA” every year where the sports activities for the boys and girls are conducted separately. The institution also conducts a Vidarbha Level Inter Medical, Dental & Physiotherapy sports competitions named “IMPLSE” in the campus. The participation of the Girls in these events is exemplary. The institution encourages the students to participate in various sports and cultural competitions organized by difference institutions which has added to the personality profile of the students in a big way.

### **ENERGIA – 2014**

Energia - 2014 (Annual Sport Meet) of the University was organized in the campus. The event started on 1<sup>st</sup> January 2014 and was completed on 31<sup>st</sup> January 2014. In this sport meet students of Jawaharlal Nehru Medical College, Sharad Pawar Dental College, Mahatma Gandhi Ayurved College, Smt. Radhikabai Meghe Memorial College of Nursing, Sawangi (Meghe), Wardha participated.

Following events were included in the schedule –

#### **1. Events for Boys & Girls**

- a. Cricket
- b. Volley Ball
- c. Basket Ball
- d. Badminton
- e. Table Tennis
- f. Carron
- g. Chess
- h. Athletics

#### **2. Events only for Boys**

- a. Foot Ball
- b. Kabaddi

**PRIZE DISTRIBUTION CEREMONY  
ENERGIA 2014**

<b>ATHLETICS 100 MTRS</b>						
	<b>S.NO</b>	<b>RUNNER</b>	<b>BATCH</b>	<b>S.NO</b>	<b>WINNER</b>	<b>BATCH</b>
SRMM	1	VIHANG TAYDE	2K10	2	MANOJIT PRDHAN	2K12
	3	SHITAL LOKHAWADE	2K13	4	KARISHMA BHANDEKAR	2K13
MGAC	5	AMEER	2K13	6	AKSHAY	2K13
	7	WASUDHA UMATE		8	SABHA	
SPDC	9	KIRAN HINGE	2K11	10	NAKUL NAIDU	2K11
	11	MEGHANA DESHPANDE	2K12	12	SHARFA KHAN	2K11
JNMC	13	KRUSHNA SAOJI		14	VISHNU	
<b>SHOT PUT</b>						
SRMM	15	ABHIJIT PATRE	2K12	16	MANOJIT PRADHAN	2K12
	17	VILAKSHI KADAM	2K13	18	KARISHMA BHANDEKAR	2K13
MGAC	19	BHUSHAN AMBATKAR		20	DHANANJAY DESHMUKH	2K10
	21	ROHINI		22	VASUDHA UMATE	
SPDC	23	KARAN VEDI	2K10	24	SUNNY KESHARI	2K10
	25	SEJAEAL CHAVAN	2K12	26	SUKHADA KASBEKAR	2K11
JNMC	27	SIDDHANT TRIPATHI		28	JUNAID QUAZI	
<b>DISCUSS</b>						
SRMM	29	ASHISH LOKHANDE	2K13	30	MANOJIT PRADHAN	2K12
	31	PRIYANKA BHUTE	2K12	32	KARISHMA BHANDEKAR	2K13
MGAC	33	DHANANJAY DESHMUKH	2K10	34	MITTU CHOKAMA	2K12
	35	NEHA CHAVHAN		36	ROHINI	
SPDC	37	RUSHIKESH BHONDE	2K11	38	KARAN VEDI	2K10
	39	AAYESHA JIWANI	2K12	40	SEJAL CHAUHAN	2K12
JNMC	41	SUMIT SINGH		42	PRIYANSH PANDE	
<b>JAVELIAN</b>						
SRMM	43	UTTAM KHANTE	2K10	44	MANOJIT PRADHAN	2K12
	45	SHITAL LOKHAWADE	2K13	46	KARISHMA BHANDEKAR	2K13
MGAC	47	AMIT BISHWAS	2K12	48	AKSHAY UMAK	2K13
	49	SABHA		50	NEHA CHAVHAN	
SPDC	51	SIAMA	2K10	52	PARA	2K10
	53	ANSHU ZODAHE	2K12	54	SEJAL CHAUHAN	
JNMC	55	SAGAR BARASKAR		56	SUNNIL VOIDYA	
<b>CARROM</b>						
SRMM	57	VIHANG TAYDE	2K10	58	RAHUL KAPGATE	2K10
	59	KOMAL JADHAV	2K12	60	NILEEMA JADHAV	2K10
MGAC	61	ROZINA SHAIKH		62	VASUDHA UMATE	
JNMC	63	SHASHWAT AGRAWAL	2K10	64	NAMAN PINCHA	2K10



RUNNER			CHESS		WINNER	
SRMM	65	MANOJIT PRADHAN	2K12	66	RAHUL KAPGATE	2K10
	67	NILEEMA JADHAV	<b>2K10</b>	68	NAVNITA JADHAV	2K11
MGAC	69	SHAHIN CHAVHAN		70	BHAGYASHRI HEDAU	
BADMINTON						
RUNNER			WINNER			
SRMM BOYS	71	PAWAN LOKHANDE	2K13	74	VIHANG TAYDE	2K10
	72	KIRAN NAIR	2K13	75	PAUL PETER	2K10
	73	UTTAM KHANTE	2K10	76	RAHUL KAPGATE	2K10
SRMM GIRLS	77	PRIYANKA BHUTE	2K12	80	KOMAL JADHAV	2K12
	78	KIRAN SHEDMAKE	2K13	81	MAMTA KUMARE	2K13
	79	BHAVANA AWACHAT	2K12	82	NILEEMA JADHAV	2K10
RUNNER			WINNER			
MGAC BOYS	83	DHANANJAY DESHMUKH		86	MITTU CHOKAMA	
	84	ABHILASH DHARAMTHOK		87	KAMLESH DEOTARE	
	85	AMIT GULHANE		88	ANKUSH KORDE	
MGAC GIRLS	89	PRAJKTA HAGONE ©		92	SHIDHALI ©	
	90	SNEHAL BHENDE		93	MADHURA	
	91	ANKITA SATONE		94	PRERANA	
RUNNER			<b>2K13</b>	WINNER		<b>2K10</b>
SPDC BOYS	95	ALKESH BHAYA		98	VIBHAV CHAUDHARY	
	96	AMODH CHOURASIA		99	DAMA	
	97	AKUM		100	ANKIT PITALE	
RUNNER			<b>2K10</b>	WINNER		<b>2K12</b>
SPDC GIRLS	101	OSHIN PAWAR		104	MEGHANA DESHPANDE	
	102	SHALINI PATIL		105	SHREYA KATE	
	103			106	SHARDHA RATARIYA	
RUNNER			<b>2K10</b>	WINNER		<b>2K13</b>
JNMC BOYS	107	SURAJ PILLAI		110	ADITYA JAIN	
	108	JESVIN ABRAHAM		111	SHUBHAM ARORA	
	109	MADHAV BHARGAV		112	ADIL ASHRAF	
JNMC GIRLS	113	HARLEEN KAWR	<b>2K12</b>	116	ROSHNI JACOB	<b>2K11</b>
	114	SNEHAL NASRE		117	ANKITA	
	115	SHIVANI SARDA		118	RUCHIKA CHOUKSEY	
TABLE TENNIS						
RUNNER			WINNER			
SRMM BOYS	119	PAUL PETER	2K10	122	VIHANG TAYDE	2K10
	120	PAWAN LOKHANDE	2K13	123	RAHUL KAPGATE	2K10
	121	SUHAS TALWEKAR	2K13	124	MANOJIT PRADHAN	2K12
SRMM GIRLS	125	PRERNA SHAMBHARKAR	2K12	128	KOMAL JADHAV	2K12
	126	MONALI DHAGE	2K12	129	APURVA SAKHARKAR	2K13
	127	MAMTA SUPARE	2K13	130	NILEEMA JADHAV	2K10

		<b>RUNNER</b>			<b>WINNER</b>	
<b>MGAC BOYS</b>	131	DHANANJAY DESHMUKH		134	MITTU CHOKAMA	
	132	ABHILASH DHARAMTHOK		135	KAMLESH DEOTARE	
	133	AMIT GULHANE		136	ANKUSH KORDE	
<b>MGAC GIRLS</b>	137	ANKITA SATONE ©		140	VASUDHA UMATE ©	
	138	PRAJKTA HAGONE		141	PAYAL BAGADE	
	139	SNEHAL BHENDE		142	PRAJKTA ZADE	
		<b>RUNNER</b>	<b>2K13</b>		<b>WINNER</b>	<b>2K11</b>
<b>SPDC BOYS</b>	143	AMODH CHAURASIYA		146	SHASHWAT THOMBARE	
	144	AKUM		147	ADITYA PAWAR	
	145	ALKESH BHAYA		148	SHANTANU MANKAR	
<b>SPDC GIRLS</b>	149	SEJAL CHAUHAN	<b>2K12</b>	152	NIKITA SHINGH	<b>2K11</b>
	150	MEGHANA DESHPANDE		153	NUKITA MAHALEY	
	151	SHREYA KATE				
		<b>RUNNER</b>	<b>2K13</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC BOYS</b>	154	SHANTANU AMIN		157	MADHAV BHARGAV	
	155	AMIT SCHDEVA		158	SHASHWAT AGRAWAL	
	156	MILAN SHAHA		159	ASHWARYA MADARIYA	
<b>JNMC GIRLS</b>	160	SHIVANI SARDA	<b>2K12</b>	163	MALVIKA CHATTERJI	<b>2K10</b>
	161	AYUSHI JAIN		164	JYOTI JANARDHAN	
	162	KHYATI SINGHAI		165	PALLAVI THAKUR	
<b>KABADDI</b>						
		<b>RUNNER</b>	<b>2K12</b>		<b>WINNER</b>	<b>2K10</b>
<b>SPDC BOYS</b>	166	ABEER MISHRA		174	ANKIT PITLE	
	167	VIPUL RATHI		175	SUNNI KESHRI	
	168	AKSHAY CHAUDHARI		176	DEEPAK SHEKHAWAT	
	169	NERAJ CHACHEDIYA		177	ARADHAYA JAIN	
	170	OVAIS KHAN		178	VAIBHAV CHAUDHARI	
	171	SAURABH RATHI		179	MOHIT DULANI	
	172	SANTOSH CHATTANI		180	KARAN VEDI	
	173	VAIBHAV CHAUDHARI		181	KAPIL JADIYA	
		<b>RUNNER</b>	<b>2K12</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC BOYS</b>	182	ABHISEK SINGH		190	SPNIL PANDEY	
	183	BABAR MIRZA		191	SUMITRA DUBEY	
	184	SYED ATHHAR		192	PRNJAL MISHRA	
	185	RASHID REHMAN		193	SHISHIR YADAV	
	186	HIMANSHU RATHI		194	AKSHAY RATHOD	
	187	SHAMEEK DAVE		195	VINIT SANJEEV	
	188	KUNAL SINGH		196	RAJ DEOKULE	
	189	JUNAID QUAZI		197	RAHUL AGRAWAL	

