

Dy. No. 103766
D. 15/4/19

MEDICAL COUNCIL OF INDIA
ASSESSMENT FORM FOR 150 MBBS ADMISSIONS REPORT
(INCREASE IN ADMISSION CAPACITY FROM _____ TO _____)

Verification of Compliance
Part - A-III (2019-20)
(to be filled by the Assessors)

1.1 1. Type of Assessment

U/S 10A-regular/compliance: 3rd renewal

U/S 10A-Increase Admission Capacity :Regular/Compliance: Letter of Permission(), 1st renewal(), 2nd renewal(), 3rd renewal (), 4th renewal ()

U/S 11-Recognition- Regular/Compliance

Continuation of Recognition - Regular / Compliance ()

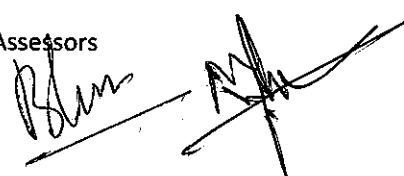
Any Other: _____

2.

Name of the Institution	:	Jaipur National University Institute for Medical Science and Research Centre
Address	:	Jagatpura Jaipur
Telephone No.	:	0141-7199000, 8696903400

Received.
one copy
A. B. Meel
12-4-19.

Signature of Assessors



Date

12-4-19

Signature of Dean/Principal

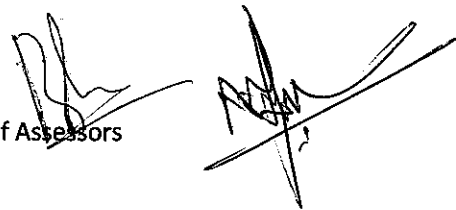


E-mail	:	jnumedicalcampus@jnujaipur.ac.in		
College Website :		www.jnujaipur.ac.in		
Council Letter No. & Date	:	Email Dated 11 April 2019 from donotreply_mci@gov.in		
Assessment Date:	12.04.2019	Last Assessment Date :	7, 8 Sept 2018	
PG Courses	:	Nil		

3. Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No.	Email
Dr M. Birkumar Sharma	Prof & Head, Surgery, Regional Institute of Medical Sciences, Imphal	9774271825	birkumar18@gmail.com
Dr N. Srinivasa Ragavan	Prof & Head, ESIC Medical College & PGIMSR, Chennai	9381064840	ragavan6464@gmail.com

Signature of Assessors



Date

12.4.19

Signature of Dean/Principal



4. Verification of compliance submitted by institute:

Sr. No.	Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Remarks of the Assessors after the assessment
1	Biometric Devices not installed in college	<p>Repeated reminders for installation of biometric devices were sent by the college to the competent authorities of the MCI as mentioned below in chronological order:</p> <p>A. On 02.06.2018, an e mail was posted to the MCI requesting to expedite the process of installation of Biometric Devices in our college. In the same e mail various earlier reminders in this regard were also brought to the kind notice of the authorities of the MCI. (Annx 1)</p> <p style="text-align: center;">↓</p> <p>B. On 04.07.2018, we had received the information regarding dispatch of biometric devices from MCI for which we had sent the acknowledgement mail on 17.07.2018. (Annx 2)</p> <p style="text-align: center;">↓</p> <p>C. On 28.07.2018, we again wrote to the MCI requesting for installation of biometric devices. (Annx 3)</p> <p style="text-align: center;">↓</p>	<p>There are 2 Biometric machines on the 1st floor of the Hospital, eSSL Company make and 1 Biometric machine outside the Principal office in the medical college and functioning. Regarding the MCI Biometric machine, 1 box (containing the machine) is received by the institute. The Last letter of the communication with MCI is enclosed.</p>

Signature of Assessors

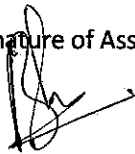
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12-4-19

		<p>D. On 09.08.2018, we again engraved and reminded for installation of Biometric devices as we did not hear from MCI in regard to compliance of installation of Biometric Devices. (Annx 4) ↓</p> <p>E. On 10.08.2018, we received an e mail from MCI stating that- <i>“due to change in UIDAI guidelines we are not able to start enrollment process through Aadhaar authentication process”</i></p> <p>Hence, MCI clearly communicated their inability to install the Biometric devices. (Annx 5) ↓</p> <p>F. Meanwhile assessment for 4th Batch of MBBS course for 150 seats was carried out on 7th & 8th Sep, 2018 and assessors were apprised of above reminders and also the letter from MCI communicating inability for installation because of technical reasons was brought to their notice. ↓</p> <p>G. Again a letter dated 14.11.2018 and e mail dated 27.11.2018 were sent to relevant authorities for installation of biometric devices. (Annx 6) ↓</p> <p>H. Further, it is hereby submitted that installation of biometric devices is still pending for which a reminder was again forwarded to the competent authorities of the MCI on 01.02.2019 (Annx 7) ensuring compliance at our end.</p> <p>Aforesaid communications and repeated reminders clearly show that the installation of biometric devices in our college is pending at the level of MCI as assessors had</p>	
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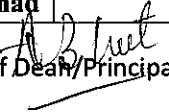
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		<p>also endorsed the above facts on page 9 (second last line) of the assessment report by stating that "Complaints lodge to SI- YES". (Annx 8)</p> <p>Hence college should not be held responsible for the above referenced deficiency as college has fulfilled all technical requirements as laid down by MCI.</p>	
2	Toll Free Telephone No. for antiragging committee- not working.	<p>The Institute is following anti-ragging regulations as laid down by the MCI and Govt of India. Apart from that the whole campus is under 24X7 CCTV surveillance. No single incidence of ragging has taken place in the campus since establishment which shows effectiveness of anti-ragging measures being adopted by the Institute and toll free number is a part of it.</p> <p>Bills of toll free service raised by the service provider prove functionality of the dedicated Toll Free Telephone No. for anti ragging committee (Annx 9)</p> <p>Hence a sporadic dialing at a particular instance should not be taken as non functional toll free service.</p> <p>In light of above facts, the said deficiency does not even exist. Hence it is hereby requested to kindly consider our conformity to the requirement of functional toll free number of anti-ragging committee.</p>	Toll free Anti ragging No. 18002000034 placed in IT server surveillance unit of the Hospital verified. The number was called and it was connected to the Principal, who picked up the phone.
3	Ba, IVP- NIL	On the first day of assessment, total 3 special radiological investigations were performed including 1 Barium study, 1 IVP and 1 HSG.	5 contrast radiological studies like Ba, IVP

