



**KRISHNA INSTITUTE OF MEDICAL SCIENCES  
DEEMED UNIVERSITY, KARAD**

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**KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED  
UNIVERSITY, KARAD**

**Self Study Report  
Cycle - 1  
Volume I**

**Submitted  
to**

**National Assessment and Accreditation Council  
Bengaluru, India**

————— **August 2015** —————



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## PREFACE

It gives me a sense of joy and fulfillment in presenting the self study report of KIMSDU to National Assessment and Accreditation Council (NAAC) for institutional accreditation.

Krishna Charitable Trust, the sponsoring society of Krishna Institute of Medical Sciences was established by Philanthropist, Social reformer and Visionary Late Shri. Jaywantrao Bhosale. He established the Institute with the noble objective of providing quality 'Healthcare education and Healthcare services' to the rural masses either free or at an affordable cost which culminated in the establishment of Krishna Institute of Medical Sciences in 1984.

The institute started with the conduct of the MBBS course and new postgraduate courses were added in various specialties with the approval of the Medical Council of India from time to time.

Considering the rapid developments in health sciences the institution applied to the Government of India for conferment of Deemed University status so as to serve the cause of medical education further.

The Government of India on the recommendation of the UGC declared Krishna Institute of Medical Sciences as Deemed University vide its notification number F.9-15/2001-U.3 of the Ministry of Human Resource Development, Government of India dated 24th May 2005.

Upon the conferment of the Deemed University status in May 2005 the institute started allied faculties in Dentistry, Nursing and Physiotherapy with the approval of the respective statutory council viz. Dental Council of India, Indian Nursing Council and Indian Association of Physiotherapists and Occupational Therapy and Physiotherapy Council of Maharashtra Mumbai.

The university has developed infrastructure and learning resources that not only comply with the requirement of the councils but have been further enhanced by providing the latest equipments and technologies to keep pace with the rapid advancements in health care and health education.

There is an increase in the number of post graduates programs in the medical school and addition of new post graduate studies in all the constituents' colleges of the university. A number of programs in emerging areas in the medical school, superspeciality (Doctoral courses) & Ph.D. in 11 disciplines have been started.

Health sciences education has to respond to the changing needs of the society, the perceptions of its stakeholders, the expectations of its students and the ingenuity of its faculty.

The vision, mission and objectives at Krishna Institute of Medical Sciences Deemed University take into account the necessity of moving away from

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traditional teaching-learning methods to newer curriculum models & themes. Increasing emphasis is therefore on the capacity and competency of our graduates to meet the emerging challenges in health care. The teaching-learning program is periodically updated to reflect all the recent global trends as well as the local, regional and national needs. Free access to all the learning resources with appropriate use of teaching tools and technology, mediated through an experienced faculty is carried out for the effective conduct of the academic activities.

The university is an abode of research; they are the producers /generators of new knowledge. The new knowledge comes from research. At Krishna Institute of Medical Sciences Deemed University research is given the desired fillip with a number of policy decisions that encourage students & faculty to take up research & embody it as a way of life.

The university has created Directorate of Research, appointed full time Research officers and started 3 laboratories 'Molecular & Genetics, Virology and Lead Referral Laboratory' entirely dedicated to research. There has been a significant increase in the research output, a number of patents have been filled, books published and copyrights gained. The research initiatives promoted by policies of providing incentives and recognition have, resulted in developing a research culture.

Extension activities have been our strength. Krishna Institute of Medical Sciences Deemed University owes its origin to the very thought of providing health care to the poor and needy rural areas. The extension activities have been increased in their dimension & scope to involve more villages and local organizations for providing health care, creating awareness, taking up community research projects and in the true sense building partnerships for national contribution.

The Medical College is recognized by the MMC and the medical councils of Sri Lanka & Mauritius for its MBBS program.

The university continues in its efforts to seek, to share, to impart and to generate new knowledge and work towards the objectives of providing quality health care and education with access to inclusion and equity.

Date: 17/08/2015

Place : Karad



*A. V. Nadkarni*  
Dr. A. V. Nadkarni  
Vice-Chancellor  
KIMSDU, Karad

## EXECUTIVE SUMMARY

The university has a **57 acres** eco friendly campus with walkways, gardens and lawns. The campus is self content with its own water supply, sewage treatment and support facilities which include the power house, laundry, bank, ATM facility, provision stores, cafeteria etc. Security and safety is provided to all inmates **24 X 7**.

The teaching hospital has **1125** beds with specialties of critical care, cardiac surgery, neuro surgery, urosurgery, plastic surgery and facility for organ transplant. The departments of radio-diagnosis, radiotherapy are provided with state of art equipment. There are **14 ultra modern operation theatres**, blood bank, pharmacy and laboratory services of the highest standards. During the last 4 years there has been a steady addition to the infrastructure requirements.

The dental hospital has **247 chairs** and all modern facilities for implants with the establishment of specialized ceramic laboratory. The department of Oral & Maxillofacial surgery also offer specialized services and they work in tandem with the department of surgery particularly in cases of Trauma Cleft Lip and Cancer.

Nursing and Physiotherapy service have been standardized with defined quality parameters.

The university has been conferred with **ISO 9001 : 2008** certification. The blood bank is accredited by the National Accreditation Board for Hospital and Health care providers (NABH), the Neonatal ICU accredited by the National Neonatology Forum (India), the teaching hospital laboratory 'KIMS Diagnostics' by the '**National Accreditation Board for Testing and Calibration Laboratories (NABL)**'. A number of community research projects have been initiated with NRHM, MSACS, NARI & ICMR.

The university is headed by renowned policy maker and administrator **Dr. Vedprakash Mishra**. His contribution to the Medical education and healthcare is well known having represented various Government bodies and universities. He is the Chairman of the Academic council of the Medical Council of India and is the Principal Advisor to the President Medical Council of India. Vice chancellor **Dr. A. V. Nadkarni** is one of the senior most professors of Anesthesia in the state of Maharashtra and is a well known teacher, academician, researcher and a keen administrator.

The Registrar **Dr. M. V. Ghorpade** is a microbiologist and senior professor and has many international publications to his credit with notable administrative expertise.

**CRITERION – CURRICULAR ASPECTS:**

- The main goal of the medical education is to improve the health of all human beings. The World Federation of Medical Education (WFME) undertakes to promote the highest scientific and ethical standards in Medical Education initiating new teaching - learning methods, new instructional tools and innovations in medical education.
- The university has adopted a well-defined structured procedure for planning, designing and update of the curriculum along with adoption of Global standards in basic medical education reflecting the views of World Federation of Medical Education (WFME) and Liaison Committee on Medical Education (LCME).
- The **Vision, Mission, Goals and Objectives** of the university are guiding principles in the formulation of our '**Perspective plan**' and '**Vision document**' for the next five years.
- **The university conducts 5 Under Graduate, 40 Post Graduate Degree, 6 Post Graduate Diploma, 2 Super Specialties and Ph D's in 11 disciplines along with 3 Certificate courses and 11 Fellowship programs.**
- The Deemed University has the advantage of taking on board all the relevant stakeholders in designing curriculum, syllabi and courses. The university has added themes relevant to the '**Emerging areas**', made the syllabus integrated and competency based, learner and community centric blended with '**early clinical exposure**'. Training in research methodology and scientific use of library information resources along with modules on ethics and soft skills is also a part of the curriculum, so that it helps to inculcate the right values and attitude for an all-round development of the learners.

Feedback from all the relevant stakeholders is considered while developing and designing the curriculum which is periodically revised and updated. It then goes through the **Department Curriculum Committee, College Curriculum Committee, Board of Studies, Standing Committee of Dean of Faculty, Academic Council**, and then to the **Board of Management** before implementation.

- **Evaluation** as a modality has been established in the university for the various set out processes.

**TEACHING LEARNING – EVALUATION :**

Higher Education is propelled by enormous '**information explosion**' attained by a combination by research initiatives all over the world and newer collective evidence pouring from all quarters combined with the application of need-based science effectively. The frontiers of education therefore keep changing all the time. **The university has taken into account all the new information, technologies, Global trends and national needs in devising teaching-learning process in a cogent and credible manner.**

- Teachers are the most vital teaching learning and knowledge resource. The university has teachers with excellent pedagogical and clinical skills. Many faculty members have worked as **‘moderators’** and **‘chairman’** at various reputed conferences. Some hold responsible positions in **‘professional bodies’** and are members of the various **‘authorities and bodies’** of the other universities.
- The university has appointed reputed **‘Adjunct’** and National and International **‘Visiting faculty’**. The university has Medical Education Technology cell to train and orient teachers. **It is necessary for every new teacher to complete the basic course in Medical Education Technology to qualify for confirmation, placement and promotion.**
- An objective appraisal of all the teaching faculty is conducted yearly and performances are measured against a number of set out parameters that include **‘publications, awards, innovation, and learners feedback’**.
- Refresher orientation courses and deputation to **‘Centers of excellence’** to gain experience and expertise are periodically carried out.
- Two training laboratories viz. skills development with latest techniques and the **‘Simulation lab’** with mannequins have been developed and the **‘Advanced skills lab’** are fully functional.
- The Assessment system conforms to the standards set by the regulatory councils with a valid and reliable mix of **‘Objective and Subjective’** tests and a combination of **‘Formative and Summative’** components.

### **INFRASTRUCTURE and LEARNING RESOURCES:**

The university has a **57 acres** campus developed in conformity with the **‘Master plan’** that envisions and envisages future needs and requirements. The university provides all the civil requirements which include water supply, efficient effluent treatment with recycling of water, hospital solid waste disposal and conversion of other solid waste including leftover food into manure. The campus has all the other amenities that include laundry, power house, cafeteria, provision store, sports facility and auditorium. **The large open green spaces and 2096 trees** provide for the most nature friendly environment.

- The university has two **‘teaching hospitals’** one each for Medical and Dental faculty. The Medical teaching hospital has **1125 beds** with **daily average OPD of 2000** with **occupancy of over 85%**. It has **14 operation theatres** with facilities for **‘Renal transplant’, ‘Cath lab’, ‘Plastic surgery’, ‘Neuro surgery’, ‘CVTS’, ‘Urology’ and ‘Cobalt therapy’**. The hospital has a **total area of 25576 sq.m.** The hospital has free - bed facility for BPL patients (Weaker section and Indigent bed section) and is recognized by the Government of Maharashtra as an **“A” grade hospital** for its flagship Rajeev Gandhi Jeevandayee Aarogya Yojana and other schemes like ECHS, Ex-serviceman concession scheme. The Dental teaching hospital has **247 chairs** and caters about **300 patients** every day. The teaching hospitals are

equipped with all the '**Secondary and Tertiary care facilities**' to provide quality care at an affordable cost.

- The allied faculties are designed in accordance with the specific requirement of '**teaching learning, health care and research**'. Besides providing for all the necessary academic, services and research facilities they have their own libraries.
- All buildings are provided with appropriate fire safety measures and security.
- **12 hostels** are provided with all the basic amenities which include adequate wash rooms, rectors residence, common room, reading room, visitors room and dining facility.
- **A new hostel of international standards with air-conditioning and attached toilets is in place.**
- **40 new apartments** for staff are in place.
- In the last 5 years an expenditure of **Rs.31,64,95,489** has been incurred on infrastructure development and **Rs. 21,75,01,489** for procuring new equipments.
- The university has **Central library** and **4 institutional libraries** besides **38 Departmental libraries** with a cumulative space of **41590.80 sq.m., 31176 books, 247 journals, 17 E-journals.**
- The university provides support services through its civil and maintenance department with its own **full time civil engineer** and the power house has generator capacity to take on the entire campus.
- The effluent treatment and waste water monitoring is carried out by a **full time qualified environmental officer** and security services is headed by an Ex Defense officer.
- The campus has **Wi-Fi facility** delivered through a **1 Gbps** lease line and **all lecture theatres and hostels are E enabled.** The university is a member of multi digital library and avails **DELNET, INFLIBNET** facility and **NKN** for use of **ICT (NMC ICT)** in a meaningful optimal manner.

#### **RESEARCH, CONSULTANCY and EXTENSION:**

**The university is an abode of research.** Students who come to seek knowledge in health sciences have to be aware that they are entering a program which premeditates their involvement in research. Faculty in health sciences besides being '**clinicians and service providers**' are also '**teachers and researchers**'. Their contribution has to be all pervasive with universal reach. The teacher has to undergo '**Refresher orientation courses**' to update his **knowledge, attitude and skills** and contribute to its expansion by his/her involvement in research. University has taken a number of steps to strengthen and promote research initiatives by all concerned

Major Research facilities developed at the university include-

1. **Establishment of Directorate of Research** which has a **full time Director, a Deputy Director** and two **Research Associates**.
2. **Financial Support for Research** – The university has a committed outlay of well over **Rs 2.5 crores** for research every year under '**Intra mural head**'.
3. **Sanction of Research Grants** is decentralized with the Directorate of Research taking a final call on allotments and disbursements.
4. **Committees: 'Protocol committee' and 'Ethics committee'** have been formulated as per ICMR guidelines and registered under DCGI.
5. **Seed Money**: The university provides committed seed money for researchers to undertake desired research projects.
6. **Sponsorship**: The university Research Directorate sponsors National /International Seminars, Workshops and Training Programmes in collaboration with other Institutes / universities organized in the Institute.
7. **Incentives**: A number of incentives have been introduced for researchers which include '**cash rewards**' for paper published, consideration of research contribution in promotions, grants and scholarship for training / workshop / for attending national/international conferences.
8. **Three Research Laboratories with assigned specialties have been established-**
  - a. **Molecular Genetics Laboratory** : It is equipped with state of art equipments and it has five molecular biologists working as research officers. There are 8 ongoing research projects while the two completed projects have resulted in 2 publications in leading indexed journals as of now.
  - b. **Lead referral Laboratory**: **This is the first Lead Referral Laboratory in the state of Maharashtra of its type.** It was set up in collaboration with the National Referral Centre for lead poisoning in India. **The lead referral laboratory was awarded the best performance award for the year 2013 by the National Referral Centre for Lead Poisoning in India from among 36 laboratories all over India.**  
There are 3 ongoing research projects and 3 projects that have been completed resulting in 3 publications in leading indexed journals as of now.
  - c. **Virology Laboratory**: The Virology Laboratory carries out tests for detection and new diagnosis of various viral diseases including HIV, HBV, HCV, Torch Panel (toxoplasmosis, rubella, cytomegalovirus and herpes) Dengue, HPV, and other tests depending on viral outbreak. There are 4 ongoing research projects 5 have been completed resulting in 1 paper being published, 1 accepted for publication and 3 are communicated in leading indexed journals as of now.
9. **Certificate Courses**: Learners and teaching staff are encouraged to take up '**Research methodology certificate course**'.
10. **Research Journal** : The Research Journal of University is published from **January 2012 bearing ISSN number 2231 – 4261**. The Journal provides an International, Trans and Interdisciplinary forum for dissemination of peer review articles, original articles, case reports and

short communications. It is indexed in 20 indexing services which includes Scopus, Index Copernicus, DOAJ, COPE, WHO, WORLD – CAT, World –Wide Science, CAS, ICMJE, Genamic Journal seek and is included in more than 93 directories. 87 eminent scientists of national and international repute are Editorial Board Members.

11. **Books, Monographs and chapters contributed by the faculties:** 37 books have been authored, 6 chapters contributed by the faculty and 41 monographs have been published by the various leading publishers. Many of the books have international publishers while the book on Maxillofacial Surgery by Dr. Neelima Malik is recognized as a standard textbook for postgraduates all over Asia.
12. **Patents:** The university encourages innovation and financially supports all meaningful projects which have resulted in 22 patents have been filed of which 5 patent designs have been certified and 1 copyright has been gained.
13. **External Research Grants Received:**  
The university could attract various external research grants from many reputed research funding agencies like, MSACS, AVERT, NRHM, NARI, ICMR for conduct of research projects.
14. **Research Publication**  
The Deemed University has taken several initiatives and efforts for augmenting the quality and number of research publications. This encouragement has crystallized, and there is a remarkable increase in the number and quality which is evident from the number of publications in international indexed journals.
15. **Organization of Conferences/Workshops/CMEs :**  
The university has organized many national and international Conferences/Workshops/CMEs. To name a few, **International Conference on Molecular Diagnosis** with faculty from University of Massachusetts, Boston, **International CME on Surgical Pathology** with faculty from Harvard Medical School, Boston, **Multifocal conference** with faculty from Uniformed Services University of Health Sciences (USUHS), Washington DC, **Pharmacovigilance, Recent advances in laboratory medicine** jointly organized with Moving Academy by Padmashree Dr. M. G. Deo, Pune.
16. **Interdisciplinary Research projects:**  
The university has undertaken interdisciplinary research projects with a number of institutes like. **COEP (College of Engineering, Pune)** an autonomous institution (2), **DIAT (Defense Institute of Advance Technology)** (2), **RIT (Rajarambapu Institute of Technology, Sakharale)** (2).
17. **Interpathy Research Projects:**  
Research integration mandates collaboration between different disciplines and pathys in health sciences. 5 meaningful research projects are ongoing in the said domain.
18. **Collaboration with other Institutes:**
  1. **Indian Council Medical Research (ICMR)**
  2. **NARRIM Project**
  3. **National Institute of epidemiology (NIE, Chennai)**
  4. **National Institute of Virology Pune**
  5. **Moving Academy for Medicine and Biomedicine Pune.**

6. Department of Health Sciences, University of Pune.
7. Indian society for Lead awareness and Research, Bangaluru.
8. AVERT
9. College of Engineering Pune (COEP Autonomous Institute)
10. Maharashtra State AIDS Control Society.

#### EXTENSION:

Krishna institute has an impeccable track record of societal commitment. As a part of the same during the last five years pioneering works in HIV AIDS has been accomplished. Of the many, **work place intervention concerning migrant sugar factory workers is speaking example of a successful project in terms of objectives which was funded by USAID.**

- **IEC** (Information, Education, and Counseling), **PPTCT** (Prevention of Parent to child transmission) of HIV, **VCTC** (Voluntary counseling and testing), **ART** (free access to Anti-retroviral) and **child ART** are some of the programs conducted.
- Other community extension activities include **Diagnostic camps (504), Blood Donation camps (110), Dental check up camps (653), Cancer awareness and early detection (8), Malnutrition child development programmes(14)** and most of the national health programmes like RNTCP, NPCB, MCH, Immunization and pulse polio. **The institute has also established a breast support group for breast cancer patients.**
- University has established a primary health center at Kasegaon and an urban health centre in Karad city for the benefit of people in the rural areas and those residing in urban slums. **Telemedicine facility is provided for the rural health centre.** The university has adopted **18 villages** for providing health care support and has issued free health cards for **1000 families.**
- Number of MOUs are signed with national and international organizations for information sharing, learner and faculty exchange and research collaboration with community service.
- Required consultancy is provided by a number of Departments of the institute out of their expertise which has contributed significantly to the augmentation of the expertise and also revenue of the university.

#### **STUDENT SUPPORT and PROGRESSION**

##### **STUDENT ENROLLMENT IN 2014-2015**

	Male	Female	Maharashtra State	Other states
<b>Medical College</b>	449	401	417	433
<b>Dental College</b>	121	334	351	99
<b>Nursing College</b>	86	325	244	167
<b>Physiotherapy College</b>	48	152	187	13
<b>Allied Sciences</b>	04	23	27	--

The university has been able to attract international students from **Malaysia, USA, Canada, Oman, Sri Lanka, UAE, and Saudi Arabia**. There are **72 foreign students** presently studying MBBS course.

- **Students charter** of the university defines students '**rights and responsibilities**' and also the '**institutional responsibility**' towards students.
- **Students manual** provides information of the '**calendar of events, dress code, attendance, examination, awards, rules-regulations and time table**'.
- **Anti – Ragging** measures are strictly implemented according to UGC guidelines ending up in **zero tolerance** towards the same.
- **Student Support**: Special attention is provided to the '**slow learners**' to update their learning skills by invoking '**capsulated teaching approach**' and are guided in managing their psychological issues through medical psychological laboratory (**Students guidance clinic**), where they are encouraged to discuss their academic as well as other problems which hinder the process of learning. Need based psychological support and counseling is invariably offered free of cost to them.

The '**rapid learners**' are motivated and guided to read "**beyond syllabus**" and their presentations on different themes are arranged and are suitably rewarded. They are also encouraged to prepare '**seminars for students by the students**' and participate in '**quizzes**'.

#### **Co-curricular Activities**

The university organizes Annual sports and cultural activities in conformity with the notified '**Annual calendar**' of the sports and co-curricular activities. The learners are encouraged to take part in Inter-collegiate tournaments. The '**Annual social gathering**' of the respective constituent units provide the learners a pivotal platform catering to the cause of personality development in an overall manner.

The student's college '**Annual magazine**' is published every year which serves as a forum for presenting their literary and creative talents. Similarly students are encouraged to take part in Debates, Elocutions, Extempore, Quizzes and other competitive co-curricular activities. **These augment their decision making, creative thinking, problem solving abilities including inculcating a humanitarian attitude in discharge and dispensation of their duties.**

**Interdisciplinary approach** in community health care delivery helps the students from all branches of health sciences working together resulting in promotion of the concept of "**health care team**".

Students are encouraged to take up short term ICMR projects and the university provides STS during internship for community research.

#### **Students Welfare**

The university caters to the various welfare activities:

- There are **34 non statutory committees** in which students are significantly represented.
- **Student counseling centre**
- **Grievance Redressal mechanism**
- **Students feedback systems**
- **Free health services provided to all students**

- **Parent Teacher Association**
- **International Student cell**

#### **Scholarships and financial aid**

Scholarships and financial aid is offered to deserving and economically weak students in conformity with the prescribed policy of the university to the cumulative magnitude of **Rs.4.8 crores** during **2010-11 to 2014-2015**.

#### **Students Participation / Appointment of students Vice-Dean**

Students are encouraged to participate in academic planning by representation on various academic bodies and the chairman of students representative council is notionally designated as the **vice – dean (students affairs)** with ex-officio membership of the ‘College council’.

Students are encouraged to take part in self defense training and **Swachh Bharat Abhiyan**.

The state Government has approved the starting of **NSS unit** in the university. The **Indian Red Cross Society, Maharashtra State Branch, KIMSDU Unit** has been set up in the university.

### **ASPECTS OF GOVERNANCE**

- I. In the organizational set up the **Vice Chancellor of the university is the Principal Academic and administrative officer of the university**. He controls all the academic and administrative affairs of the university. The ‘**Authorities**’ of the university are strictly constituted as per the **MOA and the enabling Bye laws thereto**.
- II. The conduct of the meetings, the appointment term, powers and disqualification of membership is governed by the prescribed ‘**bye-laws**’ as set out in the MOA.
- III. **The Vice-chancellor is the ex-officio chairman of all the constitutional authorities viz Board of Management, Academic Council, Finance Committee, Planning and monitory Board etc.**
- IV. The following ‘**Authorities**’ are constituted as per MOA and UGC regulations 2010.
  1. **Board of Management**
  2. **Academic Council**
  3. **Finance Committee**
  4. **Planning and monitory Board**
  5. **Staff Selection committee.**
  6. **Boards of studies.**
- V. **The Board of Management is the Principal authority of the university in accordance with the MOA.**
- VI. **The Academic council is the principal academic authority of the university.**
- VII. **The Board of studies are subject/speciality based.**
- VIII. **The Selection Committee for appointment of Directors, Deans and teachers is constituted according to the UGC rules.**
- IX. **All ‘authorities’ are formed according to the UGC rules.**
- X. The meetings of all the ‘**Authorities**’ are conducted in with conformity and strictly adhering to UGC rules and enabling bye-laws.

- XIII. The university strictly adheres to the –
1. **Rules, Regulations and guidelines of the UGC and all other statutory regulating councils viz Medical Council of India, Dental Council of India, Indian Nursing Council, Indian Association of Physiotherapists notified from time to time.**
  2. **The university has adopted the revised MOA of the UGC for Deemed Universities as per UGC (Institutions Deemed to be University) Regulations 2010.**
  3. **Governance structure of the Deemed University is as per Clause 7 of the revised MOA.**
  4. **The university maintains higher standards than minimum prescribed by the statutory councils. ‘The physical Infrastructure and qualification of teachers are as prescribed by the UGC and the respective Statutory Council’.**
  5. **The pay scales of all the university employees are as per recommendation of the 6<sup>th</sup> pay commission as applicable to the university in terms of the decision to the required by the competent authority of the university.**
  6. **All courses run by the university are recognized / permitted by relevant statutory councils.**
  7. **The teaching and non-teaching staff and their dependents are provided free medical treatment and 50% free concession for their wards in all courses of the university.**
  8. **The university follows the ‘admission procedure’ as depicted in clause 8 of the revised MoA.**
  9. **The fee fixation is carried out as set out in Supreme Court Judgments through a duly constituted ‘Fee fixation committee’, which is headed by a retired judge of the Hon’ble High Court.**
  10. **The university has adopted the revised rules and regulations for award and admission to Ph.D. programs.**
  11. **Admissions to all the Professional courses and Doctoral degree programs are according to the inter-se merit procured by the examinees in the All India Entrance Tests conducted by the university.**
  12. **All Anti – Ragging measures have been implemented as per UGC guidelines from time to time including the Raghavan Committee recommendations.**

## INNOVATIONS

### I. Teaching Learning methods

**A new interactive web portal : SAAKI (Students Academic Administration of Krishna Institute)** is an electronic program designed for academic administration of students. All students, parents, alumni and teachers are registered on this platform. Its primary function is ‘e-maintenance of students’ records like **attendance, performance, time-table, notices and circulars**. It also serves as supportive aid for teaching-learning in the form of **assignments, conduct tests and modular teaching**. It is a fastest means of correspondence between teachers, students, parents, alumni and the administrative wing. Dean, Heads of Departments, teachers, students – everybody has their specific role to perform, compilation of which

brings clarity, precision and speed in administration of students. **It has substantially tided over human errors.** Being internet based it is accessible from anywhere in the world. It contains interesting features like **e-notice board, sms service, email service, space to maintain learning resources and many more.**

**E-learning:** The entire medical curriculum is structured into **E lectures with animations. SmarTeach® UGMed E-learning** program which is a digital version of the MBBS classroom in which students can see and hear virtual lectures delivered by the medical teachers selected from all over the country.

In contrast to the traditional classroom lectures, SmarTeach® lectures have large amount of PPT presentations and multimedia components **to enhance the meaning, understanding and grasp of the subject.** Included in these lecture enhancements are hundreds of relevant texts, color stills with labels, 2D and 3D animations, audio and video clips that facilitate teaching- learning process in a desired and credible manner.

The program have been designed as per the curriculum prescribed by the relevant statutory Apical Councils. **All availed examples for teaching learning process are relevant to the Indian healthcare context.**

**E- Governance:** Circulars and notices issued through e-mail has reduced the **'paper load'** as a part of attaining the set and planned target of **"paperless governance"**.

## II. Eco friendly – Student friendly campus

### **Student friendly campus:**

1. The university has a student friendly campus. In medicine a teacher is a required to fulfill the role of **clinician, instructor, mentor and researcher.** The student has his role defined in the four walls of learning, assessment, research and conduct. As such, it is the society of knowledge seekers and providers.
2. The university has its own system of governance to address **grievances, disputes and to enforce discipline.**
3. The society has to live in harmony, so as to be complimentary to each other, share and benefit from each other's experience, talent, new thoughts, ideas and innovations. It can indeed be the most idealistic community model. The university offers such an environment.