<b>BALL</b>				<b>VOLLEY</b>		
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX BOYS</b>	198	RITESH WATEKAR ©		206	RAHUL KAPGATE	2K10
	199	KAMLESH DEOTARE		207	PRAJAK SABLE	2K10
	200	SAMEER MURATAKAR	2K12	208	SACHIN MAHAJAN	2K12
	201	AKSHAY UMAK	2K13	209	MANOJIT PRADHAN	2K12
	202	SANKET SHELKE		210	SAGAR BHOVARE	2K10
	203	SURAJ RATHOD	2K11	211	NISHIKANT CHAKOLE	2K10
	204	NAUSHAD KHAN	2K10	212	ASHISH LOKHANDE	2K13
	205	DHANNJAY DESHMUKH	2K10	213	VIHANG TAYDE	2K10
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX GIRLS</b>	214	PRAJAKTA ZADE ©		222	MAMTA KUMARE	2K12
	215	VASUDHA UMATE		223	KALYANI JADHAV	2K12
	216	PAYAL BAGDE		224	VANDANA BHOYAR	2K12
	217	PRANJALI DUKARE		225	NILEEMA JADHAV	2K10
	218	SAYLI M.		226	KOMAL JADHAV	2K12
	219	ROZINA SHAIKH		227	MONALI DHAGE	2K12
	220	PRERANA		228	KIRAN SHELMAKE	2K13
	221	MEGHA		229	BHAWNA AWACHAT	2K12
		<b>RUNNER</b>	<b>2K13</b>		<b>WINNER</b>	<b>2K12</b>
<b>SPDC BOYS</b>	230	AMODH CHAURASIYA		238	VIPUL RAHTI	
	231	PRANIT RATHI (C)		239	SAURABH RATHI	
	232	KRISHNKANT KUMAR JAJU		240	VAIBHAV CHAUDHARY	
	233	RAMKRISHNA SHARMA		241	OWAIS KHAN	
	234	ALKESH BHAYA		242	SANTOSH CHATTANI	
	235	ANAND DEO		243	FREEDY REGI	
	236	AKUM TEMMJAMIR		244	HARSHAL CHATKI	
	237	RAJAT KUMAR JAIN		245	AKSHAR BAJAJ	
		<b>RUNNER</b>	<b>2K12</b>		<b>WINNER</b>	<b>2K11</b>
<b>SPDC GIRLS</b>	246	AYESHA JIWANI		253	NUPUR BADGE	
	247	SHIVANI DUBEY		254	NANCY RAMDIMAWI	
	248	SHRIYA BHATIYA		255	NIKITA SHRAWAGI	
	249	MARIYA ALI		256	SHRUTIKA PISE	
	250	VANLAL NAGHAKI		257	JYOTI CHAPEKAR	
	251	JEVISSA		258	SHARFAA KHAN	
	252	BHAWNA RAJNAKAWAR		259	ROSHNI SAWARKAR	
		<b>RUNEER</b>	<b>2K11</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC BOYS</b>	260	SHUBHAN UMALKAR		268	SHASHWAT AGRAWAL	
	261	MUJAHID HASAN		269	SIDDHANT TRIPATHI	
	262	KRISHNA SAOJI		270	RAHUL CHANDRAKAR	
	263	KSHITIR AGRAWAL		271	SHARANDEEP SINGH SALUJA	
	264	ANKIT YADAV		272	ANAND AFARIYA	

	265	SANKET KAWDE		273	SURAJ PILLAI	
	266	VENKATESH JAISWAL		274	MADHUSUDHAN LADDA	
	267	AVINASH YADAV		275	MALLHUR JADHAV	

		<b>RUNNER</b>	<b>2K11</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC GIRLS</b>	276	RUCIKA CHOUKSE		283	PALLAVI THAKUR	
	277	PRIYANKA		284	NEHA PATIL	
	278	SHEJAL BHAIEGY		285	HARSHA SINGH	
	279	ANKITA		286	JYOTI JANARDHAN	
	280	ADITI PANDEY		287	PURNA NANGIA	
	281	KAUSHIKA		288	ALMA JOSEPH	
	282	VIDYASHREE		289	MALVIKA CHATTERJI	
<b>FOOT BALL</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
<b>MIX BOYS</b>	290	NAUSHAD KHAN ©	2K10	304	VIHANG TAYADE	2K10
	291	DHANANJAY DESHMUKH	2K10	305	MANOJIT PRADHAN	2K12
	292	MITTU CHOKAMA	2K12	306	RAHUL KAPGATE	2K10
	293	SURAJ RATHOD	2K11	307	PANKAJ TAYADE	2K10
	294	SANKET SHELKE	2K11	308	PRANJAL SABLE	2K10
	295	SAMEER MURATAKAR	2K12	309	SACHIN MAHAJAN	2K12
	296	SOURABH		310	SAGAR BHOVARE	2K10
	297	ROHIT GOWADIKAR	2K13	311	PAUL PETER	2K10
	298	AKSHAY UMAK	2K13	312	NISHIKANT CHAKOLE	2K10
	299	PRTIK RAUT	2K	313	GAUR SHAHA	2K10
	300	AMIT BISAWAS	2K12	314	SUHAS TALVEKAR	2K13
	301	ABHILASH DHARMATHOK		315	SUSHANT CHUNADE	2K11
	302	AMIT GULHANE		316	DEVENDRA BAWANE	2K13
	303	ABHIJIT HARNE		317	TARUN PARIMAL	2K10
		<b>RUNNER</b>	<b>2K13</b>		<b>WINNER</b>	<b>2K10</b>
<b>SPDC BOYS</b>	318	AKUMTEMSU JAMIR		329	PARA	
	319	RUSHABH JATHAR		330	ZODIN	
	320	PRANIT RATHI		331	SIAMA	
	321	KRISHNA KANT JAJU		332	DAMA	
	322	AMOD CHORASIYA		333	VANLAL	
	323	ANAND DEO		334	SUNNY KESHARI	
	324	SAIF ALI		335	MOHIT DULANI	
	325	RAMKRISHNA SHARMA		336	ARADHYA JAIN	
	326	ANIKET NINAWE		337	VAIBHAV CHOUDHARY	
	327	ALKESH BHAYA		338	ANKIT PITLE	
	328	RAJAT KUMAR JAIN		339	KAPIL JADIYA	
			340	SUYOG BAHIRAMWAR		
		<b>RUNNER</b>	<b>2K12</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC</b>	341	ROHIT KATE		353	SIDDHANT TPIPATHI	
	342	RASHID RAHMAN		354	MALHAR JADHAV	
	343	KUNAL SINGH		355	YUDI	

<b>BOYS</b>	344	ABHINAV SINGH		356	ANAND AFARIYA	
	345	SAGAR BAVASKAR		357	SIDDHANT CHANDEL	
	346	AKSHAY PAL		358	JESVIN ABRAHAM	
	347	ATHHAR SAQQAB		359	SHARANDEEP SINGH	
	348	KHADID ALJABALI		360	ROHAL CHNDRAKAR	
	349	SAM BENJAMIN		361	MADHAV BHARGAV	
<b>JNMC BOYS</b>	350	JEVNYON JOST		362	SHASHWAT AGRAWAL	
	351	SHAYAM MALHOTRA		363	SHUBHAM CHORISIA	
	352	RAVI BHARADWAJ		364	PRIYAM SHARMA	
<b>CRICKET</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>MGAC</b>
<b>MIX BOYS</b>	365	AMIT GULHANE ©		377	DHANANJAY DESHMUKH ©	
	366	M. FAISAL RAZA		378	ABHILASH DHARMTHOK	
	367	RANJIT CHANDANKHEDE		379	PRATIK RAUT	
	368	ASHISH ZANWAE		380	AKSHAY JAYLE	
	369	KAMLESH DEOTARE		381	SANKET SHELKE	
	370	MITTU CHOKAMA		382	SURAJ RATHOD	
	371	AMEER		383	MANISH CHAVHAN	
	372	AIFHAZ		384	SHAYAM REKHADE	
	373	JAYDEEP RATHOD		385	RITESH WATEKAR	
	374	AMEY		386	SAMEER MURATAKAR	
	375	SHUBHAM		387	ROHIT	
	376	SOHAIL KHAN		388	NILESH MUSLE	
		<b>RUNNER</b>	<b>FNTC N</b>		<b>WINNER</b>	<b>MGAC</b>
<b>MIX GIRLS</b>	389	RUPALI WANMALI		401	PAYAL BAGADE ©	
	390	ANKITA HIWARE		402	VASUDHA UMATE	
	391	ASHWINI INDURKAR		403	PRAJKTA ZADE	
	392	SWETA RODGE		404	ROHINI	
	393	SIMA YADAV		405	DIKSHA TAYDE	
	394	NIMADEVI BALPANDE		406	SABHA	
	395	SWATI DHOKE		407	YOGITA KHAMANKAR	
	396	GAYTRI REWADE		408	PRANJALI DUKARE	
	397	RENAL WAGHMARE		409	VAISHNAVI	
	398	KANCHAN MASHKE		410	SAYALI	
	399	SHMIKSHA PATIL		411	ROZINA SHAIKH	
	400	PRIYNKA JUNGRE		412	NEHA CHAVHAN	
		<b>RUNNER</b>	<b>2K13</b>		<b>WINNER</b>	<b>2K11</b>
<b>SPDC BOYS</b>	413	AMODH CHAURASIYA		424	HITESH JAGYASI	
	414	ANAND DEO		425	NAKUL NAIDU	
	415	ANIKET NINAVE		426	ZYNUL JOHN	
	416	RUSHABH JATHAR		427	PRATIK WARADE	
	417	RAJAT JAIN		428	ARPAN JAISWAL	
	418	ALKESH BHAYA		429	SATYJIT SALVE	
	419	AKUM		430	WAJEEH KHAN	
	420	RAM KRISHANA		431	RUSHIKESH BHONDE	

421	KRISHNAKANT JAJU	432	ANIKET MEGHAWAT
422	SAIF ALLI	433	ADITYA PAWAR
423	PRANIT RATHI	434	KIRAN HINGE
		435	RAHUL AHUJA

		<b>RUNNER</b>	<b>2K13</b>		<b>WINNER</b>	<b>2K11</b>
<b>SPDC GIRLS</b>	436	SHRUTI JAISWAL		448	JYOTI CHAPHEKAR	
	437	AYUSHI ASHTANKAR		449	SUKHADA KASBEKAR	
	438	NIKITA ZANDE		450	JAVERIA KHAN	
	439	ANUJA PATIL		451	SONAL SAHU	
	440	MEGHA		452	NUPUR BADGE	
	441	DEEPA		453	NIKITA MAHULAY	
	442	ANANDITA		454	AIMAN	
	443	SANJANA		455	SHARAFAA KHAN	
	444	ANUSHREE		456	SHITAL SARADE	
	445	SHIWANI SHARMA		457	NIDHI GANDHI	
	446	KARTHIKA		458	NANCY	
	447	RUPALI				
		<b>RUNNER</b>	<b>2K11</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC BOYS</b>	459	UTSAV SAXENA ©		471	SIDDHANT TRIPATHI ©	
	460	MUKUND AGRAWAL		472	VINIT SANJEEV	
	461	AMOL BAMNE		473	SHASHWAT AGRAWAL	
	462	ASHWARYA DUBEY		474	ANAND AFARIYA	
	463	MUJAHID HASAN		475	SHASHANK JAIN	
	464	SAWRABH VERMA		476	MALHAR JADHAV	
	465	ABHIRAJ PAREKAR		477	SWAPNIL PANDEY	
	466	KRISHANA SAOJI		478	JESHVIN ABHRAHAM	
	467	A. GANESH		479	DEEPANSHU SAHU	
	468	VISHNU		480	AYUSH KOTHARI	
	469	PRATEEK GUPTA		481	KUNAL JIBKATE	
470	DEVANSHU TIWARI		482	RAJ DEOKULE		
		<b>RUNNER</b>	<b>2K12</b>		<b>WINNER</b>	<b>2K10</b>
<b>JNMC GIRLS</b>	483	SHIVANI SARDA		495	HARSHA SINGH	
	484	SANKRITI BABHULKAR		496	NEHA PATIL	
	485	DEBOSMITA DEY		497	PALLVI THAKUR	
	486	ABHA CHATURVEDI		498	MERLIN JACOB	
	487	HARSHNOVA PANDEY		499	JYOTI JANARDHAN	
	488	APRAJITA PANDEY		500	MALVIKA CHATTERJI	
	489	KHYATI SINGHAI		501	RAMYA NAIR	
	490	RITIKA TRIPTHI		502	PRIYANKA CACHDEVA	
	491	TOSHI HARNE		503	PRATISHA GUPTA	
	492	HARLEEN KAUR		504	PURNA NANGIA	
	493	VIGYA GUPTA		505	GARIMA AGRAWAL	
	494	ALMA JOSHEPH				

<b>BEST SPORTS PERSON AWARD 2014</b>			
<b>JNMC</b>	<b>SHASHWAT AGRAWAL</b>	<b>2K10</b>	<b>CHAMPION BATCH</b>
	<b>JYOTI JANARDHAN</b>	<b>2K10</b>	<b>2K10</b>
<b>SPDC</b>	<b>NAKUL NAIDU</b>	<b>2K11</b>	
	<b>SHARFAA KHAN</b>	<b>2K11</b>	<b>2K11</b>
<b>MGAC</b>	<b>DHANANJAY DESHMUKH</b>		
	<b>VASUDHA UMATE</b>		
<b>SRMM</b>	<b>MANOJIT PRADHAN</b>	<b>2K12</b>	
	<b>KARISHMA BHANDEKAR</b>	<b>2K13</b>	

## IMPULSE-2014

Vidarbha level sports meet organized by DMIMS (DU), Sawangi (Meghe), Wardha from 31<sup>th</sup> Jan To 04<sup>th</sup> Feb, 2014

The following colleges are participated:

1. Lata Mangeshkar Medical College Nagpur.
2. Indira Gandhi Medical College Nagpur.
3. Panjabraw Deshmukh Medical College Amrawati
4. Dental Medical College Amrawati
5. GOVT. Medical College Nagpur
6. Mahatma Gandhi Institute of Medical Sciences, Sevagram.
7. Jawaharlal Nehru Medical College Sawangi (Meghe), Wardha
8. Sharad Pawar Dental College Sawangi (Meghe), Wardha
9. Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod (H), Wardha.
10. Smt. Radhikabai Meghe Memorial College of Nursing Sawangi (Meghe), Wardha

Events:-

1. Cricket
  2. Volleyball
  3. Foot Ball
1. Achievement:-
- |               |        |        |
|---------------|--------|--------|
| 1. Cricket    | Winner | : LMC  |
|               | Runner | : JNMC |
| 2. Volleyball | Winner | : JNMC |
|               | Runner | : MGAC |
| 3. Foot Ball  | Winner | : JNMC |
|               | Runner | : SPDC |

## IMPULS - 2014 CRICKET

WINNER COLLEGE FOR :- LATA MANGESHKAR MEDICAL COLLEGE  
NAGPUR

- 1) Ankit
- 2) Ranveer ©
- 3) Deepak
- 4) Arjun
- 5) Jasmeet
- 6) Nikitesh
- 7) Rahul
- 8) Praful
- 9) Shubham
- 10) Phrubaojyothi
- 11) Aurag
- 12) Vanit
- 13) Jatin



**IMPULS -2014 CRICKET**

**RUNNER COLLEGE FOR :- JAWAHARLAL NEHARU MEDICAL COLLEGE  
SAWANGI (MEGHE) WARHA**

- 1) Shashwat
- 2) Bhushan
- 3) Anand
- 4) Shameeq
- 5) Siddhant ©
- 6) Abhiraj
- 7) Athar
- 8) Utsav
- 9) Akash
- 10) Saurabh
- 11) Rajnikant
- 12) Rijul

**IMPULS - 2014 VOLLEY BALL**

**WINNER COLLEGE FOR :- JAWAHARLAL NEHARU MEDICAL COLLEGE  
SAWANGI (MEGHE) WARHA**

- 1) Shashwat ©
- 2) Harsha
- 3) Shubham Umalkar
- 4) Suraj
- 5) Kshitiz
- 6) Sharndeeep
- 7) Siddhant
- 8) Miheer

**IMPULS - 2014 VOLLEY BALL**

**RUNNER COLLEGE FOR :- MAHATMA GANDHI AURWEDIC COLLEGE  
SALOD (HIRAPUR) WARDHA**

- 1) Dhananjay
- 2) Sanket
- 3) Suraj
- 4) Sawrabh
- 5) Abhilash
- 6) Rohit
- 7) Mitthu
- 8) Maushad

**IMPULS - 2014 FOOT BALL**

**WINNER :- JAWAHARLAL NEHARU MEDICAL COLLEGE SAWANGI  
(MEGHE) WARDHA**

- 1) Siddhant Tripathi
- 2) Siddhant Chandel
- 3) Malhar ©
- 4) Anand
- 5) Vydhajeet
- 6) Sam
- 7) Rashid
- 8) Athar
- 9) Kunal
- 10) Rohit
- 11) Ganesh
- 12) Saurabh
- 13) Jeswin
- 14) Madhav
- 15) Abhinav
- 16) Sagar

**IMPULS - 2014 FOOT BALL**

**RUNNER COLLEGE FOR :- SHARAD PAWAR DENTAL COLLEGE SAWANGI  
(MEGHE) WARDHA**

- 1) Vanlal
- 2) Rushabh
- 3) Nakul Naidu
- 4) Freddy
- 5) Sunny
- 6) Nllinabh
- 7) Akum
- 8) Siama
- 9) Dama
- 10) Para
- 11) Zodin ©

## Annual Report of Physical Education

Datta Meghe Institute of Medical Science (Deem University) regularly conducts the annual Sports meet named “ENERGIA” every year where the sports activities for the boys and girls are conducted separately. The institution also conducts a Vidarbha Level Inter Medical; Dental & Physiotherapy sports competitions named “IMPLSE” in the campus. The participation of the Girls in these events is exemplary. The institution encourages the students to participate in various sports and cultural competitions organized by difference institutions which has added to the personality profile of the students in a big way.

### 1. ENERGIA – 2015

Energia – 2015 (Annual Sport Meet) of the University was organized in the campus. The event started on 3<sup>rd</sup> January 2015 and was completed on 25<sup>th</sup> January 2015. In this sport meet students of Jawaharlal Nehru Medical College, Sharad Pawar Dental College, Mahatma Gandhi Ayurved College, Smt. Radhikabai Meghe Memorial College of Nursing, F.N.T.C.N. Sawangi (Meghe), Wardha participated.

#### 1. Events for Boys & Girls

- |              |                 |                |
|--------------|-----------------|----------------|
| 1. Cricket   | 2. Volley Ball  | 3. Basket Ball |
| 4. Badminton | 5. Table Tennis | 6. Carron      |
| 7. Chess     | 8. Athletics    |                |

#### 2. Events only for Boys

- |              |            |
|--------------|------------|
| 1. Foot Ball | 2. Kabaddi |
|--------------|------------|

Sports Achievement of DMIMS (DU) – (2014 – 2015)

### **PRIZE DISTRIBUTION CEREMONY**

#### **ENERGIA 2015**

<b>PRIZE DISTRIBUTION CEREMONY</b>					
<b>ENERGIA 2015</b>					
<b>August 2015</b>					
<b>ATHLETICS 100 MTRS</b>					
<b>S.no.</b>	<b>RUNNER</b>	<b>BATCH</b>	<b>S.ON</b>	<b>WINNER</b>	<b>BATCH</b>

<b>FNTCN</b>	1	AMOL JAIPURKAR		2	SACHIN MENDHE	
	3	SAPNA DURVA		4	SUJATA WADDE	
<b>SRMM</b>	5	ASHISH LOKHANDE	2013	6	VIHANG TAYDE	2010
	7	MAYURI HINGE	2014	8	KARISHMA BHANDEKAR	
<b>MGAC</b>	9	ASHAY UMAK	2 K 13	10	SAURABH MESHARAM	2 K 13
	11	ROHINI NAIKWAD	2 K 13	12	MEGHA SATPUTE	2 K 13
<b>SPDC</b>	13	FREDDY REJI	2 K12	14	NAKUL NAIDU	2 K 11
	15	SAVI VORA	2 K 13	16	SHARFA KHAN	2 K11
<b>JNMC</b>	17	KRUSHNA SAOJI	2 K14	18	SAMEER KOTHE	2 K 14

### SHOT PUT

<b>FNTCN</b>	19	UMESH SATPUTE		20	SACHIN MENDHE	
	21	KIRTEI NAROTE		22	SAPNA DURVA	
<b>SRMM</b>	23	VIHANG TAYADE	2010	24	MANOJIT PRADHAN	
	25	RENUKA AGE		26	KARISHMA BHANDEKAR	
<b>MGAC</b>	27	SAURABH GOBADE		28	BHAWAN AMBATKAR	
	29	VASUDHA UMATE		30	ROHINI NAIKWAD	
<b>SPDC</b>	31	SANKET VAIDYA		32	AMODH CHAURESIYA	
	33	SAVI VORA		34	SEJAL CHAVHAN	
<b>JNMC</b>	35	KUNAL SINGH		36	JUNAID QUZI	

### DISCUSS

<b>FNTCN</b>	37	AKASH INGALE		38	UMESH SATPUTE	
	39	SWETA MADAVI		40	SAPNA DURVA	
<b>SRMM</b>	41	VIHANG TAYADE		42	MANOJIT PRADHAN	
	43	MAYURI HINGE		44	KARISHMA BHANDEKAR	
<b>MGAC</b>	45	BHUSHAN AMBATKAR		46	SURAJ RATHOD	2 K 11
	47	PRAJAKTA ZADE		48	ROHINI NAIKWAD	
<b>SPDC</b>	49	VIPUL RATHI		50	NAKUL NAIDU	
	51	ANSHU ZODAPE		52	SEJAL CHAVHAN	
<b>JNMC</b>	53	AMOL BAMNE		54	JUNAID QUZI	

### JAVELIAN

<b>FNTCN</b>	55	AMAR DABADE		56	SHUBHAM DESHMUKH	
	57	DEWANGANA SADMEK		58	PRIYANKA MASRAM	
<b>SRMM</b>	59	VIHANG TAYADE		60	MANOJIT PRADHAN	
	61	ROHINI MATHANKAR		61	KARISHMA BHANDEKAR	
<b>MGAC</b>	62	SURAJ RATHOD		63	SAUMATH GOLADE	

	64	DIKSHA TAYADE		65	ROHINI NAIKWAD	
<b>SPDC</b>	66	VIPUL RATHI	2 K 12	67	ANIKET MEGHAWAT	2 K 11
	68	SHAIYA KHAN	2 K 11	69	SHWETA AGRAWAL	2 K 12
<b>JNMC</b>	70	YOGESH LALWANI		71	SAMIR KOTHE	

### CARROM

		<b>RUNNER</b>			<b>WINNER</b>	
<b>FNTCN</b>	72	SUBODH SARDAR		73	NILESH BURBURE	
<b>MGAC</b>	74	JAYDEEP RATHOD	2 K 13	75	SURAJ RATHOD	2 K 11
	76	ROZINA SHEIKH		77	VASUDHA UMATE	
		<b>RUNNER</b>	2 K 11		<b>WINNER</b>	2 K 12
<b>SPDC</b>	78	PRATIK WARDE ©		81	VAIBHAV CHAUDHARI ©	
<b>BOYS</b>	79	SHANTANU MANKAR		82	VIPUL RATHI	
	80	RAHUL AHUJA		83	SAURABH RATHI	
<b>JNMC</b>	84	SHUBHAM BULKY	2K12	87	DEVANSHU TIEARI	
<b>BOYS</b>	85	AYUSH BHURE		88	MEHUL AJEDIA	
	86	BABAR MIRZA		89	SANDESH AGRAWAL	

### CHESS

		<b>RUNNER</b>			<b>WINNER</b>	
<b>FNTCN</b>	90	AKSHAY INGALE		91	SHUBHAM DESHMUKH	
<b>MGAC</b>	92	SURAJ RATHOD	2 K 11	93	MITU CHAKMA	2 K 12
	94	ROZINA SHEIKH		95	VASUDHA UMATE	
<b>SPDC (B)</b>	96	ADITYA GUPTA	2 K 14	97	RAMKRISHNA SHARMA	2 K 13
<b>SPDC (G)</b>	98	POORNIMA SAKLECHA	2 K 12	99	ADITI DHANORKAR	2 K 14
<b>JNMC(B)</b>	100	ANKUR MAURYA	2 K 14	101	RAHUL SHINGH	2 K 11

### BADMINTON

		<b>RUNNER</b>	2 K 13		<b>WINNER</b>	2 K 11
<b>SRMMCON</b>	102	Pallavi Dhole		105	Navnita Jadhav	
<b>Girls</b>	103	Saparna Mandal		106	Anjel Raju	
	104	Pallavi Lokhande		107	Tincy Rechal	
		<b>RUNNER</b>			<b>WINNER</b>	
<b>SRMM</b>	108	Devendra Pavane		111	ASHISH LOKHANDE	
<b>BOYS</b>	109	Vaibhav Kamdi		112	VISHAL SHINGEWAR	
	110	VIHANG TAYADE		113	PAWAN LOKHANDE	
		<b>RUNNER</b>			<b>WINNER</b>	
	114	ROHIT GAWARDIPE ©		117	SURAJ RATHOD	
<b>MGAC</b>	115	JAYDEEP RATHOD		118	ANUP JAISWAL	