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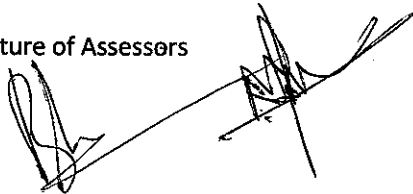
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	<p>Documentary evidences to substantiate the same are submitted as following:</p> <p>A. Copy of bills & payment proof against the special investigation service done on the days of assessment and even two days before and after that are annexed and detailed as under. (Annx 10)</p>	<p>are in the record today. One IVP was being done, while the Assessor visited the Radiology departments.</p>																											
	<table border="1"> <thead> <tr> <th>DATE</th> <th>NAME OF THE PATIENT</th> <th>NAME OF THE INVESTIGATION</th> <th>RECEIPT/ BILL NUMBER</th> </tr> </thead> <tbody> <tr> <td rowspan="4">04 SEPTEMBER 2018</td> <td>MR. ALOK SHARMA</td> <td>IVP</td> <td>201809040100</td> </tr> <tr> <td>MRS. TANNU SINGH</td> <td>HSG</td> <td>201809040674</td> </tr> <tr> <td>MRS. KHUSHI GULATI</td> <td>BARIUM ENEMA</td> <td>201809041096</td> </tr> <tr> <td>MRS. GEETA DEVI MEENA</td> <td>IVP</td> <td>201809040314</td> </tr> <tr> <td rowspan="3">05 SEPTEMBER 2018</td> <td>MRS. PRETAM KAUR</td> <td>HSG</td> <td>201809050234</td> </tr> <tr> <td>MR. LOKESH SAINI</td> <td>IVP</td> <td>201809050360</td> </tr> <tr> <td>MRS. LADU DEVI</td> <td>BARIUM ENEMA</td> <td>201809051003</td> </tr> </tbody> </table>	DATE	NAME OF THE PATIENT	NAME OF THE INVESTIGATION	RECEIPT/ BILL NUMBER	04 SEPTEMBER 2018	MR. ALOK SHARMA	IVP	201809040100	MRS. TANNU SINGH	HSG	201809040674	MRS. KHUSHI GULATI	BARIUM ENEMA	201809041096	MRS. GEETA DEVI MEENA	IVP	201809040314	05 SEPTEMBER 2018	MRS. PRETAM KAUR	HSG	201809050234	MR. LOKESH SAINI	IVP	201809050360	MRS. LADU DEVI	BARIUM ENEMA	201809051003	
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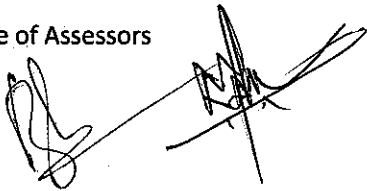
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		06 SEPTEMBER 2018	MR. NISHAD SHRIVASTAV	BARIUM ENEMA	201809060256		
			MRS. ANMOLI DEVI	HSG	201809060801		
		07 SEPTEMBER 2018	BABY JIYA NAGAR	BARIUM ENEMA	201809060195		
			MRS. NISHA MAGVANI	HSG	201809070229		
			MR. NEHNA SINGH	IVP	201809070308		
		08 SEPTEMBER 2018	MRS. RAKHI TALEJA	IVP	201809081022		
			MRS. LAAVI SHARMA	HSG	201809081190		
		09 SEPTEMBER- SUNDAY					
		10 SEPTEMBER 2018	MRS. SANJANA KAPOOR	IVP	201809100299		
			MRS. RANJEET KAUR	HSG	201809100608		
		11	MRS. ANKITA MISHRA	HSG	201809110600		

Signature of Assessors



Date

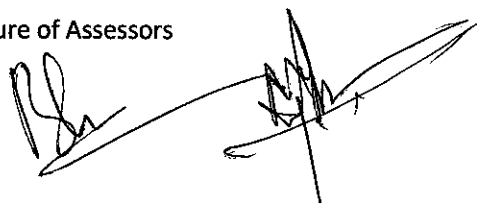
12.11.19

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		SEPTEMBER 2018	MRS. OMI DEVI	BARIUM ENEMA	201809110983	
<p>B. A copy of register od the 1st day of assessment which is being maintained in the Radiology dept for record of these investigations. (Annx 11)</p> <p>B. Report of Ba, IVP, HSG done on the 1st day of the assessment. (Annx 12)</p> <p>C. Copy of X Ray Films of above said investigations done on 1st day of the assessment. (Annx 13)</p> <p>D. Copy of clinical material data including special investigations Ba, IVP etc submitted to the assessors on the day of assessment. (Annx 14)</p> <p>Therefore, 3 special radiological investigations performed on the day one of the assessment which could be verified by computerized billing done through Hospital Information and Management System (HIMS), manual record in register, X Ray films with imprinted date and details of patient, copy of report of investigation issued to patients and clinical material data submitted to the assessors.</p> <p>Looking to the above mentioned facts and figures it is very evident that the special investigations were carried out on the day of assessment as well as in day to day manner hence deficiency does not exists.</p>						

Signature of Assessors



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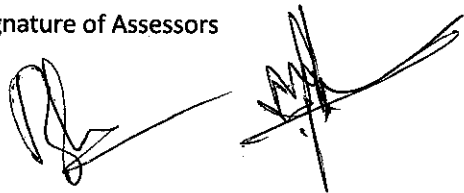
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4	Deficiency of Faculty- 6.83% (8/117)	<p>The allegation is firmly denied. It is submitted that the assessors had wrongly not considered faculties on arbitrary grounds like faculty on leave and non consideration of promotion done as per the statutes and ordinance of the University which has been established by the State Legislature of Rajasthan.</p> <p>The facts with documentary evidence in this regard are submitted as following:</p> <p>A. Biometric attendance of the day of assessment submitted to the assessors. Though as explained above, MCI has still not provided its Biometric Attendance, however, the college maintains its own Biometric Machine for ensuring attendance of the faculties. (Annx 15)</p> <p>B. Monthly attendance and teaching programs uploaded on the official website in public domain on regular basis. (Annx 16)</p> <p>C. Dr Manju Agarwal, Dr Garima Sharma, Dr Alpana Chaudhary and Dr Sonia Siddhu Beniwal were already accepted by the MCI as faculty in our Institute during previous assessments on the same designation while Dr Sanjeev Verma was also accepted as Asst Professor during all inspections conducted since inception of the Institute as detailed below. Teacher profiles uploaded on the official MCI website are annexed herewith. (Annx 17)</p>	<p>Faculty deficiency – 1(One) Associate Professor in Dermatology.</p> <p>Dr Sanjeev Kr Verma, Dept of Ophthalmology, has got more than 5 years and 7 months of Teaching experience after MD and has desired no. of publications as first author, hence eligible to be considered for the post of Assoc Professor.</p> <p>Dr Sonia has reported to be left the institution.</p> <p>Dr Manju Agarwal, Dept of Pathology, has been working for more than 7 years as an Assistant Professor in recognized</p>