### **Eco friendly campus:**

The university has conducted a **'Green audit'** of the campus. Open green area and trees cover **65%** of the campus. **The campus has 2096 trees.** The sewage water is treated with the most modern STP facility and the recycled water is used for gardening. The hospital solid waste disposal (incinerator) strictly adheres to the MPCB norms. Leftover food and other solid waste is recycled to produce manure. This highly rich manure is in turn used for the gardens. Solar panels have been installed in hostels for providing hot-water.

### III. Body and organ donation

Education and awareness in the neighboring communities has resulted in **1103 people pledging their bodies to the department of Anatomy. Similarly 48 people have pledged to donate their eyes after death.** 10-15 bodies are donated to the dept. of Anatomy every year.

### IV. Community Health Projects

The institute has undertaken a surveillance project for non-communicable diseases (NCD) in the neighboring villages. **This action plan aims to build on WHO framework convention on Tobacco control and WHO Global Strategy on Diet, physical activity and health, towards attaining the “millennium goals”** The ‘road-map’ provides a ‘time bound’ ‘action plan’ to establish and strengthen initiatives for the surveillance, prevention and management of NCD’s.

Another project **SATHI Aarogya Mitra (S- sanitation, A-awareness, T-training of volunteers, HI- health improvement)** aims to identify local health needs, to establish linkages with Government and non – Government agencies, to address important health issues like communicable and non-communicable diseases and to emphasize social issues affecting health like **Addiction, female feticide, gender sensitization, inviting local community participation and to provide micro-financing for income generating activities for accomplishing “positive health” for the all concerned.**

**SEVAK** project is a statewide intervention of chronic disease prevention and management. It is an ‘evidence-based’ project to improve sanitation and health education in rural communities through improved awareness and knowledge of chronic disease prevention and management. It uses the **US Navy’s Independent Duty Corpsman (IDC) model** for training and work on a smaller scale. **Sevaks** also receive training in **sanitation, environment, water purification, infectious diseases and how to build toilets and smokeless stoves.** The institution has promoted **two sevaks’** who were trained by doctors from American Heart Association to Save Children’s Lives (SCL). They have given strips, stylets, glucometer, BP machine, weighing scale and a laptop to collect the data. They are successfully working in the slum communities identified by the Institute.

### V. Moral and Spiritual Re-armament:

The university has a ‘module’ on **moral reasoning, ethics, values** and motivates the students to take part in **Shram-daan, Swachha Bharat Abiyan, Siddha Samadhi Yog (SSY)** and celebrates various health days creating awareness about community issues.

Spiritual discourses, lectures and music programmes are arranged to de-stress and create a congenial atmosphere.

**VI. Research Consultancy Extension**

Various initiatives have been successfully undertaken by the university with desired out comes

**Research:**

- a. Well defined IPR policy.
- b. SOP for Copyright and Patent
- c. Creation of an Innovation Room
- d. Diligent emphasis on Interdisciplinary and Trans-disciplinary research.
- e. Capsulated course on Translational research.
- f. Establishment of Research Guidance Clinic
- g. Conferred doctoral Degree thesis adopted as 'University publications'.

**➤ Consultancy:**

**'Integrated Consultative Group'** as against **'Stand alone consultation'**

**➤ Extension:**

1. Notification of **Annual schedule** of extension activities and total adherence there to.
2. Utilization of **'Demographic Research'** findings for enrichment of **extension pursuits**.

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## SWOC ANALYSIS

### Strengths

- The university was conferred with the deemed university status in the year 2005. The institution continues to contribute to national development by providing health care and addressing the needs for a knowledgeable and skilled human resource.
  - The university is an **ISO 9001:2008** certified university.
  - The university has a spacious eco-friendly green campus with well laid out roads, pavements, street lights, CCTV surveillance cameras, adequate space for vehicle parking and open green spaces. It is self content with its own water supply, sewage treatment, waste disposal and organic waste processing plant. The university has provided all the required support services which include civil engineering, power supply, laundry, Bank, ATM, provision stores, cafeteria etc.
  - The university has a Wi-Fi campus and a robust IT infrastructure for conducting, assisting & promoting teaching-learning. The library provides connectivity to many e-resources (**2467 e-books**) and e-journal besides having an excellent collection of books and subscribing to **247 journals** out of which 109 are foreign journals. The university has introduced a number of E-learning systems with animations and interactive facility for administration, delivery & utilization in the teaching-learning process.
  - **22 patents** have been filled, **37 books** published and **1 copy right** gained.
  - The teaching hospital with **1125 beds** offers primary, secondary and tertiary care with specialized services in cardiac surgery, neuro surgery, oncology, plastic surgery, uro surgery, organ transplant and joint replacement. The hospital has a high OPD attendance with an average bed occupancy of 80%.
  - The university has been able to start PG studies in a number of branches approved by Medical, Dental, Nursing councils and the Indian Association of Physiotherapy. Doctoral programs (Mch neurosurgery, Mch plastic & reconstructive surgery) and PhD. Programs have also been initiated.  
**The blood bank is accredited by National Accreditation Board for Hospital & Health Care Providers (NABH).**  
**The NICU is a accredited by National Neonatology Forum (INDIA)**
- 
-

KIMS Diagnostics (laboratory) is accredited by **National Accreditation Board for Testing Calibration Laboratories (NABL)**.

- The university has a well established MET cell for training of all faculty members and it is mandatory for all faculties to undergo research methodology training.
- A number of staff development programs for improving Pedagogy techniques and special skills for mentoring, listening and feedback have been introduced with a staff compliance of 100%.  
Staff welfare schemes, incentives, recognition and CAS has resulted in high stability index with an attrition rate of 5.5 for the faculty and only 3.6% for senior faculty.
- The comprehensive academic calendar published before the start of the academic year and its strict adherence reflects successful administration and management strategies.
- The university has established a Directorate of Research with full time faculty and trained technicians. Three research laboratories with state of art equipment are commissioned.
  - Molecular & Genetics Laboratory
  - Lead referral laboratory
  - Virology laboratory

The lead referral laboratory received the Best Performance Award instituted by **National Referral Centre for Lead Poisoning in India (NRCLPI)** in 2013.

- The university has collaborative research projects with centers of excellence & repute like NARI, NHRM & MSACS.  
The research journal of KIMSDU in a short span of 3 years has received due recognition by incorporation in 20 indexing services which include SCOPUS, INDEX COPERNICUS, DOAJ, COPE, WHO, WORLD CAT, World Wide Science, CAS, ICMJ and in more than 93 directories. 87 eminent scientists of national & international repute are editorial board members.  
The research journal of KIMSDU (JKIMSU) has an IC value of 64.46 amongst Indian journals by index Copernicus.  
The deemed university has attracted external research grants from many reputed research funding agencies like MSACS, AVERT, NRHM, NARI & ICMR for conduct of research projects. There has been a significant increase in the no. of publications in indexed journal, papers and posters in national/international conferences.
- Extension activities have always received special attention & priority. The number of community extension programs have resulted in improved health awareness and generated new information for developing effective health care delivery systems.

- Recognition by Malaysian Medical Council has served to attract many foreign students from Malaysia and also by word of mouth publicity for students from UAE, Oman, Saudi Arabia, US, Canada and New Zealand.
- Best practices:  
The best practices adopted by the university besides the village adoption scheme including mentoring, gender sensitization, prevention of ragging, No tobacco and non-smoking zones, plastic free zones, promotion of sports & cultural activities, yoga & meditation, self defense training for women and eco friendly campus has created a conducive atmosphere for learners.

### **Weaknesses**

- Reduced mobility and flexibility in Health Science courses on account of restrictions imposed by the Apex councils.

### **Opportunity**

- The creation of an excellent research infrastructure and the new incentive schemes coupled with mandatory requirements for PG's to publish papers has resulted in opportunities to increase the research quality & output.
- To start new programmes in emerging areas and develop collaborations with national & international institutes of excellence and repute for sharing academic strengths and undertaking joint research projects and initiatives.
- To involve more health insurance providers for specialized health care in order to provide access to the rural masses.
- To attract patients from other countries in view of the opportunities available for medical tourism

### **Challenges**

- The rising cost of health care and health education.
- 
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<b>Section B</b>					
<b>PREPARATION OF SELF-STUDY REPORT</b>					
<b>Profile of Health Science Institutions</b>					
<b>(To provide information whichever is relevant to the HSI)</b>					
<b>1. Name and Address of the Institution:</b>					
Name:	Krishna Institute of Medical Sciences Deemed University, Karad.				
Address:	Near Dhebewadi Road, Malkapur, Karad.				
City: Karad	Pin: 415539	State: Maharashtra			
Website: <a href="http://www.kimsuniversity.in">www.kimsuniversity.in</a>					
<b>2. For communication:</b>					
Designation	Name	Telephone with STD code	Mobile	Fax	Email
Vice Chancellor	Dr. A. V. Nadkarni	O: 02164 – 243272, 241555-58 , R: 02164 – 242738	09822 2 55726	02164 - 24327 2	<a href="mailto:contact@kimsuniversity.in">contact@kimsuniversity.in</a> <a href="mailto:thevc@kimsuniversity.in">thevc@kimsuniversity.in</a>
Pro Vice Chancellor (s)	NA	O: R:			
Registrar	Dr. M. V. Ghorpade	O: 02164 – 243273, 241555-58 R: 02164 – 271768	094224 02128	02164 - 24327 3	<a href="mailto:registrar@kimsuniversity.in">registrar@kimsuniversity.in</a> <a href="mailto:kimsuregistrar@gmail.com">kimsuregistrar@gmail.com</a>
Principal / Dean / Director		O: R:			
Vice Principal		O: R:			

<b>Steering Committee / IQAC Co-ordinator</b>	Dr. R. K. Ayachit	O: 02164-241555-58 R: 7387157033	9890937 490		
<b>3. Status of the Institution:</b>					
Autonomous College					
Constituent College					
Affiliated College					
State University					
State Private University					
Central University					
University under Section 3 of UGC (A Deemed to be University)					✓
Institution of National Importance					
Any other (specify)					
<b>4. Type of University:</b>					
Unitary					✓
Affiliating					
<b>5. Type of College:</b>					
Ayurveda					
Dentistry					✓
Homoeopathy					
Medicine					✓
Nursing					✓
Pharmacy					

	Physiotherapy		✓
	Siddha		
	Unani		
	Yoga and Naturopathy		
	Others (specify and provide details) : Faculty of Allied Sciences		✓
<b>6. Source of funding:</b>			
	Central Government		
	State Government		
	Grant-in-aid		
	Self-financing		✓
	Trust		
	Corporate		
	Any other (specify)		
<b>7. a.</b>	<b>Date of establishment of the institution: 24/05/2005</b> <b>(dd/mm/yyyy)</b>		
<b>b.</b>	<b>In the case of university, prior to the establishment of the university, was it a/an</b>		
	Autonomous College	Yes	No
	Constituent College	Yes	No
	Affiliated College	Yes	No
	PG Centre	Yes	No
	De novo institution	Yes	No
	Any other (specify)		
<b>c.</b>	<b>In the case of college, university to which it is affiliated :</b>		

	<ul style="list-style-type: none"> <li>• Shivaji University, Kolhapur from 1984-1998 and</li> <li>• Maharashtra University of Health Sciences, Nashik from 1998 to 2005</li> </ul>												
<p><b>8. State the vision and the mission of the institution :</b></p> <p><b>The vision:</b></p> <ul style="list-style-type: none"> <li>▪ To emerge as a centre of excellence following an interdisciplinary, innovative and quality centric approach that encompasses best evidence based higher education and generates refutative and translational research and offers affordable health care access for the benefit of mankind.</li> </ul> <p><b>The mission:</b></p> <ul style="list-style-type: none"> <li>▪ KIMSDU shall prepare competent and compassionate professionals with sound knowledge and excellent skill through quality education based on a competency model that inculcates scientific temper, moral and ethical values.</li> <li>▪ It shall foster interdisciplinary research that will generate meaningful outcomes for the community and nation.</li> <li>▪ It shall provide quality health care to the rural and needy and bring about holistic development in the adjoining rural areas.</li> <li>▪ It shall seek collaborations with national and international institutions of repute and provide a transparent and accountable governance system.</li> </ul>													
9. a	<p><b>Details of UGC recognition / subsequent recognition (if applicable):</b></p> <table border="1"> <thead> <tr> <th>Under Section</th> <th>Date, Month and Year (dd/mm/yyyy)</th> <th>Remarks (If any)</th> </tr> </thead> <tbody> <tr> <td>i. 2(f)*</td> <td>-</td> <td>-</td> </tr> <tr> <td>ii. 12B*</td> <td>-</td> <td>-</td> </tr> <tr> <td>iii. 3*</td> <td>24/05/2005</td> <td>Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India</td> </tr> </tbody> </table>	Under Section	Date, Month and Year (dd/mm/yyyy)	Remarks (If any)	i. 2(f)*	-	-	ii. 12B*	-	-	iii. 3*	24/05/2005	Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India
Under Section	Date, Month and Year (dd/mm/yyyy)	Remarks (If any)											
i. 2(f)*	-	-											
ii. 12B*	-	-											
iii. 3*	24/05/2005	Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India											

<b>b. Details of recognition/approval by statutory/regulatory bodies other than UGC (MCI, DCI, PCI, INC, RCI, AYUSH, AICTE, etc.) :</b>					
S. N.	Under Section/clause	Day, Month and Year (dd/mm/yyyy)	Validity	Program/institution	Remarks
1	Government of India (Ministry of Health & Family Welfare) File No. U-12012/79/2015-ME (P-II)	10/06/2015	For A. Y. 2015-16	3 <sup>rd</sup> batch of MBBS - 200 seats	
2	DCI (No. DE-3(277)-2011/143287)	18/07/2011		BDS : 100 Seats	
3	Maharashtra State Council (For OT & PT, Mumbai) No. OTPT/Council/Regd/12,391)	05/03/2012	30 March 2016	UG & PG	
4	Indian Association of Physiotherapy No.5667 Dt : 27.02.2008	05/03/2015		UG & PG	
5	Maharashtra Nursing Council (MNC/G/ B.Sc.-29/2966/2014)	30/07/2014	A.Y. 2014-2015	B.Sc. (N) – 100 Seats	
6	Indian Nursing Council (F. No. 18-19/3318-INC)	28/06/2013	A.Y. 2013-14	B.Sc. (N) – 100 Seats	

7	Maharashtra Nursing Council (MNC/G/P.B.B.Sc.-12/2961/2014)	30/07/2014	A.Y. 2014-2015	Post Basic B.Sc.(N)	
8	Medical Council of India (No. MCI.92(20796-Med)	01/04/1997		M.S. (Anatomy) – 3 Student M.D. (Pathology) – 3 Student M.S. (General Surgery) -4 Student	
9	Medical Council of India (No. MCI-92(22)/2009/Med.	21/01/2010		M.D. Physiology – 1 Students	
10	Medical Council of India (No. MCI-90(22)/2010-Med.68596.	22/02/11		M.D. (Pathology) – 8 Students	
11	Medical Council of India (No. MCI-90(22)/2010-Med.66000.	12/02/11		MD (Pharmacology) -4 Students	
12	Medical Council of India (No. MCI-90(22)/2012-Med.170560-64.	31/03/2013		M.D. (Biochemistry) -2 Students	
13	Medical Council of India (No. MCI-92(22)/98-Med.	12/11/98		M.D. (Microbiology) – 1 Student	
14	Medical Council of India (No. MCI-92(22)/98-Med.	12/11/98		M.D. (PSM) - 2 Students	

15	Government of India (Ministry of Health & Family Welfare) (No. U.12012/95/2014-ME(P-II))	15/04/2014		M.S. (Ophthalmology) – 4 Students M.D. (Gen. Med.) – 13 Students	
16	Medical Council of India (No. MCI-90(22)/2011-Med.101258)	26/03/12		M.D. Pediatrics – 6 Students	
17	Medical Council of India (No. MCI-90(22)/2011-Med.101475)	26/03/12		M.D. (Anesthesia) – 6 Students	
18	Medical Council of India (No. MCI-90(22)/2011-Med.100405)	10/04/12		M.D. (Radio-Diagnosis) – 4 Students	
19	Medical Council of India (No. MCI-90(22)/2010-Med.67773)	19/02/11		M.D. (DVL)- 2 Students	
20	Medical Council of India (No. MCI-90(22)/2010-Med.66064)	12/02/11		M.S. (ENT) – 2 Students	
21	Medical Council of India (No. MCI-90(22)/2010-Med.66020)	12/02/11		M.S. (Gen. Surgery) – 10 Students	
22	Medical Council of India (No. MCI-90(22)/2011-Med.101563)	28/03/12		M.S. (Orthopedics) – 4 Students	
23	Medical Council of India (No. MCI-90(22)/2011-Med.101414)	26/03/12		M.S. (OBG) – 7 Students	

24	Government of India (Ministry of Health & Family Welfare) Dental Education Section) F. No. V.12017/3/2015-DE	30/03/2015	A.Y. 2015-16	3 <sup>rd</sup> Year MDS – Periodontology – 3 Seats Oral Pathology & Micro ) – 3 Seats 4 <sup>th</sup> Year MDS – Prosthodontics – 3Seats, Oral & Maxillofacial – 3 Seats, Conservative – 3Seats.	
25	Maharashtra Nursing Council	24/02/2014	A. Y. 2013-14	M.Sc. (N) – 20 Seats	
26	Medical Council of India (No. MCI-62(22)/98-Med.11310	17/04/99		D.G.O. – 2 Seats	
27	Medical Council of India (No. MCI-92(22)/95-Med	13/01/99		D.M.R.D. – 2 Seats	
28	Government of India (Ministry of Health & Family Welfare)	23/03/2007		D. Ortho – 2 Seats	
29	Medical Council of India (No. MCI-92(22)/2003-Med.	03/01/2004		D. A. – 3 Seats	

30	Medical Council of India (No. MCI-92(22)/95-Med.	13/01/1998		D.C.H. – 2 Seats	
31	Government of India (Ministry of Health & Family Welfare) No. U.12012/536/2014 -ME(P.II)	08/07/2014		M.Ch(Neuro Surgery) - 1	
32	Government of India (Ministry of Health & Family Welfare) No. U.12.12/453/2015-ME (P.II)	10/06/2015		M.Ch(Plastic & Reconstructive Surgery) - 1	

**10. Has the institution been recognized for its outstanding performance by any national / international agency such as DSIR, DBT, ICMR, UGC-SAP, AYUSH, WHO, UNESCO, etc.?**

Yes

No

Name of Agency	Date of recognition	Nature of recognition
Malaysian Medical Council	Year : 2008	Recognition for MBBS Course
Srilanka Medical Council	19/05/1997	Recognition for MBBS Course
NABL	06/05/2015	Accreditation of KIMS Diagnostics (Laboratory)
NABH	04/06/2014	Accreditation of Blood Bank, Krishna Hospital
National	October 2012	Accreditation of Neonatal

Neonatal Forum (India)		ICU, Krishna Hospital	
ISO 9001 : 2008	15/12/2014	University is certified.	
Medical Board of California	21/11/13		

**11. Does the institution have off-campus centres?**

Yes  No

If yes, date of establishment : ..... (dd/mm/yyyy)  
date of recognition by relevant statutory body/ies: .....(dd/mm/yyyy)

**12. Does the institution have off-shore campuses?**

Yes  No

If yes, date of establishment : ..... (dd/mm/yyyy)  
date of recognition by relevant statutory body/ies: .....(dd/mm/yyyy)

**13. Location of the campus and area:**

	Location *	Campus area in acres	Built up area in sq. mts.
i. Main campus area	Rural	57 acres	1,26,028 sq. mtrs.
ii. Other campuses in the country	--	--	--
iii. Campuses abroad	--	--	--

(\* Urban, Semi-Urban, **Rural**, Tribal, Hilly Area, any other (specify))

If the institution has more than one campus, it may submit a consolidated self-study report reflecting the activities of all the campuses.

**14. Number of affiliated / constituent institutions in the university**

Types of institutions	Total	Permanent	Temporary
Ayurveda			

Dentistry	1	YES	
Homoeopathy			
Medicine	1	YES	
Nursing	1	YES	
Pharmacy			
Physiotherapy	1	YES	
Siddha			
Unani			
Yoga and Naturopathy			
Others (specify and provide details) (Faculty of Allied Sciences)	1	YES	

**15. Does the University Act provide for conferment of autonomy to its affiliated institutions? If yes, give the number of autonomous colleges under the jurisdiction of the University.**

Yes		No	✓	Number	
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**16. Furnish the following information:**

Particulars	Number
a. Accredited colleges by any professional body/ies	-
b. Accredited course / department by any professional body/ies :	
c. Affiliated colleges	
d. Autonomous colleges	
e. Colleges with Postgraduate Departments	
f. Colleges with Research Departments	
g. Constituent colleges	Faculties - 5



	<ul style="list-style-type: none"> <li>● Sports facilities               <ul style="list-style-type: none"> <li>* Outdoor</li> <li>* Indoor</li> </ul> </li> </ul>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	● Residential facilities for faculty and non-teaching staff	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	● Cafeteria	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	● Health centre				
	* First aid facility	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Outpatient facility	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Inpatient facility	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Ambulance facility	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Emergency care facility	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	* Health centre staff				
	Qualified Doctor	Full time	<input checked="" type="checkbox"/>	Part time	<input type="checkbox"/>
	Qualified Nurse	Full time	<input checked="" type="checkbox"/>	Part time	<input type="checkbox"/>
	● Facilities like banking, post office, book shops, etc.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	● Transport facilities to cater to the needs of the students and staff	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	● Facilities for persons with disabilities	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	● Animal house	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

	● Incinerator for laboratories	Yes	✓	No		
	● Power house	Yes	✓	No		
	● Fire safety measures	Yes	✓	No		
	● Waste management facility, particularly bio-hazardous waste	Yes	✓	No		
	● Potable water and water treatment	Yes	✓	No		
	● Any other facility (specify).	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;"><b>Facilities :</b></p> <ul style="list-style-type: none"> <li>➤ Transport department with over 15 vehicles, garage and maintenance facility and washing facility.</li> <li>➤ Nescafe outlet with 80 person capacity.</li> <li>➤ Canteen facility with 50 person seating capacity.</li> <li>➤ Food court with a seating capacity of 50.</li> <li>➤ Auditorium with seating capacity of 1000.</li> <li>➤ Sports complex with cardio gym, weights gym, badminton court, tennis court, volley ball court, cricket and football ground.</li> <li>➤ Powerhouse with 1000 KVA express feeder capacity and 1000 KVA generator capacities.</li> <li>➤ Laundry services with washing capacity of 8000 items per day.</li> <li>➤ In-house linen and civil department with well trained staff.</li> <li>➤ Central stores, central liquid medical oxygen plant and 2 fully stocked pharmacies (24*7)</li> <li>➤ Mortuary with cold storage facility for 6 bodies.</li> <li>➤ Incinerator with 35 kgs. /hour capacity.</li> <li>➤ Disinfection microwave of 42 kgs. /hour capacity.</li> <li>➤ ETP – 100 kilo liters / day.</li> <li>➤ STP – 500 kilo liters / day.</li> <li>➤ Organic waste processing plant.</li> <li>➤ Guest house with attached dining facility.</li> </ul> </div>				

	<ul style="list-style-type: none"> <li>➤ Central library with 572 student capacity.</li> <li>➤ Green house with capacity of 20,000 saplings every year.</li> </ul> <p>The campus has well laid out roads, pavements, streetlights, CCTV surveillance cameras, adequate provision for vehicle parking, greenery and lawns, cafeteria, utility store, ATM, banking services etc.</p> <p>A state of the art, sports complex which includes gymnasium indoor and outdoor sports facilities like badminton court, tennis court, volleyball court etc. are available.</p> <p>A well furnished guest house is also available on the campus. Adequate facilities for staff, students and patients like drinking water, rest rooms and common rooms have been ensured. Specific arrangements have been made for 24*7 electricity supply with power backup and generators, water supply and security.</p>
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**20. Working days / teaching days during the past four academic years**

	Working days				Teaching days			
	11-12	12-13	13-14	14-15	11-12	12-13	13-14	14-15
Number stipulated by the Regulatory Authority	--	--	--	--	240	240	240	240
Number by the Institution	272	274	274	273	240	242	242	241

(‘Teaching days’ means days on which classes/clinics were held. Examination days are not to be included.)

**21. Has the institution been reviewed or audited by any regulatory authority? If so, furnish copy of the report and action taken there upon (last four years).**

Yes, the institution has been reviewed for increase in seats, continuation of course and recognition by apex statutory councils, compliances if any were carried out.