<b>BOYS</b>	116	AKSHAY UMAK		119	MITU CHAKMA	
		<b>RUNNER</b>			<b>WINNER</b>	
<b>MGAC</b>	120	VASUDHA UMATE ©		123	ROHINI NAIKWAD ©	
<b>GIRLS</b>	121	PRAJAKTA ZADE		124	ROZINA SHEIKH	
	122	SAYLI TILWARE		125	DIKSHA TAYADE	
		<b>RUNNER</b>	2 K 11		<b>WINNER</b>	2 K 12
	126	SHANTANU MANKAR ©		129	AKSHAR BAJAJ ©	
<b>SPDC</b>	127	ANIKET MEGHAWAT		130	VIPUL RATHI	
<b>BOYS</b>	128	NAKUL NAIDU		131	VAIBHAV CHAUDHARI	
		<b>RUNNER</b>	2 K 12		<b>WINNER</b>	
	132	SHREYA KATE ©		135	KSHITYA THENGDI	
<b>SPDC</b>	133	MEGHANA DESHPANDE		136	MRUNMAYEE KHARE	
<b>GIRLS</b>	134	SHRADDHA RAJORIYA		137	GARGI NIMBHORKAR	
		<b>RUNNER</b>	2 K 11		<b>WINNER</b>	2 K 13
	138	MUKUND AGRAWAL ©		141	SHIVAM ARORA	
<b>JNMC</b>	139	RAM KHEMKA		142	ADITYA JAIN	
<b>BOYS</b>	140	KSHITIJ AGRAWAL		143	ADIL ASHRAF	
		<b>RUNNER</b>			<b>WINNER</b>	2 K 11
	144	ADITI GUPTA		148	ROSHNI JACOB ©	
<b>JNMC</b>	145	PALLAVI PHATAK		149	ANKITA SAWARNAKAR	
<b>GIRLS</b>	146	SWECHHA VARMA		150	RUCHIKA CHOUKSEY	
	147	NAINIKA SHAH				

#### TEBLE TENNIS

		<b>RUNNER</b>	2 K 13		<b>WINNER</b>	2 K 11
	151	ROHIT GAWARDIPE ©		154	SURAJ RATHOD ©	
<b>MGAC</b>	152	JAYDEEP RATHOD		155	MITU CHAKMA	
<b>BOYS</b>	153	SHUBHAM SHINDE		156	AKSHAY UMAK	
		<b>RUNNER</b>			<b>WINNER</b>	
	157	ROHINI NAIKWAD ©		160	VASUDHA UMATE ©	
<b>MGAC</b>	158	ROZINA SHEIKH		161	PRAJAKTA ZADE	
<b>GIRLS</b>	159	RAHAI SAJHA		162	SAYLI TILWARE	
		<b>RUNNER</b>	2 K 14		<b>WINNER</b>	
	163	SHREY MALHOTRA		166	SHANTANU AMEEN ©	
<b>JNMC</b>	164	PRADEEP KUMAR		167	AMIT SACHDEV	

<b>BOYS</b>	165	SUSHRUT		168	ADITYA JAIN	
		<b>RUNNER</b>	<b>2 K 11</b>		<b>WINNER</b>	
	169	RICHA JHA ©		172	ADITI GUPTA ©	
<b>JNMC</b>	170	MEENAL GANDHI		173	PALLAVI PHATAK	
<b>GIRLS</b>	171	RUCHIKA CHOUKSEY		174	NAINIKA SHAH	
		<b>RUNNER</b>			<b>WINNER</b>	
	175	SHASHWAT THOMBARE		178	AMODH CHAURASIA ©	
<b>SPDC</b>	176	ADITYA PAWAR		179	ALKESH BHAYA	
<b>BOYS</b>	177			180	AKUM TEMSU JAMIR	
		<b>RUNNER</b>			<b>WINNER</b>	<b>2 K 14</b>
	181	NUPUR BADGE		183	SANJANA BASU	
<b>SPDC</b>	182	NIKITA SINGH		184	ADITI DHANORKAR	
<b>GIRLS</b>				185	HUMSINI PRASAD	
<b>KABADDI</b>						
		<b>RUNNER</b>	<b>SRMM</b>		<b>WINNER</b>	<b>FNTCN</b>
	186	ABHIJIT PATHARE ©	2 K 12	194	UMESH SATPUTE ©	
	187	GAUR SHAHA	2 K 10	195	SACHIN MENDHE	
<b>MIX</b>	188	VIHANG TAYADE	2 K 10	196	KAPIL SHENDE	A
<b>BOYS</b>	189	PAWAN SAYAM	2 K 13	197	AKSHAY INGALE	
	190	DEVENDRA PAHUNE	2 K 13	198	YASHWANT WAGHMARE	
	191	AKSHAY CHAVAN	2 K 10	199	AMAR JAYPURKAR	
	192	MANOJIT PRADHAN	2 K 12	200	PRASHIL MOON	
	193	BADAL LOHBE	2 K 13	201	DHAMMADIP SHIMPI	
		<b>RUNNER</b>			<b>WINNER</b>	
	202	RUSHIKESH BHONDE		210	ABEER MISHRA	
	203	SHANTANU MANKAR		211	VIPUL RATHI	
	204	NAKUL NAIDU		212	VAIBHAV CHAUDHARI	
<b>SPDC</b>	205	KIRAN HINGE		213	NEERAJ CHECHEDIYA	
<b>BOYS</b>	206	ANIKET MEGHAWAT		214	OVAIS KHAN	
	207	SHASHWAT THOMBARE		215	AKSHAY CHOUDHARI	
	208	RAHUL AHUJA		216	SANTOSH CHHATTANI	
	209	WAJEEH KHAN		217	HAMZA DARGHAWALA	

		<b>RUNNER</b>	<b>2 K 11</b>		<b>WINNER</b>	
	218	ANKIT YADAV ©		226	JUNAID QUAZI ©	
	219	KRUSHNA SAOJI		227	BABAR MIRZA	
	220	MUKUND AGRAWAL		228	RAUNAK KOTECHA	
<b>JNMC</b>	221	SAURABH VARMA		229	HIMANSHU GUPTA	
<b>BOYS</b>	222	AMOL BAMNE		230	SHAMEEK DAUSE	
	223	MEHUL AJEDIYA		231	ABHISHEK SINGH	
	224	PRASUN MISHRA		232	SYED ATHHAR SAQQAF	
	225	KSHITIZ AGRAWAL		233	RASHID RAHMAN	
<b>BASKETBALL</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
	234	ASHISH ZANWAR ©		240	GAUR SHAHA ©	2 K 10
	235	SURAJ RATHOD		241	VIHANG TAYADE	2 K 10
<b>MIX</b>	236	KAMLESH DEOTALE		242	PETER PAUL	2 K 10
<b>BOYS</b>	237	GAURAV KHAWLE		243	PRAKASH RANGARI	2 K 14
	238	MITU CHAKMA		244	ABHIMANYU HIRALKAR	2 K 08
	239	AKSHAY UMAK		245	ABHIJIT PATHARE	2 K 12
				246	VISHAL SHINGEWAR	2 K 13
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>MGAC</b>
	247	SUJATA SONTTAKA ©		252	ROZINA SHEIKH ©	
	248	ANKITA SATONE		253	VASUDHA UMATE	
<b>MIX</b>	249	PAYAL BAGDE		254	ROHINI NAIKWAD	
<b>GIRLS</b>	250	PRANJALI DUKRE		255	SAYALI MANMODE	
	251	VAISHNAVI DHANDE		256	RAHAT SABHA	
		<b>RUNNER</b>			<b>WINNER</b>	2 K 13
	257	KIRAN HINGE ©		263	RAJAT KUMAR JAIN ©	
	258	SHNTANU MANKAR		264	ANAND DEO	
<b>SPCD</b>	259	NAKUL NAIDU		265	ALKESH BHAYA	
<b>BOYS</b>	260	ARPAN JAISWAL		266	RISHAB JATHAR	
	261	SHASHWAT THOMBARE		267	AKUM TEMSU JAMIR	
	262	ZYNUL JOHN		268	RAMKRISHNA SHARMA	
				269	SAIF ALI	
		<b>RUNNER</b>	2 K 14		<b>WINNER</b>	2 K 12



	270	PAVITRA SANGWAR ©		277	SEJAL CHAVHAN	
	271	KSHITIJA THENGDI		278	SHIVANI DUBEY	
<b>SPDC</b>	272	ISHAVRI NILAJKAR		279	JUI JAWADE	
<b>GIRLS</b>	273	WENDY		280	AYUSHI TOLEY	
	274	RITIKA ARORA		281	JEVISSA MATHEWS	
	275	GARGI NINBHORKAR		282	KOMAL JORGEWAR	
	276	MADHURA SHEWATKAR		283	SNEHA SINGH	
		<b>RUNNER</b>			<b>WINNER</b>	<b>2 K 11</b>
	284	ISHAN SAPRU ©		292	VENKATESH JAISWAL ©	
	285	ABHINAW SINGH		293	SAURABH VARMA	
<b>JNMC</b>	286	SAM BENJANUN		294	VISHNU NAIR	
<b>BOYS</b>	287	SAGAR BARASKAR		295	KRUTIKESH DHAMANDE	
	288	SAKSHAM GUPTA		296	KSHITIJ AGRAWAL	
	289	ASHISH JAIN		297	HASSAN JHANJHARIYA	
	290	ASHWIN SHAILESH		298	AISHWARY DUBEY	
	291	SUMIT SINGH		299	ADITYA MAHENDRU	
		<b>RUNNER</b>	<b>2 K 11</b>		<b>WINNER</b>	<b>2 K 13</b>
	300	KAUSHIKA RAUTREY ©		307	SHREYA MOGRE ©	
	301	SHEJAL BRIEGU		308	PRIYANKA SHARMA	
<b>JNMC</b>	302	SIBTIC BANGA		309	PALAK JAIN	
<b>GIRLS</b>	303	AKANSHA WAGMARE		310	MILU	
	304	RUCHIKA CHOUKASEY		311	TARANGINI YADAW	
	305	ESHA BHAGAT		312	MADHAVI DHAMANIA	
	306	VIDYASHREE VENKATESH		313	ROMA DNANDE	
<b>VOLLEY BALL</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
	314	SURAJ RATHOD ©	320		SACHIN MAHAJAN ©	2 K 12
	315	SANKET SHENDE	321		ABHIJIT PATHARE	2 K 12
	316	GAURAW KAWLE	322		MANOJIT PRADHAN	2 K 12
<b>MIX</b>	317	ROHIT GOWARDIPE	323		SUSHANT CHUNADE	2 K 11
<b>BOYS</b>	318	SAURABH MESHRAM	324		SUHAS TALWEKAR	2 K 13
	319	MITU CHAKMA	325		ABHIMANYU HIRALKAR	2 K 08

			326		SAURABH KATHANE	2 K 08
			327		GAURAW TAMBEKAR	2 K 14
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
	328	VASUDHA UDATE ©		334	KOMAL JADHAV ©	2 K 12
	329	ROZINA SHEIHK		335	BHAWNA AWACHAT	2 K 12
	330	PRAJAKTA ZADE		336	MAMATA KUMARE	2 K 12
<b>MIX</b>	331	PAYAL BAGADE		337	MONALI WALDKE	2 K 14
<b>GIRLS</b>	332	PRANJALI DUKRE		338	SURBHI MORASKAR	2 K 14
	333	SAYALI MANMODE		339	MAYURI HINGE	2 K 14
				340	MRUNAL RAUT	2 K 14
				341	VANDANA BHOYAR	2 K 12
		<b>RUNNER</b>	<b>2 K 13</b>		<b>WINNER</b>	<b>2 K 12</b>
	342	PRANIT RATHI ©		350	VIPUL RATHI ©	
	343	ALKESH BHAYA		351	SAURABH RATHI	
	344	ANAND DEO		352	SAURAV DHAWAS	
<b>SPDC</b>	345	AMODH CHOURASIA		353	VAIBHAV CHAUDHARI	
<b>BOYS</b>	346	AKUM TEMSY JAMIR		354	SANTOSH CHHATTANI	
	347	RAMKRISHNA SHARMA		355	OVAIS KHAN	
	348	RAJAT KUMAR JAIN		356	AKSHAR BAJAJ	
	349	KRISHNAKANTH JAJU				
		<b>RUNNER</b>	<b>2 K 13</b>		<b>WINNER</b>	<b>2 K 11</b>
	357	SANJANA BHAGWAT ©		364	NUPUR BADGE ©	
	358	SIDDHI CHANDAK		365	SHARFA KHAN	
	359	PRIYANKA MODANI		367	JYOTI CHAPEKAR	
<b>SPDC</b>	360	KASHNA RATHI		368	SUKHADA KASBEKAR	
<b>GIRLS</b>	361	AYUSHI ASHTTANKAR		369	ROSHNI SAWARKAR	
	362	SHIVANI SHARMA		370	NANCY RAMDINMAWII	
	363	PRAGATI BHARGAV				
		<b>RUNNER</b>			<b>WINNER</b>	<b>2 K 11</b>
	371	GAURAV MAHAJAN ©		379	SHUBHAM UMALKAR ©	