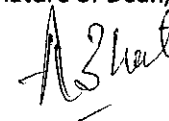
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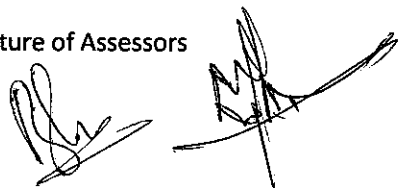
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Name of Faculty	Date of Joining	Number of MCI inspection faced and accepted in the Institute	<p>govt. medical college, then was promoted to Assoc. Professor in the Govt medical college and reappointed as an Assoc Professor only after voluntary retirement and was verified.</p> <p>Dr Garima Sharma is working as Assistant Professor presently and has a teaching experience of 3 years as a tutor during her MD and was verified.</p> <p>Dr Alpana Choudhary is working as Associate Professor and was verified.</p>
Dr Sanjeev Kr Verma	02.07.2015	Accepted for previous 3 academic years	
Dr Sonia Siddhu Beniwal	07.12.2015	Accepted for previous 3 academic years	
Dr Alpana Chaudhary	12.06.2016	Accepted for previous 2 academic years	
Dr Garima Sharma	24.10.2016	Accepted for previous 2 academic years	
Dr Manju Agarwal	23.12.2016	Accepted for previous 2 academic years	
<p>D. Copy of academic leave application of Dr Sonia Siddhu Beniwal dated 03.09.2018 and sanction of leave by the authority for 06.09.2018 to 08.09.2018.handed over to the assessors. The University has provision of</p>			

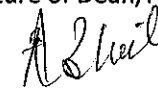
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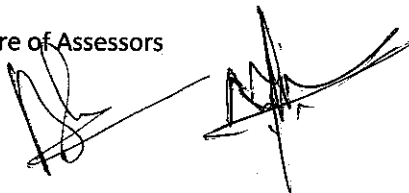
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		<p>academic leaves in view to promote educational interactions. (Annx 18)</p> <p>E. Form 16 of the Income Tax Department issued to the faculty illustrating continued service in the Institute. (Annx 19)</p> <p>F. Dr Sanjeev Verma, who was promoted to Associate Professor in ophthalmology by the selection/ promotion committee of the affiliating University established by the State Legislature of Rajasthan after due verification of requisite experience, as Asst Professor and publications in Indexed National Journals. His promotion letter, declaration & Publications are annexed herewith. (Annx 20). A dissent note in this regards was put on the assessment report itself. (Annx 21)</p> <p>Hence, it is humbly requested to kindly consider these faculty members working in the Institute as full time employees as verified by their form 16 of the Income Tax Department. Further, above mentioned 5 faculties are working in the Institute for long time and have faced previous assessments in the same Institute and have been always accepted after due diligence, hence being rejected as faculty this time seems to be unjustified. Therefore there was no deficiency in the faculty on the day of inspection & we have further recruited more staff. Even today, we have more than required faculty and the list is available on the official website of the University. (Annx 22)</p>	
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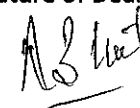
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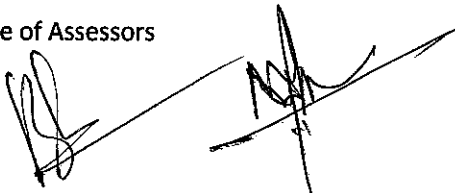
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5	Deficiency of Resident-93.33%	<p>The allegation is steadfastly denied. The assessors themselves have recorded the "ACCEPTANCE" OF 73 RESIDENT DOCTORS AGAINST THE REQUIREMENT OF 66" as evident from page number 35, 36, 37, 38 of the assessment report itself. (Annx 23)</p> <p>Hence wrong terminology of "DEFICIENCY" being employed here as only allegation is that when the assessors went to the hostel in the morning 9:45 am of the second day of assessment, residents were allegedly not found in their hostel rooms. Resident doctors were not considered on impractical and very flimsy grounds.</p> <p>This is pertinent to mention, at that time, all the residents had already left their rooms and were available in the Hospital at their respective duty stations as patients were already taken in the operation theatre as 57 surgeries were lined up for that day, ward rounds were ongoing for about 90% bed occupancy and almost 100% occupancy in the ICUs, patient crowding in OPDs and emergency calls were to be attended. The same is substantiated and duly accepted in the assessment report itself and also by the biometric record verified by the assessors and CCTV footages of the hospital. (Annx 24)</p> <p>As evident from page 8 of A-II itself, resident doctor hostel has capacity of 98 residents against the requirement of 66. (Annx 25)</p>	<p>Two resident doctor hostels are there with a capacity of 110 (62+48) residents. Resident room allotment order enclosed. Total of 95 residents (SRs and JRs) were given allotment orders, verified by the Assessor on site and the list is appended here.</p> <p>Separate mess is being run in the Resident Hostel.</p> <p>Hospital Kitchen was found to be functioning and is run on contract basis.</p>
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Signature of Assessors



Date

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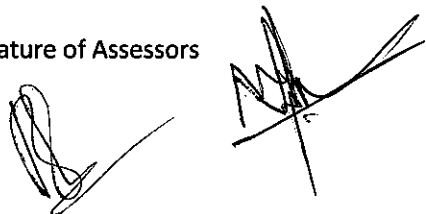


Hence, as per norms, residential accommodation is being provided in the hospital campus for Jr. Residents and Senior Residents and these residents are residing in the Hostel campus and discharging assigned duties and functions in the Hospital. The assessors rejected the resident doctors as the said resident doctors did not reach in the Hostel at 9.45 am on the second day of the assessment as the resident doctors were duly working in the Hospital at that relevant time, based on such erroneous assumption the assessors wrongly rejected the Resident Doctors.

We seek attention of the authorities and Board of Governors for kind consideration of following facts:

Assessment for Acad Year	Number of Beds recommended as per norms	Number of SR/JR recommended as per norms	Number of SR/JR accepted during Head counting	Deficiency / Surplus
2018-19	300	49	65	+16
2019-20	410	66	73	+7

Signature of Assessors



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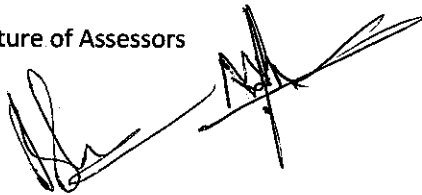
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		<ul style="list-style-type: none"> • Out of 49 residents required for last academic year, 27 residents, who were already verified and accepted by MCI during previous assessment were present and accepted in the present inspection too. (Annx 26) • 70 % of senior residents from last academic year are still continuing who were duly accepted and verified during previous assessment however have been arbitrarily rejected this year alleging that they were not found in the hostel room at 9:45 am. • There are always more resident doctors appointed than the required by MCI in view to provide better clinical care to the large number of patients coming to the hospital particularly in Govt Bhamashah Swasthya Beema Yojna. • More resident doctors were recruited according to requirement of 3rd renewal (4th Batch). • Form 16 of the Income Tax Department of these doctors annexed herewith authenticates their full time employee status with the Institute. (Annx 27). • It may be noted that the 994 OPD & 370 IPD patients were served clinically in the hospital on the day of assessment as verified and accepted by the Assessors which is why no adverse observations has been made in the Assessors Report regarding such huge OPD & IPD of 	
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Signature of Assessors