**22. Number of positions in the institution**

Positions	Teaching faculty						Non-teaching staff	Technical staff
	Professor	Associate Professor/Reader	Assistant Professor	Lecturer	Tutor/Clinical Instructor	Senior Resident		
Sanctioned by the government Recruited Yet to recruit								
Sanctioned by the Management/Society or other authorized bodies	75	78	103	27	115	85	1968	130
Recruited	75	78	103	27	115	85	1968	130
Yet to recruit								
Stipulated by the regulatory authority Cadre ratio	37	79	108	23	115	75+ (JR=100)		
Recruited	75	78	103	27	115	85+ (JR-152)	1968	130
Yet to recruit								
Number of persons working on contract basis	-	-	-	-	-	-	-	-

### 23. Qualifications of the teaching staff







M.Phil.	-	-	-	-	-	-	-	-	-	-	-	-
UG	-	-	-	-	-	-	-	-	-	-	-	-

#### 24. Emeritus, Adjunct and Visiting Professors.

	Emeritus		Adjunct		Visiting	
	M	F	M	F	M	F
Number	-	-	13	05	06	04

#### 25. Distinguished Chairs instituted: NIL

#### 26. Hostel

##### \* Boys' hostel

- i. Number of hostels: 2
- ii. Number of inmates: 366
- iii. Facilities : All essential amenities are available

##### \* Girls' hostel

- i. Number of hostels: 7
- ii. Number of inmates: 1240
- iii. Facilities : All essential amenities are available

##### \* Overseas students hostel :

- i. Number of hostels: 1
- ii. Number of inmates: 90
- iii. Facilities : All essential amenities are available

##### \* PG Hostel

- i. Number of hostels: 2
- ii. Number of inmates: 224
- iii. Facilities : All essential amenities are available

**27. Students enrolled in the institution during the current academic year, with the following details:**

(Current Academic Year : 2014-2015 )

Students	UG		PG						Inte grat ed Mas ters		M.P hil		Ph.D.		Integr ated Ph.D.	
			PG		DM		M C H									
	*M	*F	*M	*F	* M	* F	* M	* F	* M	* F	* M	* F	* M	* F	* M	* F
From the state where the institution is located	105	168	35	48	1	1							2	7		
From Other states	70	94	32	4	5	2										
NRI students	2	7														
Foreign students	5	4														
Total	182	273	76	51									2	7		

\*M-Male \*F-Female

**28. Health Professional Education Unit / Cell / Department :**

Sr. No.	Name of Health Professional Education Unit /Cell/Department	Year of Establishment
1	Medical Education Technology Cell	1995
2	Dental Education Technology Cell	2014
3	Nursing Education Technology Cell	2014
4	Physiotherapy Education Technology Cell	2014

<ul style="list-style-type: none"> <li>• Number of continuing education programs conducted (with duration) <ul style="list-style-type: none"> <li>* Induction : 14</li> <li>* Orientation : 29</li> <li>* Refresher : 08</li> <li>* Post Graduate : 16</li> </ul> </li> </ul>																			
<p><b>29. Does the university offer Distance Education Programs (DEP)?</b></p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, indicate the number of programs offered. Are they recognized by the Distance Education Council?</p>																			
<p><b>30. Is the institution applying for Accreditation or Re-Assessment?</b></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Accreditation</td> <td style="width: 25%;">✓</td> <td style="width: 25%;">Re-Assessment</td> <td style="width: 25%;"></td> </tr> </table> <table border="1" style="width: 100%; text-align: center; margin-top: 5px;"> <tr> <td style="width: 12.5%;">Cycle 1</td> <td style="width: 12.5%;">✓</td> <td style="width: 12.5%;">Cycle 2</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">Cycle 3</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">Cycle 4</td> <td style="width: 12.5%;"></td> </tr> </table>								Accreditation	✓	Re-Assessment		Cycle 1	✓	Cycle 2		Cycle 3		Cycle 4	
Accreditation	✓	Re-Assessment																	
Cycle 1	✓	Cycle 2		Cycle 3		Cycle 4													
<p><b>31. Date of accreditation* (applicable for Cycle 2, Cycle 3, Cycle 4)</b></p> <p>Cycle 4: ..... (dd/mm/yyyy), Accreditation outcome/Result .....</p> <p>Cycle 3: ..... (dd/mm/yyyy), Accreditation outcome/Result .....</p> <p>Cycle 2: ..... (dd/mm/yyyy), Accreditation outcome/Result .....</p> <p>Cycle 1: ..... (dd/mm/yyyy), Accreditation outcome/Result .....</p> <p>* Enclose copy of accreditation certificate(s) and peer team report(s) <b>: Not Applicable</b></p>																			
<p><b>32. Does the university provide the list of accredited institutions under its jurisdiction on its website? Provide details of the number of accredited affiliated / constituent / autonomous colleges under the university :</b></p> <p>Not Applicable</p>																			
<p><b>33. Date of establishment of Internal Quality Assurance Cell (IQAC) and dates of submission of Annual Quality Assurance Reports (AQAR).</b></p> <p style="text-align: center;">IQAC                      30<sup>th</sup> July 2014 (dd/mm/yyyy) AQAR                      Report under Preparation</p>																			
<p><b>34. Any other relevant data, the institution would like to include (not exceeding one page).</b></p>																			

## **CRITERION – I**

### **CURRICULAR ASPECTS**

#### **1.1 Curriculum Planning, Design & Development**

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

Yes.

##### **GOALS**

- 1. To prepare competent and compassionate professionals with sound knowledge and excellent skill through quality education based on a competency model that inculcates scientific temper, moral and ethical values.**
- 2. To foster interdisciplinary research that will generate meaningful outcomes for the community and nation.**
- 3. To provide quality health care to the rural and needy and bring about holistic development in the adjoining rural areas.**
- 4. To seek collaborations with national and international institutions of repute and provide a transparent and accountable governance system.**

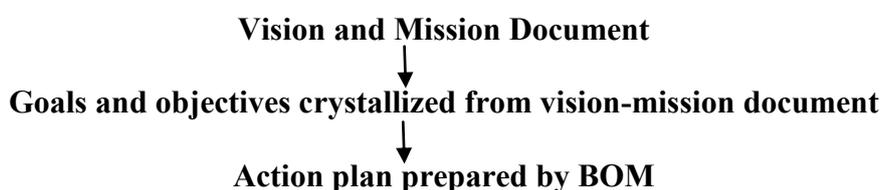
##### **OBJECTIVES**

- 1. To make use of new technologies, innovative tools and methods for enriching and integrating the teaching-learning process.**
- 2. To undertake sponsored R & D and continuing education providing knowledge-based advice and consultancy, preparation/publication of educational material like books/study reports/research papers and extending services to society.**
- 3. To serve as a centre for fostering co-operation and exchange of ideas between the academic and research community on one hand, the industry and services and community on the other and to promote entrepreneurship among the students.**
- 4. To have a greater interface with society through extra-mural, extension and field action related programs.**
- 5. To promote national integration and the integrated development of the human personality through its policies and programs.**
- 6. To follow a systematic approach towards curriculum development, review, redesign and make the curriculum relevant to the needs of the nation, develop Global competencies and to introduce new courses in Emerging areas.**

7. To impart spirit of enquiry and scientific temper in the students.
8. To inculcate professional, ethical and moral values.
9. To promote team work and habit of lifelong learning.
10. To encourage the students and faculty to use modern technology.
11. To introduce the students to soft skills.
12. To use learner centric active T/L methods to make it more meaningful and interesting.
13. To have continuous valid, objective and reliable assessment tools.
14. Counseling to introduce in the curricular system.
15. To foster Global competencies.

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

The university has a well articulated 'Strategic plan' to translate the institution's '**mission and goals**' into concrete programs.



Improved health of all is the principle goal of medical education. This is done through development of trained manpower so as to produce practitioners, educators and researchers.

The **institutional goals and objectives** find their reflection in the **curriculum, teaching learning program and assessment strategies**.

The students are trained to use their knowledge and skills judiciously for the welfare of the community. They are trained in conduct, in decision making, in **problem solving and leadership skills** besides the core knowledge that is necessary to carry out his / her duties professionally.

Newer '**concepts and approaches**' driven by technology are introduced to improve their **competency** and with the intention of involving them in research from the beginning.

The academic program involves the students throughout their clinical years in extra mural, extension and community activities. The institute has designed a number of outreach programs like **diagnostic, blood donation and oral health camps, programs** that involve field visits for MCH, cancer awareness, detection and prevention of malnutrition

thereby providing an effective, desired and fruitful ‘**community interface**’.

**A special module is included on soft skills, use of Information communication technology and library use.**

**A program on orientation in research methodology is part of the curriculum which helps in developing scientific temper and spirit of enquiry.**

**Teaching learning activities involve integrated teaching is learner centric and promotes active learning.**

The university has been able to attract many sponsored research projects including clinical trials and encourages students to take up research projects that are sponsored by ICMR or the STS funded by the institute.

For promotion of national integration and personality development the curriculum emphasizes morals and ethics, professional conduct and duties as a responsible member of the society. National integration is also promoted by celebrating the “**Days of national importance**” by conducting rallies, sports events, lectures, group discussions and debates.

**All the stakeholders are taken on board in designing the academic programs.** Assessment strategies are designed so as to meet the ‘**setout goals and objectives**’.

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

**Yes.**

**Planning**

Today we live in a world of information and connectivity. The impact of new knowledge and technology on education management and process is profound. **The planning takes on board all stake holders which involve students, parents, faculty, professionals, industry experts, subject experts and community health workers.** The result is a broad consultative committee with a community representation.

**Parameters**

The parameters have to take into account requirements of statutory councils, New information, technologies, Global trends and National needs in conceptualizing the design.

**Design**

The process of curriculum design is as follows:

‘**Need Analysis**’ is done taking in to account the needs at the ‘**Local, Regional, National and International**’ level. This is done by doing search on the net and feedbacks from students, parents, alumni, peers,

examiners and external experts in Board of Studies meetings as well as in Academic Council and Board of Management and during conferences and workshops.

After need analysis, a draft is prepared by the faculty of the department concerned, which includes the teaching schedule and distribution of teaching assignments further dividing the '**learners objectives**' as per the '**standard operating procedure**' as under.

#### **Standard Operating Procedures (SOP)**

S.L.O.	Domain C/P/A Cognitive Psychomotor Affective	M/D/N  Must Desirable nice	Time Allotted	T/L Method	A/V Aids	F/S Evaluation formative summative	Method of Evaluation	Model Answers

This is discussed, analyzed and after finalization in the **Department curriculum committee** is forwarded to the **College curriculum committee**.

#### **Validation**

**College Curriculum Committee** verifies feasibility and correctness of the program and forwards it to the **Board of Studies**.

#### **Recommendation**

The Board of Studies after deliberation and discussion recommends the draft to **Standing Committee of Deans** of Faculty who in their turn recommend the same to the **Academic Council** for approval.

#### **Implementation**

The Academic council is the statutory authority for approving the curriculum which is then implemented upon ratification by the Board of Management. The Academic council may revert the draft to Standing Committee of Deans of Faculty in case it does not fulfill all the criteria and parameters as prescribed by them or it may suggest appropriate changes. If it is satisfied with the final draft it will be implemented by the faculty for benefit and progress of the students through official notification made known to all the stakeholders.

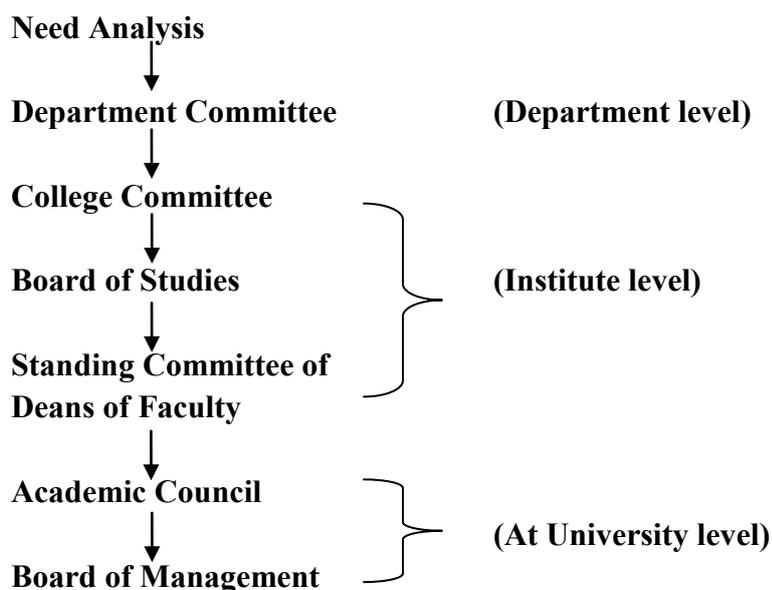
#### **Feed-back**

The feedback is obtained from the students, faculty, subject experts, examiners, parents and alumni by placing before them a carefully structured questionnaire that provides for a comprehensive assessment of the curriculum. **Due cognizance of the feedback is invariably taken for restructuring, revision and updating.**

#### **Revision**

'Unit of revision' is every three years.

**The Curriculum flow chart and the process flow for the curriculum design is as follows**

**Curriculum Flow Chart**

**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**

Community programs are carried out through a network of rural hospitals and PHCS. The aim is to reach out to the rural, poor and needy and provide them with access to secondary and tertiary care. The **services include** diagnostic camps, school health programs, cancer awareness and detection, de-addiction, mental-health, MCH and promotion of good health practices.

These community experiences provide the input for curriculum development which enables Graduates to be trained effectively to meet the community needs so that the curriculum truly represents the “**Voices of the community**”.

The university participates in all the National programs like NPCB, RNTCP, MCH, Family Planning, Immunization and Eradication of Malnutrition. **The curriculum addresses all the issues arising out of implementation of these national programs.**

The operational linkage with medical practice and health sector is established by identifying health problems (from PHCS, cottage Hospital, District Hospital, Public Health statistics and Policies)

- a. **There is an interaction between medical teachers and public health department officials at various levels (Resource person, experts, common programs and campsite). This interaction helps the health professionals in understanding the needs of the community and the working of public health sector.** Students are also exposed to the community during the field postings where they get an insight into the community needs, culture, values etc. Internees are also posted to PHCS, District Hospitals thereby evoking the desired ‘community centricity’.
- b. Medical officers and nurses are posted for training in NSSY and attend various CMES/CPD programs organized in the institution. Students also attend camps, observe various days including WHO day and prepare Theme based posters.

**Community based training and education constitutes the core of the curriculum.** The clinical data available through rural and urban community field posting, health centers and various camps helps in the community oriented education including health education, prevention and management of diseases. **Students are made aware of all health care programs and health care delivery systems in all their relevant details.**

- **Professional skills and competencies**

The design and development of the curriculum clearly defines the **Knowledge, Skills and Attitude** expected of an ‘Indian Medical Graduate’. These are as follows.

  - a. **Medical Graduate competent at basic level.**
  - b. **Appropriate foundation for future career in any branch of medicine (Practice, Administration, and Research)**
  - c. **Capable of understanding roles of a doctor as required by the health sector.**
  - d. **Prepared and ready for postgraduate training.**
  - e. **Oriented towards research**
  - f. **Understanding and practice Global Medicine.**

Apart from the subject knowledge and skills the ‘competencies’ that are required of a health sciences Graduate that are addressed in the curriculum include decision making, communication skills, professional skills, altruism, ICT knowledge, teamwork, ability to adopt to different situations and settings and capacity for lifelong learning.

**‘Early clinical exposure’** helps in understanding the relevance to the future clinical application.

The skills and competencies are also developed by providing the students with skills laboratory and simulation laboratory, laboratory exposure, holding of research methodology workshops and hand-on training. Field exercise and community projects are also carried out to develop professional expertise.

- **Research in Thrust / Emerging areas**

The syllabus incorporates new emerging sciences, technologies and trends which are illustratively reflected in the course content.

- a. The university curriculum travels beyond the recommendations of the respective statutory Councils in terms of inclusions pertaining to **Genetic engineering, Molecular biology and Cellular medicine, Pharmacogenomics, ADR monitoring, Environmental poisons, Gene therapy and Stem-cell banking** to name a few.
- b. **Research methodology workshops are held every year for sensitizing and training postgraduate students for research. Writing research grant proposals is covered in one special session during the workshop. Postgraduate students are required to publish at least one research paper in national / international indexed journal and present a poster/read a paper in a conference for being eligible for their final examinations. Undergraduate students are also oriented towards research methodology.**
- c. The Postgraduate and Ph.D students are encouraged to undertake their research projects in these **‘emerging and thrust areas’**.
- d. **The curriculum update for all new knowledge, in emerging areas of health science and technology and challenges in health care consider those defined by organizations like WHO, UNICEF, Red cross, Ministry of health, Government of India and others.**
- e. Courses are introduced in the **‘Emerging areas’** as follows :

<b>Sr. No.</b>	<b>Emerging Area</b>	<b>Program introduced by KIMSDU</b>
1.	Molecular medicine	<b>Certificate course in Molecular and Cellular Medicine</b>
2.	Human Genetics and Genomics	<b>MSc in Molecular and Human Genetics</b>

3.	Geriatric medicine	<b>Fellowship in Geriatric Medicine</b>
4.	Emergency medicine and Critical care	<b>Fellowship in Emergency medicine and Critical care</b>
5.	Environmental medicine	<b>Modules incorporated in all courses like MBBS, BDS, B.PTh, BSc Nursing in Environmental Sciences</b>
6.	Sport medicine	<b>Fellowship in Sports Medicine</b>
7.	Spine Medicine	<b>Fellowship in Spine</b>
8.	Reproductive Sciences including developmental biology, assisted reproduction technology	<b>Fellowship in Assisted Reproduction Technology</b>
9.	IT for medical education and health care	<b>Modules incorporated in all courses like MBBS, BDS, B.PTh, BSc Nursing in Information Technology</b>
10.	Public health sciences including demography, molecular epidemiology, health economics and nutritional sciences	<b>MSc in Epidemiology</b>
11.	Behavioural Sciences	<b>Modules incorporated in all courses like MBBS, BDS, B.PTh, BSc Nursing</b>
12.	Cardiac Sciences	<b>Fellowship in Echo cardiography</b>

- **Innovations**
  - a. **Introduction of integrated competency based curriculum: Competency based curriculum mandates**
    - **Development of basic clinical skills.**
    - **Effective communications.**
    - **Using basic Science in practice of medicine.**
    - **Self awareness, self care, and personal growth.**
    - **The social and community context of health care.**
    - **Reasoned and ethical judgments.**
    - **Problem solving.**
    - **Critical thinking.**
    - **Information Communication Technology.**
  - b. **Teaching –learning methods**
    - **E-learning**
    - **Adoption of innovative teaching technologies like simulators, models, clinical skill laboratory for hands on practical training.**

- **OSCE/OSPE**
  - **Integrated teaching and learning modules, problem-based learning and focus group discussion.**
  - **One minute preceptor ship, PBL, seminar by the student for the student, group discussion, early clinical exposure, debates, quizzes and projects by students in some subjects.**
  - **Sim/ Skill laboratory.**
  - **Computer simulation in Pharmacology and Physiology.**
  - **Mock court trials are practice in a FMT.**
  - **Dental, Nursing and Physiotherapy clinical labs.**
- c. Introduction of innovative programs**  
 Ministry of Human Resource Development, Govt. of India, New Delhi, in regard to the declaration of the institutions as ‘**deemed to be university**’ under the ‘De-Novo category’, had sought from the Experts committee comprising of Dr. P. N. Tandon, Dr. Mrs. Sneha Bhargava, Dr. Indrajit Ray and Dr. Vedprakash Mishra in 2008, which has been crystallized as a matter of policy in the year 2009. The Expert committee had identified the ‘emerging areas’ of knowledge for the ‘health sciences’. The innovative programmes started in emerging areas of knowledge are as under:

<b>Sr. No.</b>	<b>Emerging Area</b>	<b>Program introduced by KIMSDU</b>
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2.	Human Genetics and Genomics	<b>MSc in Molecular and Human Genetics</b>
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11.	Behavioural Sciences	<b>Modules incorporated in all courses like MBBS, BDS, BPTH, BSc Nursing</b>
12.	Cardiac Sciences	<b>Fellowship in Echo cardiography</b>

- **Employability**

**Courses offered in health sciences lead to degrees that give the graduates choice of starting practice (self-employed) or they can take up assignments in various organisation.**

- National and state health services**

The state health services department is a huge organisation with primary health centres, cottage and district hospitals, and hospitals in municipal and metropolitan cities besides their teaching hospitals. There is a shortage of doctors in the entire health care delivery system throughout the country which provides them with ample opportunity to join the State or National Health Service.

- Research Institute**

High employability opportunities exist in research institutes particularly in Biophysics, Biochemistry and Biotechnology. The pharmaceutical industry also employs doctors as research officers.

- A career as a physician scientist in human research laboratories all over the world is also a very enviable option.

- Industry**

All medium and large industries and corporate employ doctors and nurses as health officers and support staff to oversee the health of their employees.

- Overseas employment**

**There is shortage of doctors, nurses, dentists and physiotherapists in many countries all over the world. Doctors and physiotherapists from this university have a sizeable presence in the U.S., with Graduates working in all 50 states and more than 200 nurses working in Middle Eastern hospitals of Dubai, Abu Dhabi, Sharjah, Muscat, Yemen, Jordan and Saudi Arabia.**

**f. Administrative Services**

Doctors after their graduation have entered Indian Administrative Service, Police service, Civil services becoming high rank officers including collectors, state secretaries and CEO's with local bodies.

**g. Health care professional with special skills**

Those who attain postgraduate degrees and are trained in special skills are taken up in speciality hospitals and clinics, laboratory and diagnostic services and in teaching hospitals.

**h. Teachers**

There is a shortage of teachers in the entire health sciences system. Medical colleges, Dental colleges, Ayurveda, Homeopathy and all other alternative medicine teaching institutes employ doctors as teachers.

**i. Nurses and Physiotherapy practioners**

Nurse Practioners and physiotherapy practioners are in great demand in big cities and they can set up their own free-lance practice.

**j. The quality of teaching and training in this university ensures that graduates and postgraduates of this university are found suitable for employment all over.**

**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 guidelines notified by the regulatory bodies for developing and restructuring the curricula from time to time are adopted in their entirety.**

**WPI (Work Place Intervention) Under NACO (National AIDS Control Program) and John Hopkin's University Baltimore USA, Community Health Program:**

The community and field program for HIV/AIDS prevention and control in sugar factory workers was designed under NACO guidelines. The seven year program activities highlighted the ground realities of poverty driven migration escalating the HIV epidemic. Understanding of causation, promotion of awareness and preventive modalities led to evolving structured learning program as part of the curriculum, as well as a step in translating this experience in to a national program of designing an appropriate preventive modality tool.

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

Yes.

**Interaction with industry**

**1. Pharmacovigilance**

The pharmacovigilance which has a direct interface with the pharmaceuticals industry has led to new knowledge and input which finds appropriate inclusion in the curriculum.

**2. Research Organizations**

Collaborative research projects with NARI, AVERT and NRHM have resulted in curriculum inclusions / practical training for community activities and programmes.

**3. Civil Society**

The primary and urban health centers provide direct interaction with Gram-Panchayats, Village organizations and NGOS. They have contributed directly and indirectly in understanding the social, cultural, economic and gender realities in developing community. Awareness courses for training village level health workers like CME/ CPD are specially developed for these community workers.

The institution continues to benefit through these interactions because they provide the most essential inputs for an effective health care delivery system. They improve our understanding and knowledge of village level difficulties to devise an effective education and training program catering to the rural health care requirements.

**Collaborations with many national and international organizations, joint academic and research initiatives, knowledge sharing, student and faculty exchange have resulted in addition of many new topics, restructuring of courses, conceptualizing of innovative teaching- learning, assessment methods and evaluation systems.**

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

The structured standing mechanism for curriculum design and update takes in to consideration the operational Global trends for their appropriate reflection in the curriculum along with the Global, National, Regional and Local trends.

In addition the institution also receives feedback from overseas Alumni and during National/International conferences regarding their perception of the Global trends.

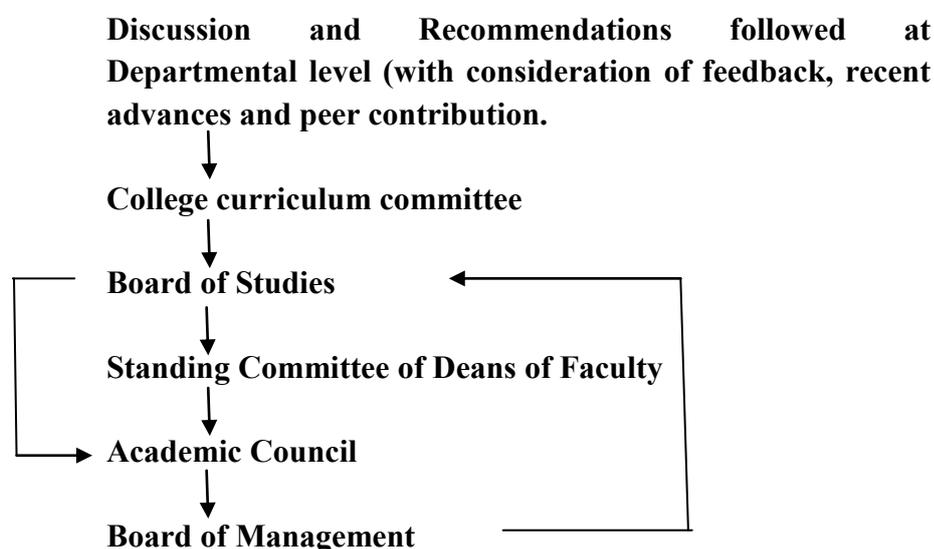
1. These are suitably reflected in teaching- learning and assessment.
2. Resultantly New academic programs E learning, Simulation based learning, EBM, PBL, CBL, TBL, OSCE, OSPE and emerging diseases at global level (Ebola/H1N1, Dengue, SARS, Bird Flu) are also reflected in the curriculum.

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

The Deemed University by virtue of the statutory mandate has 'constituent units' but not affiliated colleges under its ambit.

The 'Mission and Goals' of the university are translated into a 'strategic plan' for introduction of new programs of studies based on feedback from all the relevant stake holders, Global, National, Regional and Local needs/ trends, Emerging challenges in health-care, evidence-based and community experiences in its constituent units.

The method of implementation is as follows: It begins with need analysis followed by



**The core-concept with every new program is that is must facilitate creativity and innovation.** The university has thus started several programs in 'emerging areas' and those of National and Regional importance.

1. Collaboration with universities and institutes of higher learning like **The Walter Reed Army Medical Centre, Uniformed Services University of Health Sciences, Bethesda USA** are carried out with the intention of enriching and introducing new courses and

- exploring the possibility of ‘Twinning dual Degree program’ and research.
2. **National and international ‘visiting faculty’ identifies, inspires and contributes to introduction of new courses in addition to the ‘Adjunct faculty’ of the university.**
  3. Some of the new innovative courses include **Diploma in Medico Legal Systems** which deals with inquests, forensic evidence and relevant National and State legislations likewise **Fellowship in Emergency medicine and critical care** and **Fellowship in Assisted reproduction technology** are run in collaboration with identified quality specialty centers
  4. The university has introduced ‘**value education**’ as a part of its curriculum along with **soft skills development, importance of national identify and integration and environmental concerns.**
  5. New courses have been introduced in
    - Medicine
    - Dentistry
    - Superspeciality courses MCh in Neuro Surgery and Plastic Surgery.

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

**Yes.**

The university conducts the following skill oriented community programs.

1. Training and skills development for village level health workers (ASHA) and Anganwadi workers for providing primary health assistance and to report the status for further treatment if required.
2. A modular training program for RNTCP is conducted for medical officers of primary health centers.
3. Blood bank officers at Maharashtra Government blood banks undergo skills training and knowledge update at the university blood bank. **The institute is recognized by the Government of Maharashtra as a regional training center for blood bank officers and technicians.**
4. Neonatology care and clinical skills training course is provided for Government medical officers. Nurses from Government hospitals are receiving hands on skills training in Pediatric Nursing and Neonatology in the department of Pediatrics of the University **which too is recognized by the Government of Maharashtra.**

**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.**
  - **Medico legal issues.**
  - **Enhancement of quality of services and consumer satisfaction.**
- **Behavioral and Social Science**  
**The university has taken efforts in shifting the emphasis from a knowledge based curriculum to one that is integrated and competency based.** The integrated and competency based curriculum incorporates development of behavioral skills. These includes
    1. **Self awareness, self care and personal growth**
    2. **Effective communications**
    3. **Approach and attitude that leads to building confidence and reposition of faith in the community as a leader of health team.****Add on courses that contribute to behavioral and social sciences include**
    1. **Moral - rearmament**
    2. **Finishing school**
    3. **Spiritual discourses and certain programs like art of living and SSY address social and psychological issues.**
  - **Medical Ethics / Bio Ethics / Nursing Ethics**  
**Medical ethics** is a part of the curriculum in all the health sciences courses.  
**Bio Ethics:** The issues covered include PCPNDT, MTP, Drugs and Cosmetics, and MCR acts.  
**Environmental issues** are addressed in the curriculum by sensitizing students to environmental concerns and climate change by teaching them to adopt best practices. Health science graduates are trained in patient safety and their roles and responsibilities towards community safety.  
**Protocol committee** and Institutional **Ethics committee** have been formulated Institutional Ethics committee is as per ICMR guidelines and is duly registered with DCGI.  
**Nursing ethics:** The university has taken into consideration International Code of Ethics for nurses (ICN) and the ANA while defining the professional boundaries in nursing. All ethical issues arising out of nursing practice are appropriately reflected in the nursing curriculum.