	372	KUNAL SINGH		380	KRUSHNA SAOJI	
	373	HIMANSHU RATHI		381	VENKATESH JAISWAL	
<b>JNMC</b>	374	SUMIT SINGH		382	KSHITIJ AGRAWAL	
<b>BOYS</b>	375	SYED ATHHAR SAQQAF		383	ANKIT YADAV	
	376	SHUBHAM WAGHULKAR		384	AVINASH YADAV	
	377	HIMANSHU GUPTA		385	MUJAHID HASAN	
	378	RAUNAK KATECHA		386	MUKUND AGRAWAL	
		<b>RUNNER</b>	<b>2 K 11</b>		<b>WINNER</b>	<b>2 K 13</b>
	387	RUCHIKA CHOUKSEY ©		393	ANSI PATEL ©	
	388	PRIYANKA KALBANDE		394	PREETHA JOHN	
	389	SHEJAL BHRIGU		395	PALAK JAIN	
<b>JNMC</b>	390	ANKITA SAWARNAKAR		396	NAINIKA SHAH	
<b>GIRLS</b>	391	ROSHNI JACOB		397	PRACHIE PRASAD	
	392	RICHA JHA		398	SWECHHA VARMA	
				399	SHEETAL PAWAR	
<b>FOOT BALL</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
	400	MITU CHAKMA ©		411	VIHANG TAYADE ©	2 K 10
	401	ANUP SHINDE		412	GAUR SHAHA	2 K 10
	402	SURAJ RATHOD		413	SUSHANT CHUNADE	2 K 11
	403	SANKET SHELKE		414	MANOJIT PRADHAN	2 K 12
	404	AKSHAY UMAK		415	PETER PAUL	2 K 10
	405	ROHIT GOWARDIPE		416	SACHIN MAHAJAN	2 K 12
<b>MIX</b>	406	SHUBHAM SHINDE		417	AKSHAY MOHOD	2 K 14
<b>BOYS</b>	407	AMEER HAMZA		418	GAURV NANDESWAR	2 K 14
	408	RANJIT CHANDANKHEDE		419	HARSHAD GAWANDE	2 K 14
	409	SAMEER MURATKAR		420	PAWAN LOKHANDE	2 K 13
	410	RITESH WADEKAR		421	SAURABH KATHANE	2 K 07
				422	ABHIMANYU HIRALKAR	2 K 08
				423	AKSHAY CHAVAN	2 K 10
		<b>RUNNER</b>	<b>2 K 12</b>		<b>WINNER</b>	
	424	FREDDY REJI ©		436	NAKUL NAIDU ©	
	425	OVAIS KHAN		437	WAJEEH KHAN	

	426	HAMZA DARGHAWALA		438	RUSHIKESH BHONDE	
	427	SAURABH SWAMI		439	ADITYA PAWAR	
	428	VIPUL RATHI		440	ANIKET MEGHAWAT	
	429	SAURABH RATHI		441	PRATIK WARDE	
	430	AKSHAR BAJAJ		442	ARPAN JAISWAL	
<b>SPDC</b>	431	VIBHABHAV CHAUDHARI		443	KIRAN HINGE	
<b>BOYS</b>	432	ANKET INGALE		444	ZYNUL JOHN	
	433	SANTOSH CHHATTANI		445	SATYAJIT SAVLE	
	434	SANKET VAIDYA		446	SHANTANU MANKAR	
	435	SAURAV DHAWAS				
		<b>RUNNER</b>			<b>WINNER</b>	<b>2 K 11</b>
	447	ABHINAV SINGH ©		460	SAURABH VARMA ©	
	448	SAGAR BARASKAR		461	A. GANESH	
	449	SYED ATHHAR SGGAF		462	MEHUL AJEDIA	
	450	SAM BENJAMUN		463	KRUSHNA SAOJI	
	451	KUNAL SINGH		464	AISHWARYA DUBEY	
	452	RASHID RAHEMAN		465	GAURAV MALWE	
<b>JNMC</b>	453	AKASH DASWANAY		467	VISHNU NAIR	
<b>BOYS</b>	454	ROHIT KATE		468	VISHNU RADHAKRISHNAN	
	455	JUNAID QUAZI		469	ABHIRAJ PAREKAR	
	456	BHARADWAJ RAWI		470	MUKUND AGRAWAL	
	457	JENSON JOSE		471	SHERWIN CHACKO	
	458	ANSHAU PAL		472	ARJUN JAISWAL	
	459	SHAMEEK DAVE		473	DEVANSHU TIWARI	
<b>CRICKET</b>						
		<b>RUNNER</b>	<b>MGAC</b>		<b>WINNER</b>	<b>SRMM</b>
	474	MANISH CHAVHAN ©		485	GAUR SHAHA ©	2 K 10
	475	SURAJ RATHOD		486	SUSHANT CHUNADE	2 K 11
	476	AMEER HAMZA		487	VIHANG TAYADE	2 K 10
	477	ROHIT GOWARDIPE		488	SACHIN MAHAJAN	2 K 12
	478	SANKET SHELKE		489	ABHIJIT PATHARE	2 K 12
<b>MIX</b>	479	ASHISH ZANWAR		490	MANOJIT PRADHAN	2 K 12
<b>BOYS</b>	480	SHYAM REKHADE		491	PAWAN LOKHANDE	2 K 13

	481	RANJIT CHANDANKHEDE		492	PRAKASH RANGARI	2 K 14
	482	ANUP JAISWAL		493	VAIBHAV KAMBALE	2 K 14
	483	RITESH WATEKAR		494	SUHAS TALWEKAR	2 K 13
	484	MITU CHAKMA		495	HEMANT NAKADE	2 K 14
				496	ABHIMANYU HIRALKAR	2 K 08
		<b>RUNNER</b>	<b>SRMM</b>		<b>WINNER</b>	<b>MGAC</b>
	497	Pallavi Dhole		508	PRAJAKTA ZADE ©	
	498	Nutan Duryodhan		509	VASUDHA UMATE	
	499	Saparna Mandal		510	PAYAL BAGDE	
	500	Ashwini Gardhane		511	ROHINI NAIKWAD	
	501	Bhagyashri Ganeshpure		512	ROZINA SHEIKH	
<b>MIX</b>	502	Ashwini Sakharkar		513	RAHAT SABHA	
<b>GIRLS</b>	503	Ashwini Aglave		514	SAYALI MANMODE	
	504	Saleh Ansari		515	DHANASHRI THAKRE	
	505	Madhuri Raut		516	DIKSHA TAYADE	
	506	Kasturi Dhanvij		517	YOGITA KHAMANKAR	
	507	Komal Jadhav		518	PRANJALI DUKRE	
		<b>RUNNER</b>	<b>2 K 13</b>		<b>WINNER</b>	<b>2 K 15</b>
	519	RAJAT KUMAR JAIN ©		530	NAKUL NAIDU	
	520	PRANIT RATHI		531	WAJEEH KHAN	
	521	KRISHNAKANT JAJU		532	RUSHIKESH BHONDE	
	522	ANAND DEO		533	ADITYA PAWAR	
	523	ALKESH BHAYA		534	HITESH JAGYASI	
<b>SPDC</b>	524	RAMKRINA SHARMA		535	ANIKET MEGHAWAT	
<b>BOYS</b>	525	SAIF ALI		536	ZYNUL JOHN	
	526	ANIKET NINAWA		537	PRATIK WANDE	
	527	RUSHABH JATHAR		538	ARPAN JAISWAL	
	528	AKUM TENSU JAMIR		539	SATYAJAJIT SALVE	
	529	AMODH CHOURASIA		540	KIRAN HINGE	
				541	SHANTANU MANKAR	
		<b>RUNNER</b>	<b>2 K 14</b>		<b>WINNER</b>	<b>2 K 11</b>
	542	KSHITIJ THENGDI ©		554	JYOTI CHAPEKAR ©	
	543	RANU OZA		555	SHARFA KHAN	
	544	NIKITA GUPTA		556	NUPUR BADGE	

	545	SANJANA BASU		557	JAVERIA KHAN	
	546	MEHVISH KHAN		558	NIKITA MOHELY	
<b>SPDC</b>	547	ISHANI NILAJKAR		559	SUKHADA KASEBAI	
<b>GIRLS</b>	548	GUNJAN JOSHI		560	SHRUTI KOHALE	
	549	RITIKA ORORA		561	TWINKLE BAJAJ	
	550	GARGI NIMBHORKAR		562	NEHA PARATE	
	551	KSHIPRA KAWADKAR		563	ANUPAMA GUPTTA	
	552	BHAWIKA KHATAD		564	AIMAN JUAHI	
	553	MADHURA SHEWTKAR		565	SARANPREET KAUR REKHI	
		<b>RUNNER</b>	<b>2 K 12</b>		<b>WINNER</b>	<b>2 K 11</b>
	567	HIMANSHU RATHI ©		580	UTSAV SAXENA ©	
	568	SYED ATHHAR SAGGAF		581	AMOL BAMNE	
	569	AKASH GANDHI		582	MUKUND AGRAWAL	
	570	PANKAJ MULCHANDANI		583	SAURABH VARMA	
	571	PRATIK DHABALIA		584	AISHWARY DUBEY	
<b>JNMC</b>	572	JUNAID QUAZI		585	ABHIRAJ PAREKAR	
<b>BOYS</b>	573	SHAMEEK DAWA		586	MUJAHID HASAN	
	574	ROHIT KATE		587	KRUSHNA SAOJI	
	575	AMBER CHOUDHARI		588	VISHNU NAIR	
	576	KUNAL SINGH		589	DEVANSHU TIWARI	
	577	ABHISEK SINGH		590	PRATEEK GUPTA	
	578	HIMANSHU GUPTA		591	ARJUN JAISWAL	
	579	GAURAV MITTAL		592	MEHUL AJEDIA	

2. National level fencing  
championship - ( 2014 – 15 )

**Ku.Nikita Gupta**, B.D.S. – I of Sharad Pawar Dental College had participated in All India Inter University Fencing Championship 2014 – 15 held from 30<sup>th</sup> January to 2<sup>nd</sup> February 2015 at Punjabi University Campus, Patiala.

**3. iMPULSE**



**VIDARBHA LEVEL INTER COLLEGIATE SPORTS MEET (IMPULSE)**

Vidarbha level inter collegiate sports meet was held at D.M.I.M.S. (D.U.) Sawangi (M), Wardha from 5<sup>th</sup> February to 14<sup>th</sup> February 2015

## 16 teams was participated in Cricket, Football and Volleyball

### Result

- 1) Cricket                    - Winner                    - J.N.M.C.Sawangi (M)  
    - Runner                    - L M. C. Nagpur
- 2) Volley Ball            - Winner                    - J.N.M.C. Sawangi (M)  
    - Runner                    - S.P.D.C. Sawangi (M)
- 3) Foot Ball                - Winner                    - J.N.M.C.(A) Sawangi (M)  
    - Runner                    - J.N.M.C.(B) Sawangi (M)

Sr. No.	COLLEGE NAME
1	Government Medical College, Yavatmal.
2	V.Y.W.S. Amravti
3	Government Medical College, Nagpur.
4	Lata Mangeshkar Medical College, Nagpur.
5	Babasaheb Mulals Ayurvedic College, Nagpur.
6	Mahatma Gandhi Institute of Medical Sciences, Sewagram
7	Jawaharlal Neharu Medical College (A), Sawangi (M)
8	Sharad Pawar Dental College, Sawangi (M), Wardha.
9	Mahatma Gandhi Ayurved College, Sawangi (M), Wardha.
10	Shrmati Radhikabai Meghe Memorial College of Nursing, Sawangi (M), Wardha.
11	Indira Gandhi Government Medical College, Nagpur
12	Government Medical College Physiotherapy
13	F.N.T.C.N. Sawarngi (M) Wardha
14	Jawaharlal Neharu Medical College (B), Sawangi (M), Wardha.
15	B.A.M.S.Pusad
16	V.S.P.M. Dental



4.



Synergie – 2015

Government Medical College Nagpur had organized Vidarbha Level Cricket, Football, Volleyball, Carrom, Table – Tennis, Badminton, Chess etc. Championship.