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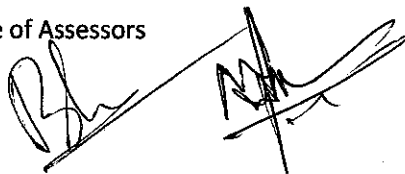
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		<p>having been validly served out in the Hospital on the days of Assessment. It is unfathomable that clinical care of so many OPD'S & IPD'S could be carried out without the aid and assistance of Residents Doctors. Hence, the alleged deficiency of 93.3% is unsustainable and untenable as the said resident doctors on the day of assessment were duly working in the hospital.</p> <ul style="list-style-type: none"> • Regarding inspection of hostel facilities- As per agenda communicated to the Principal of the Institute by the assessors, the desired documents were submitted before 11 am after which Principal was informed about the inspection of hostel facilities in evening of the first day of the assessment. The assessors instructed the Principal to ask all residents to be available in their respective room at the time of assessment at around 6 pm of 7th Sept 2018, hence all resident doctors were asked to leave the hospital and be available in their respective hostel rooms. (Annx 28) • However the assessors did not visit the hostel on the evening of first day of the assessment as per their own agenda. All residents were held back till late evening in the hostels for the said verification which seriously compromised the hospital functioning particularly ICUs, emergency services, evening clinical rounds and post-operative care. • On the 2nd day of inspection, assessors arrived at 9:45 am directly at the 	
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Signature of Assessors



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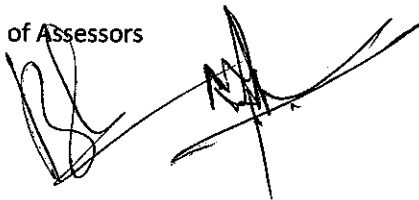
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		<p>resident hostels DURING THE BUSIEST HOUR of the hospital. That time, all the residents had already left their rooms and were available in the Hospital at their respective duty stations as per the biometric record verified by the assessors. (Annx 29)</p> <ul style="list-style-type: none"> • The Principal was called to the hostel and asked to call all residents irrespective of any department to reach the hostel in 10 minutes else they would not be considered. It was humanly not possible. The principal informed all HODs to make the duty adjustments so that the patient care would not be neglected specially in OT, ICU, CCU, SICU, NICU, PICU. This is pertinent to mention that by 9:45 am, the patients were already taken in the operation theatre as 57 surgeries were lined up for that day, ward rounds were ongoing for about 90% bed occupancy as observed & accepted in the assessment report and almost 100% occupancy in the ICUs, patient crowding in OPDs and emergency calls were to be attended. . (Annx 30) • In such scenario, calling all resident doctors in their hostel room within 10 minutes leaving ongoing deliveries (total 8 deliveries happened on that day), surgeries, emergency procedures, and resuscitation, ICU and ward rounds is not only impractical but inhumane also. (Annx 30) • However after receiving the communication, the resident doctors immediately started moving but meanwhile assessors had rejected almost 	
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Signature of Assessors



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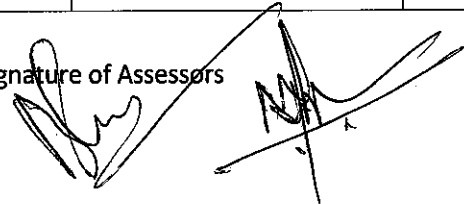
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		<p>all residents after interacting with only 4-5 of them.</p> <ul style="list-style-type: none"> • The allotment and possession letter of all these residents were handed over to the assessors annexed with the declaration form furnished by the residents themselves. The allotment, possession along with electricity bills are annexed herewith which show that resident hostels are occupied by the resident doctors. (Annx 31) • The fact that all resident doctors are living in the campus is also endorsed by their addresses in the passbooks issued by Nationalized Banks like Punjab National Bank and Union Bank of India. (Annx 32) • The Income Tax Departments norms of issuing form 16 showing the rent free accommodation provided to the resident doctors under section 17 (2) shows that they are availing the accommodation facilities in the campus. (Annx 27) • Nationalized Banks Passbook and Form 16 of the Income Tax Department validates the fact that resident doctors have been working in the hospital and are also occupant of the hostel accommodation in the campus. <p>It is very evident from the facts placed above that during the busiest hours of the</p>	
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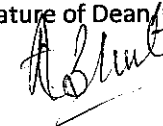
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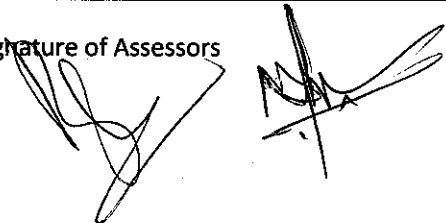
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Signature of Dean/Principal



	<p>hospital where the SRs/JRs were performing their duties diligently, to ask them to report within 10 minutes leaving cases on the operation table, critical patients in the ICUs, wards, cases in the causality undergoing treatment for trauma and to report for hostel inspection was not only impractical but also humanly not possible, as it takes time for alternative arrangements to be made specially in case of ongoing surgeries.</p> <p>A day prior, when they wanted to visit the hostel, they did not do so, where the Principal had made alternative arrangements and asked them to stay back. On that day, inspection of the hostel was not carried out.</p> <p>Looking to the above facts, it is very evident that the Institute has provided due accommodation where the residents are staying and it is much more than the requirements of the norms laid down by the MCI. This should be treated as NIL deficiency existed. Further, A. During interaction, a senior resident whose parents reside in the same city was rejected as he went to see his parents after night duty leaving the hostel. Such ground of rejection is not justified to term as deficiency. B. Dr Jitendra and Dr Sahil were also not considered as a <i>SARI</i>, I Card of some person and cooking items were present in the room.</p>	
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Signature of Assessors



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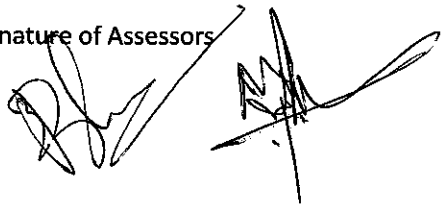
12-6-19.