- **Practice management towards curriculum and / OR services**
  1. The university has evolved a ‘**structured management system**’ based on successful and established scientific models.  
The management has been decentralized with identification of clear ‘**individual**’ and ‘**collective**’ responsibilities. **All administrative units pertaining to Academics, General Administration, Finance and Accounts, Examination, Research Development and Innovations work in tandem and harmony for effective implementation of university policies and programs.** Various need based autonomous bodies are constituted including **Grievance Redressal committee, International students cell, Sports and cultural cell, Student welfare cell** empowering them with authority to take considered, well meaning and informed decisions.
  2. **Managerial aspects** are introduced at every level in all health science courses. They include
    - a. **Communication skill**
    - b. **Attitudes and perception.**
    - c. **Goal setting**
    - d. **Decision making**
    - e. **Time management**
- **Orientation to research**
  1. Research is an integral part of the curriculum. Students are encouraged at undergraduate level to take up research while it is mandatory for postgraduates to write research papers to be eligible for examination.
  2. Orientation for the students and faculty is carried out through ‘**Research Methodology Workshop**’ that is held every year after the admission process is over for postgraduate students and before finalizing their protocol for the thesis work in the first term.
  3. The institute offers “Certificate Course in **Research methodology**”
  4. In Research Methodology Workshop ‘**Research ethics, Protocol writing, and Grant writing**’ is covered through special planned sessions.
- **Rehabilitation**  
Rehabilitative medicine is one of the most important domains in the practice of medicine. The goal of any treatment and management is to allow individuals to return to their normal lifestyle, community and social roles.
  1. Physiotherapy is a discipline that particularly deals with restoring function in physically and mentally handicapped individuals.
  2. Rehabilitation after cardiac and other major surgeries is carried out with co-operation from the patient and involvement of near relations.

3. **Breast support group has been established for breast cancer patients.**
  4. Main streaming is carried out for ‘**slow learners**’ and disadvantaged sections through special initiatives that include ‘**capsulated teaching and extra teaching sessions**’.
- **Ancient scriptural practices**
    1. The ‘Ayurveda cell’ of the institute follows ancient scriptural practices like ‘Panchkarma’.
    2. The science of medicine from **Sushruta** and **Hippocrates** and their form of medicine which finds relevance after centuries is a part of the ‘**history of medicine**’ which is included in the syllabus.
    3. Other Indian and oriental forms of medicine also find place as short chapters in medicine which include **Yoga, Meditation, Hypnotherapy, Accupressure and Accupuncture**.
    4. **Alternative medicine** is emphasized amongst the learners through ‘**modular approach**’.
  - **Health economics**  
Health economy is an integral part of the curriculum that deals with **Social and community issues**.
    1. **Infrastructure and manpower**
    2. **Financial resources**
    3. **Ethical practices**
    4. **Application of best practices in primary, secondary and tertiary care depending on ground realities and situations**  
The ‘**aims and objectives**’ of any health care institution is to provide universal access to contemporary and quality health care. **Health economics is the corner-stone of this approach.**
  - **Medico legal Issues**  
The entire health sciences training involves ‘**Standard, Accepted and Established**’ clinical practices.
    1. It teaches all the relevant medico – legal provisions in terms of Acts/ Legislations.
    2. Standard protocols to be followed in emergencies.
    3. Approach to the patient, recognizing patient rights and ensuring patient safety.
    4. The learner is trained in Forensic medicine (II<sup>nd</sup> year M.B.B.S.) and Forensic odontology in the faculty of dentistry.
    5. The new course of ‘**Medico-legal systems**’ has teaching modules of the Coroner court, relevant Laws, Bare Acts and Forensics including participation in mock-trials.
  - **Enhancement of Quality of services**  
Quality improvement is a dynamic process which is reviewed at pre-determined intervals. The review entails ‘**Clinical audit**’ in case of the teaching hospital and ‘**Academic and Administrative Audit**’ for the teaching programs.

Analysis of '**Key performance indicators**' is recorded along with the feedback from the relevant stakeholders.

The areas for improvement are determined based on the review and feasibility. Good suggestions are implemented for enhancing the quality of services.

Suggestion boxes for patients, relations and parents provide the inputs for consumer satisfaction.

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

Students are encouraged towards use and relevance of '**Evidence Based Medicine**' at all levels as against '**Opinion based Medicine**' emphasizing that the best available external evidence combined with the physicians experience and skills along with the patients values (Preferences, Concern, Expectations) helps to optimize the result. ICT helps in EBM vide '**archival and retrieval**' by using various databases like Clinical Diagnosis support system (CDSS).

**Reflective learning** involves experiences shared from peers which guide us in patient care in rare, difficult and complicated situations. It may be done alone in the room and reflect on the event/action during the day so that it can be done better next time around. Students are oriented with this vital aspect of medicine. Likewise the component of **Self learning** is also duly emphasized.

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

A module (ATCOM) is prepared to inculcate the right values and attitudes during the internship orientation program. The topics covered in one special session are -

- 1. Communication skills,**
- 2. Altruism**
- 3. Professionalism**
- 4. Empathy**

Internship involves preparing the student for clinical practices arising out of supervised hands on training. It involves application of knowledge, development of skills and working in a team. During internship they are encouraged to take up community research projects, other STS / ICMR projects, prepare charts and models.

The value added programs like finishing school in dentistry and nursing, spiritual discourses and course in moral re-armament serve to improve their attitude and approach to patient and community

concerns, sense of responsibility and duties in the larger interest of the society.

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

The institution contributes to the development of integrated learning methods through

- **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) in the teaching hospital.**

- **Vertical and Horizontal integration of subjects :**

A definite earmarked slot is kept for integrated horizontal and vertical teaching programmes on selected themes. This has resulted in reduction in the didactic component of teaching to the desired extent of 30%.

- **Integration of subjects taught with their clinical application**

**Health care sciences need** a holistic approach not only in treatment and management but the same principles apply for teaching and learning.

The subjects in medicine are structured into various semesters with little room for integration. The vertical and horizontal integration is therefore, the domain of the university.

The university therefore has evolved its own '**utility based road map**' and '**action plan**' for '**integrated competency based teaching**'.

- **Integrated Modular teaching program**

The '**Vertical integration**' is achieved through the Integrated Modular program that centers round chosen themes like hypertension, tuberculosis, pain management and shock and dealt by concerned and corresponding departments. An illustration is depicted below:

Topic	Subjects	Title
Hypertension	Physiology	Physiological aspects of Hypertension
	Pathology	Pathological aspects of Hypertension
	Medicine	Medical Etiology
	Pharmacology	Drugs used in Hypertension
	Ophthalmology	Ophthalmic aspects of Hypertension

- **Integrated Health care Management**
  1. Integrated health care management is one of the most important objectives of the internship training programme which is carried out at the teaching hospital and in the rural and urban health centers.
  2. The teaching hospital has developed its own integrated health management system for patients who require multi-disciplinary care.
  3. The department of oncology has constituted a “Tumour Board” which is represented by the Surgeon, Radiologist, Radiotherapist, Pathologist, Medical oncologist, Counselor and palliative care specialist. The treatment patterns and schedule are discussed, consensus is arrived and the recommendations of the tumor board are followed.
- **Integration of different systems of health care**
  1. The teaching hospital runs Ayurveda and Homeopathic OPDs by a qualified Vaidya and a Homoeopath and special yoga teacher is appointed for yoga sessions. A research project on the impact of yoga as life-style-diseases is ongoing.
  2. Apart from this yoga is a part of the curriculum in physiotherapy.
  3. In order to expose the undergraduate students to ‘Alternative systems’ of medicine, a special module on Ayurveda and Homeopathy is incorporated in the II<sup>nd</sup> MBBS curriculum.

#### **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?**

**All programmes are as per the set out goals and objectives in conformity with the Vision and Mission of the university.**

Medical education is administrated with the object of preparing students for medical practice. The university therefore incorporates teaching modules that make the instructional programme compatible with the health care system and community needs. Medical education prepares them for contemporary clinical practice and ensures that no gap exists between what is taught in the classroom and laboratories to what exists in field practice. **Resultantly there is a component of public health and mental health in all the educational programs of the university.**

The students during their training are posted for field work in the community. They are also involved and participate in various extension and outreach activities. Various Health days are observed during the year. All this exposes the students to the socio- cultural reality in the community as well as financial constrains, health

facilities available, the needs and demands and diseases and disorders prevalent. Thus they get the opportunity to merge the theoretical knowledge with its practical application and this interface gives them vital information about the ground realities of health care delivery systems.

## 1.2 Academic Flexibility

**The curriculum for health sciences courses is structured by regulatory councils which do not allow easy mobility.** All subjects are compulsory and no optional credit system or transfer of credits is permitted. The students are required to complete the course in the same institution. **However the same is achieved through a set of prescribed ‘optional electives.’**

### 1.2.1 Furnish the Inventory for the following:

- **Programs offered on campus**
- **Overseas programs offered on campus**
- **Programmes available for college/students to choose from**
- **Programs offered on campus**

#### Ph.D. Courses

S.N.	Course
1	Ph.D. Anatomy
2	Ph.D. Community Medicine
3	Ph.D. Pharmacology
4	Ph.D. Microbiology
5	Ph.D. Physiology
6	Ph.D. Pathology
7	Ph.D. Biochemistry
8	Ph.D. Child Health Nursing
9	Ph.D. Community Health Nursing
10	Ph.D. Obstetrics and Gynecology Nursing
11	Ph.D. Medical Surgical Nursing

#### Undergraduate Courses

S.N.	Course
1	Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.)
2	Bachelor of Dental Surgery (B.D.S.)
3	Bachelor of Physiotherapy (B.P.Th)
4	B.Sc. Nursing
5	Post Basic B.Sc. Nursing

**Postgraduate Courses**

S.N.	Course	S.N.	Course
	<b>Faculty of Medicine</b>		<b>Faculty of Dental</b>
1	M.D. Anatomy		Master of Dental Surgery (M.D.S.)
2	M.D. Physiology	23	Prosthodontics and Crown and Bridge
3	M.D. Pathology	24	Conservative Endodontics
4	M.D. Pharmacology	25	Oral Surgery and Maxillofacial Surgery
5	M.D. Biochemistry	26	Periodontology
6	M.D. Microbiology	27	Oral Pathology and Microbiology
7	M.D. Community Medicine		<b>Faculty of Physiotherapy</b>
8	M.D. General Medicine		Master of Physiotherapy (M.P.Th.)
9	M.D. Pediatrics	28	Musculo-skeletal Science
10	M.D. Anesthesia	29	Neuro Science
11	M.D. Radio Diagnosis	30	Cardio –Pulmonary Science
12	M.D. Dermatology	31	Pediatric Neurology
13	M.S. Ophthalmology	32	Community Health and Rehabilitation
14	M.S. E.N.T.		<b>Faculty of Nursing</b>
15	M.S. General Surgery		M.Sc. Nursing
16	M.S. Orthopedics	33	Medical Surgical Nursing
17	M.S. Ob/Gyn.	34	Ob/Gyn Nursing
18	M.Sc. Medical Anatomy	35	Child Health (Pediatric) Nursing
19	M.Sc. Medical Physiology	36	Community Health Nursing
20	M.Sc. Medical Microbiology	37	Mental Health (Psychiatric) Nursing
21	M.Sc. Epidemiology		<b>Faculty of Allied Sciences</b>
22	M.Sc. Public Health	38	M.Sc. Biotechnology
		39	M.Sc. Microbiology
		40	M.Sc. Molecular and Human Genetics

**Postgraduate Diploma Courses**

S.N.	Course
1	Diploma in Ob/Gyn. (D.G.O.)
2	Diploma in Medical Radio Diagnosis (D.M.R.D.)
3	Diploma in Orthopedics (D. Ortho.)
4	Diploma in Anesthesia (D.A.)
5	Diploma in Child Health (DCH)
6	Medico Legal System

**Others**

S.N.	Course
	<b>Super-specialty courses</b>
1	MCh Neurosurgery
2	MCh Plastic Surgery
	<b>Post Doctoral Fellowships</b>
1	Neonatology
2	Geriatrics Medicine
3	Sports Medicine
4	Perinatal Medicine
5	Assisted Reproductive Technology
6	Minimal Access Surgery
7	Cleft Lip & Palate
8	Emergency Medicine & Critical Care
9	Spine
10	Echocardiography
11	MicroEndodontics
	<b>Certificate Courses</b>
1	Oral Implantology
2	Maxillofacial Prosthodontics
3	Laser Dentistry

- **Overseas programs offered on campus: Nil**
- **Programs available for colleges / students to choose from:**

**Ph.D. Courses**

S.N.	Course
1	Ph.D. Anatomy
2	Ph.D. Community Medicine
3	Ph.D. Pharmacology
4	Ph.D. Microbiology
5	Ph.D. Physiology
6	Ph.D. Pathology
7	Ph.D. Biochemistry
8	Ph.D. Child Health Nursing
9	Ph.D. Community Health Nursing
10	Ph.D. Obstetrics and Gynecology Nursing
11	Ph.D. Medical Surgical Nursing

- **Undergraduate Courses**

S.N.	Course
1	Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.)
2	Bachelor of Dental Surgery (B.D.S.)

3	Bachelor of Physiotherapy (B.P.Th)
4	B.Sc. Nursing
5	Post Basic B.Sc. Nursing

• **Postgraduate Courses**

S.N.	Course	S.N.	Course
	<b>Faculty of Medicine</b>		<b>Faculty of Dental</b>
1	M.D. Anatomy		Master of Dental Surgery(M.D.S.)
2	M.D. Physiology	23	Prosthodontics and Crown and Bridge
3	M.D. Pathology	24	Conservative Endodontics
4	M.D. Pharmacology	25	Oral Surgery and Maxillofacial Surgery
5	M.D. Biochemistry	26	Periodontology
6	M.D. Microbiology	27	Oral Pathology and Microbiology
7	M.D. Community Medicine		<b>Faculty of Physiotherapy</b>
8	M.D. General Medicine		Master of Physiotherapy (M.P.Th.)
9	M.D. Pediatrics	28	Musculo-skeletal Science
10	M.D. Anesthesia	29	Neuro Science
11	M.D. Radio Diagnosis	30	Cardio –Pulmonary Science
12	M.D. Dermatology	31	Pediatric Neurology
13	M.S. Ophthalmology	32	Community Health and Rehabilitation
14	M.S. E.N.T.		<b>Faculty of Nursing</b>
15	M.S. General Surgery		M.Sc. Nursing
16	M.S. Orthopedics	33	Medical Surgical Nursing
17	M.S. Ob/Gyn.	34	Ob/Gyn Nursing
18	M.Sc. Medical Anatomy	35	Child Health (Pediatric) Nursing
19	M.Sc. Medical Physiology	36	Community Health Nursing
20	M.Sc. Medical Microbiology	37	Mental Health (Psychiatric ) Nursing
21	M.Sc. Epidemiology		<b>Faculty of Allied Sciences</b>
22	M.Sc. Public Health	38	M.Sc. Biotechnology
		39	M.Sc. Microbiology
		40	M.Sc. Molecular and Human Genetics

• **Postgraduate Diploma Courses**

S.N.	Course
1	Diploma in Ob/Gyn. (D.G.O.)
2	Diploma in Medical Radio Diagnosis (D.M.R.D.)
3	Diploma in Orthopedics (D. Ortho.)

4	Diploma in Anesthesia (D.A.)
5	Diploma in Child Health (DCH)
6	Medico Legal System

• **Others (Post Doctoral Fellowship Program in)**

S.N.	Course
	<b>Super-specialty courses</b>
1	MCh Neurosurgery
2	MCh Plastic Surgery
	<b>Post Doctoral Fellowships</b>
1	Neonatology
2	Geriatrics Medicine
3	Sports Medicine
4	Perinatal Medicine
5	Assisted Reproductive Technology
6	Minimal Access Surgery
7	Cleft Lip & Palate
8	Emergency Medicine & Critical Care
9	Spine
10	Echocardiography
11	MicroEndodontics
	<b>Certificate Courses</b>
1	Oral Implantology
2	Maxillofacial Prosthodontics
3	Laser Dentistry

All the programs listed above

- 1.2.2 Give the details on the following provisions with reference to academic flexibility**
- a. Core Options
  - b. Elective options
  - c. Bridge Courses
  - 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 institutes
  - h. Twining Program
  - i. Dual Degree Programs

**a. Core Options**

Flexibility in core options is not possible because of the 'statutory restrictions' imposed by the Governing councils in health sciences. As a result all the subjects are compulsory. Further no optional credit system or transfer of credit is permissible where by the students are required to complete the course in the same institution.

**b. Elective options**

Regulatory councils do not permit elective option in the under graduate program. However the elective options are provided in the 'rotating internship program' each of 15 days duration. Intern has to select one elective.

- Physical Medicine / Rehabilitation
- Blood Bank
- Respiratory Medicine
- Dermatology
- Clinical Forensic Medicine Unit
- Implantology
- Laser Dentistry

In addition Post Doctoral Fellowship courses are instituted namely:

- Neonatology
- Geriatrics Medicine
- Sports Medicine
- Perinatal Medicine
- Assisted Reproductive Technology
- Minimal Access Surgery
- Cleft Lip & Palate
- Emergency Medicine & Critical Care
- Spine
- Echocardiography
- MicroEndodontics

**c. Bridge Courses**

Due to statutory restrictions imposed by the Governing council bridge courses are not permissible. Hence, the limitation. However, a bridge course in Pedagogy for post graduate students has been introduced.

**d. Enrichment Courses**

Value Added courses for Graduates include –  
Soft Skills,  
Information Technology,  
Health Economics,  
Patient Safety,  
Environmental studies.

**e. Credit Accumulation and Transfer Facility**

Due to statutory restrictions imposed by the Governing council Credit Accumulation and Transfer Facility is not permitted. Hence the limitation.

- f. Courses offered in Modular form.  
Certificate course in Rational Drug Use Therapy  
Certificate course in Interpretation of Laboratory tests with Clinical Correlation
- g. Lateral and Vertical mobility  
Post Graduate Diploma to Post Graduate Degree( remission of study period)  
MBBS to PhD : 5 years period of study  
From GNM to Post Basic BSc Nursing course : 4 years BSc course after 12<sup>th</sup> std. is reduced to 2 years.
- h. Twining Program
1. Emergency Medicine & Critical Care Fellowship in collaboration with Prayag Hospital, Pune
  2. Assisted Reproductive Technology (ART) fellowship in collaboration with 'Vansh Hospital' Kolhapur
  3. PhD program (Epidemiology) in collaboration with National Institute of Epidemiology, Chennai.
- i. Dual Degree Programmes  
Statutory councils do not allow for dual degree programmes in health sciences.
- j. International Collaborations:  
International Collaboration with-
1. St. George's University, Grenada for Tropical medicine electives.
  2. Uniformed Services University of Health Sciences, Bethesda USA for Tropical medicine

Teaching and training in Tropical medicine being a significant strength of the university, international collaboration has been sought by them.

For learners and teaching faculty as well.

**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

**Yes.**

- **Other state students**

The Deemed university status has been conferred in terms of section 3 of UGC Act 1956. As a result the university has an '**All India character**'. The entrance test conducted by the university is

open to all. As a result more than 46% of the students admitted are from various states in the country other than the home state of Maharashtra.

- **Socially and financially backward sections**  
As a matter of prescribed policy of the university financial incentives / support are offered to the students including employment at the institute after passing.
- **International Students:**  
In terms of the statutory policy 15% of the seats for the MBBS course of the total sanctioned annual capacity are earmarked for the NRI students where by international students in sufficient numbers from wide ranging countries are routinely admitted on the basis of inter-se merit amongst themselves. Further the admission to the international students is augmented due to the material fact that –
  1. **The college is recognized by the Malaysian Medical Council and Medical Council of Mauritius and Sri Lanka.**
  2. An International Student's Advisor has been appointed for overseeing their progress.
  3. Special hostel and mess facility for the students has been provided.

**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?**

Yes.

All programs / courses offered by the institutions are self-financing in nature.

Admission to Undergraduate / Postgraduate / Doctoral / Ph.D. program is solely inter-se merit based generated through All India Entrance Test conducted by the university.

The policies regarding teacher's qualifications and salary are at par with the aided programs. However, the chargeable fee is cost based and in accordance with the binding recommendations of the 'Fee Revision Committee' constituted in accordance with the guidelines prescribed by the Hon'ble Supreme court in its pronouncement.

**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?**

CBCS is not permitted by regulatory bodies. Hence the limitation. However, for the courses outside the ambit of the

**regulatory council sponsored and run by the university CBCS has been adopted.**

**1.2.6 What percentage of programs offered by the institution follows?**

- **Annual system- 7%**
- **Semester system- 93%**
- **Trimester system – Not applicable**

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

Before starting new courses **Need analysis** is done and new courses are started on that basis. To name a few:

**1. PhD program in Medical Surgical Nursing :**

As there is a shortage of nursing researchers in India and there is an increase in lifestyle & emerging diseases the need of comprehensive nursing management is acutely felt. To cope up with this need a Ph.D. program in Medical Surgical Nursing is started.

**2. PhD in Obstetrics & Gynecological Nursing :**

Collaborative practice is gaining importance in- present days. Nurses and obstrecians/gynecologist are required to work together for the better patient care. Midwives play a crucial role in antenatal, intra-natal and post natal care. Both branches mutually depend upon each other. Therefore Ph.D. in **Obstetrics & Gynecological Nursing** has been put in to place.

**3. Fellowship in Cleft lip & Palate :**

In an Indian scenario, there are more numbers of cleft lip and palate cases. When the child is born with this defect usually the parents start abusing / neglecting the child. Most of the children born with this defect get malnourished which may eventually lead to many infections. Quality of life and the life expectancy of these patients is also reduced. In the state of Maharashtra there are very few centers for management of cleft lip & palate patients. Hence, to overcome this, a team approach by a trained specialist is essential. Resultantly a Fellowship program in Cleft lip and Palate has been started.

**4. Fellowship in Minimal Access Surgery :**

Traditionally all surgeries in Gynecology were done by open method. There are many disadvantages of open surgery like more blood loss, prolonged surgeries, more post operative pain. All these disadvantages can be overcome with endoscopic or minimal access surgery. Minimal access surgery can be used in almost all the gynecological conditions. Now robotic endoscopic surgery is a

recent addition to this. Advanced training in this surgical area is required for achieving excellence in gynecology practice. Hence, the Fellowship program in Minimal Access Surgery is started.

#### **5. Fellowship in Sports Medicine :**

The prevalence of sports injuries in the players is progressively increasing which puts high demand of specialized professionals. Sports medicine is a branch of medical science which deals with exercise physiology involved in various sports activities, sports specific injuries, assessment, treatment and rehabilitation. The complete management of any sport specific health problem can only be carried out with the coordinated health team lead by sports physiotherapist with the timely contribution of orthopedic surgeons and exercise physiologist. Hence, a special Fellowship program in Sports medicine is started to enrich the knowledge of the professionals involved in the management.

The felt needs of programs are met by starting these courses.

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

#### **1. Skills training for practicing health professionals are conducted in the form of**

- a. Continuing Medical / Dental / Nursing Education
- b. Workshops
- c. Skills development programmes
- d. Training in computer skills, introduction to new soft-ware systems and E-management systems is carried out regularly.

#### **2. Programs offered for paramedical and health care workers.**

- a. Training and skills course for ASHA and Aaganwadi workers
- b. Blood bank technicians and officers
- c. Neonatal care training for nurses
- d. Navjat Shishu Suraksha yojana (NSSK) at rural and urban health centers for nurses and technicians.

### **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?**

Curriculum is periodically updated in order to make it socially relevant, skill oriented, knowledge intensive and commensurate with the emerging needs of students and other stake holders.

However the evolved time unit by the university is observed to be 3 years with prospective effect.

The curriculum is reviewed by a **structured standing mechanism** through broad consultation with all the stake-holders. The reason behind such a broad consultation is to procure feedback of all socially relevant issues and emerging community challenges in health care.

**As such, it is structured and updated on the edifice feedback Analysis and recognition of student needs with intellectual inputs from alumni, expert faculty members, parents and peers.**

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

S.N.	Course
	<b>Doctoral &amp; PhD Programs</b>
1	M.Ch (Neuro Surgery) -
2	M.Ch (Plastic and Reconstructive Surgery)
3	PhD Physiology
4	PhD Biochemistry
5	PhD Pathology
6	PhD Child Health Nursing
	<b>Post graduate programs</b>
7	M.D. Biochemistry
8	MDS Prosthodontics & Crown & Bridge
9	MDS Conservative Endodontics
10	MDS Oral Surgery & Maxillofacial Surgery
11	MDS Periodontology
12	MDS Oral Pathology & Forensic Odontology
13	M.Sc. Molecular & Human Genetics
14	M.Sc. Epidemiology
15	Masters in Public Health
16	M.Sc. Medical Anatomy
17	M.Sc. Medical Physiology
18	M.Sc. Medical Microbiology
19	Post Graduate Diploma in Medico Legal Systems
	<b>Post Doctoral Fellowships</b>
20	Neonatology
21	Geriatrics Medicine
22	Sports Medicine
23	Perinatal Medicine /
24	Assisted Reproductive Technology
25	Minimal Access Surgery
26	Cleft Lip & Palate
27	Emergency Medicine & Critical Care

<b>28</b>	Spine
<b>29</b>	Echocardiography
<b>30</b>	MicroEndodontics
	<b>Certificate Courses</b>
<b>31</b>	Oral Implantology
<b>32</b>	Maxillofacial Prosthodontics
<b>33</b>	Laser Dentistry

\* **Multi/Inter-disciplinary**

Fellowship in Sports Medicine

Fellowship in Cleft Lip & Palate

Fellowship in Minimal Access Surgery

\* **Programs in emerging areas**

<b>S.N.</b>	<b>Course</b>	<b>S.N</b>	<b>Course</b>
	<b>Post graduate programs</b>		<b>Post Doctoral Fellowships</b>
<b>1</b>	M.Sc. Molecular & Human Genetics	<b>4</b>	Neonatology
<b>2</b>	M.Sc. Epidemiology	<b>5</b>	Geriatrics Medicine
<b>3</b>	Masters in Public Health	<b>6</b>	Sports Medicine
		<b>7</b>	Perinatal Medicine
		<b>8</b>	Assisted Reproductive Technology
		<b>9</b>	Emergency Medicine & Critical Care
		<b>10</b>	Spine
		<b>11</b>	Echocardiography

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

Strategies adopted for revision are

Need Analysis



Feedback from stakeholders



College level committee



Board of Studies



Standing Committee of Deans of Faculty



Academic Council



Board of Management

All the educational programs run by the university have under-gone desired periodic update / revision in their respective curricula except those which were introduced in last 3 years (20%).

**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?**

The value added courses are as follows

1. Vernacular and English speaking classes for students
2. Communication skills,
3. Altruism, Professionalism, Empathy,
4. Managerial skills,
5. ICT,
6. Moral & Ethical reasoning -

All these skills are offered as a 'soft skill module' which is incorporated in the curriculum and hence is accessible to all the undergraduate students.

These courses receive wide publicity through news papers, article, newsletters and website display. Residents, interns, students are encouraged to take up these courses.