J.N.M.C. Sawangi (M) Wardha Winner in following events

1. Football (Mens)

2. Teble – Tennis (Single and Doubles) Mens

\* Akash Daswani (Single)

\* Akash Daswani & Madav Bhargav (Double)



S.P.D.C. Sawangi (M) Wardha Winner and Runner in following events

1. Badminton (Single) Women - Mrunmayi Khare (Runner)
2. Badminton (Double) Mixed – Akshar Bajaj & Shreya Kate (Winner)
3. Badminton (Double) Women - Mrunmayi Khare & Shreya Kate (Winner)



5.



Vidarbha Level Championship Nagpur

Organized by Bhausaheb Mulak Ayurvedic College Nagpur

Bhausaheb Mulak Ayurvedic College Nagpur had organized Vidarbha Level Cricket, Volleyball, Carrom, Chess etc. Championship in between 27<sup>th</sup> February to 4<sup>th</sup> March 2015.

In Cricket, Jawaharlal Nehru Medical College, Sawangi (M) Wardha won the Championship.





**DATTA MEGHE INSTITUTE OF MEDICAL SCIENCE**

**Deemed University (Sawangi (M))**

**NAAC ACCREDITED-GRADE 'A'**



**ANNUAL REPORT  
ON  
PHYSICAL EDUCATION  
2016 – 2017**

**Mr.Devendra Gujarkar,  
Sports Officer, DMIMS (DU)**

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We live in a wonderful world that is full of beauty, charm and adventure.

There is no end to the adventures that we can have if only  
we seek them with our eyes open.



Life is like a game of cards.

The hand you are dealt is determinism;

the way you play it is free will.

:- Jawaharlal Nehru

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Germany Chancellor Adolf Hitler told to Major Dhanchand

“Come over to Germany and I will make you a field Marshal, but he replied  
“India is my country, and I am fine there”,  
I will play & do service for my country only

:- Major Dhanchand

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## Aims and Objectives of Sports

- 1] To develop the organic systems of the body.
- 2] To develop euro-muscular co-ordination or skill.
- 3] To develop right attitude towards and physical activities in general.
- 4] To develop a desirable social attitudes and conduct.
- 5] Development of psychomotor skills.
- 6] Development of understanding and appreciation of the techniques and strategies of sports.
- 7] Preparation for leisure time.
- 8] Elimination of worries and anxieties through developing appropriate interests and habits of engaging in exercise and sports.
- 9] Attainment of knowledge of proper health procedure as related to physical exercise.
- 10] To develop correct health habits.
- 11] To serve as an out let for surplus energy, which if pent up, make the students tens, nervous and irritable.
- 12] To meet the challenge of growing indiscipline among the student community by instilling in the younger generation a sense of patriotism, self-reliance and discipline.
- 13] To give adequate scope for bringing out the aptitudes and talents of the students.
- 14] To promote the spirit of certain qualities like sports-man ship, team spirit, leadership, patience, self-restrain co-operation, sociability and those other qualities of character and citizenship.

	Datta Meghe Institution of Medical Sciences		
	(Deemed University) Sawangi (Meghe)		
	NAAC Accredited Grade "A"		
	SPORTS DEPARTMENT		
REL.NO.DMIMS (DU)/SPORTS/2016-17/			
<b>ANNUAL TIME TABLE FOR GAMES AND SPORTS ACTIVITIES 2017 - 18</b>			
Sr.No.	Month & Year	Date	Activites
1	June - 2016	21st June	International Yoga Day
2	July - 2016	3rd week of July	New students will give their choice for games
3	August - 2016	29th Aug.	National Sports Day & Prize distribution of Energia -2016
4	Sept. - 2016	3rd to 10th Sept.	Analysis of the students choices
		15th to 20th Sept.	Procurement of the material required for sports activities for the year - 2016-17
5	Oct. - 2016	1st to 31st Oct.	Badminton in the respective hostels.
			Chess, Carrom, Table – Tennis will play in respective hostels
			Cricket, Football will play at the Dattatraya Krida Sankul.
			Volleyball will play in the play ground of respective hostels and Dattatraya Krida Sankul.

6	Nov. - 2016	17th to 30th Nov.	Indoor and outdoor games at respective
7	Dec. - 2016	1 <sup>st</sup> Week	Preparation for Energia – 2017
		2 <sup>nd</sup> week	Preparation for Impulse – 17 (State level sports meet of Medical , Dental, Ayurvedic and Nursing Colleges)
		3 <sup>rd</sup> week	Preparation for All India inter Medical
8	Jan. - 2017	1st to 3rd Week	Energia – 17 (Inter & Intra Collegiate
9	Feb. - 2017	1st to 2nd Week	Impulse - 17
10	Mar. - 2017	1st to 30th March	All Indoor & Outdoor sports activities
		2 <sup>nd</sup> week	Synergie – 2017 (Vidarbha level Sports Meet)
		4 <sup>th</sup> week	Bhausahab Mulak M.A.C. Vidarbha level
11	April - 2017	2 <sup>nd</sup> week	Impectus – 2017 Indira Gandhi M.C.Sports
12	May - 2017	1 <sup>st</sup> to 31 <sup>st</sup> May	Summer Vacation

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## **Annual Report of Physical Education**

Datta Meghe Institute of Medical Science (Deem University) regularly conducts the annual Sports meet named “ENERGIA” every year where the sports activities for the boys and girls are conducted separately. The institution also conducts a State level Inter Medical; Dental & Physiotherapy sports competitions named “IMPLSE” in the campus. The participation of the Girls in these events is exemplary. The institution encourages the students to participate in various sports and cultural competitions organized by difference institutions and Inter University Championship which has added to the personality profile of the students in a big way.

Impulse – 2017 (State level Inter Medical Sports Meet) conducted in our campus i.e. on Dattaray Krida Sankul in between 12<sup>th</sup> to 19<sup>th</sup> February 2017. In Cricket & Volleyball event we won gold medal and in football we won silver medal.

Staff matches also held in the month of March – 2017. Games events were Cricket, Volleyball and Badminton. Prize distribution had done at auditorium at the hands of Hon’ble Shree Sagarji Meghe and Dr.R.M.Borle Chairman Sports Committee.

June – 2016

### **International Yoga Day – 21<sup>st</sup> June 2016**

International Yoga Day celebrates enthusiastically at Nagar Bhavan hall Deoli Dist.Wardha. Dr.Amitabhkumar Pande, Dr.V.K.Deshpande Pro Vice – Chancellor DMIMS (DU), Mrs. ShobhaTai Tadas Deoli Taluka Mayor, Dr.Shyam Bhutada Dean MGAC and Organizing Chairman of Yoga Day, Dr. Preeti Desai, Mr.Devendra Gujarkar NSS Coordinator DMIMS (DU). Dr.Chauragade, Mr.L.Ahuja Yoga expert, was present on this occasion.

Dr.Amitabhkumar Pande, Dr.V.K.Deshpande, Mrs.Shobha Tai Tadas and Dr.Shyam Bhutada inaugurated yoga day competition.

Yoga and Essay competition were held on the same day.

250 to 300 students were present and participating in yoga competition and essay competition. Prizes given to winner students at the hands of Chief guest.

Programme anchoring by Mr.Devendra Gujarkar Sports officer and Yash Kashikar MBBS – II year student and Vote of thanks given by Dr.Preeti Desai







July – 2016

Games & Sports activities at Hostels

Various games and sports activities start at boys and girls hostel including Chess, Carom, Table – Tennis, Badminton, volleyball etc. in between 4 p.m. to 8 p.m. for awareness Mr.Devendra Gujarkar Sports officer given all information to students at respective hostel. Information about west zone sports, national level games & sports and All India University sports tournament given to students and all respective wardens will note down the name of the students and name of events. Students fill up their own choice games at respective hostels.



**“National Sports Day” Celebrated  
On 29<sup>th</sup> August 2016**

Sports Department of DMIMS (DU) celebrated “National Sports Day” On 29<sup>th</sup> August 2016 on the eve of Hockey Wizard Major Dhyan Chand at Datta Meghe Auditorium (Sports Department) enthusiastically.

Mr.Devendra Gujarkar Sports officer given the information of hockey wizard Major Dhyan Chand. Students from SRMMCON and FNTCN were present on this occasion.

Dr.Sandeep Shrivastav Dean JNMC, Dr.A.J.Pakhan Dean SPDC, Dr.S.Baliga Vice Dean SPDC, Dr.Chandak SPDC, Dr.Trupti Waghmare JNMC were present and guided the students.





### Coaching camp held for ENERGIA - 2017

Coaching camp on Badminton, Table – tennis, Athletics, Rope skipping and Yoga are held on December 15 to Dec. 30, 2016 at Auditorium and Dattatray Krida Sankul. Student learns so many things and they were benefited from coaching camp and competed in ENERGIA – 2017.

## PERSPECTIVE DEVELOPMENT PLAN - VISION 2025

### Directional Guidelines

We will forge a **strong, clear identity for the University** based on our:

- a. Excellence in teaching and our student success initiatives,
- b. Innovative, Interdisciplinary Research and Scholarship In Health Sciences,
- c. Distinctive state wide extension programs and community engagement capabilities, and
- d. Our multidisciplinary and community embedded expertise.

These remarkable strengths shape our collective actions and will continue to lead our College, our University, and our disciplines to revolutionize an integrated path to leadership, teaching, research, and service in public health and human sciences.

We will tap into **new and more impactful collaborations on and off campus**, with other disciplines, communities, organizations, industries, and our alumni that together can improve the health of the region and beyond.

In a world that is changing quickly and where today's diverse learners want to be relevant and innovators of progress, we will leverage our collaborations to provide **integrated and novel learning** opportunities as part of our training.

As a result, we will emerge as a unique Institute, one that is recognized and valued on the national and global stage for our collaborative efforts to **create sustainable public health and life sciences solutions**.



## Four Keystones for Vision 2025



- **Leadership** that transforms the culture of the University by demanding and supporting excellence in all aspects of our mission.
- **Research** that distinguishes the University through centers of excellence, scholarship, and the development of educational and clinical programs that change the practice of medicine.
- **Education** that advances all aspects of medicine through innovative teaching and learning practices that set National as well as global trends.
- **Clinical Care** that transforms the practice of medicine in a valued, patient-centered environment.

**POLICY -- LEADERSHIP:** Leadership that transforms the culture of the University by demanding and supporting excellence in all aspects of our mission.

**RATIONALE:** High-performing Health universities are built on a culture of clear expectations and milestones that demand and reward excellence. The culture of the Medical School must change. Hardwired systems of accountability built on clear metrics of excellence and defined reward and recognition are required. Our leaders – from the Heads of the Institution through the leaders within each Department – must be held accountable in our pursuit of excellence and our resources must be prioritized to incentivize our best performers. Leadership turnover in the Medical School has prevented achievement of long-term planning goals.

**METRICS OF EXCELLENCE:**

We encourage senior leadership to develop metrics based upon the following:

- Defined, measurable, and clearly communicated expectations of all staff, faculty, and Division/Department/Center/Institute leaders and programs.
- Hardwired accountability systems – including evaluation, rewards, recognition, and consequences for failure – and methods to ensure application of expectations to all faculty, staff, and leaders.
- Consistent measurement and enforcement, with transparency of results.