Signature of Dean/Principal



		<p>Similarly, a nurse called Suman Choudhary was interrogated by the assessors for around half an hour in front of camera and asked very personal questions, as her very personal belonging/ inner wears were found in a residents room. Such ground is not justified to term as deficiency.</p> <p>These are absolutely personal issues, do not hold ground for rejecting a resident doctor who is performing his duties as per norms. They are normal humans where they have right for female friends, cooking and having friends with political affiliations.</p> <p>As evident from page 8 of A-II itself, resident doctor hostel has capacity of 98 residents against the requirement of 66. Hence rooms which are vacant, kept for coming years will surely not have any personal belonging of an occupant. (Annx 25)</p> <p>Page number 35, 36, 37, 38 of the assessment report itself clearly mention that 73 resident doctors were "ACCEPTED" against the requirement of 66 BY THE ASSESSORS themselves after thorough scrutiny of their original documents like</p>	
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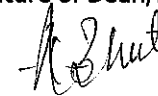
Signature of Assessors



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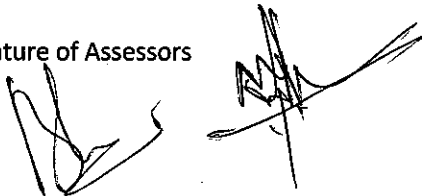
12.4.19

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		<p>medical council registration, University degree, identity proof, details of salary account, duty rosters and during the course of departmental ward inspection and interaction with resident doctors on spot no deficiency was pointed out regarding number of residents within the department. A dissent note was put on record in the assessment report then and there which was counter signed by the Dean of the Institute in presence of assessors. (Annx 23)</p> <p>Following points may be noted:</p> <ul style="list-style-type: none"> • All resident doctors were allotted the hostel as evident from the allotment letters submitted. • They have occupied their allotted rooms on the very day of joining as evident from the possession forms submitted. • They are 24X7 available for the duty and residing in the campus. • It is very evident that the Institute has provided due accommodation where the residents are staying and it is much more than the requirements of the norms laid down by the MCI. <p>Hence looking to the above facts, when the doctors have been verified and accepted with due diligence to evaluate their association with the Institute and again interacted with them during rounds of wards, then to reject them on a basis</p>	
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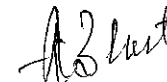
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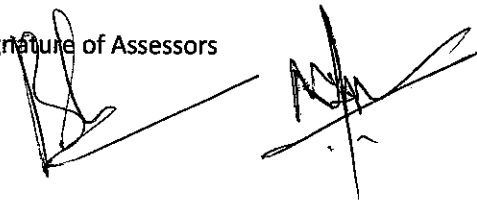
12-4-19.

Signature of Dean/Principal



		<p>of 10 minutes interaction who were on duty when called upon seems to be highly erroneous, motivated and unjust. Even today, we have more than required residents and the list is available on the official website of the University. (Annex 22)</p> <p>Moreover, most of the residents are working in the Institute from last academic session and the facts were assessed and verified during all earlier assessments after which Institute has been permitted consecutively for last 3 years based on merit and fulfilling the norms.</p> <p>Hence, it is submitted that this should be treated as NIL deficiency as no deficiency existed. Hence question of invoking the regulation 8(3)(1)(b) does not arise at all.</p>	
6	Other deficiencies as pointed out in the assessment report	<p>No other deficiencies were pointed out in the assessment report against the stipulated norms of the MCI for renewal of permission of 4th Batch of MBBS (150 seats).</p> <p>No other deficiencies were pointed out in the assessment report against the stipulated norms of the MCI for renewal of permission of 4th Batch of MBBS (150 seats).</p> <p>Certain observations/ remarks of the assessors were there in the assessment</p>	


Signature of Assessors



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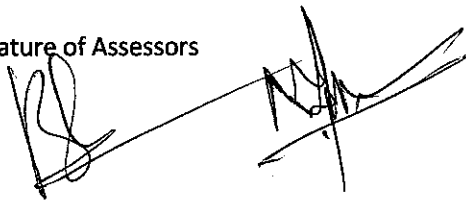
12.4.19

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		<p>report those have been thoroughly addressed in the representation sent within 48 hours of the assessment which clearly shows that the Institute is fully compliant with all the laid down norms for renewal of permission for 4th Batch of MBBS course 150 seats.</p> <p>Even though the clarifications for said extraneous remarks were already considered by honorable Board of Governors after which a compliance letter has been issued to us, we hereby summarize them as following:</p> <p>A. Reference Point 16,17,18,33,34,35& 36, Reg. Hospital Kitchen and Hostel Mess:</p> <p>There are 5 messes and 2 canteens available in the campus as evident from the page no 21 of the assessment report A-II . (Annx 33)</p> <p>The kitchen/ mess contractor maintains their own account as the services are out sourced to an external agency. Copy of the contractor's GST number provided at the time of inspection and subsequent representation is annexed. (Annx 34)</p> <p>In the hospital mess the foods dispensed on demand of attendant as prescribed by dietician. The dietician prescriptions are being maintained in the register. The hospital mess was assessed in afternoon where remaining cabbage was recorded</p>	
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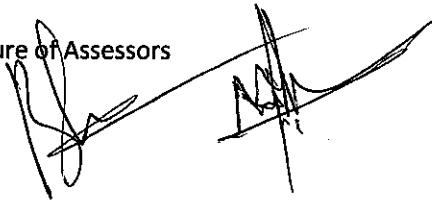
12-4-19

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		<p>by the assessor, which does not hold any deficiency in dietetics and kitchen services. (Annex 35)</p> <p>Similarly Resident doctors, Faculty and staff are free to have their meals from any of these canteen/ messes as per their taste preferences by paying directly to the contractor. As a usual practice, because residents are on 24x7 duty, hence most of the times, they buy food from any of the campus mess/canteen. (Annex 36)</p> <p>Hence, not counting them on the grounds that they are not taking food only from residents mess is seems an arbitrary thought process in view to deny consideration of residents who were actually staying there and taking their meals from place of convenience.</p> <p>Hence,</p> <ul style="list-style-type: none"> • Contract agreements of kitchen/mess/ canteen were duly verified by the assessors showing the validity of existing 5 kitchen/ messes/ canteen in the campus hence amplifying the fact that mess and canteen facilities are fully functional and available for doctors as well as for patients. • More than requisite facilities for meals are provided for patients, faculty, residents and students. 	
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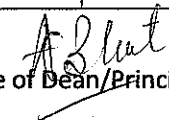
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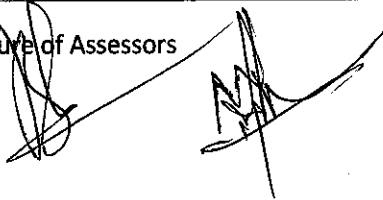
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12-4-19.