**Fellowship programs -  
Sports medicine,  
Assisted Reproduction Technology,**

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

**Yes.**

The Institution has developed various skills development programs in consonance with the national health programs. To name a few :

S. N	Skills Development Programs	Participants	No. of participants	Duration	Frequency
1	Facility Based New Born Care Training Program	Doctors & nurses in Government hospital	10	2 weeks	One program per year
2	Orientation of RNTCP (Revised National Tuberculosis Control Program)	Interns Post graduates	25 per batch	2 days	Quarterly
3	Training program for Participation in Family Welfare procedures	Interns & Undergraduates	25 per batch	1 day	Quarterly

4	Training for identification & preventive strategies for malnutrition in under 5 children	Interns & Undergraduates	25 per batch	1 day	Quarterly
5	Orientation and Training of Universal Immunization Program	Interns and undergraduates	25 per batch	1 day	Quarterly

**The set out learning objective has been met as determined by the ‘Pre and Post’ tests.**

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

Personality Development is addressed as :

1. Encouraging student participation in sports: The University has a well developed sports complex with indoor/outdoor games and Gymnasium.
2. Physical training is provided by qualified personnel which includes aerobics.
3. Self defense classes are conducted for women.
4. Yoga and meditation facility with experts is provided
5. Guest lectures by spiritual leaders are organized.
6. Mentors and counselors are available to give emotional and psychological support.

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

**Yes.**

SOP's for patient safety methods are prepared.

1. The safety concept has moved from traditional diagnosis, treatment and follow-up to good team work, effective communication, prevention and/or early detection of adverse effects.
2. Patient safety is covered in various stages in various departments like – Microbiology, Pharmacology Surgical branches (sterilization, prevention of Nosocomial infections Waste disposal, Medication safety, OT discipline, Patient identification, Ventilator associated pneumonia (ICU) , W.S.P.E. (Prevention of Wrong Site, Procedure, Patient Error).
3. **Quality is ensured with regard to safe care, effectiveness, efficiency, timely patient centered treatment. Special efforts are**

**taken to avoid wrong person, procedure and site during surgery. Whenever any new equipment is used it is done under a faculty who is trained to use it and same is done while introducing new procedures.**

4. Clearance from **Institutional Ethics Committee** and ‘**Informed consent**’ of patient is taken in all research projects undertaken. Personal health information for maintenance of confidentiality i.e. information about an individual in oral or recorded form such as
  - a. Physical and mental health of his family.
  - b. Any other information that is included in record.
  - c. Even identification of health care provider.
 Informed consent to collect, use and disclose information made available only on need to know basis to those who provide direct health care. The consent can be withdrawn at any time. The restriction doesn't apply to uses or disclosure required by the law, professional or institutional practice. This applies particularly to Research.
5. **Rights and responsibilities of the patients are also included in the curriculum.**

#### 1.3.8 Does the curriculum cover additional value systems?

**Yes.**

The curriculum covers all the additional value systems. The various qualities required for a medical doctor/practitioner are emphasized all through the training program i.e. confidence, competence, concern, compassion and care.

To inculcate value of cleanliness Swatch Bharat Abhiyan was initiated; Sardar Vallabhbhai Patel Birth Anniversary was celebrated. Students and staff spoke on this occasion and also prepared posters to highlight his achievements.

Value added events to mark various days by exhibition, posters, rally to sensitize gender equality, fetal infanticide, HIV/AIDS awareness, literacy, socio-cultural issues are celebrated. These programs help the student to develop required values.

Art of living, Yoga and SSY programs help the students mentally, physically and spiritually.

There is a board displaying value education snippets (Which are changed every week).

International student's day was observed this year with student speakers on improving the healthcare system.

## 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.

1. Structured feedback from students regarding the curriculum is obtained periodically.
2. Feed-backs are also generated through Academic appraisal and Preceptor-ship programs.
3. Suggestion boxes are placed at suitable places.

**Feedback assessment and analysis is carried out for incorporating suggestion which are relevant and feasible and are accordingly included for addition / revision in the curriculum.**

### 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.

Feed-back is obtained from Adjunct, Visiting, and International faculty who are important knowledge and learning resource. Their contribution is mediated through online discussion, participation in conferences and workshops, CME programs and guest lectures. Some of the contributors are internationally renowned experts and clinicians.

1. **Feedback is taken in a structured format, analyzed thoroughly and the analysis is taken into consideration for its relevance and feasibility for its need based implementation.**
2. During MET workshops, National and International conferences-
  - a. A Multifocal conference jointly organized with faculty from USUHS, feedbacks were taken from visiting faculty.
  - b. Feedbacks from Adjunct and Visiting foreign faculty.
  - c. Subject experts of national repute: feed backs from outside experts in BOS and Academic Council are invited from whom the feedback is taken. This has helped us in preparing curriculum of Global standards.

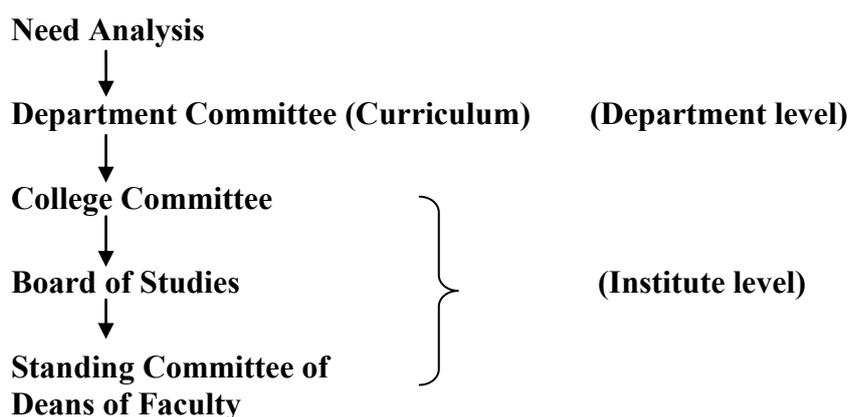
**All the discussions and feedbacks have helped the university to improve and introduce e-learning, PBL, one minute Preceptor-ship and in setting up of the sim and skills lab, in a manner enriching the academic ambience as a whole.**

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

Being the deemed university the university has the constituent colleges and there are no affiliated colleges.

The feedback is obtained from the students, faculty, subject experts, examiners, parents and alumni by placing before them a carefully structured questionnaire that provides for a comprehensive assessment of the curriculum. **Due cognizance of the feedback is invariably taken for restructuring, revision and updating.**

The Curriculum flow chart and the process flow for the curriculum design is as follows:



On procuring the feedback it is analyzed for its feasibility ‘for relevance’ and necessary recommendation on ‘Interim (administrative) intervention’ or ‘Long term (policy) intervention’ is made to the University for further necessary, timely action.

### 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?

1. Feed-back on curriculum is obtained from students, faculty, subject experts, examiners, alumni, committee representatives and parents.
2. All the obtained feedbacks are analyzed at the ‘**Departmental level**’, discussed at ‘**College curriculum committee**’ further forwarded to **Academic council** for acceptance and then to **Board of Management** for final approval.
3. **Quality sustenance**
  - a. The Curriculum Development Committee entrusted with responsibility of a continuous and dynamic update with inputs provided by relevant stake holders.

- b. The BOS carries out annual review of syllabus content, instructional methods, new knowledge assessment.
- c. **Establishment of school of advance studies: Starting of Interdisciplinary courses has added a new dimension to quality sustenance on account of new approach and utilization, blending of knowledge resources.**
- d. ICT: Information and communication technology facilitates access to new knowledge resources, methods, technologies, and curricular interaction.
- e. Research: Promotion of research in health sciences education along with capacity building of the teaching faculty has a visible impact on quality sustenance.
4. **Quality Enhancement:**

- a. Introduction of new courses:

<b>Post Graduate Degree &amp; Diploma Courses</b>
M.Sc. Molecular & Human Genetics
M.Sc. Epidemiology
Masters in Public Health
M.Sc. Medical Anatomy
M.Sc. Medical Physiology
M.Sc. Medical Microbiology
Post Graduate Diploma in Medico Legal Systems
<b>Post Doctoral Fellowships</b>
Neonatology
Geriatrics Medicine
Perinatal Medicine
Assisted Reproductive Technology
Minimal Access Surgery
Sports Medicine
Cleft Lip & Palate
Spine
Echocardiography
Emergency Medicine & Critical Care
MicroEndodontics

- b. **Planned induction and orientation programs –**
- Fresher's induction program
  - Clinical induction program
  - Interns orientation program
  - Post graduate orientation program
- c. **Research Initiatives:**
- Establishment of three Research Laboratories –
- Virology Laboratory
  - Lead Referral Laboratory,

- Genetics Laboratory.

**5. Recognition and incentive policy**

- a. Establishment of Skills and Simulation Laboratory
- b. Publishing of Indexed Research Journal of KIMSDU
- c. Accreditation from appropriated authorities.
- d. Standard SOP for Patents and copyrights.

**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?**

**Feedback procurement**

Feedback is obtained from faculty, student, patients, parents, employees, alumni and intern in a structured format -

1. Students after passing the previous examination on Teachers, Course contents, and Delivery methods/ system.
2. From parents in PTA meetings  
Alumni – special website for alumni
3. Peer feedback
4. Various experts from Finance committee, Academic Council, Planning and Monitoring, Board of Management.
5. In the various statutory bodies, various representatives are present who also provide feedback.
6. Suggestion boxes.

**Feedback analysis towards**

- a. feasibility
- b. relevance

**Interim intervention (administrative)**

**Long term intervention (policy)**

## **CRITERION – II**

### **TEACHING - LEARNING AND EVALUATION**

#### **2.1 Students Enrolment and profile:**

##### **2.1.1 How does the institution ensure publicity and transparency in the Admission Procedure?**

**The admission and counseling process is credible and transparent and is exclusively based on inter-se merit.**

#### **1. Publicity**

- a. **Web site:** The admission notice is announced on the web-site sufficiently in advance. Application forms are available on line and can be downloaded from the university website [www.kimsuniversity.in](http://www.kimsuniversity.in)
- b. **Prospectus:** The prospectus is available for each course, with all the relevant details of admission process, eligibility and duration.
- c. **Advertisement in Regional / National Newspapers:** Advertisements are given in regional and national news papers to ensure wide publicity. Advertisement is also done in education centric column, supplements of national newspapers like 'Education times'.
- d. **Career Counseling:** Participation in educational events and career counseling in the regional areas.
- e. **Social networking sites, alumni, word of mouth:** Social networking sites with active participation of alumni, faculty and university authorities have added value to traditional advertising methods. Students and parents of graduates also contribute by word of mouth.

#### **2. Transparency**

- a. Wide publicity as stated above
- b. The details of the programs, their duration, entry qualification, tuition fee to be paid, syllabus for KAIET, date of examination, date of declaration of KAIET result, dates of counseling, last date of admission are prominently indicated in the '**information brochure**' and also posted on the website of the university.
- c. Transparency is ensured by declaring and displaying the merit list of candidates on the university website.
- d. The dates and time of counseling are also displayed on university website well in advance for the benefit of the applicants.

- e. **All admissions to under-graduate, post-graduate, Degree/ Diploma courses are given on the basis of inter-se merit of the marks obtained by the students in the qualifying examination.**
- f. Interviews and attitudinal evaluation for specialty courses and programs are conducted with the help of subject experts.

**The increase in demand for admissions is reflected in the progressive increase in number of applicants from 1829 to 3503 which amounts to two times the growth in the last four years.**

**2.1.2 Explain in details the process of admission put in place by the institute. 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)**

**1. Detailed process of Admission :**

- a. Krishna All India Entrance Test Advertisement in regional / national newspapers and website.
- b. **Entrance Test conducted at specified centers numbering 11 all over India as of now.**
- c. Results announced on website on pre-determined notified date.
- d. **Counseling is conducted in accordance with merit according to the notified schedule.**

**2. Criteria for admission :**

**Professional Courses:**

**a. KAIET Merit:**

The university has professional courses and admission to Under-Graduate, Post-graduate, Diploma, Superspeciality and Doctoral programs is on the basis of inter-se merit secured at the KAIET (Krishna All India Entrance Test).

**b. Eligibility:**

As the courses are regulated by the statutory councils, the eligibility is as determined by Medical Council of India, Dental Council of India and Indian Nursing Council, Indian Association of Physiotherapists and Occupational Therapy and Physiotherapy Council of Maharashtra Mumbai respectively. The eligibility for other professional courses is as prescribed by the university from time to time and depicted in the prospectus.

**c. Ph.D. Admission:**

**Admission to Ph.D. programs is in accordance with the inter-se merit accrued at the All India Ph.D. entrance test conducted by the university.**

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

The Deemed University by virtue of the statutory mandate has 'constituent units' but not affiliated colleges under its ambit.

The admission process is centralized by the university.

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

Yes.

**1. Admission process:**

The university reviews the admission process every year by a committee comprising of the Controller of Examination, Registrar and Director Health Sciences.

The 'review' is undertaken for the following criteria.

- a. **Eligibility criteria.**
- b. **Demand ratio (The number of students applying as against the number of seats available)**
- c. **Gender ratio (Number of males/females applying /admitted).**
- d. **Diversity ratio Number of students admitted from other states and international students.**
- e. **Backward and weaker sections: (SC/ST/OBC/VJNT/EBC) Number of students from the above categories.**

**2. Students Profile:**

The students profile is identified by:

- a. **Academic progression**
- b. **Participation in sports and cultural events**
- c. **Participation in National programs.**
- d. **Participation in National Service Scheme (NSS) and Young Red-cross Society (YRS).**
- e. **Participation in research activities**
- f. **Participation in social activities.**

**3. Outcome:**

- a. The results of this analysis provides an insight into gender distribution and diversity to plan a strategy for attracting students from states with low responses.
- b. In devising method of improving our access to SC/ST/OBC/EBC students.
- c. Ensuring better participation in co-curricular activities and programs of national importance.
- d. Identifying slow learners and providing desired support.

- e. Demand trends for various professional courses and the need for expansion. Medicine has attracted and keeps attracting a large number of students. Physiotherapy and nursing are showing steady increase in demand.
- f. The observations, conclusions and recommendations there to are appropriately considered by Academic council/ Board of management of the university for policy decision there on with prospective effect.
- g. **The outcome analysis has resulted in establishing centers in states showing lower rate of admissions for conduct of KAIET.**

**2.1.5 What are the strategies adopted to increase / improve access for students**

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

**1. SC / ST / OBC**

- a. **Students seeking admission from the above backward communities have been statutorily provided with relaxation in eligibility norms by 10%**
- b. **The teaching – learning process is facilitated through capsulated teaching and added teaching hours.**
- c. **The university facilitates procurement of educational loan from nationalized banks.**

**2. Women**

- a. Health sciences have served to attract women in larger nos. than any other professional course.
- b. Career counseling and creating awareness in local and regional communities has increased the number of women opting for physiotherapy and nursing courses.
- c. **Zero tolerance for gender bias and harassment of any type at work place/ learning place.**
- d. **Gender equality and gender sensitization has created a very conducive environment for women in the campus.**
- e. Specially created halls of residence, safety, security and discipline has resulted in the enrollment of well over 65% female students.

3. **Persons with varied sections**
  - a. Scribe facility and other facilities for physically challenged students along with comfortable sitting arrangement is provided as is stipulated in the 'Governing manual'.
4. **Economically weaker section**
  - a. Students from economically weaker sections are provided financial assistance by way of scholarships, concession in fees in accordance with the prescribed policy and earmarked fund there to.
  - b. University acts as facilitator to avail education loans from banks.
  - c. Fee payment is facilitated through installment.
5. **Outstanding achievers in sports and other extracurricular activities**
  - a. The university has adopted a policy of giving fee concession to students representing national/international events as per the policy document.
  - b. Special citations and prizes for exemplary extracurricular activity conferred under the signature of Vice Chancellor.

**2.1.6 Number of students admitted in the institution in the last four academic years.**

Year	Medical		Dental		Nursing		Physiotherapy		Allied Sciences	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
2011-12	76	74	30	68	24	76	07	25	13	24
2012-13	76	74	20	80	26	74	13	37	04	14
2013-14	107	93	16	66	20	80	10	40	02	07
2014-15	111	89	19	74	41	59	13	37	03	16

**2.1.7 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.**

**Parameter chosen**

**1. Demand ratio**

Number of applications received to number of students admitted

YEAR	KIMS								
	Under graduate			Post graduate			Super speciality		
	KAIET UG (No. of Appli.)	KAIET UG (No. of Admin.)	Ratio	KAIET PG (No. of Appli.)	KAIET PG (No. of Admin.)	Ratio	KAIET Super speciality (No. of Appli.)	KAIET Super speciality (No. of Admin.)	Ratio
2011 - 12	1829	150	12.19	479	63	7.60	--	--	NA
2012 - 13	2404	150	16.02	373	73	5.10	--	--	NA
2013 - 14	2525	200	12.62	486	74	6.56	--	--	NA
2014 - 15	2768	200	13.84	785	80	9.81	01	01	
2015 - 16	3503	200	17.51	846	80	10.57	--	--	

There is an increasing demand for all health sciences courses. The demand for nursing and physiotherapy has increased in recent years.

## 2. Reason for increase

### a. Reputation built over a period of 30 yrs.

The college has gained recognition and reputation as a premier health sciences institution across the country over a period of 30 yrs.

### b. Increase in number of seats and programmes

The institution has made progress through increase in number of seats at both undergraduate and postgraduate level, starting of new postgraduate courses, super specialties and Ph. D. programmes.

### c. Continuous up gradation of the teaching hospital

The teaching hospital has recorded a steady increase in the no. of teaching beds, clinical workload, starting of cath- lab, cardiac surgery and renal transplant. **As a testimony it is recognized at an 'A grade hospital for Government health schemes'.**

**Up-gradation of the hospital has resulted in added clinical material where by clinical teaching-learning has been augmented.**

#### Accreditation

- i. Krishna Institute of Medical Sciences Deemed University is an 'ISO 9001: 2008 certified university'.
- ii. Neonatal ICU is accredited by National Neonatology Forum (India).
- iii. Blood Bank is accredited by National Accreditation Board for Hospital Accreditation (NABH).

**iv. KIMS Diagnostics (Laboratory) is accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL).**

**d. Publicity**

Publicity is through mass media, social networking sites, Alumni and word of mouth of past students, conferences, career counseling and awareness programs.

**e. Campus**

Eco-friendly green campus with self contained facilities, cafeteria, sports complex, hostels of international standards, safety and security provided 24 X 7.

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

No.

**2.2 Catering to Student Diversity:**

**2.2.1 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 year.**

**Yes.**

The institution organizes ‘**Structured induction program**’ for Freshers. After the wel-come address by the Dean students are sent to various departments for orientation. Total duration for medical is 1-3 days and 1 day for other faculties.

**1. Areas covered:**

- a. Introduction to staff of the departments.**
- b. Orientation of departmental laboratories, lecture halls, and tutorial rooms.**
- c. Working system of the departments.**
- d. Discipline to be followed by the students.**
- e. Anti ragging policy.**
- f. Prevention of Sexual harassment at workplace.**
- g. Access to the Library and information resources.**
- h. Hostel facility mess and its regulations.**
- i. Sports facility.**
- j. Health care and cover provided for students on the campus.**
- k. Student’s charter, Academic Calendar, Attendance, Examination and Internal Assessments.**
- l. Preceptorship (Mentorship) program**
- m. Grievance redressal cell.**

- n. Village adoption program and integrated rural health team.
  - o. Healthy practices
  - p. Students Council and their participation in academic, extracurricular and extension activities.
  - q. Language classes for colloquial English and vernacular dialect.
2. **The induction programme for postgraduate students includes :**
- a. Introduction to Research Methodology.
  - b. Orientation of research facility
  - c. Orientation with IPR policy
  - d. Research design and thesis writing
  - e. Research Publication.
  - f. Patent and copyrights.
  - g. Patient care service, ethics, biostatistics good clinical practices.
  - h. Access to research funds and writing for grant proposals.  
The experts involved include HOD's subject experts, rectors, counselor, director of research, librarian, international student's director and staff in charge of grievance redressal, anti ragging, and sexual harassment cell.
3. **Feed Back:**  
Induction analysis is carried out through 'Pre and post tests' which provides vital information of student perception, and their needs including the 'Learner's gain' there to. This information is availed to mitigate the inadequacies, if any.

**2.2.2 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?**

**Yes.**

Variance in student knowledge and competence exists as a result of student diversity.

- a. They are identified and addressed by induction and orientation courses before commencement of the program.
- b. Students passing out from state boards with regional languages are offered colloquial English classes.
- c. Classes in elementary dialect required to communicate with patients and local people are routinely arranged.
- d. Students unable to cope up are identified and they are referred for further assistance and guidance for attaining linguistic skills and computer skills.

- e. Identification of ‘**slow and rapid learners**’ and invocation of remedial approaches.
- f. **Furnishing required assistance to disabled and under privileged learners.**

**2.2.3 How does the institution identify and respond to the learning needs of advanced and slow learners.**

1. **Identification of slow learners:**
  - a. **On the basis of periodic assessments**
  - b. **Performance in teaching sessions**
  - c. **Mentor Assessment.**
2. **Strategies Adopted for slow learners:**
  - a. **Mentors are assigned with the specific purpose of understanding their individual problems (e.g. language, subject phobia inferiority complex )**
  - b. **Customized correction by counseling, improving self confidence, and monitoring their performances regularly.**
  - c. **Special classes, tutorial and practicals with coaching for “must know” areas in the curriculum.**
  - d. **Capsulated Teaching involves specially designed extra teaching program.**
3. **Advanced Learners**
  - a. **Advanced learners are encouraged to further improve their performance by taking part in academic competitions, seminars, debates and quizzes.**
  - b. **Incentives and Recognition in the form of scholarships, certificates.**
  - c. **Selected for research and community projects, ICMR, STS.**
  - d. **Sponsored for conferences and encouraged to present papers.**
  - e. **Suitable teaching assignments and interactive sessions.**

**2.2.4 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.**

**Yes.**

**Bridge courses and remedial courses are incorporated in curriculum.**

1. **Bridge courses include:**
  - a. **Pedagogy.**
  - b. **Soft skills for budding medical professionals to be conducted throughout the course in all the faculties. These includes-**
    - **Ethics and Values**

- Introspection and self development
  - Effective reasoning
  - c. Moral rearmament
  - d. Effective reasoning and ethics
  - e. Biostatistics/ Bioinformatics
  - f. ICT course
  - g. Library orientation
2. **Remedial courses:**  
They are carried out during vacation for slow learners or these who have missed the Teaching Learning Program on account of sickness or late admissions.
3. **Add on courses**  
The following 'Add on courses' are available to Students:
- a. **Medicine:**
    - Nutrition and Dietetics
    - Chemotherapy
    - Palliative Care
    - Genetics
    - Museum Technology
    - Tissue Banking
  - b. **Dentistry:**
    - Cleft Lip and Palate.
    - Implantology
    - Finishing school for Dental Graduates
  - c. **Nursing:**
    - Yoga
    - Art of Living
    - Finishing School for Nursing Graduates
  - d. **Physiotherapy:**
    - Orthotics
    - Prosthetics.
    - Bio-engineering principles
    - Finishing school for Physiotherapy Graduates

The work load computation of all the aforesaid inclusions has been made and is suitably depicted in the 'Time table'.

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

**Yes.**

The study has been done pertaining to the need of disadvantaged students. The academic progress of disadvantaged section of the

society is monitored by a special committee instituted by the Deans of the respective colleges. The committee works by the following methodology.

- a. **Need Analysis**
- b. **Mechanisms of monitoring**
- c. **Review**

The 'Review' includes-

- a. Attendance
- b. Performance in formative and summative examination
- c. Participation in academic and research activities.
- d. Completion of assignments in stipulated time.
- e. Participation in sports and cultural activities

**Findings:**

- a. **Improvement in academic performance**
- b. **Self esteem**
- c. **Self respect**
- d. **Self dignity**

**2.2.6 Is their provision to teach the local language to the students from other state/ countries?**

**Yes.**

Special staff is appointed to teach English as well as the local language. A small non priced booklet "**English to Marathi**" is published and made available.

**2.2.7 What are the institution's efforts to teach the students moral and ethical values and their citizenship roles?**

The teaching learning experience besides preparing an individual with professional knowledge and skills has a higher objective of grooming him/her to become a responsible member of the society with '**Life skills**'.

1. Morals Ethics and values as a module are a part of the curriculum. Ethical living is taught through mentorship.
2. Value education is promoted through the '**Value education**' cell with series of lectures spread over the entire course for all faculties. They are structured in to 20 lecturers in terms of its –
  - a. **Initiation,**
  - b. **Inculcation**
  - c. **Consultation**
  - d. **Certification**
3. The '**citizen ship roles**' are mentored through-
  - a. Blood donation,
  - b. Tree plantation,

- c. Prevention of ragging
  - d. Prevention of sexual harassment
  - e. Avoidance of gender bias
  - f. Promotion of cleanliness
  - g. Induction of proper dressing
  - h. Conduct avoiding vices.
4. **Students are made aware about the principles of secularism, duties as a citizen of the country through information given in student's handbook.**
  5. The days of the national importance and certain national programs are celebrated by holding-
    - a. Guest lectures
    - b. Targeted Group discussions
    - c. Organizing sports events, rallies and street plays

**2.2.8 Describe details of orientation/ foundation courses which sensitize students to national integration, Constitution of India, art and culture, empathy, women's empowerment etc.?**

**1. National integration**

The very aim of the foundation course is to prepare a student for life. National integration, art, culture, gender sensitization, empowerment are all ingredients of a society built on principles of equality and justice. The 'multireligious, multicultural, multilinguistic, multiethnic' society forms the very basis of our Constitution. The institution has thus laid emphasis on 'pluralism' as enshrined in the 'Constitution of India'

**2. Art and Culture:**

Nature's gifts and talents are borne out in cultural meets and art exhibitions held annually. The students are encouraged to take part in competitions and students from faculty of Medical Sciences participate every year in the sports and cultural competition organized by the AIIMS, New Delhi. Their participation has brought many laurels and prizes for the institute.

The student's magazine is published every year which gives them an opportunity to display their literary and creative talents.

**3. Empathy:**

Empathy is a part of the professional psychological training and it is inculcated through 'Narrative medicine'.

**4. Women's Empowerment :**

Empowerment takes place through education and constitutional framework of providing them with equal opportunities, developing skills and mainstreaming. Health Sciences education has significantly aided in empowering women.

- a. **Women are specially trained in teamwork and leadership skills.**
- b. **The university has grievance redressal and prevention of sexual harassment at work place committees.**
- c. **Women find representation and placement in all the statutory forum including student and academic committees, Student's Council and IQAC.**
- d. **The university observes 'International Women's day', 'Florence Nightingale day' by holding targeted group discussion and talks.**

**5. National Integration:**

National Integration is promoted by celebrating Independence Day and Republic Day by arranging a number of cultural events with relevant national and social themes, Gandhi Jayanti is celebrated by organizing lectures on Gandhian principles, values and philosophy likewise Nehru Jayanti is observed with child welfare schemes taken up by the institution:

- a. Detection and prevention of malnutrition
- b. Immunization
- c. **Health cover is provided to the disadvantaged children from Remand home and home of mentally challenged as per MOU.**

**2.2.9 Has the institution incorporated the principles of Life Style Modifications for student based on Eastern approach in their day to day activities?**

**Yes.**

Life style changes are a result of changes in dietary patterns, lack of adequate exercise, ambition, job expectations and performance related stress and a dilution of family and community values. Hence, institution has incorporated the following principles for Life Style Modifications

1. **Diet:** Ancient eastern influences recognized the energy, nutrition, and medicinal value of many crops and plants and organic farming was practiced.