Key Initiatives	Objective	Timeline
1) New look IQAC that is committed to long-term support for cultural transformation to ensure an environment that demands and rewards excellence.	Leadership focused on and held accountable to long-term excellence.	2018
2) Develop a rigorous and substantial leadership performance review process.	Ensure leadership accountability to excellence.	2017
3) Create a formal internal leadership development academy for high-potential faculty and staff, preparing our next generation of leaders. This program should be supported with appropriate university funding.	Develop our next generation of leaders.	2019

<p>4) Hold all levels of leadership, including Department Heads and Center/ Institute Directors, and affiliate leaders, accountable for achieving the metrics of excellence within their units through:</p> <ul style="list-style-type: none"> <li>• A more substantial faculty performance review process;</li> <li>• Better recognition for top performers;</li> <li>• Strategic recruiting;</li> <li>• Diligent long-term planning.</li> </ul>	<p>Accountability to demand excellence.</p>	<p>2018</p>
<p>5) Develop metrics of excellence to measure Program and Department performance to prioritize investment.</p>	<p>Prioritization to direct resources towards excellence.</p>	<p>2018</p>
<p>6) Transparently and regularly report Department, Center, and School-wide financial results and hold leadership accountable for sharing with faculty.</p>	<p>Increased transparency.</p>	<p>2017</p>
<p>7) Expect defined, accountable, and rewarded exemplary mentorship.</p>	<p>Reward and support development of successful faculty.</p>	<p>2017</p>
<p><b>POLICY -- RESEARCH:</b> Research that distinguishes the University through centers of excellence, scholarship, and the development of destination educational and clinical programs that change the practice of medicine.</p>		
<p><b>RATIONALE:</b> High-performing Universities establish, endorse, and nurture a culture of excellence in research and its dissemination through the allocation and reallocation of resources towards those faculty school-wide who demonstrate a sustained high-impact scholarship program. This generates high-impact research and National recognition.</p>		

### **METRICS OF EXCELLENCE:**

1. Sustained high quality/impact scholarship, as determined by:
  - Quality of papers, patents, data sets (these metrics should be discipline specific);
  - Minimum of one paper/year as Senior Author following promotion to Associate or Full Professor, measured on a 5-year average; expectation is that faculty will exceed this minimum requirement;
  - Post-tenure award assessment (rolling 5-year periods, see Key Initiative#3below).
  - Faculty member to identify best 5 high-impact papers and department to request outside evaluation from experts within the field.
2. Peer reviewed extramural grants or funding, as determined at Department or School level by:
  - Number of individual and interdisciplinary grants per faculty member;
  - External funding dollars per faculty member;
  - 50% of salary recovery on grants over a rolling 5-year period;
  - Multi-grant portfolio at post-tenure award level.
3. Identify 5 aspiration peer Institutions to determine appropriate number or ratio of researchers.
4. Identify 5 aspiration peer Institutions to determine appropriate number of grants and career development awards.
5. Increase patient participation in clinical trials:
  - Achieve same participation rate as our 5 aspiration peers.
5. Increase in the number of national awards (ICMR, DST):
  - Dean to set a target and goal.
6. Increase the number of collaborative research grants.

Key Initiatives	Objective	Timeline
<p>1. Substantial investment for recruitment of a critical mass of early career faculty with a demonstrated potential for excellence in research in targeted areas. This should include:</p> <ul style="list-style-type: none"> <li>• Recruit 6-9 faculty as cluster across basic and clinical Departments, with at least 2-3 Core research scientists, supported by centralized funding.</li> <li>• Mandate rigor in every faculty recruitment process to ensure strategic use of resources and a diverse applicant pool.</li> <li>• Development of a “Biomedical Scholars” program, allowing new hires to compete for funding in addition to their start-up packages.</li> </ul>	<p>Develop a diverse pool that will be competitive.</p>	<p>2018</p>

<p>2. Recognition and allocation of resources to mid-career faculty. This should include:</p> <ul style="list-style-type: none"> <li>• Development of an internal “Distinguished Scholars Program,” allowing current faculty to compete for 5-year awards for research.</li> <li>• Development of a “Dean’s Distinguished Lectureship,” a competitive honor for faculty making seminal research discoveries, accompanied with a monetary one-time award.</li> <li>• Development of a “Physician-Scientist Scholars Program,” supporting development and mentoring for a cadre of physician-scientists.</li> <li>• Hold leadership (Deans and Heads) accountable to actively preparing and advocating for outstanding faculty to distinguished national awards (i.e., Fulbright, DST, ICMR etc). Appoint a <i>standing advisory committee</i> to actively vet and act upon faculty recommendations made by leadership.</li> </ul>	<p>Create competitive internal support for mid-career faculty.</p>	<p>2017</p>
<p>3. Develop a rigorous annual review process for all faculty at the assistant professor level. This should include:</p> <ul style="list-style-type: none"> <li>• Developing initial plans for new junior faculty to clearly set expectations for promotion.</li> <li>• Using the metrics of excellence for research to measure performance.</li> </ul>	<p>More actively measure faculty progress.</p>	<p>2017</p>
<p>4. Strategically build and leverage technological infrastructure and operational services that facilitate success of faculty and staff.</p> <ul style="list-style-type: none"> <li>• Strategically invest in the computational and physical infrastructures for research.</li> <li>• Develop a centralized infrastructure that assists with vetting scientific ideas for translation as well as matching the appropriate ideas, investigators, and resources.</li> <li>• Develop an infrastructure that will assist investigators with identifying and attaining funding sources for their research.</li> <li>• Create high-functioning computational platforms that leverage health information technology to facilitate research.</li> </ul>	<p>Provide infrastructure support to enhance research outcomes.</p>	<p>2018</p>
<p>5. Develop metrics for excellence in education and research for undergraduate programs, to include the appropriate size and funding for the various programs, and to achieve better integration with faculty research.</p>	<p>Create a culture of excellence in undergraduate education.</p>	<p>Start 2018</p>

**POLICY -- EDUCATION:** Education that advances all aspects of medicine through innovative teaching and learning practices that set National trends.

**RATIONALE:** High-performing and state-supported medical schools are committed to supporting teaching excellence, educational innovation, and diversity to ensure its learners are prepared to be collaborators and leaders in the modern health care environment and meet the needs of the health care workforce for the entire state.

**METRICS OF EXCELLENCE:**

1. Ongoing success of student learners reported and tracked:
  - Students accepted to top institutions;
  - Students placed in leadership positions;
  - Board scores;
  - Fraction of external fellowships for graduate students;
  - Feedback from clinical partners on trainee and learner preparation.
2. Number of students participating in basic or clinical research and discovery.
3. Number of faculty receiving teaching awards.
4. Student, resident, and fellow evaluations.
5. Educational scholarship (publications and other written scholarship).
6. Peer evaluation of teaching.
7. National leadership positions.

Key Initiatives	Objective	Timeline
1. Create an environment across the University to support exemplary education practices through a series of certification programs to include: 1) Master Teacher; 2) Program Directors; and 3) Program in Educational Leadership.	Expand the network of exemplary educators and develop educational leaders.	2018
2. Improve relationships with affiliate partners and community stakeholders to ensure a comprehensive learner experience in our community.	Improve and leverage community resources to improve educational experiences and outcomes.	2018

3. Strengthen curriculum changes that prepare our students, residents, and fellows for lifelong learning and the future of health care delivery.	Educate a physician workforce for the future.	Begin 2018
4. Develop metrics of excellence for programs that would allow for program stability and learner competency to be measured regularly.	Success and re-accreditation of stable training programs.	2019
5. To promote lifelong learning, medical student research and scholarship should be supported across the continuum, to include: <ul style="list-style-type: none"> <li>• Seed support to improve medical student scholarship opportunities;</li> <li>• Development of a database to match interested students to faculty research opportunities.</li> </ul>	Create a culture that values scholarship for all learners.	Start planning 2018
6. Develop an infrastructure that aids students as learners and faculty as educators.	Infrastructure for educational excellence.	Begin 2018
7. Increase philanthropy efforts to improve scholarship funds available for high performing and diverse medical students, with a deliberate attempt to improve retention of high performers.	Retain excellent and diverse applicants.	2018

**POLICY – CLINICAL CARE:** Clinical care that transforms the practice of medicine in a valued, patient-centered environment.

**RATIONALE:**High-performing academic medical centers recognize and value a group of physicians who are considered superior, and who are distinguished from their peers, by an exceptional depth of knowledge in their field, by remarkable interpersonal and communication skills, by a commitment to professionalism, by drawing referrals and being sought out for advice and care for difficult cases, by being frequently asked to care for other faculty and family members of medical community, by being skilled mentors, by creating scholarly work relating to their area of clinical impact and a commitment to acquire and disseminate new knowledge, and by evidence of impact outside of their specialty area.



**METRICS OF EXCELLENCE:**

1. Create a culture that values excellence in clinical care, with performance that is:
  - Safe;
  - Timely;
  - Effective;
  - Efficient;
  - Equitable;
  - Patient-centered.
2. Percent of clinical faculty teaching patients care for learners (supported education).
3. Participation in clinical research as evidenced by grant support, patient enrollment, and publications.

Key Initiatives	Objective	Timeline
Create an internal “Academy of Master Clinicians” within SHPER to recognize exceptional clinical care.	Visibly value excellence in clinical care.	2018
<ol style="list-style-type: none"> <li>4. Begin an in-depth review of the Clinical Scholar track to better determine:               <ul style="list-style-type: none"> <li>- The type of scholarly activity and metrics for promotion and reward that should be expected in this track.</li> <li>- The type of development and infrastructure needed to support this kind of scholarly activity.</li> <li>- Appropriate ranges of protected time to perform scholarly work that allows for faculty success.</li> <li>- The appropriate compensation model for clinical scholars across the Medical School.</li> </ul> </li> </ol>	Identify keys to success for clinical scholars.	2017

# Strategic Framework 2017-2025

THE DMIMS DU STRATEGIC FRAMEWORK VISION 2025						
<b>MISSION</b>	To advance education and create knowledge through excellence in teaching, research, innovation, public service, intellectual leadership and outreach in order to support the inclusive development of the region and beyond					
<b>VISION</b>	By 2025, the University will be globally recognised as a regionally integrated, innovative, internationally competitive university, deeply rooted in all aspects of Health Sciences Domain and committed to serving the diverse people of the region and beyond.					
<b>CORE VALUES</b>	<b>INTEGRITY</b>	<b>INTELLECTUAL FREEDOM</b>	<b>EXCELLENCE</b>	<b>CIVIC RESPONSIBILITY</b>	<b>ACCESSIBILITY</b>	<b>EQUITY</b>
<b>STAKEHOLDERS AND PARTNERS</b>	<b>STUDENTS</b>	<b>STAFF</b>	<b>COMMUNITY/PATIENTS</b>	<b>ALUMNI/PARENTS</b>	<b>INTERNATIONAL PARTNERS/ DONORS</b>	<b>PRIVATE SECTORS/ GOVERNMENT</b>
<b>STRATEGIC PERSPECTIVES</b>	<b>TEACHING, LEARNING &amp; STUDENT DEVELOPMENT</b>	<b>RESEARCH &amp; INNOVATION</b>	<b>INTERNAL OPERATIONAL PROCESSES</b>	<b>Employee Engagement and Development</b>	<b>OUTREACH</b>	<b>FINANCIAL</b>
<b>STRATEGIC THEMES</b>	A. Academic Quality	A. Faculty-led Research & Innovation.	A. Efficient & Effective Academic & Administrative Processes.	A. Competency-Based Development	A. National & Regional Development.	A. Income Source Diversification

<b>GOALS</b>	Ensure excellence of academic processes.	Create an enabling environment to support, foster and increase the output of high quality research and innovation with an emphasis on Health Sciences.	Re-engineer academic and administrative operational processes and procedures to make them simpler, more transparent, efficient, and effective to achieve optimal Stakeholder satisfaction within and across campuses	Improve leadership and management capabilities and job competencies of all employees so that they can effectively fulfil their roles.	Become the driving force for health, social, educational, and other critical developmental needs for the region.	Reduce the reliance on tuition fees and increase the contribution from other sources.
	B. Student Engagement & Experience	B. Graduate Studies & Student Research.		B. Culture of Employee Engagement	B. Internationalisation	B. Recapitalisation of DMIMS DU
	To provide a high quality student experience as a platform for enhanced regional and international student success and long-term commitment to the DMIMS(DU).	Enhance graduates studies and increase postgraduate research output.	B. Governance Arrangements.	Create an organisational environment that promotes personal growth & development for employees & positive cognitive, emotional and behavioural states directed toward optimum organisational outcomes.	Enhance the global reach and impact of the DMIMS (DU).	Restructure the DMIMS (DU)'s capital base toward operational independence, renewal and expansion.
			Integrate improved governance in the DMIMS(DU)s operations.	C. Strengthening Performance Management Systems.		C. Efficient Resource Utilisation

C. Open & Distance Education.

Provide multiple, flexible paths for all constituencies to pursue tertiary education over their lifetime.

C. Funding & Partnerships.

Increase funding and strengthen research partnerships.

C. Management Structures.

Improve the effectiveness of executive and senior management structures at campus and university levels.

Improve and upgrade all HR systems.

C. Marketing & Communication. Present a unified brand image for DMIMS(DU) aligned with its strategic vision and initiatives.

D. Alumni Engagement. Facilitate the development through alumni advocacy and structured involvement in DMIMS DU and campus life.

Efficient Resource Utilization Introduce systems to promote a culture of greater efficiency and accountability in resource use.