Signature of Dean/Principal



		<ul style="list-style-type: none"> • Dietetics services are available and prescriptions are maintained in the register also. • Proper accounts of kitchen/ mess/ canteen are maintained by the contractors and GST paid. <p>Above facts are enough to justify no deficiency in kitchen and hostel mess.</p> <p>B. Reference point no. 14,15,19,20,22,24 & 25, Reg. Belongings of residents in each other's room:</p> <p>Most of the residents usually prepare for post graduation MD/MS/DM/MCh and do collective studies in library and in their allotted residence in the hostel. Hence it is very likely that belongings of residents can be found in each other's room. SR pediatrics and SR Surgery were not counted as Dr Surendra Kumar's documents were found in their rooms. The assessors confiscated the documents and interrogated Dr Surendra Kumar, who is a tutor in Pathology. After due interrogation of Dr Surendra Kumar the assessor has returned his document which itself shows the authenticity of the doctor. Friendly relations among residents and tutors, keeping their belongings in each other's room and staying with their friends should not be a ground for deficiency.</p> <p>Dr Minakshi JR Surgery was not considered as she could not identify the room</p>	
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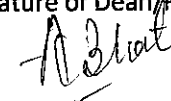
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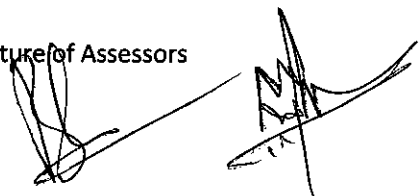
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		<p>number of a male SR, hence alleged as not identifying SR in their department. We cannot expect female resident to know the rooms of her all male colleagues in the hostel which is unethical and CAN NOT be a ground for deficiency.</p> <p>The Institute has provided 24 hrs security guards and housekeeping for cleaning, arranging the rooms. Moreover, there is free of cost centralized laundry facility for the residents in order to facilitate better work output. When assessors visited hostel they found rooms well done up with proper arrangements. Hence their argument about not having drying cloths, uniformly arranged rooms do not hold any ground for deficiency.</p> <p>C. Reference page no. 13, Reg. Privacy of patients being provided in GYNAE ward</p> <p>Few beds were segregated for the purpose of privacy for patients. A separate nursing station was provided for the observation of these beds which was shown to the assessor during verification. The said ward has been inspected many a times without any adverse remark during all previous assessments.</p> <p>Although we were complying with the norms, even then the segregation of beds has been removed as per recommendation of the assessors and a dissent note was</p>	<p>No Partition wall exists (Partition Wall has been removed for better visibility from the nursing station). All beds can be clearly seen from the nursing station.</p>
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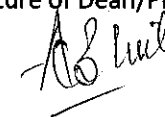
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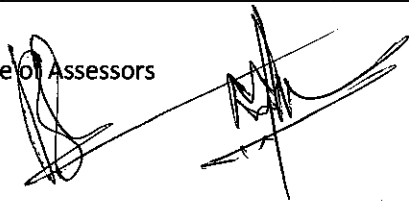
12-4-19

Signature of Dean/Principal



		<p>put on record hence it is not a ground for deficiency. (Annx 37 & 38)</p> <p>D. Reference page no. 23, Reg. Website</p> <p>The Institute maintains the website as per norms. The conformity to the norms was shown to the assessors and a dissent note was put on record then and there. (Annx 39 & 40)</p> <p>F. Reference page no. 24, Point no. 29 & 30 Reg. Teaching Programmes</p> <p>Early clinical exposure is the backbone of Creating a successful doctor (as evident in the new curriculum of MCI also). To promote attendance & to retain students in clinical postings and making them more accountable during Clinical postings, biometric punching machines have been installed in each ward, which is integrated with HIMS system and giving real time feedback to not only Principal & Controller's office but also to the parents of the students.</p> <p>Such technological advancements in teaching do not hold ground for deficiency.</p> <p>Further, teaching timetables of 1st MBBS, 2nd MBBS (3rdSem), 2nd MBBS (5thSem) were provided to the assessors containing didactic lectures, practicals, tutorials and demonstration classes. The division of hours is exactly as per the Graduate medical education regulations prescribed by MCI.</p>	
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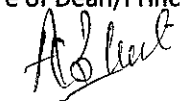
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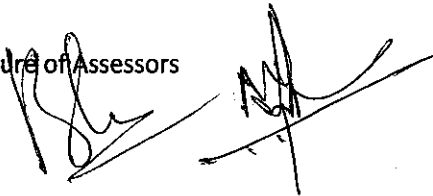
12.4.19.

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		<p>A complete List of all Integrated teaching programmes being taken in the last 3 years, Clinical pathological conferences, Meetings, seminars etc were also provided to the assessors and a dissent note was put on record. Hence there is no deficiency in this regard. (Annx 41& 42)</p> <p>G. Reference point no. 26,27 & 28, Reg. Additional Faculty and Guest Lectures</p> <p>The allegation is that Dr L D Agarwal not a faculty of General Surgery was taking classes. It is submitted that Dr L D Agarwal is a retired senior professor of Pediatric surgery from Govt SMS Medical College Jaipur, is associated with the Institute for last two years. Dr Agarwal being such a senior teacher & having vast teaching experience of more than 25 years was assigned guest lectures during clinical postings of UG students. This is to provide good education to students from experienced senior professor. It is also imperative to declare that his name is not in the faculty list. Hence our objective seems to be pious which cant be treated as deficiency.</p> <p>Further, as evident from page 37 of the A-II, in the dept of General Surgery, there are 5 Asst Professors accepted by the Assessors against the requirement of 3. Extra faculty is kept to strengthen SICU, Casualty services and for specialized opinion to patients. Dr Chouhan and Dr Mewara are posted for this purpose.</p>	
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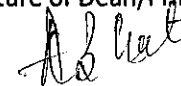
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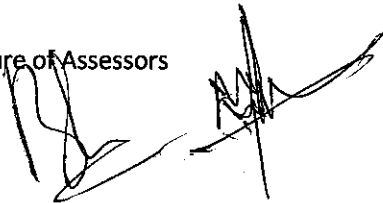
12-6-19.

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		<p>They are appointed as assistant professors in the department of general surgery and declarations furnished by them for which they are qualified as they have done MS (General Surgery) and also fulfils other norms of MCI. In the present era of medical science and awareness of patients, attendants, stipulations of insurance sector, Govt health schemes demanded multidisciplinary approach and expert opinions to evaluate and treat a patient particularly at an institutional level which is a tertiary care teaching hospital. Dr Deepak Mewara is valuable in the department of General Surgery for patient care as well as in the teaching as a part of vertical integration of neuroanatomy and neuropathology, head and spine injuries as per medical council of India regulations on graduate medical education, 1997.</p> <p>This is pertinent to mention and attention of authorities required to the fact that Dr Deepak Mewara was accepted by the same assessor as assistant professor in Dept of General Surgery during assessment of Pacific Institute of medical sciences, Udaipur for academic year 2018-19. (Annex 43)</p> <p>Hence,</p> <ul style="list-style-type: none"> • Guest lecture from senior professor of pediatric surgery were organized with an intention of providing better education. • Extra faculties are being kept for strengthening clinical work and also 	
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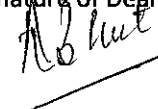
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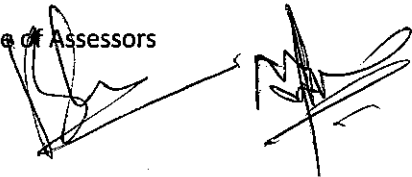
12-4-19.