Today genetically engineered and hybrid crops have taken away nature based food products.

Eastern approach today calls for a roll back to organic farming and high-fiber diets.

To tackle the increasing incidence of obesity due to the faulty dietary habits, the university has established an '**Obesity clinic**' and these issues find a place in the teaching of nutrition.

2. **Stress:** Yoga and Meditation are now recognized as excellent means of de-stressing and are known to have positive effects on physical and mental health. Further, morals, ethics, family and community values also form a part of the curriculum.
3. **Exercise:** A sedentary life style is another major contributor to life style diseases. Physical activities have always been emphasized in eastern communities. The effect of exercise and physical activity which leads to restoring of normal function is a part of almost every disease management plan.  
The importance of healthy life style is emphasized.

**2.2.10 Has Yoga/ Meditation/ any other such techniques been practiced by students regularly as self discipline?**

**Yes.**

Yoga classes are conducted regularly at the institute in two sessions.

1. The Nursing College prescribes 30 hrs. in the curriculum for teaching yoga
2. **Research project on the impact of yoga on life style diseases** is initiated.
3. Meditation is carried out in the morning session.
4. The other techniques/ methods practiced include “**Swayam Siddha**” programme once a week.
5. **Art of living** sessions are carried out twice a year.
6. Finishing School program in Nursing and Physiotherapy is conducted.

**2.2.11 How does the institution attend to the diverse health issues (physical and mental) of students and staff?**

Addressing diverse health issues (physical and mental) of students and staff:

The very purpose of health science education relates to complete physical, mental, and social well being and not merely an absence of disease and infirmity.

1. **The teaching hospital provides a comprehensive health cover for all students and faculty. A specially run OPD caters to the need of the faculty/ students and there is reserved indoor facility for them. The entire cost of treatment including drugs and investigations is borne by the university.**
2. **Emergency help line is provided for the staff and students on the campus.**
3. Examination, family and social stress is addressed by counseling and building confidence through mentorship.

4. The principles of preventive and promotive medicine are stressed immediately on enrollment by the Preventive and Social Medicine department.
5. Cleanliness and hygiene is practiced in the hostels and the institute monitors the eateries for hygienic food and water.
6. **Sports, yoga, meditation are encouraged for general fitness and de-stressing.**
7. The sports complex has facilities for outdoor and indoor games besides a well equipped gymnasium with qualified trainers.
8. **Maternity leave is provided to all the women staff members in terms of the prescribed governing policies of the university in tune with that of Govt. of India.**
9. The students are sensitized to prevalent communicable diseases in the region and trained to take preventive and promotive measures.
10. **'Emergency response team' has been created for medical emergencies.**

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

**Yes.**

1. The institution has an established mechanism for identifying '**slow and advanced learners**'.
2. Slow learners require special attention which is provided through mentors, remedial classes and capsulated teaching. Special assignment and assessment is conducted for them for mainstreaming.
3. Advanced learners are encouraged to take part in research projects, write papers, conduct seminars and teaching sessions.
4. **Tutorials are held in active learning mode where in a group of students present a topic and face question from all other undergraduate and postgraduate students who are informed of the topic concerned and the time and place of presentation. The faculty intervenes for difficulties faced by students as a form of "Targeted Learning".**
5. Additional training measures are conducted in the '**Simulation and Skills lab**' and there is a supervised hand on training for Interns and residents.

## 2.3 Teaching-Learning Process

### 2.3.1 How does the institution plan and organize the teaching-learning and evaluation schedule 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

1. **Academic calendar:** A ‘comprehensive academic calendar’ is prepared as per Medical Council of India/ Dental Council of India/Indian Nursing Council/Indian Association of Physiotherapists /Occupational Therapy and Physiotherapy Council of Maharashtra Mumbai guidelines. It includes
  - a. Number of working days
  - b. Holidays
  - c. Vacation period (winter and summer)
  - d. Examination schedule
    - Formative evaluation
    - Summative evaluation
    - Declaration of results
    - Important curricular and co-curricular activities
2. **Master plan:** The master plan is prepared by the concerned faculties which illustrates department wise
  - a. Teaching schedule with the time allotted, instructional pattern, clinical posting and all other academic activities
  - b. Schedule of part completion, terminal and preliminary examinations
  - c. Schedule of university examinations.
  - d. Time-table for cultural events and sports.
3. **Organizing Teaching –learning**  
Departmental teaching plan: Each department prepares a teaching plan in accordance with the syllabus for undergraduate and postgraduate students. The teaching plan depicts
  - a. Theme
  - b. Topics
  - c. Time

**d. Teacher**

4. **Evaluation of teaching learning process:** Regular evaluations and monitoring of teaching learning process is carried out to ensure that it meets the desired standards of quality and conforms to the time frame for satisfactory conduct, completion and outcome there to.

**The evaluation is done initially by the Head of departments and by the Head of institutions subsequently based on the feed-back from students**

**Monitoring of teaching-learning process:**

The monitoring is carried out at 3 levels.

Level 1: Concerned Head of Department.

Level 2: College council.

It meets periodically where suggestions and deficiencies are attended to and necessary recommendations are made to the 'Curriculum Development Committee'.

Level 3: 'Periodic Academic Audit' is reviewed by the Vice- Chancellor.

5. **Rotation plan:**

Intra-departmental rotation of teachers is done every year for teaching different topics. Rotation is also there for carrying out assigned job responsibilities.

**For students:**

Continuum of rotational clinical postings

6. **Course plan:**

It is semester based and departments prepare course plan for the same.

7. **Outpatient teaching**

Undergraduate students are rotated in small batches through all the clinical departments. In the out-patient clinic they learn-

- History taking,
- Clinical approach to diagnosis,
- Observe and practice outpatient treatment techniques.
- Post graduates students conduct OPD's under supervision with complete patient evaluation and plan treatment /management in consultation with the concerned faculty of the department.
- Outpatient teaching is augmented by interesting OPD case presentations in the teaching room specially provided in all the clinical departments for the undergraduate students.
- The OPD teaching plan is prepared by the head of department of each department. with the schedule of rotations for undergraduates, postgraduates and interns respectively.

**8. In patient teaching**

Inpatient teaching is carried out as under:

**For Under-Graduate Students**

- a. **Bed-side clinics:** The student learns to take history, perform physical examination and is guided in the method of arriving at clinical diagnosis.
- b. **Participation in Ward rounds** and Grand rounds has been a time-tested teaching – learning process for interns and residents.
- c. **Case presentations** are performed in the ward-side clinic / demonstration room which are interactive in-entirety.
- d. The undergraduate students have the opportunity to learn bed side skills like intravenous administration of drugs and certain first-aid procedures.

**For Interns**

- a. They carry out clinical evaluation, investigations and primary care which are duly evaluated.

**For Post-Graduate Students:**

- a. The postgraduate students go through a '**schedule**' that trains them through the entire spectrum of clinical practice. Starting initially from supervised evaluation and observations to assistance and finally independent planning, performing and administrating the entire treatment – management plan and surgical procedures.

The clinical training is closely supervised by immediate senior faculty and their '**log-book**' is verified by the postgraduate teacher for satisfactory completion of their prescribed clinical / surgical skills and procedures.

The skills are developed by –

- a. **Observing,**
- b. **Assisting,**
- c. **Performing Procedure under observation**
- d. **Performing independently.**

**9. Clinical teaching in other sites**

1. In the hospital besides the patient wards the students are allowed to observe various minor and major surgical procedures, take part and assist in some of them. They are also exposed to various laboratory and diagnostic services.
2. Community oriented teaching :
  - a. The preventive and social medicine department in its teaching schedule organizes a number of field visits, and students take part in all the national health programme viz. immunization, MCH, NPPB and RNTCP.

Both interns and undergraduate students take up projects in community research either STS (ICMR) or sponsored by the institution.

- b. Diagnostic, school health, Blood donation, Cancer detection camps have their teaching-learning components with supervision of faculty in which interns and postgraduate students participate.

All departments organize rotation for undergraduates, postgraduates and interns. These rotations follow the prescribed guidelines of the statutory councils. Undergraduates have rotation in pre, para and clinical subjects. Interns have to do 3 months rural posting at the PHC which helps them in orientation to the health care requirement of the community.

Interns have to complete rotation through major clinical subjects according to Medical Council of India norms. Postgraduates undergo rotation in allied and relevant specialties / superspecialities. Rotations are also carried out to peripheral viz. primary and urban health centers for undergraduates and postgraduates.

## **10. Evaluation**

### **1. Organization**

- a. Evaluation dates are notified at the beginning of the Academic year.
- b. The method of evaluation is notified in the university syllabus. This includes-
  - a. Continuous internal assessment and method of interpretation
  - b. The structure of the theory paper ( LAQ, SAQ, BAQ, MCQ)
  - c. The distribution of marks, 'subject wise, passing percentage and Grace Rules'.
  - d. The schedule of theory and practical examination including viva-voce are announced well in advance.
  - e. Answer papers are centrally assessed through Central Assessment Programme (CAP)
  - f. Evaluation is '**formative and summative**'. Formative evaluation involves newer / innovative methods like OSCE / OSPE. Summative evaluation is carried out for '**part, Terminal, Preliminary and Annual university exam**'.
  - g. **Results are declared within 2 weeks of the conduct of exam.** Any grievances arising out of the result are dealt with by the prescribed grievance

redressal mechanism in accordance with university rules and regulations.

#### 11. **Evaluation Blue-print:**

The institute maintains '**blue print**' of question papers as per systematic categorization of course plan into '**must know 60% desirable 30% and nice to know 10%** with specification numbers of SAQ, LAQ and MCQs. Blue print format of practical examination is also maintained. **Annual academic appraisal is done at Departmental, Institutional and University level. It is linked with Annual Academic Administrative Audit.**

The questions for the **Bank** are submitted in following format :

Sr. No		Type of question	Total number of Questions	Level I Recall and Comprehension (80%)	Level II and Analysis and Problem Solving (20%)
I	Must Know 60%	LAQ	20	16	4
		SAQ	24	20	4
		BAQ	48	40	8
		MCQ	96	80	16
II	Desirable to Know – 30%	SAQ	8	6	2
		BAQ	16	12	4
		MCQ	32	24	8
III	Nice to Know – 10%	SAQ	8	6	2
		BAQ	16	12	4
		MCQ	32	24	8

	Topic A	Topic B	Topic C	Topic D	TOTAL
Knowledge	1	2	1	1	5 (12.5%)
Comprehension	2	1	2	2	7 (17.5%)
Application	4	4	3	4	15 (37.5%)
Analysis	3	2	3	2	10 (25%)
Synthesis		1		1	2 (5%)
Evaluation			1		1(2.5%)
<b>TOTAL</b>	<b>10(25%)</b>	<b>10(25%)</b>	<b>10(25%)</b>	<b>10(25%)</b>	<b>40</b>

This depicts requirement only for one system.

#### 2.3.2 Does the institution provides course objectives, outlines and schedules at the commencement of the academic session? If yes, how the effectiveness of the process ensured?

**Yes.**

The course objectives, outlines and schedules are available in the form of a printed syllabus for all phases (3 in MBBS and 4 in Dentistry,

nursing and physiotherapy) of the program. It is available in the academic section and co-operative store in the campus.

The syllabus has been prepared by inputs from various stake-holders including the Departmental committee and the Curriculum development committee.

1. The conduct of the course is planned by the Head of department, in consultation with the faculty. Individual teachers of the department work-out an action plan based on the time allotted for their (subject, topics, practical, clinical bed-side and OPD teaching.)
2. Implementation of the course-plan is reviewed regularly by Head of departments and Dean.
3. Examinations (Assessment) are carried out according to the notified schedule.
4. Results are announced on time.

The effectiveness of process is monitored **monthly** at **departmental level**. Periodic monitoring is done by the 'college council'. 'Quarterly' monitoring is done by the '**Joint college council**' and monitored every six months by the Academic council.

The process has been evaluated for **realization of objectives, accomplishment of mission, progress of the students and faculty commitment**.

**2.3.3 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 time frame for basic sciences has been reduced. Considering the enormity of the subject knowledge the teacher does face a time-frame constraint.

Methodology evolved by the teachers over a number of years in structuring their teaching-learning has helped in overcoming this difficulty. **The institution has increased the number of working days from the minimum of 240 to 270 days.** This extra time is utilized for –

1. **Capsulated teaching**
2. **Additional teaching**
3. **Revision**

**2.3.4 How the 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 lifelong learning and knowledge management.**

The methods of teaching undoubtedly influence the learning outcomes. Didactic lectures form the commonest teaching-learning method used in medical curriculum. However these are monotonous and low in interaction and learning may not be synchronous with lectures.

Considering the above facts the teaching model has been changed from “**Passive learning**” to “**active learning**”. Didactic teaching is reduced to 30% of instruction time. The duration of the 1 hr. lecture is structured into 45 min. for didactic teaching 15 min for question and answer (Interactive session).

The average learning retention rates:

1. Lectures	5%
2. Reading	10%
3. Audio Visual	20%
4. Demonstration	30%
5. Group discussion	50%
6. Practice by doing	75%
7. Teaching Others	90%

1. **Integrated Teaching**: Integrated teaching simplifies basic sciences when they are taught with clinical disciplines. Repetition is avoided, unnecessary details excluded ensuring better understanding, retention and recall.
2. **Small Group discussions**: Students in small group are given a topic and subject experts initiate supervise and facilitate discussion.
3. **Early clinical Exposure**: One of the methods used for creating interest is to expose the students to patients from the beginning. During teaching of preclinical subjects the students are introduced to clinical situation in the form of a clinical problem. This is done in classroom setting, hospital setting and community setting.
4. **Problem based learning**: The salient features of this approach are:
  1. Identifying the problem.
  2. Exploring the pre-existing knowledge
  3. Generate hypothesis and possible mechanism.
  4. Identify learning issues
  5. Self study
  6. Re-evaluation and application of new knowledge to the problem.
  7. Assessment and reflection of learning.
 These learning sessions are conducted by trained faculty who act as ‘**Facilitators**’.

5. **Evidence based learning**: Evidence based medicine combine, the best available external evidence, the skills and experience of the physician along with patients concerns, beliefs and expectation for optimal results.
6. **Seminar by the students** :  
The students are assigned the responsibility of organizing seminar on ‘**chosen themes**’ all by themselves. In true sense it turns out to be teaching-learning activity which is ‘**of the students, by the students, and for the students**’.
7. **Community Oriented Teaching**: The department of Community Medicine in its curriculum stipulates field visits to communities to recognize health issues understand the difficulties, carry out surveys and learn to take reasoned clinical decisions.  
Community health activities like diagnostic camps and awareness programs allow students to directly interact with patients, village elders and health workers. It strengthens the community approach for providing health care.
8. **By ensuring participation in Conferences/ CMEs/ CNEs/ CDEs/ CPEs/ Workshops.**
9. **Visits to other centers and health care institutions**: Students have the opportunity of visiting cottage and district hospitals, remand homes, school for physically and mentally challenged and leprosy homes.
10. **OSPE/OSCE**: OSPE/OSCE is used for both teaching and evaluation.
11. **Debates, quiz, Attending Conferences/ CMEs**: Debates, Quizzes are established active learning models that are practiced by all departments. Attending and participating in conferences and taking part in other academic competitions is encouraged.
12. **Interdisciplinary Interaction**: Interdisciplinary interaction of Medical, Dental, Nursing, and Physiotherapy is promoted by holding joint interdisciplinary “**case specific**” presentation to discuss the role of different disciplines in augmenting and assisting each other in delivery of health care.
13. **Students Seminars**: Seminars are conducted on assigned topics by students in all subjects.
14. **Research integration**: Under-graduates are oriented to research Methodology and are encouraged to take up research projects for ICMR or STS. Interns and postgraduates have to complete the course in Research Methodology.
15. **One minute preceptorship** is used particularly for teaching in OPD. Steps involved are making the students commit the diagnosis, highlight strong points (by the teacher), pointing out weak points (by the teacher), summary and from specific to general principle.

### 2.3.5 What is the institution's policy on inviting experts/ people of eminence to augment teaching – learning activities?

The university has its own policy for inviting experts who are accomplished in their own professions. The university has been inviting subject experts, eminent scientists, and clinicians of national and international repute.

The topics on **core curriculum** are taught by the regular **Full-time faculty**.

Topics on '**add on curriculum**' are taught by '**Adjunct faculty**'.

Selective topics of contemporary and long term interest are dealt by '**Visiting Faculty**'.

Innovation and new knowledge is shared by '**Professor Emeritus**' on solicitation.

1. **Guests Lectures:** Distinguished and reputed faculties from other Universities nationally and internationally are invited.

2. **The other academic programs that involve eminent faculty include:**

1. CMEs/ CNEs/ CDEs/CPEs.

2. Workshops/ Live Workshop

3. Seminars and symposia

4. State, National and International Conferences.

3. **Appointment of Adjunct, Visiting, Honorary and Professor Emeritus:**

The university has appointed a number of national and international faculty as shown below:

<b>Visiting Faculty</b>	
<b>Sr. No.</b>	<b>Names</b>
<b>1</b>	Dr. Megha Joshi, Director of Laboratories at Lawrence General Hospital, Boston MA.
<b>2</b>	Dr. Rahul Jindal, Transplant Surgeon, Walter Reed Army Medical Center, Washington DC
<b>3</b>	Dr. Radha Maheshwari, Professor, Department of Pathology, Uniformed Services University of the Health Sciences, Maryland
<b>4</b>	Dr. Ashwin Kotwaliwale, Director of Bioinformatics at Existence Genetics LCC, LA USA
<b>5</b>	Dr. Hemangi Kale, Assistant Professor of Surgery, Case Western Reserve University, School of Medicine, Cleveland.
<b>6</b>	Dr. Rajan Dewar, Ph.D., M.D., Assistant Professor of Pathology, Beth Israel Deaconess Medical Center, Boston MA, USA
<b>7</b>	Dr. Sandhya Lagoo, Associate Professor of Surgery, Duke University, North Carolina, USA

8	Dr. Vikram Deshpande, Asst. Professor, Harvard Medical School, Boston, USA
9	Dr. Shivyogi Bhusnurmath, Dean, Academic Affairs, Saint Georges Universities, Grenada,
10	Dr. Bharati Bhusnurmath, Professor, Pathology, Saint Georges Universities, Grenada,

<b>Adjunct faculty</b>	
Sr. No	Names
01	Dr. S.M. Mehendale, MD (Community Medicine), MPh. John Hopkins University, USA
02	Dr. Venkatesh Thuppil , M.Sc., Ph.D.(Biochemistry)
03	Dr. Prakash.P. Doke, M.D., Ph.D.( Community Medicine)
04	Dr. Prabhdeep Kaur, DNB ( Gen Med.) MAE (Epidemiology)
05	Dr. Vilas Naik, DM, Nephrology
07	Dr. Anil Purohit , DM, Neurology
08	Dr. Vilas Jadhav, DNB, Pediatrics, Fellowship in Neurology
09	Dr. Mrs. Jyotsna Takalikar, M.D.Ayurveda, Pharmaceutical Sciences
10	Dr. Suhas Patil, MD, Homeopathy Organon medicine
11	Mr. Kalidas Patil, M.A, Medical Psychology
12	Mr. S. V. Phaltankar, M.A., Economics
13	Prof. Dr. Mrs. A. Sane, Environment
14	Prof. Dr. N.R. Jadhav, MBA (HR)
15	Prof. Miss V. R. Kadam, B.Sc., A.D.S.E, D.B.M, MBA
16	Prof. Dr. Ashwini Rodrigues, M.phil, Ph.D.(Finance & Marketing Management)
17	Mr. Dhananjay Kulkarni, M.Sc., Environmental Sciences
18	Dr. Milind Pishwkar, MD, Ob/Gyn.

**Professor Emeritus -**

It is by conferment.

**2.3.6 Does the institution formally encourage learning by using learning resources?****Yes**

1. The campus is Wi-Fi enabled. Access to internet is through a dedicated 1 GB lease line. A large number of computers with access to internet, online journals, are available at the digital library along with books and printed journals. All postgraduates have their own laptops with the facility to access content and utilize time for self- directed learning.
2. **All lecture theaters are E- enabled.**

3. A classroom is provided in the hospital with a two way Audio-Visual link with operation theaters for live demonstrations and they can interact with the faculty in the operation theatre.
4. **Tele-medicine is linked with the rural health center.**
5. A number of lectures on various topics are available in the library and departments in the E-format.
6. **Blended learning by using E-resources is used extensively in the day to day Teaching-Learning process.**
7. Monthly Video conferencing with John Hopkins University, USA along with three other institutes on HIV AIDS is held once a month.
8. MFCME (Department of Science and Technology) is conducted monthly.
9. Museums
10. **Virtual class room.**

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

ICT is widely used in the Teaching-Learning process.

1. All lecture theatres are e- enabled. The faculty uses Audio-visual aids in the form of OHP/ laptops (every department is equipped with its own laptop) for power point presentation. Power-point presentations have been developed for a number of topics by every department covering almost 50% content of didactic lectures.
2. All faculty members are trained in the use of computers and their knowledge is constantly upgraded for utilizing new software that is added.
3. Wi-Fi connectivity, networking of various departments with LAN is provided for seamless communication and sharing of knowledge.
  - a. **SAAKI:** SAAKI, Students Academic Administration of Krishna Institute is an electronic program designed for academic administration of students. All students, parents, alumni and teachers are registered on this platform. Its primary function is e-maintenance of students' records like attendance, performance, time-table, notices and circulars. It also serves as supportive aid for teaching-learning in the form of assignments, conduct of tests and modular teaching. It is a fastest mean of correspondence between teachers, students, parents, alumni and the administrative wing. Dean, Heads of Departments, teachers, students – everybody have their specific role to perform, compilation of which brings clarity, precision and speed in administration of students. It prevents human error. As the program is internet based it is accessible from anywhere in the

world. It contains interesting features like e-notice board, SMS service, email service, space to maintain learning resources and many more.

- b. **Smart Teach**: E-Learning program for medical UG's has been introduced. It is a digital version of the MBBS classroom with PPTs, Multimedia Components, Color stills, 2d and 3D animations.
- c. Subscription of E-Journal and E-books also help in enhancing E-Learning.
- d. **Video Conferencing**: Video conferencing is carried out with B.J. Medical College, Pune, D. Y. Patil Medical College, Pune, Krishna Institute of Medical Sciences, John's Hopkins University, U.S.
- e. **Computer Aided Teaching (Elsevier)**: The Elsevier system in a knowledge E-resource with illustrative diagrams and animations which is used in teaching medicine.
- f. **Virtual Class room**: The extensive use of ICT in the teaching learning process has made it interactive, interesting and meaningful.
- g. **MFCME (Department of Science and Technology)** : The medical fraternity in continuous medical education promoted by the Department of Science and Technology Govt. of India is aimed at educating fellow doctors, upcoming doctors in a cost effective virtual way. MFCME broadcasts live clinical/ academic activities every month
- h. **Skills and Simulation lab**: The skills and simulation laboratories train students for various clinical and surgical procedures with the help of mannequins and simulators.
- i. **Computer Aided animal experiments in pharmacology and lab tutor (computer aided) in physiology.**
- j. **Museums**: The museums in Anatomy, Pathology, Microbiology, Pharmacology, FMT, Surgery, Radiology, Gynecology and Community Medicine with hundreds of specimens, charts, models, and relevant text is an important educational and learning resource.
- k. **Telemedicine**: Tele medicine is carried out with our PHC/ rural hospital.

**2.3.8 Is there any designated group among the faculty to monitor the trends and issues regarding development in Open Source Community and integrate its benefits in the institution's educational process?**

Yes.

1. A team of experienced and dedicated personnel has been assigned to monitor developments in Open Source Community.

2. The university avails of the ‘**National knowledge network**’ connectivity for use of ICT (NMEICT). This has opened the flood-gates for information and knowledge sharing with a number of institutions involved in health care, research and education.
3. The institute is a member of the ‘**MUHS Digital Library, DELNET, INFLIBNET**, and other databases that give access to a treasury of Information and Knowledge’.
4. Community extension activities in the form of Diagnostic Camps, National health programs, Cancer awareness and detection, HIV and AIDS intervention along with community research projects with **NRHM, NARI, AVERT** have provided vital information regarding health issues in the community. The disease trends in the community are identified along with the deficiencies that exist in access and delivery of health care.
5. The information derived from these open sources along with experience and data provided by external experts on various bodies of Board of Studies, Academic Council and Board of Management, analyze, co-relate and incorporate ‘**teaching-learning modules**’ that reflect ground realities and changing trends and methods of addressing these issues and challenges.
6. The institution has taken up ‘**community research projects**’. The outcome of these findings resulted in scientific papers that are published in Indexed journals and they serve as a reference for all undergraduate and postgraduate students.
7. **Krishna Hospital is one of the biggest cancer care centers in Maharashtra.** The ‘**cancer registry**’ gives a profile of prevailing cancer types, the age at presentation the identification of risk factors, and co-relates with geography, genetics, and life style. The evidence available on thousands of cancers helps in preparation of treatment, patterns/modules based on these evidences. The students substantially benefit from this EBM modality.

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

The transition from ‘**traditional classroom**’ to an ‘**e-learning environment**’ has been brought about by:

1. **Creating Infrastructure:**
  1. The campus has Wi-Fi connectivity through 1 GB dedicated lease line.
  2. All Class rooms have LCD projection systems and computers/laptops.
  3. All class rooms are E-enabled with internet connectivity.
  4. Networking of all departments by LAN.

5. Operation Theaters connected by Audio-visual aids for live interactions.
2. **Capacity building:**
  1. Faculty members are trained in computer systems and introduced to E-learning software's.
  2. Faculty utilizes ICT facilities (extensive use of PPTs, E-learning platforms and tools) for enhancing teaching-learning.
  3. ERP (Enterprise resource planning for access and reference)
3. **E-learning Tools:**  
A number of E-learning softwares are available viz :
  1. **Smart Teach (E-learning program in a digital version)**
  2. **SAAKI ( Interactive e-learning soft ware)**
  3. **ELVIESER (Computer aided teaching)**
4. **E-Resources:**
  1. Subscription of E-journals and E-books
  2. The university has National knowledge Network connectivity for use of ICT (NMEICT).
  3. The institution is member of MUHS digital library, DELNET, INFLIBNET facility of UGC, EBSCO-Host with access to more than 2000 E- Journals.
  4. The digital resources in the library and access to open education resource together with web based teaching learning have helped the students to have access to live lecture.
5. **Virtual Class room:** A virtual class room has been established with all the ICT tools for online delivery of classes & training session.
6. **Video-conferencing/ Tele Medicine:**
  - a. **Video Conferencing mediated through the John Hopkin's School of Medicine and John Hopkin's Bloomberg School of Public health.**
  - b. **MFCME:** The medical fraternity in continuous medical education promoted by the Department of Science and Technology Govt. of India is aimed at educating fellow doctors, upcoming doctors in a cost effective virtual way. MFCME broadcasts live clinical/ academic activities every month.
  - c. **Tele- medicine:** Tele medicine is carried out with our PHC/ rural hospital.