## Operational Plan 17-25 – Quantitative Indicators

Sr No	Quantitative Indicators of PDP based on Strategy 2012-17	Minimum Expected at 2024-25	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
1	Syllabi Revision	Thrice	UG	PG + Fellowship	Ayurveda	UG + R	PG + Fellowship	Ayurveda	UG + R
2	Teachers with PhD Qualification	75	44	49	53	58	63	69	75
3	Student Computer Ratio	1:30	1:40	1:40	1:40	1:30	1:30	1:30	1:30
4	The number of departments with UGC/SAP/CAS/DST/FIST etc, in university	22-25	15-18	18-20	18-20	20-22	20-22	22-25	22-25
5	No. of Post Doctoral Fellows/ Research associates working a) Locals b) outsiders	>90	60	65	70	75	80	85	90
6	Total On going Research Projects	625	470	500	520	545	575	600	625
7	International Collaborative research Projects	40	22	25	28	30	32	36	40
8	No. of completed research projects/per teacher (Funded by National/ International Agencies)	150	85	96	106	117	128	139	150
9	National recognitions for faculty for Teaching/Research/ Consultancy/ Extension (Reputed/recognised bodies)	300	215	230	245	260	275	290	300
10	No. of Patents filed	100	55	65	70	85	90	95	100

11	PHD Registrations per supervisor	3	1	1-1.5	1.5-2	2-2.5	2.5-3	3	3
12	Revenue generated from consultancy per year	100lacs/per year	50	58	67	74	83	91	100
13	Number of MoUs with International recognized bodies	100	44	53	62	72	81	90	100
14	Publications per faculty Total number of publications of the university.	3500	550	560	572	587	600	615	630
15	Percentage of papers published in journals listed in well known international databases	2200	270	570	896	1222	1548	1874	2200
16	Number of papers with more than 10 citations	100	27	39	51	63	75	87	100
17	Number of book titles per student (in the central library) excluding book bank	>150	100-110	110-115	115-120	120-130	130-135	135-145	145-150
18	Percentage of annual allocation for library spent on purchase of journals (national & international) and other library resources (CDs, Cassettes, etc.)	>20%	>20%	>20%	>20%	>20%	>20%	>20%	>20%
19	No. of national/international conferences /workshops organised per year	25 National 10 International	3+1	3+1	3+1	4+1	4+2	4+2	4+2









	development of university in lakhs								
51	Percentage of Female Students	> 50%	> 50%	> 50%	> 50%	> 50%	> 50%	> 50%	>50%
52	Programme for professional development of staff per year	7 per year	7 per year	7 per year	7 per year	7 per year	7 per year	7 per year	7 per year
53	Projection of successful innovative practices	21	9	11	13	15	17	19	21
54	National Level Sports competition	Once in two years		1		1		1	
55	National level Cultural competition	1 per year	1	1	1	1	1	1	1
56	ICT Incorporations	1 addition per year	Digitization of university archives and records	Online Paper Valuation	Virtual Learning	M learning Apps	Student electronic portfolios	VR OT stations	Robotic Surgeries



Date: 5.8.2014

To,

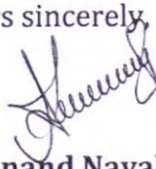
Hon.ble Vice Chancellor  
DMIMS (D.U)

Respected Sir,

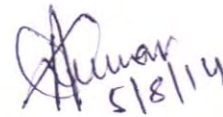
We are submitting herewith the Academic Audit Report of the University for your reference and kind perusal.

Thanking you,

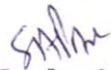
Yours sincerely,

 05/08/2014

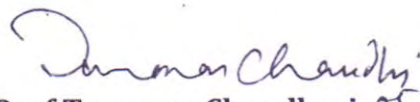
**Dr.Anand Nayak .U**  
Professor & Head  
Dept. of Pedodontics  
NMIMS Dental College  
Jaipur

 5/8/14

**Dr.Amitabh Pandey**  
Vice President  
Central Council of Indian Medicine  
New Delhi



**Dr.Sneha A.Pitrye**  
Prof. & Principal  
Bhatati College of Nursing  
Pune

 05/08/2014  
**Prof.Tamonas Chaudhari**  
Convener  
Prof.of Surgery  
Burdwan Medical College  
Burdwan

**Encl: a.a.**

## **Preamble**

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The members of the AAA Committee record their appreciation and gratitude to Hon Vice Chancellor Dr. Dilip Gode for the confidence shown in the Committee and for entrusting the team with the responsibility of carrying out the Academic and Administrative Audit of the University. The able guidance from Dr Ved Prakash Mishra Honorable Chief Advisor of the University was phenomenal in terms of achieving the targeted outcome of this AAA process. The Committee wishes to thank Dr B N Lakhkar, Director IQAC for his meticulous attention to details in facilitating the audit process. The Deans of the faculties and the Registrar Dr Borle have shown enormous care and fortitude in planning and arranging the Committee's site visit with precision. The Committee thanks them as well as the members of the IQAC, officials of the University, faculty, staff and officials of the Acharya Vinoba Bhave Rural Hospital who worked as a dedicated team and enabled the audit process by providing information with clarity . Our special note of gratitude to the students, for the valuable input they have provided.

*Adnan*  
5/8/14

*SATM*

*Zaman Chahar*  
5/8/14

*Chandray*  
5/8/14

## Terms of reference for the Academic and Administrative Audit Committee

The AAA Committee was invited by DMIMS DU to conduct a comprehensive review of the facilities and workings of the University after its assessment and accreditation by NAAC in 2013 as its endeavor towards quality initiative sustenance and enhancement with particular reference to the areas noted during the accreditation process.

1. The Academic and Administrative Audit is expected to provide an objective insight to the university on the level of holistic quality improvements that have been implemented during the post accreditation period.
2. The audit process will involve escorted tours to the physical facilities, interaction with heads of departments, faculty, University officials, students, employees and other stakeholders and review of documents.
3. The period of visit is for two days, but could be extended with mutual agreement if the Committee feels that such extension is necessary in the interest of effective completion of the audit process, ending with an exit meeting in which the Chairman and members of the AAA Committee will brief the Vice Chancellor and other officials of the University with their findings.
4. The AAA Committee may prepare its final report after careful analysis and observations made during the visit and interactions/verifications conducted by the AAA Committee .

SABM

Shreef 5/8/14

Shreef 5/8/14

Shreef Chikri 5/8/14

## **Academic Audits - Rationale and Purpose**

An academic audit is an integral part of the dynamics of higher education and its regulation in many countries that aspire to achieve excellence and international standing. It is a quality assurance defined by the policies and practices of an education institution in monitoring and improving the quality of their education provision. It is a process based on the questions framework – why, what, how and does the AG fulfill its desired outcomes.

The audit process has focused on the procedures and conditions that ensure appropriate levels of quality that are effective in meeting their intended purposes.

The fundamental purpose of quality assurance process is to provide the stakeholders with information about the education, its effectiveness and in the process determine information on how to improve or increase that effectiveness. This involves a mixture of internal and external regulation; the external element in the quality assurance process ensures that the education provision meets a certain minimum standard.

Overall, an academic audit and its processes form an important linchpin in the overall institutional quality assurance processes. Its processes and procedures inform the extent to which objectives meet the intended overall strategic vision and mission of the institution. This in turn provides accountability and theoretical explanations to stakeholders on the academic standards in higher education. In other words, the academic and overall institutional audit both complement each other and need to be seen as a totality.

This Report contemplates the external evaluation of the Audit process completed under the guidance of the Internal Quality Assurance Cell and involves extensive verification of the documents provided, status of the target compliances, achievements and pitfalls thereto along with the innovations and quality enhancement activities completed by the University during the time period of the academic year 2013-14 ( post reaccreditation)

Four Domains envisaged for the purposes of the Audit are

- a. Initiatives Ensuring and increasing quality of both processes and outcomes
- b. Recognizing strengths, achievements and progress
- c. Highlighting commendable and exemplary features
- d. Identifying concerns and areas requiring improvement or change
- e. Recommending specific changes to be made, directions to be followed, and strategies to be adopted.

AAH

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**OVERALL ANALYSIS****Institutional Strengths:**

- Having a well-defined Vision and Mission and fairly achieving the goals and objectives in short span of five years
- Postgraduate programmes in all branches of Medicine, Dentistry and Nursing
- Starting of Post graduate program in Ayurveda
- Center for Health Professional Education & Research is very innovative faculty and student development programs.
- Presence of students and faculty from different parts of the country and good presence of International students.
- Adequate and well maintained infrastructure, spacious campus and integration of Information Communication Technology (ICT) with Hospital Management Information System (HMIS) and Picture Archival & Communication System (PACS).
- Strong Community Presence
- One of its kind Earn While Learn programmes
- Every Department has a substantial number of publications

**Institutional Weaknesses:**

- Limited development of both medical and surgical sub/super-specialties,
- Doctoral programmes in Nursing and Ayurveda is limited
- Extra mural funded research projects are limited.
- Publications with higher impact factors are less though the number has substantially increased in comparison with the previous years
- There is no substantial increase in the number of the consultancy avenues since the last assessment

SATM

Shreef 5/8/14

Shreef 5/8/14

Dr. Chakri 5/8/14



<p>Institutional Opportunities:</p>	<ul style="list-style-type: none"> <li>• Extensive use of technology for the community services</li> <li>• To increase research projects/programs especially in Ayurved, Nursing and Allied Health Sciences.</li> <li>• Opportunity to explore new avenues for research collaboration and consultancy.</li> <li>• Super-specialty courses (D.M., M.Ch.) to be introduced in the faculty of medicine.</li> </ul>
<p>Institutional Challenges:</p>	<ul style="list-style-type: none"> <li>• To inculcate research temper amongst faculty and students.</li> <li>• Maintaining good stake-holder relationship.</li> <li>• Attaining academic leadership over other self-financing medical institutions.</li> </ul>

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## Efforts towards Complying with the Recommendations of the Peer team Visit

S No	Recommendation	Current Status of Compliance
1	To develop locally relevant in house e-learning resource with external validation.	External validation of the e resource of the faculty of medicine is completed. The other faculties are in the process of external validation expected date of completion is September 2015
2	Nursing curriculum to be revised and updated with relevance to current medical problems.	The Curriculum revision in terms of INC , the core values of the NAAC and the vision and Mission of the University.
3	Postgraduate courses to be started in Ayurvedic College.	3 PG programmes have started in the Ayurvedic College and 5 more are currently undergoing the assessment by the CCIM The Institute plans to start PG program in all departments of Ayurveda by 2107-18
4	Introduction of sub-specialty / super-specialty branches in Faculty of Medicine.	DM Cardiac Anesthesia has been added to the existing kitty of Super-Specialty Programmes. MCh Neurosurgery is due for assessment by MCI in the current academic year. However committee is of the opinion that there is scope for further addition of the Super/ sub specialties in the faculty of Medicine
5	All operation theatres to be equipped with Anesthesia work station to ensure patient's safety phased manner.	Complied
6	To initiate the process for accreditation of teaching hospital and laboratories by NABH and NABL respectively, for quality enhancement and assurance.	Process of NABH accreditation is Undertaken
7	Periodic Academic and Administrative Audit (AAA) will be helpful for institutional growth and development.	AA audit is undertaken this year and institute plans to do it on periodic basis
8	Efforts to be made by the faculty to carry out high quality multi disciplinary / inter disciplinary research through extra mural funding.	10 new extramural funded projects as per the annexed list are shortlisted by various funding agencies, however the Collaborative research publications need augmentation
9	Student participation in Co- Curricular and Extra Curricular activities to be encouraged with incentives.	Incentive policy for Student participation in co-curricular activities is now in vogue, however its effectively needs monitoring ever the period of time

SADME

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## **Suggestions for Improvement**

The institute has shown substantial progress in its quest for continuous quality enhancement and towards institutionalizing the NAAC core values.

The committee suggests that:

1. The efforts towards Attaining academic leadership over other self-financing medical institutions need strengthening
2. The Institute should work towards establishing the centers for excellence in the identified thrust areas
3. The Consultancy Projects, Publications with higher impact need augmentation
4. The strong community presence of the institute can be used as platform for developing/ strengthening facilities like; telemedicine, tele-radiology, tele-pathology.

*I agree with the Observations of the External Academic Audit Committee as mentioned in this report.*

**Signature of the Head of the Institution**

Seal of the Institution

*Alwan*  
5/8/14

*FAA*

*Alwan*  
5/8/14

*Alwan*  
5/8/14