Signature of Dean/Principal



		<p>with a purpose of vertical integration of teaching.</p> <ul style="list-style-type: none"> • All faculties are doing their assigned tasks in the Department. <p>Above facts portrays the genuineness of faculty, teaching and clinical work in the Institute. Hence it is not a ground for deficiency.</p> <p>H. Reference point no. 31, General Surgery Wards having post operative patients of Burns, Ulcers, Urinary retention, stones etc</p> <p>As most of the patients coming to the hospital are referred under the Govt schemes looking for proper medical care and being tertiary teaching hospital, a variety of clinical material is available for students for learning which also include patients complaining of urinary obstructions, stones, bladder problems, burns, trauma, Uro-abdominal injuries etc. It rather gives a vast exposure to the UG students and is good for achievement of goals of Medical education, so that these students should be able to assess and administer emergency management of burns, retention of urine, abdominal colic, trauma victims, to perform pre op and post op care as medical students, as there are no defined boundaries of knowledge. Refer page no. 53-56 of medical council of India regulations on graduate medical education, 1997.</p> <p>Hence, keeping such patients undergoing surgeries and conservative treatments for General surgical and emergency problems, like burns, urinary retention, renal</p>	<p>Explanation given by the Principal is satisfactory and accepted.</p>
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Signature of Assessors



Date

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12-4-19.

Signature of Dean/Principal



		<p>colic etc should not be a ground for deficiency. Hence the above facts very clearly show that the patients admitted were of General Surgical problems providing due clinical exposure and academic inputs to the students. Hence it cannot be treated as a ground for deficiency.</p> <p>I. Reference point no. 32, Specialist visit at RHTC</p> <p>As evident from the page 32 & 33 of the Assessment Report, specialist visit are being done routinely in RHTC. The record of patients visiting to RHTC is being maintained in a common register as verified by the Assessors. As recommended by the assessors, specialist visits are now maintained in a separate register. Hence duly complying with all norms. (Annx 44, 45 & 46)</p> <p>J. Reference point no. 37, Invasive Ventilator use</p> <p>NICU, PICU are equipped with central oxygen, air, suction, monitoring facilities, non invasive ventilator, invasive ventilator and other advanced equipments including warmers, phototherapy, bubble cpap, syringe pump etc. Hence facilities are being provided but requirement of invasive ventilation is entirely dependent on clinical needs of patient and judgment of treating doctor as</p>	<p>Specialists from Pediatrics and Obstetrics and Gynecology department are posted at RHTC and UHTC and duty roster enclosed.</p> <p>NICU on inspection was having 6 patients and 1(one) was on ventilator and PICU had 1(one) patient.</p>
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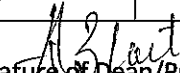
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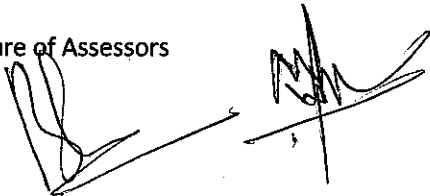


	<p>non invasive ventilation by CPAP is preferred now a days. The Institute has all facilities available for patients as per their clinical needs. Hence available invasive ventilator not used for a particular period in NICU does not hold any ground for deficiency. (Annx 47 & 48)</p> <p>K. Point no. 21,23, 38 & all other remarks are also complied and addressed in serial number 1 to 5.</p>	
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5. Clinical material:

Item	On Day of assessment	Remarks
O.P.D. attendance at 2.PM on first day	1202	
Casualty attendance (24 hrs. data)	71	
No of admissions	42	
No. of discharges	24	
Bed occupancy% at 10.00 AM on first day	87.32	
<u>Operative Work</u>		
No, of major surgical operations	20	
No. of minor surgical operations	32	
No. of normal deliveries	2	
No. of caesarian sections	2	

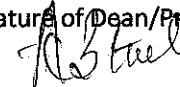
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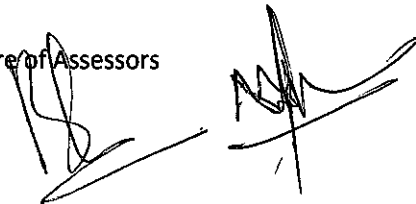
Signature of Dean/Principal



Item	On Day of assessment		Remarks
	O.P. D	I.P.D	
<u>Radiological Investigations</u> (No. of patients)			
X-ray	84	30	
Ultrasonography	20	13	
Barium, IVP etc.	02	03	
C.T. Scan	06	04	

Item	Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations - No. of Patients			
Biochemistry	124	88	
Microbiology	46	13	
Serology	27	22	
Hematology	120	85	
Clinical Pathology	104	26	
Histopathology	09	06	
Cytopathology	11	04	

Signature of Assessors



Date

12-4-19.

Signature of Dean/Principal



6. Medical College-Staff Strength:

Name of College:

Jaipur National University Institute for Medical Sciences and Research Centre, Jagatpura, Jaipur

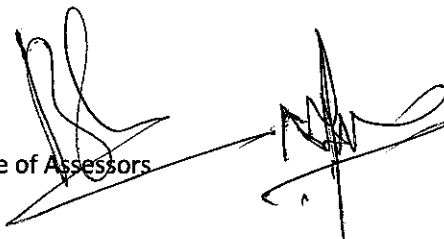
Number of students : 3 Batches (150 each)

PG Courses (Yes/No):1. NIL 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____


11. _____ 12. _____ 13. _____ 14. _____ 15. _____

16. _____ 17. _____ 18. _____ 19. _____ 20. _____


Signature of Assessors

Date

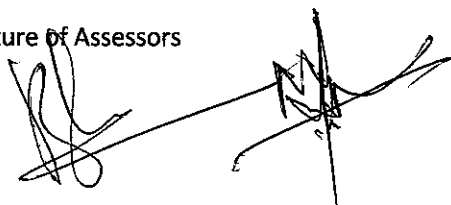
12-4-19.