**2.3.10 Is there provision for the services of counselor/ 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.

1. The psychological behavioral and emotional problems arising out of an entirely alien environment in the beginning coupled with the stress of the course curriculum are handled by the experienced staff who **perform the duties of a ‘Mentor, Counselor and Guide’**.
2. **Processes:**
  - a. **Each mentor is allotted 10 students at the beginning of the year.**
  - b. The mentor tracks their academic progress, behavioral and social aspects and identifies slow learners and students who need emotional supports.
  - c. **Extra classes/ tutorials/ assignments are carried out for slow learners to rehabilitate them in joining the mainstream.**
  - d. **Advance learners have an enhanced progress for achieving excellence.**
  - e. The mentor provides guidance, psychological support and may even resort to involving parents when and wherever necessary.
  - f. Tutorial system as it is conducted in small groups with the same faculty throughout the years helps in building confidence, self esteem and to overcome complexes.
  - g. **Tutor- ward system wherein seniors act as mentors for freshers.**

All students benefit from mentorship program. The average number of students who need special assistance, counseling is 20-25 every year.

**2.3.11 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.**

**Yes.**

Teaching Learning process for the students must be made interesting and refreshing, it must retain his /her attention, it must instill a sense of purpose and seek his/ her involvement. The students should be able to co-relate its necessity and application in real life situations. The innovation therefore, has to be dynamic and undergoing required change in an ongoing manner.

The methods availed are:

1. **Use of technology in dissemination and dispension of knowledge:**
  1. **ICT enabled teaching modules, soft-wares, animations, computers assisted teaching/ online assignments, discussion and evaluation are practiced.**

2. **Tele- medicine**, Tele conferencing are newer interactive teaching learning methods made available.
2. **Participatory Learning**:
  1. Seminars for students by students, paper and posters presentation in CMEs and Conferences.
  2. They are encouraged to take up '**role play models**'.
3. **Simulation and Skills Laboratories**: Simulation and Skills laboratories assist in skills enhancement. High –Tech mannequins and simulators are used for Teaching- learning.
4. **Clinical Teaching**:
  - a. **One minute preceptorship** in clinical departments with the theme “ observe think – discuss analyze”
  - b. **Community Oriented Teaching**: This is carried out in the community extension activities of diagnostic camps, awareness, health education, school health and national health program. Community Research projects involving students for field and home visits.
  - c. **Problem based learning**: for understanding concept and taking reasoned and informed decisions in clinical settings.
  - d. **Project based learning**: Students are allotted projects on various topics and they are presented in student seminars leading to discussion, question and answers under supervision of senior faculty member.
  - e. **Evidence Based Learning**: It is a combination of experience and skills of the faculty along with the best evidence available from the external source and beliefs, preferences, concerns of the patient to get the optimal result.
  - f. **Team Based Learning**: TBL is structured form of small group learning that emphasizes student preparation at home and application of knowledge in class. Students are organized strategically in to diverse teams of 5-7 students that work together throughout the class.
  - g. **Case Based Learning**: Case based learning uses virtual trigger cases to stimulate interest in a particular area of the curriculum. Working in small groups over two week period, a case is used to think about the knowledge and skills that might be useful. Small groups are led by tutors with training and expertise not just in the subject and content of the learning module but also in the skills and processes evolved in facilitating this type of learning.
  - h. **Reflective learning**:
    - It involves stepping back from an event or experience to analyze it from a different perspective with a view to improve future performance. These skills are learnt through practice based assignment / projects.

- Experiences of senior teachers are shared during grand rounds, clinical meeting and in the one minute preceptor mode. All courses conducted by university used reflective learning for continuing professional development.
- i. **Narrative learning**: Narratives are a part of our clinical teaching program that encourages holistic approach to management. It is possible to empathize and be objective while still not letting the pain of the patient wound the physician.
- 5. **Innovative active Learning Methods**:
  1. Students are exposed to active community learning by preparing relevant community education programs in the form of role plays by students.
  2. **The students of Faculty of Medical Sciences have produced a documentary on ‘Kshitij- The Heaven of Dream’ on the role of doctor in the society. This film has received first prize in various national level short film festivals.**
  3. Mock Trials to mimic real life situations.
- 6. **OSCE and OSPE** is conducted by the departments.
- 7. **Evaluation**:
  1. **‘Specific learning objectives’** are crystallized and learning outcomes are measured against them.
  2. There is an established **‘Academic Appraisal system’** which tracks the student’s academic progress.
  3. Continuous **‘Monitoring and Evaluation’** notified in the students log book.
  4. **Academic Audits** are conducted periodically. **‘Formative and summative evaluation’** has shown a definite improvement in learning and competencies acquired.
- 8. **Recognition**:
  1. Innovations are duly rewarded in the form of ‘Best teacher awards’.
  2. Special Achievements are recognized by admission to the **‘Vice-Chancellor’s coffee club’**.

### 2.3.12 How does the institution create a culture of instilling and nurturing creativity and scientific temper among the learners?

**“I have no special talents, I am only passionately curious” – Albert Einstein.**

How does a student become curious? There are some who are intrinsically motivated, passionate and adventurous in seeking new ideas and trying to look beyond the text. However for others to be drawn in to a teaching – learning experience that encourages intellectual enquiry lies in ability of the teacher to create the scientific

temper and fuel the thinking process. The seeds are sowed in the class room.

1. **Creation of Infrastructure**: The university in its efforts to attract best students and qualified faculty needs to create the necessary infrastructure for research. The university has started three research labs:
  - a. **Human Genetics Lab.**
  - b. **Virology Lab.**
  - c. **Lead Referral Lab.**
 These laboratories support a number of research projects in an ongoing manner.
2. **Research Integration in the curriculum**: Research is an integral part of the curriculum and students are periodically oriented in Research Methodology
3. **Participation in Research Meetings**:
  1. Students are encouraged to attend and take part in Conferences, Symposia, CMEs, and Workshops as they promote scientific activity.
  2. Journal Clubs, Clinical meetings, interdisciplinary clinical meeting, CPCs serve to build a scientific temper.
4. **Mandatory paper publication**:
  1. **It is mandatory for Post-Graduate students to conform to PPP system where by a ‘poster, presentation and publishing a research paper’ in an indexed journal is a prerequisite for their appearance at the postgraduate examination.**
  2. Faculty is required to publish a prescribed number of research papers in indexed journals depending on their position to be considered for promotion.
5. Training in Research Methodology and grant writing is carried out for postgraduate students and faculty and a ‘**Certificate course in Research Methodology**’ is introduced that has resulted in a high impact with an increasing no. of students taking up research projects.
6. **Incentives**: Financial support in the form of ‘**Seed money**’ and ‘**Research grants**’ is provided.
7. **Recognitions** in the form of timely and appropriate certifications
8. **Research Projects**: Students are encouraged to take part in ICMR and STS and institution funded research projects.
9. **Awards**:
  - a. **Best Student Paper.**
  - b. **Best Scientist**
  - c. **Best Post-Graduate Thesis**
  - d. **Best Ph.D. Thesis**
10. **Patents**: The University encourages innovations and financially supports all meaningful projects which as of now have resulted in

**22 patents being filed and procurement of 2 copyrights. The efforts of instilling scientific temper has resulted in the same being adopted as a way of life.**

**2.3.13 Does institution consider student projects mandatory in the learning programme? If yes, for how many programme have they been (percentage of total) made mandatory?**

- \* **Number of projects executed within the institute?**
- \* **Names of external institutions for student project work**
- \* **Role of faculty in facilitating such projects**

**Yes.**

1. 100% for Ph.D.
2. 100% for postgraduate Degree/ Diploma students.
3. 100% for Interns
4. Under-Graduates are encouraged to undertake projects under guidance of the faculty.

External institutions for project work involving students NRHM, NARI, AVERT, ARCON, RIT, ICMR, USAID, and MSACS.

- a. The faculty guides the students in:
  - **Research question.**
  - **Formulating the design of study**
  - **Its aim and objective.**
  - **Process of execution.**
  - **Interpretation and analysis of results.**
- b. **Support is provided for securing financial assistance and resolving technical difficulties if any.**

**2.3.14 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?**

**Yes,**

**All the faculty is exposed to ‘medical education technology workshop’.** The institutional unit, DET unit, faculty members are deputed for MCI basic course workshops. Workshops are also conducted at the institutional level to create awareness about latest teaching-learning trends. Entire faculty is trained in curriculum development and formulation. Shortfall if any, is mitigated in an ongoing manner.

1. **The university meets all the requirements of the faculty, technical and support staff as prescribed by the statutory councils (Medical Council of India, Dental Council of India, Indian Nursing Council and Indian Association of**

**Physiotherapists and Occupational Therapy and Physiotherapy Council of Maharashtra Mumbai).**

2. **The university has an adequate pool of qualified staff and their average attrition ratio is < 10% however in the senior staff the attrition is as low as < 5%.**
3. **Shortfalls have been few and far between. They are supplemented from the university registry of medical/ dental/ nursing teachers maintained by the Registrar and Deans.**

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

1. The university conducts training classes for faculty and administrative staff periodically for use of internet (World Wide Web, Browsing, Service Search Engine)
2. They are guided for preparing power point presentations, computer assisted teaching and learning (CALT), information technology and Audio-Video aids to constantly update their knowledge and computer skills. Soft ware/ packages have been provided. (Smart Teach, SAAKI, Elvieser for teaching-learning, SPSS- EPI – Info, STRATA are used to compute various types of data.)
3. Workshops are held regularly for the faculty in the usage of Audio-Visual aids, presentation of PPT and computer assisted teaching.
4. Video lectures of the topics and computer language skills are used for training.
5. Digital resources and access to open education resource including composite teaching modules are available in the library.
6. The campus is Wi-Fi enabled with 384 computer stations. Most of the faculty and all postgraduates have laptops.
7. All the departments have prepared learning resource material to cover the entire prescribed syllabus.
8. **100% faculty members are trained in the use of computer assisted teaching.**

There is a special 'ICT enabling cell' in the university which periodically conducts refresher courses for faculty members.

**2.3.16 Does the institute 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?**

Yes.

1. **The university has developed a system for evaluation of teachers by students/ alumni.**

2. A structured questionnaire is providing to the students at the end of each phase.
3. **The feedback is analyzed.** The teacher's appraisal committee consisting of the Registrar, Director of Health Sciences and Director of Research generate a report for further perusal by the concerned department.
4. **Suggestions, deficiencies at the institutional level are addressed by timely initiatives for strengthening the teaching learning process.**
5. Departmental scrutiny is carried out by the **Teacher appraisal committee.** It calls for intervention in case of teachers rated poorly by students. These teachers have to undergo a quality enhancement and capacity building workshop to improve their teaching skills.
6. **The feedback from students is an important parameter towards teacher appraisal** and they help the institute in identifying good/ average teachers as far as teaching abilities are concerned.
7. Special training for these teachers in MET has served to further improve the standards of teaching.
8. **Feedback inputs are given due weightage while selecting teachers for "Best teacher", "Best units", "Best departments" awards.**

**2.3.17 Does the institution used Tele Medicine facilities for teaching learning processes? if yes, cites a few instance.**

Yes.

1. **Tele Medicine** facility has been provided at our rural health center. In case information/ opinion is sought for, it is attended by senior doctor/ subject experts (Net consultation and Net diagnosis). Tele Medicine is used as an '**on site**' Teaching learning resource. Further a '**booklet**' on use of Tele Medicine as teaching learning is prepared.
2. **Video conferencing:** The John Hopkins CCGHE is a center of excellence supporting clinical care and research training with Indian Government and private institutions on HIV projects and research capacity building. CCGHE hosts a case discussion every month through video conferencing between B. J. Medical College, Pune, National AIDS Research Institute (NARI), Faculty of Medicine, KIMSDU and D. Y. Patil Medical College, Pune.
3. **MFCME:** Medical Fraternity in continuing medical education promoted by Department of Science and Technology Govt. of India is a program aimed at educating fellow doctors, upcoming doctors and spreading knowledge in a cost effective and virtual way.

MFCME carries out live broadcast of clinical and academic activities and surgeries twice a month.

4. Video conferencing and webinars are conducted during conferences and CMEs.
5. **Surgical procedures are connected by CCTV to the operation theatre viewing classroom and it allows for Audio-Visual interaction.**

**2.3.18 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)**
- **Students assisted teaching**
- **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**

Yes.

**1. ICT enabled flexible teaching system:**

1. Computers in all teaching departments and the library have internet connectivity.
2. Wi-Fi campus with high speed internet access, E-learning facility, digital library, and computer labs for students.
3. The digital resources give access to online journals, CDs and teaching modules and open education resource. The students have the choice to decide content and time for self directed learning.

**2. Reflective learning:**

1. It involves stepping back from an event or experience to analyze it from a different perspective with a view to improve future performance.
2. **Experiences of senior teachers are shared during grand rounds, clinical meetings, and in the one minute preceptor**

**mode. All courses conducted by the university use reflective learning for continuing professional developments.**

3. **Simulations:** The university has established two simulation laboratories (Basic and Advanced) and a clinical skills laboratory. These are used to train students in medicine and nursing while Dentistry has its own simulations. Physiotherapists are imparted simulation training for electrotherapy, manual therapy and exercise therapy. **The teaching hospital conducts training for doctor and nurses in Basic life support and Advance life support using simulation.** The skill laboratories are used to practice many procedures like intravenous drug administration, lumbar puncture and laparoscopic techniques on simulation.
4. **Evidence based medicine:** CMEs and Workshops are conducted for training faculty in EBM. Clinical training incorporates established medical practices based on evidences generated externally as well as locally and accepted over the years.
5. **Development of required skills/knowledge/ attitude:** Skill training and attitude is imparted at **'Bed side clinics, Problem based learning, Case based learning, Team based learning and the simulation and skill labs'** are used for development of special skills. **'Hands on training'** for interns and postgraduates under supervision is conducted for development of the required **'competencies'**.  
**Attitude, communication, reasoning, behavioral training is a part of the soft skills development program which is included in the curriculum.**  
 Adequate knowledge is gained through numerous teaching learning modules from didactic, bed side clinics, small group discussions, grand rounds, departmental seminars, case presentations, tutorials to **'Self directed learning'**.
6. **Problem based learning:** Problem based learning is included in the curriculum of undergraduates and postgraduates.
  1. The learning objectives are framed for each year/ phase.
  2. Topics are selected by subject experts. Students prepared for the case which is followed by small group discussion at the end of the week.
  3. Trained facilitator is assigned the responsibility.
 It is practiced as an **'active learning mode'** wherein a case or situation is given and it has to be processed in seven steps of-
  1. Identifying the process
  2. Exploring pre-existing knowledge
  3. Generating hypothesis and possible mechanisms
  4. Identifying learning issues
  5. Self study

6. Re-evaluation and application of new knowledge to the problem
7. Assessment and reflection of learning  
**PBL session is conducted every fortnight.**
7. **Student assisted teaching**: Student assisted teaching is mediated through **seminars of students for students, Journal clubs, Tutorials, Targeted group discussions and ‘Students Pedagogical assignments’**.
8. **Self directed learning and skills**:
  1. Self directed learning is facilitated by providing excellent library facilities with access to wide information resources. The library has a repository of many national, international journals, Back volumes, E-books and E-journals, CDs, DVDs, and teaching learning modules.
  2. The museums (Anatomy, Pathology, FMT, Microbiology, Pharmacology, Community Medicine., Gynecology, Surgery, Radiology) are important knowledge areas for self directed learning.
  3. Structured self directed learning mediated through periodic home assignments.
9. **Narrative based medicine**: Patients need physicians who during the process of treatment accompany them through their illness. It is patients centered and promotes understanding between the clinician and patients. Narratives are a part of our clinical teaching program that encourages holistic approach to management. **‘It is possible to empathize and be objective while still not letting the pain of the patient wound the physician’**.
10. **Reflective Medicine** : Reflective Medicine is to reflect on our action regarding a case or a situation asking ourselves.
  1. **What was the case ?**
  2. **What did I do?**
  3. **Is there any other way it could have been done better?**
  4. **What should I do next time, when a similar case comes so as to get better results?**

This may be done alone or by discussing with peers.

**Postgraduate students are required to do this exercise once a week.**

11. **Medical Humanities**: The approach to a patient in clinical medicine has evolved as our understanding of the effect of illness on the patient’s health relates to our understanding in the context of social, cultural, psychological, philosophical factors along with history, art and literature. clinical teaching incorporates communication skills, empathy, self awareness and the social and cultural context of the person, his illness and health care. It is appropriately incorporated in the curriculum.

12. **Drug Information centre**: The department of Pharmacology has information in the form of CIMS, MIMS, Pharmacopoeias and E-Journals. Drug information service is provided in conjunction with toxicology services and pharmacovigilance program.
13. **Ayurveda practices**: The institution has established an Ayurved medicine unit with qualified staff and runs daily OPD.
14. **Yoga**: Yoga classes are conducted regularly for staff and students with experts appointed for the same.
15. **Yoga Therapy techniques**: Yoga experts impart training in techniques which are in turn applied in clinical medicine as yoga therapy. A long term research project '**Impact of Yoga on life style diseases and patient's health**' is ongoing.
16. **Naturopathy**: Orientation is evoked through planned guest lectures. Institutionalization is through '**Yoga and Naturopathy center**'.

**2.3.19 Does the institution have a n Electronic Medical Records facility, staffed by trained and qualified personnel? Is it used for teaching learning process?**

**Yes.**

The university teaching hospital has installed hospital information management software which administers the entire patient's records from admission, hospital stay to discharges with details of investigation and daily progress. It is staffed by trained and qualified persons. It utilization in Teaching Learning process is carried out at all levels including post-graduate students, who can easily access record of patients for monitoring and planning care and for interns and undergraduates to follow progress of clinically interesting and difficult cases. They are a great boon for medico legal purposes as well.

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

**Yes.**

1. **Case Sheet Writing**:

The hospital defines and documents the content of the initial assessment for outpatients, in patients and emergency patients.

The format has been designed to ensure that the laid down parameters are captured.

Every initial assessment has been standardized across the hospital (and can be modified depending on the need of the department). At a minimum the documentation includes vitals, systemic

examination findings, investigations and medical orders. The initial assessment results in a documented plan of care.

2. **Informed Consent:**

The hospital subscribes to the rights and responsibilities as included in the patient's charter. Accordingly they are informed about the disease, the possible outcomes, the risks, alternatives and benefits and are involved in decision making. The costs are explained in a clear manner to the patient and or family. The patients are educated about the mechanisms available for addressing grievances.

The process for obtaining patient and or family Informed Consent exists for informed decision making about their care and cure.

3. **Discharge process:**

1. The discharge process is planned in consultation with the patient and or family. The patients' treating doctor determines the readiness for discharge during regular assessment.
2. The discharge procedures are documented to ensure co-ordination among various departments including accounts so that the discharge papers are complete in all respects in time.
3. In MLC cases the police are appropriately informed.
4. Policy and procedure are in place for patients' leaving against medical advice or being discharged on requests.
5. A discharged summary is given to all patients leaving the hospital.

**2.3.21 Does the institute produce videos of clinical cases and use them for teaching learning processes?**

**Yes.**

The university has over the years created an 'archival' in the form of video library comprising interesting clinical cases, operations, and surgical procedures. They are available in the viewing room of the library and for home issues besides being used for demonstration and assisted teaching.

The university has established a 'Department of Medical Publications and Audio-Visual Productions' for videographing lectures on all major topics with copyright and protection under IPR.

**2.3.22 Does the institution perform medico legal/ postmortem procedures with a view to train the undergraduate and postgraduate students in medico legal procedures?**

As Govt. of Maharashtra does not permit DU teaching hospitals from dispensing post-mortem procedures, the post mortems in medico legal cases are performed at the cottage hospital. The Krishna Institute of

Medical Sciences has an MOU with the Govt. of Maharashtra for allowing students to attend Medico legal post mortem under supervision of teachers of the department of Forensic Medicine and Toxicology at the cottage hospital.

Post mortems are important learning sources and on an average, the cottage hospital at Karad conducts **350-400** postmortems annually.

It is mandatory for every student to attend **10** postmortems under supervision which is duly incorporated in their practical journal.

In certain cases of unexplained death the hospital conducts clinical postmortems which are attended by undergraduates and postgraduates.

**2.3.23 Does the institution have drug and poison information and poison detection centres? How are these used to train the students?**

The department of Pharmacology has and maintains a collection of CIMS, MIMS, Pharmacopeias and E-journals. The department has a process of providing drug information services in conjunction with toxicology services and pharmacovigilance program in place. The institute carries out estimation of organo-phosphorus-cholinesterase estimation which is the commonest poisoning encountered in the hospital emergency room. The lead referral laboratory provides lead estimation for detecting lead poisoning.

**2.3.24 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.?**

Yes

1. **Pharmacovigilance:** The institute is mentioned in the pharmacovigilance program of India (PVPI) newsletter vol 14, 2014 April.

A pharmacovigilance committee has been constituted and simplified adverse drug reaction reporting is now a part of our patient's IPD case paper.

The institute organizes workshops periodically for orienting clinicians for ADR reporting.

2. **Toxicology Centre:** The institute carries out organophosphoram-cholinesterase estimation as this comprises 90% of the poisoning cases reported at the teaching hospital. Lead estimation is also done at the Lead referral Laboratory and this includes screening of high risk cases in industries and professions where workers are exposed to high content lead products e.g. paints, silver ornaments makers, battery manufacturing industries.

3. **Clinical pharmacy**: The teaching hospital pharmacies are involved in counseling and dispensing of prescribed drugs. Drug information and utilization is conveyed to the patients but prescription, administration, evaluation, selection and documentation is done by the concerned qualified doctors of respective departments.
4. **Drug information centre**: Drug information is provided by the department of pharmacology. The department provides all necessary information and has a collection of CIMS, MIMS, pharmacopeias and E-journals.
5. **Centre for Disease surveillance**: Surveillance for diseases like malaria, dengue and cholera is done.
6. **Psychology Laboratory**: Medical Psychology Laboratory (Student Guidance cell) is functional in the department of Psychiatry with qualified medical psychology counsellors. Learners with any psycho-social problem are counselled and supported through this cell while maintaining confidentiality.
7. **Yoga/ Naturopathy**: The institute has a yoga centre for performing teaching learning and training by experts. Fitness training is imparted through well equipped Gyms/ cardio and aerobics facility which has qualified trainers.

#### 2.3.25 Laboratories/ Diagnostics

- \* **How is the students learning process in the laboratories/ diagnostics monitored? Provide the laboratory time table (for different courses).**
- \* **Student staff ratio in the laboratory/ diagnostics.**

The institution has following laboratories:

Faculty of Medical Sciences:

1. **Preclinical:**
  - a. Histology (Anatomy)
  - b. Experimental Physiology
  - c. Human Physiology
  - d. Biochemistry
2. **Para clinical:**
  - a. Clinical Pharmacology
  - b. Microbiology
  - c. Forensic Medicine and Toxicology
  - d. Pathology
3. **Clinical:**
  - a. KIMS Diagnostic (Pathology, Microbiology, Biochemistry)
  - b. Central Diagnostic Lab at Krishna Hospital.
4. **Research Laboratories:**
  - a. Molecular and Genetics Laboratory
  - b. Virology laboratory

c. Lead Referral laboratory

**5. Skills Laboratories:**

a. Skills laboratory

b. SIM laboratory

Undergraduates and postgraduates are posted in the pre/ para/ clinical laboratories. Their work is monitored through ‘**Laboratory journals**’ and ‘**Log books**’.

Through the formative and summative assessment wherein the lab skills and knowledge is assessed.

Students are also trained on phantom heads and mannequins.

Laboratory time tables for different courses are available in the respective department.

**Student staff ratio in the laboratory/ diagnostics:**

For undergraduate students the ratio varies from **1:12** to **1:15**.

For postgraduate students it is **1:1**

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

The number of procedures / clinical cases / surgeries are observed, assisted, performed with assistance and done independently are as per the requirements of the regulatory bodies for undergraduate, interns and postgraduates to fulfill their learning objectives.

**1. For Under-Graduate students :**

The procedures observed assisted and performed are included and are recorded in a log book for each discipline and reviewed periodically by the concerned faculty. The undergraduate students perform procedures like Evaluation of clinical cases, Care plan, First Aid procedures, Parental administration of drugs, Community service, Instrument book and Drugs book. However, they observe surgical / interventional procedures under the supervision of faculty. These skills are as per the competencies determined by the councils.

**2. For interns :**

The interns perform clinical evaluation, bed side investigation and primary care techniques independently. Surgical, medical, gynecological, emergency and other special procedures are assisted and observed under the direct supervision of the faculty. They participate as ‘**First Assistant**’ for surgical / operative and interventional procedures. Throughout the internship they continue to render assistance to residents. A certificate is issued to them at the end of the posting verifying that clinical experience so gained.

**3. For Post graduate students :**

Each student is put through a schedule of ‘**Know, Know-how, show, show-how**’ wherein he is able to perform and evaluate clinical cases initially under supervision and then independently. Similarly, they undergo gradual learning from observation and acquisition of skills to independent performance of surgeries / procedures as per their learning curves. The whole training is supervised closely by immediate supervisors and verified by the faculty.

**2.3.27 Does the institution provide patients with information on complimentary and alternative systems of medicine?**

**Yes**

The university has out-patient departments in Ayurveda and Homeopathy run by the qualified Vaidya’s and Homeopaths. These services are promoted by counseling and in desired instances complementary services are provided for creating awareness.

The Physiotherapy department runs full fledged clinical services with all traditional and contemporary methods.

**2.3.28 What are the methods used to promote teaching learning process in the clinical setting?**

**The broad goal of teaching of Under-Graduates students in medicine is to have the knowledge, skills, and behavioral attributes to function effectively as the first contact physician.**

1. A course of systematic instruction in the principles and practices of medicine is carried out.
  - a. **Bed side clinics**: They are used to develop clinical skills (history taking, clinical examinations and other instruments of examinations to diagnose various common medical disorders and emergencies, interpretation of investigations and examination to arrive at a diagnosis)
  - b. **Ward procedures**: To perform simple routine investigations like haemogram, stool, urine, sputum and biological fluid examination.  
Assist the common bed side investigative procedures like pleural tap, lumbar puncture, bone marrow, aspiration/ biopsies.
  - c. Lectures-demonstrations, seminars and conferences in clinical medicine.
  - d. **Cognitive/affective training**: Human values, Ethical practices, instructions in behavioral skills and humane approach while communicating with patient’s relatives, society at large and

- colleagues and adopt ethical principles in all aspects of clinical practice.
- e. **Drug studies:** Various modes of drug therapeutics especially dosage, route of administration, side effects, toxicity, interactions, indications and contra indications.
  - f. **Medico- legal studies:** Approach to and management of Medico-legal cases.
  - g. **Maintenance of record/logbooks:** Records of all the clinical work carried out by the undergraduates and the postgraduates are maintained in a log book which is monitored by the supervisors.
  - h. Assistance in diagnostic, prognostic and therapeutic procedures
  - i. Provide first aid in emergencies
  - j. Use effective means of communication with community and individuals to motivate them for surgery or required treatment and organ donation.
  - k. Establish rapport with seniors, colleagues and paramedical workers to effectively function as a member of the health team.
2. **Hands on training:**
- a. **OPD teaching:** OPD teaching is organized in OPD teaching room provided for all departments. Clinical examinations, diagnosis and therapeutic management is taught in a holistic manner for a small group of students or individually in case of postgraduates, availing one minute 'preceptorship program'.
  - b. **Operation room:** Observation in labor-theatre, operating room, treatment room in medicine, post operative and post natal facilities.
  - c. **Mannequins for student teaching:** The basic and advance skills labs are utilized for training students in various clinical skills.