Signature of Dean/Principal

Calculation Sheet (Date: 12.04.2019)

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor	1			2	NIL
	Assoc. Prof.	1			0	
	Asstt.Prof.	2			2	
	Tutor	3			4	
Physiology	Professor	1			1	NIL
	Assoc. Prof.	1			2	
	Asstt.Prof.	2			2	
	Tutor	3			3	
Biochemistry	Professor	1			1	NIL
	Assoc. Prof.	1			1	
	Asstt.Prof.	2			2	
	Tutor	4			6	
Pharmacology	Professor	1			2	NIL
	Assoc. Prof.	1			1	
	Asstt.Prof.	2			1	
	Tutor	3			4	
Pathology	Professor	1			2	NIL
	Assoc. Prof.	3			3	
	Asstt.Prof.	3			7	
	Tutor	5			4	
Microbiology	Professor	1			1	NIL
	Assoc. Prof.	1			1	
	Asstt.Prof.	2			3	
	Tutor	4			4	

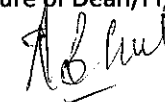
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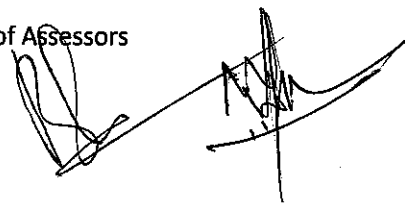
12-4-19.

Signature of Dean/Principal



Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Forensic Medicine	Professor	1			2	NIL
	Assoc. Prof.	1			0	
	Asstt.Prof.	1			1	
	Tutor	1			2	
Community Medicine	Professor	1			4	NIL
	Assoc. Prof.	2			1	
	Asstt.Prof.	3			4	
	Epidemio-Logist-Cum-Asstt.Prof.	1			1	
	Statistician-Cum-Tutor	1			1	
	Tutor	4			3	
General Medicine	Professor	1			3	NIL
	Assoc. Prof.	3			1	
	Asstt.Prof.	4			5	
	Sr. Resident	4			6	
	Jr. Resident	8			11	
Paediatrics	Professor	1			2	NIL
	Assoc. Prof.	1			0	
	Asstt.Prof.	2			3	
	Sr. Resident	2			3	
	Jr. Resident	4			5	
Tuberculosis & Respiratory Diseases	Professor	0			0	NIL
	Assoc. Prof.	0			0	
	Asstt.Prof.	1			2	
	Sr. Resident	1			2	
	Jr. Resident	1			1	

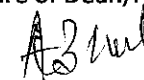
Signature of Assessors



Date

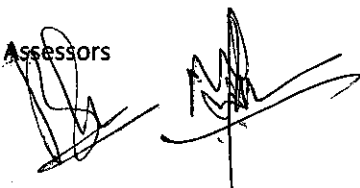
12-4-19

Signature of Dean/Principal



Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Dermatology, Venereology & Leprosy	Professor	0			0	1 FACULTY DEFICIENCY
	Assoc. Prof.	1			0	
	Asstt.Prof.	1			1	
	Sr. Resident	1			2	
	Jr. Resident	1			2	
Psychiatry	Professor	0			0	NIL
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			1	
	Sr. Resident	1			1	
	Jr. Resident	1			2	
General Surgery	Professor	1			3	NIL
	Assoc. Prof.	3			3	
	Asstt.Prof.	4			3	
	Sr. Resident	4			6	
	Jr. Resident	8			11	
Orthopaedics	Professor	1			1	NIL
	Assoc. Prof.	1			1	
	Asstt.Prof.	2			3	
	Sr. Resident	2			3	
	Jr. Resident	4			5	
Oto-Rhino-Laryngology	Professor	0			1	NIL
	Assoc. Prof.	1			0	
	Asstt.Prof.	1			1	
	Sr. Resident	1			2	
	Jr. Resident	1			1	

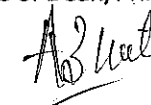
Signature of Assessors



Date

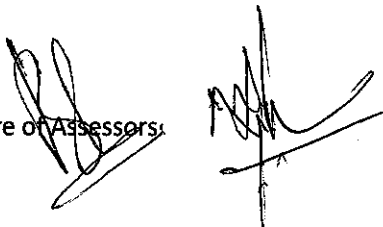
12-4-19.

Signature of Dean/Principal



Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Ophthalmology	Professor	0			0	NIL
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			1	
	Sr. Resident	1			2	
	Jr. Resident	1			2	
Obstetrics & Gynaecology	Professor	1			1	NIL
	Assoc. Prof.	2			2	
	Asstt.Prof.	3			4	
	Sr. Resident	3			4	
	Jr. Resident	6			8	
Anaesthesiology	Professor	1			4	NIL
	Assoc. Prof.	2			0	
	Asstt.Prof.	4			5	
	Sr. Resident	3			5	
	Jr. Resident	4			3	
Radio-Diagnosis	Professor	1			1	NIL
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			2	
	Sr. Resident	3			4	
Dentistry	Professor	1			2	NIL
	Assoc. Prof.	1			0	
	Asstt.Prof.	1			1	
	JR	1			3	

Signature of Assessors:



Date

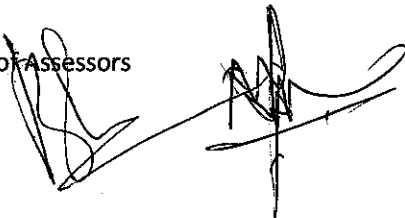
12-9-19.

Signature of Dean/Principal



Notes:
For purpose of working out the deficiency:
(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.
(A) For Teaching Faculty:
(a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted together.
(b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.
(c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.
(d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.
(B) For Resident Doctors:
(a) Excess of SR can be compensated to the deficiency of JR of the same department only.
(b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department.
(c) Any excess of JR cannot compensate the deficiency of SR in same or any other department.
(d) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of SR/JR. e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.
(2) A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/ city and run by the same management.
(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations - 2000.

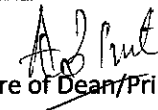
Signature of Assessors



Date

12-4-19.

Signature of Dean/Principal



7. Details of Faculty/Residents not counted/accepted.

(Only faculty/residents who signed attendance sheet before 11:00 am on the first day of assessment should be verified. (In case of Junior Residents/Senior Residents on night duty, 12:00 noon.) No verification of Declaration forms should be done for the faculty/residents coming after 11:00 am of the first day of assessment)

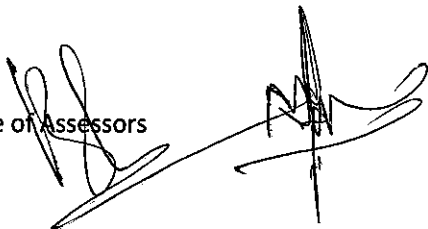
Sr. No	Name	Designation	Department	Remarks/Reasons for Not Considering

8. **1) Deficiency of Teaching Faculty: 00.85% (1 Faculty deficient out of 117 required)**

2) Deficiency of Resident doctors: 00.00% (0 deficient out of 66 required)

9. **Any other deficiency/remarks: NIL**

Signature of Assessors



Date

12-4-19.

Signature of Dean/Principal