### 2.3.29 Do student maintain log books of their teaching learning activities?

Yes.

- **Log Books** are maintained for Teaching Learning activities by all undergraduate and postgraduate students. The log books cover all clinical activities that include bed side clinics, ward rounds, diagnostic procedures and operations performed, seminars, papers presented, CPC meetings, subject symposia, journal clubs and teaching of undergraduates by postgraduates.
- The procedure and operations are categorized are '**O, A, PA, PI**' (**Observed, Assisted, Performed with assistance, Performed independently**) These are verified by their supervisors to ensure

that minimum requirements of Medical Council of India guidelines are met with.

- Practical record books are maintained by undergraduate students in dept. of Anatomy, Physiology, Pharmacology, Pathology and FMT where students enter the results of work done by them.

### 2.3.30 Is there structured mechanism for post graduate teaching learning process?

Yes.

The program for Post graduate students is conducted in a structured way.

#### 1. A definite teaching schedule is prepared

In addition to the bedside teaching rounds formal teaching sessions are as follows

- a. Seminar Presentation
- b. Journal club
- c. Case Discussion
- d. Grand Round.

All the postgraduate students are posted in OPD/Wards /OT (Wherever applicable)

They are also rotated through all the specialty clinics.

The postgraduate students attend emergencies initially under supervision and subsequently independently.

#### 2. Thesis

- All the postgraduate students have to do the Thesis work. The thesis has to be accepted for the students to become eligible for appearing in the final examination.
- A research Methodology workshop is conducted for all the postgraduate students in the first term before they prepare the protocol of their proposed Thesis work and revise it if necessary before clearance from the Institutional Ethics committee which is mandatory before starting work.
- **Progress of Thesis is reviewed six monthly.**

#### 3. Conferences Workshop

- They also have to attend conferences and make a Poster presentation /or present a paper in the conference and publish one paper in indexed journal.
- **Thesis is reviewed by the external experts and open defense is conducted before its submission to the university at the end of the 5<sup>th</sup> term**
- a. **Assessment**
  - All P.G. students are assessed on daily basis for their academic progress.
  - **For Knowledge and Skills,**

- Formative evaluation is carried out every year on definite topics for each year.

**b. Attitudes**

- They are also assessed for observing ethics, moral behavior, values like confidence, care, concern, compassion, punctuality, sincerity and motivation through observation and feedback.
- Postgraduate students are given teaching assignments (for U.G. students) to develop pedagogical skills.
- They are deputed to the designated 'Centers of excellence' 'as observers' for a specific period.
- During first year the resident works under direct supervision of the 2<sup>nd</sup>/3<sup>rd</sup> year resident/senior resident and consultant on call. She/he is responsible for taking detailed history, examination of patients and send appropriate investigations as advised by the seniors. Initially all procedures are to be observed and then done under supervision of seniors and during 2<sup>nd</sup>/3<sup>rd</sup> year they do procedures independently.
- In the 2<sup>nd</sup> year, the resident is posted in speciality clinics of the department and is responsible for preparing of discharge cards including referral.
- In the 3<sup>rd</sup> year, the resident is encouraged to take independent decision in patient management. She/he is also involved in teaching of undergraduate students.
- Residents on emergency duty attend bed-side calls in various wards, ICU's and emergency.
- Residents are required to perform minor procedures routinely.
- In 2<sup>nd</sup> and 3<sup>rd</sup> year Junior Residents perform Surgeries stepwise and then independently under the guidance of faculty.

**2.3.31 Provide the following details about each of the teaching programs.**

\* Number of didactic lectures:

**Medical**

<b>Phase I</b>	
Subject	Hours
Anatomy	655
Physiology	480
Biochemistry	240
Community Medicine	60

Phase II	
Subjects	Hours
Pharmacology	300
Pathology	480
Microbiology	240
Forensic Medicine	100
Community Medicine	200

Phase III - Part I	
Subject	Hours
Community Medicine	116
Ophthalmology	100
ENT	70

Phase III - Part II	
Subject	Hours
Medicine and Allied (Including Psychiatry, and Dermatology)	390
General Surgery	300
Orthopedics	100
Dentistry	10
Anaesthesiology	20
Radiodiagnosis	20
Obst. Gynaecology	300
Pediatrics	100

\* Number of Students in each batch

Faculty/ Department	Theory	Tutorial	LCD and Practical	Clinical Posting
Medical	200	20-25	50	30
Dental	100	10-14	50	10-14
Nursing	100	--	25	10
Physiotherapy	50	--	--	25-25
Allied Sciences	10	NA	10	NA

\* Number of Rotations: They are according to Medical Council of India guidelines.

**Medical:**

	II/I	II/II	II/III	III/I	III/II	III/III	III/IV	Total
Medicine	4	--	6	6	--	6	4	26
Surgery	4	--	6	6	--	6	4	26
Ob. Gyn	4	4	2	6	--	4	4	24
PSM	4	4	--	--	4	--	--	12
Pediatric	--	2	2	4	--	--	2	10
ENT	--	4	--	--	4	--	--	8
Ophthal.	--	4	--	--	4	--	--	8
Dermat	--	2	--	--	2	--	2	6
TB Chest	--	2	--	--	--	--	--	2
Radiology	--	--	--	--	--	2	--	2
Causality	--	--	--	--	--	2	--	2
Dentistry	--	--	--	--	--	2	--	2
Ortho.	--	--	4	--	4	2	--	10
Psychiatry	--	2	--	--	--	--	--	2
Elective (Anaesthesia)	--	--	2	--	--	--	-	2
Total	16	24	22	24	16	22	16	140

**Nursing:****I st year Basic B.Sc. Nursing**

Sr. no.	subject	Theory [ including lab]		Clinical	
		Total hrs.	Demonstration, practical teaching [lab. Hours] from total theory hrs.	Total clinical hours	Practical teaching in clinical setting
1	English	60	-	-	-
2	Anatomy	60	12	-	-
3	Physiology	60	12	-	-
4	Nutrition	60	15	-	-
5	Biochemistry	30	-	-	-
6	Nursing Foundation	265+ 200	50+150	450	-
7	Psychology	60	10	-	-
8	Microbiology	60	15	-	-
9	Introduction to computers	45	30	-	-
	Total hours	900	294	450	

**II nd year Basic B.Sc. Nursing.**

Sr. No.	Subject	Theory [ including lab]		Clinical	
		Total hrs.	Demonstrations, practical teaching [lab. Hours] from total theory hrs.	Total clinical hours	Practical teaching in clinical setting
1	Sociology	60	1	-	-
2	Pharmacology	55	10		
3	Pathology and Genetics	30+15	7+0		
4	Medical Surgical Nursing-I	210	25	720	122
5	Community Health Nursing-I	90	15	135	
6	Communication and Education Technology	60+30	30	-	-
	<b>Total Hours</b>	<b>550</b>	<b>88</b>	<b>855</b>	<b>122</b>

**III rd year Basic B.Sc. Nursing**

Sr. No.	Subject	Theory hours		Clinical hours	
		Total theory hours [ including lab]	Demonstrations, practical teaching [lab. Hours] from total theory hrs.	Total clinical hours	Practical teaching in clinical setting from total clinical hours
1.	Medical surgical Nursing –II [including geriatrics]	120	30	270	30
2.	Child health Nursing	90	17	270	20
3.	Midwifery and Obstetric Nursing	90	27	180	37
4.	Mental Health Nursing	90	10	270	18 + visits of 24 hours
	<b>Total</b>	<b>390</b>	<b>84</b>	<b>90</b>	<b>29</b>

**IVth year Basic B.Sc. Nursing**

Sr. no.	Subject	Theory hours		Clinical hours		
		Total theory hours [ including lab]	Demonstrations , practical teaching [lab. Hours] <b>from total theory hrs.</b>	Total clinical hours	Practical teaching in clinical setting <b>from total clinical hours</b>	<b>Internship clinical hours</b>
	Community Health Nursing-II	90	10	135	15 + visits of 40 hrs. + National programs of 40 hrs.	<b>195</b>
2.	Nursing Research and statistics	45	05	45	45 hrs. project	
3.	Management of nursing services and education	60+30	30			
4.	Midwifery and Obstetric Nursing			180		<b>240</b>
5.	Medical surgical Nursing –II [including geriatrics]					<b>430</b>
6.	Mental health Nursing					<b>95</b>
7.	Child health Nursing					<b>95</b>
<b>Total</b>		<b>225</b>	<b>55</b>	<b>60</b>	<b>40</b>	

**I st year Post Basic B.Sc. nursing**

Subject	Theory hours including lab hours	Demonstrations and practical teaching (Lab hours) from theory	Clinical hours	Practical teaching in hospitalFrom clinical hours
Nursing				-

Foundation	45	-	30	
Nutrition and Dietics	30+15	15	-	-
Biochemistry and Biophysics	60	-	-	-
Psychology	60	-	15	11
Microbiology	60 +30	30	-	-
Maternal Nursing	60	15	240	10
Child health Nursing	60	10	240	20
Medical Surgical Nursing	90	15	270	10
English	60	-	-	-
Total	570	85	795	51

### II nd year Post Basic B.Sc. Nursing

Subject	Theory hours including lab hours	Demonstrations and practical teaching (Lab hours) from theory	Clinical hours	Practical teaching in hospital From clinical hours
Sociology	60	-	-	-
Community Health Nursing	60	8	240	-
Mental Health Nursing	60	16	240	30
Introduction to Nursing Education	60+75	75	-	-
Introduction to Nursing Administration	60+180	8	-	-
Introduction to Nursing Research and Statistics	45+120	5	-	120
Total	615	112	480	150

**I st year M.Sc. Nursing**

Sr. No.	SUBJECT	THEORY HOURS		CLINICAL HOURS	
		Total theory hours [ including lab]	Demonstrations , practical teaching [lab. Hours] from total theory hrs.	Total clinical hours	Practical teaching in clinical setting from total clinical hours
1	Nursing Education	150+150	150	-	-
2	Advance Nursing Practice	150	20	200	-
3	Nursing Research	150+100	100	-	-
4	Statistics	50+50	50	-	-
5	Medical surgical Nursing	150	-	650	62
6	Child health Nursing	150	25	650	40
7	Midwifery and Obstetric Nursing	150	25	650	30
8	Mental Health Nursing	150	6	650	24
9	Community health nursing	150	18	650	40
<b>Total</b>		<b>1550</b>	<b>394</b>	<b>3450</b>	<b>96</b>

**II<sup>nd</sup> Year M.Sc. Nursing**

Sr. No.	Subject	Theory Hours		Clinical hours	
		Total theory hours [ including lab]	Demonstrations, practical teaching [lab. Hours] from total theory hrs.	Total clinical hours	Practical teaching in clinical setting from total clinical hours
1	Nursing	150	-	150	28 Hrs. of

	Management				visits
2	Medical surgical Nursing	150	-	950	75
3	Child health Nursing	150	25		50
4	Midwifery and Obstetric Nursing	150	-	950	40
5	Mental Health Nursing	150	8	950	20
6	Community health nursing	150	30	950	50
Total		900	63	3950	235

**Dental:****I BDS**

Subject	No. of Rotation (Per Week)	Total Duration (in Hours)
Anatomy	03	120
Physiology	03	120
Biochemistry	02	80
Dental Anatomy and Dental Histology	05	200
Prosthodontics(Dental Material)	02	80

**II BDS**

Subject	No. of Rotation (Per Week)	Total Duration (in Hours)
Gen Pathology	02	80
Microbiology	02	80
Gen. Pharmacology	02	80
Dental Material	02	80
Oral Pathology	01	40

**III BDS**

Subject	No. of Rotation (Per Week)	Total Duration (in Hours)
Gen. Medicine	02	80

Gen. Surgery	02	80
Oral Pathology and Microbiology	03	120
Conservative Dentistry and Endodontic	01	40
Oral and Maxillofacial Surgery	01	40
Orthodontics and Dentofacial Orthopedics	01	40
Pediatric and Preventive Dentistry	01	40
Oral Medicine and Radiology	01	40
Public Health Dentistry	01	40
Prosthodontics and Crown and Bridge	01	40
Periodontics	01	40

**IV BDS**

Subject	No.of Rotation Per Week)	Total Duration in Hours)
Conservative Dentistry and Endodontic	03	120
Oral and Maxillofacial Surgery	03	120
Orthodontics and Dentofacial Orthopedics	03	120
Pediatric and Preventive Dentistry	03	120
Oral Medicine and Radiology	03	120
Public Health Dentistry	03	120
Prosthodontics and Crown and Bridge	03	120
Periodontics	03	120

**Physiotherapy:**

Subject	No. of Rotation	Total Duration
Musculoskeletal	1	8 weeks
Neuro	1	6 weeks
Cardio-pulmonary	1	6 weeks
Community	1	4 weeks

- **Details of students case study/ drug study:**  
Journals are maintained by the students for each department separately. The clinics are conducted as per the notified time table which is in accordance with the regulations of the Medical Council of India/ Dental Council of India and Indian Nursing Council/ Indian Association of Physiotherapists/ Occupational Therapy and Physiotherapy Council of Maharashtra Mumbai, as the case may be.
- **Nursing care conference:**  
Nursing care conferences are conducted during daily round with the faculty of the concerned departments.

- **Number of procedures that medical/ dental students get to see**  
The medical students see at least 4-5 procedures per day and dental students do similar no. of procedures which are entered in their log books and verified by their supervisors.
- **Mannequins / simulation / skills lab**  
The university has established basic and advance skills laboratories with mannequins for practical skills development of UG's and the skill lab for postgraduates to learn surgical skills.
- **Number of students in OT**  
5-6 students are permitted in the OT for observation while the rest can view the operation through CCTV connected to the Audio – Visual classroom for direct interaction.  
**The institute has 14 major and 6 minor, a total of 20 Operation theatres.**
- Avg. number of procedure in OR per week / month / year

**Department of Surgery**

Year 2012

Parameter	Total	Month ly Avg.	Week ly Avg.
Major Surgery	3200	267	62
Minor Surgery	5200	433	101
Total Operation load for Major	10-12		
Total Operation load for Minor	15-18		

Year 2013

Parameter	Total	Monthly Avg	Weekly Avg.
Major Surgery	3770	314	73
Minor Surgery	5250	438	102
Total Operation load for Major	15-16		
Total Operation load for Minor	18-22		

Year 2014

Parameter	Total	Monthly Avg	Weekly Avg.
Major Surgery	3925	327	76
Minor Surgery	5659	472	110
Total Operation load for Major	15-16		
Total Operation load for Minor	20-22		

**Department of Ophthalmology**

Year 2012

Parameter	Total	Monthly Avg.	Weekly Avg.
Major Surgery	2350	196	46
Minor Surgery	735	61	14
Total Operation load for Major and Minor surgeries	11		

**Year 2013**

Parameter	Total	Monthly Avg.	Weekly Avg.
Major Surgery	2695	225	53
Minor Surgery	1438	120	28
Total Operation load for Major and Minor surgeries	13		

**Year 2014**

Parameter	Total	Monthly Avg.	Weekly Avg.
Major Surgery	3560	297	69
Minor Surgery	1452	121	28
Total Operation load for Major and Minor surgeries	16		

**Department of Orthopedics****Year 2012**

Parameter	Total	Monthly Avg.	Weekly Avg.
Major Surgery	1654	138	32
Minor Surgery	2650	221	52
Total Operation load for Major	6-8		
Total Operation load for Minor	9-11		

**Year 2013**

Parameter	Total	Monthly Avg	Weekly Avg.
Major Surgery	1822	152	35
Minor Surgery	3856	321	75
Total Operation load for Major	8-10		
Total Operation load for Minor	14-16		

**Year 2014**

Parameter	Total	Monthly Avg	Weekly Avg.
Major Surgery	2100	175	41
Minor Surgery	4190	349	81
Total Operation load for Major	10-12		
Total Operation load for Minor	16-18		

- **Autopsy**

250-300 autopsies are performed per year. Each student is required to attend at least 10 autopsies.

**2.4 Teacher Quality:****2.4.1 How does the institution plan and facilitate its faculty to meet the changing requirements of the curriculum?**

The faculty is trained for the changing requirements in curriculum with consideration of the following features-

- i. **Priorities and expectations.**
- ii. **To re-examine the mission and commitments.**
- iii. **To keep abreast of new findings, methods and technology.**
- iv. **To consider Emerging areas of science and translational research.**
- v. **Nurturing research as the very engine of knowledge expansion.**
- vi. **International trends and market competitions.**
- vii. **Contribution to local, regional and national needs.**
- viii. **Equity, relevance and quality.**

**The university promotes the update of their knowledge by –**

- i. Organizing and encouraging participation in conferences, CMEs, Workshops and updates.
- ii. Deputing faculty members to centres of excellence as observers and fellows.
- iii. Encouraging staff members to be **visitors, examiners and members of academic bodies** in other institutions and Universities.
- iv. To take up joint research projects with institutions of repute and provide financial assistance as and when necessary.
- v. To share knowledge and resources with other Universities for curriculum developments.
- vi. To access open knowledge resources like the Internet and media.
- vii. Taking on board suggestions and feedback from all stake holders including students, alumni and experts.

**2.4.2 Does the institution encourage diversity in its faculty recruitment? Provide the following details (department/ School wise)**

**Yes**

The same is depicted as below:

Sr. No.	Department/ College	% of faculty from the same institution	% of faculty from other institution within the state	% of faculty from institutions outside of the state	% of faculty from other countries
<b>Faculty of Medicine</b>					
1	Anatomy	37.5%	12.5%	50%	--
2	Physiology	8.33%	91.66%	--	--
3	Biochemistry	16.7%	83.3%	--	--

4	Microbiology	14%	72%	14%	--
5	Pathology	23.07%	69.2%	7.6%	--
6	Forensic Medicine and Toxicology	--	66.66%	33.33%	--
7	Community Medicine	30%	70%	--	--
8	Pharmacology	20%	30%	40%	10%
9	General Surgery	10%	90%	--	--
10	Obstetrics & Gynecology	--	87%	13%	--
11	Ophthalmology	--	88%	12%	--
12	Otorhinolaryngology (ENT)	--	60%	40%	--
13	Anesthesia	5%	90%	5%	--
14	Radio-diagnosis	--	87.5%	12.5%	--
15	Orthopedics	17.64%	47.06%	29.42%	05.88%
16	Medicine	30.43%	56.52%	13.04%	--
17	Pediatrics	--	71.42%	28.57%	--
18	Dermatology, Venerology, Leprosy	--	66.67%	33.34%	--
19	Psychiatry	14%	72%	14%	--
20	TB-Chest	28%	72%	--	--
	Super Speciality				
21	Neuro Surgery	25%	75%	--	--
22	Plastic Surgery	--	75%	25%	--
<b>Faculty of Dentistry</b>					
23	Oral Medicine and Radiology	--	25%	75%	--
24	Conservative Dentistry & Endodontics	12.5%	37.5%	50%	--
25	Prosthodontics, Crown & Bridge	22%	66%	22%	--
26	Oral Pathology & Microbiology	--	40%	60%	--
27	Periodontology	--	20%	80%	--
28	Public Health Dentistry	33.3%	--	66.6%	--
29	Orthodontics and Dentofacial Orthopedics	--	20%	80%	--
30	Paedodontics And Preventive Dentistry	10%	10%	80%	--

31	Oral & Maxillofacial Surgery	11.11%	55.55%	33.33%	--
<b>Faculty of Physiotherapy</b>					
32	Cardio-pulmonary Physiotherapy	50%	--	50%	--
33	Community Health Physiotherapy	50%	25%	25%	--
34	Musculoskeletal Sciences Physiotherapy	57.14%	--	42.85%	--
35	Neurosciences Physiotherapy department	60	--	40%	--
36	Paediatric Physiotherapy	33.33%	--	66.66%	--
37	<b>Faculty of Nursing</b>	75.92%	05.55%	15.51%	--
38	<b>Faculty of Allied Sciences</b>	40%	60%	--	--

Diversity in Recruitment is encouraged without compromising the desired requirements of qualification experience, talents, skills and commitment.

**2.4.3 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?**

Recruitment of the quality faculty is an ongoing continuous process. The no. has to correspond with regulatory requirements prescribed by the apical councils. However, the present no. of the teaching faculty in regard to no. and higher cadre is more than the prescribed requirements whereby the requirements for the new programs including those in emerging areas stand mitigated. .

**2.4.4 How many Emeritus/ Adjunct Faculty/ Visiting professors are on the roll of the institution?**

Sr. No.	Visiting Faculty
1	Dr. Megha Joshi, Director of Laboratories at Lawrence General Hospital, Boston MA.
2	Dr. Rahul Jindal, Transplant Surgeon, Walter Reed Army Medical Center, Washington DC
3	Dr. Radha Maheshwari, Professor, Department of Pathology,

	Uniformed Services University of the Health Sciences, Maryland
4	Dr. Ashwin Kotwaliwale, Director of Bioinformatics at Existence Genetics LCC, LA USA
5	Dr. Hemangi Kale, Assistant Professor of Surgery, Case Western Reserve University, School of Medicine, Cleveland.
6	Dr. Rajan Dewar, Ph.D., M.D., Assistant Professor of Pathology, Beth Israel Deaconess Medical Center, Boston MA, USA
7	Dr. Sandhya Lagoo, Associate Professor of Surgery, Duke University, North Carolina, USA
8	Dr. Vikram Deshpande, Asst. Professor, Harvard Medical School, Boston, USA
9	Dr. Shivyogi Bhusnurmath, Dean, Academic Affairs, Saint Georges Universities, Grenada,
10	Dr. Bharati Bhusnurmath, Professor, Pathology, Saint Georges Universities, Grenada,

Sr. No	Adjunct faculty
01	Dr. S.M. Mehandale, MD (Community Medicine), MPh. John Hopkins University, USA
02	Dr. Vyankatesh T., M.Sc., Ph.D.(Biochemistry)
03	Dr. P.P. Doke, M.D., Ph.D.( Community Medicine)
04	Dr. Prabhadeep Kaur, MD ( Community Medicine)
05	Dr. Vilas Naik, DM, Nephrology
07	Dr. Anil Purohit , DM, Neurology
08	Dr. Vilas Jadhav, DNB, Pediatrics, Fellowship in Neurology
09	Dr. Mrs. Jyotsna Takalikar, M.D.Ayurveda, Pharmaceutical Sciences
10	Dr. Suhas Patil, MD, Homeopathy Organon medicine
11	Mr. Kalidas Patil, M.A, Medical Psychology
12	Mr. S. V. Phaltankar, M.A., Economics
13	Prof. Dr. Mrs. A. Sane, Environment
14	Prof. Dr. N.R. Jadhav, MBA (HR)
15	Prof. Miss V. R. Kadam, B.Sc., A.D.S.E, D.B.M, MBA
16	Prof. Dr. Ashwini Rodrigues, M.phil, Ph.D.(Finance & Marketing Management)
17	Mr. Dhananjay Kulkarni, M.Sc., Environmental Sciences
18	Dr. Milind Pishwikar, MD, Ob/Gyn.

**2.4.5 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.)

1. **Financial Assistance for Research:**

Research proposals of institutional interest are provided with financial assistance and the same is also extended to other projects which are recommended by the Director of Research.

a. **Special Incentives for research papers:**

Cash rewards have been instituted for faculty member who publish paper in indexed journals (Rs. 10000/- each article).

b. **Ph.D. programs:**

Faculty members enrolled for the Ph.D. programme are given special incentives in term of financial assistance for research, special leave, in service facility for pursuing their Ph.D.

2. **Study/ sabbatical leave** is granted to members for pursuing higher studies, specialized training programs for skills development and fellowship programmes.

3. **Participation in Conferences:**

Education is a dynamic process. The dynamics involve constant updates, refresher courses, and participation in conferences. All faculty members can avail of the facility of attending at least two conferences (one state and one national) which are entirely financed by the university. Faculty members are encouraged to present/ read papers in national/ international forums and those invited to chair or moderate in conferences are suitably rewarded.

4. **Organization of conferences, Symposium and CMEs:**

Faculty and Departments are encouraged to organize CMEs, Workshops, Updates and conferences. The conference expenses are borne by the university.

5. **Rewards/ Recognition:**

Faculty members are rewarded for research work, filing patents, contributing to books, manuscript writing, and for developing new teaching methods. Faculty who have excelled in teaching, or in providing exemplary service are invited to become a members of the 'Vice-Chancellor's coffee club' which in itself is a recognition for excellence besides providing many privileges.

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

The following faculty have received awards / recognition at various levels :

Faculty	State	National	International
Medical	22	1	1
Dental	1	--	--
Nursing	5	--	--
Physiotherapy	1	--	--

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

All faculty members have undergone professional development programme during last 4 years. These include:

Faculty development programs	Number of faculty attended
Induction programs	All Faculty
Re-orientation program	All Faculty
Refresher courses	All Faculty
Capacity building program	All Faculty
Program by regulatory/apex body	-

**2.4.8 How often does the institution organize academic development program (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 Medical Education Technology Cell. It conducts in accordance with its own calendar of events, several programs for training of faculty.

Development Programs like curriculum development, reforms in curriculum, newer modalities in teaching and examination reforms.

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

Faculty retention is a result of a number of measures that ensure stability.

1. Salary and incentives that are revised regularly and match counterparts in other institutions.
2. A promotion policy that minimizes stagnation at certain levels.

3. Amenities in the form of accommodation, security, school bus, for children, crèche, sports facility, cafeteria, departmental stores and entertainment.
4. A dependable autonomous governance structure.
5. Well- equipped facilities for teaching, research and administration.
6. Incentive and rewards for research and innovations.
7. Concession in tuition fee for children of staff in all health sciences courses.
8. Sabbatical/ special leave for studies and skill development.
9. A work environment/ culture that allows freedom of thought, encourages new ideas, nurtures talent and values the contribution of faculty in all area of teaching learning and administration.

Annual attrition rate is for senior faculty 3.6% and for junior faculty is 5.4%

**2.4.10 Does the institution have a mechanism to encourage -**

- **Mobility of faculty between institutions/ universities for teaching/ research?**
- **Faculty exchange programs with national and international bodies?**

**Yes.**

Mobility of staff is encouraged by ‘**Joint academic exercise, Collaborative research projects, Faculty exchange program and Visiting faculty**’.

- Faculty exchange program with St. George’s University, Grenada and Datta Meghe Institute of Health Sciences.
- International visiting faculty from USUHS.
- **Joint research project with COEP, NARI.**
- A number of MOU’s have been signed with national and international bodies for academic and research activities.

These programs have helped in enriching the faculty which is ultimately reflected in their teaching and research output and quality of publications.

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

**Yes.**

The university has devised a ‘**career advancement policy**’ for-

1. **Timely placement and promotion:**

Application of eligible teachers is routed through the HODs' with recommendations. The selection committee chaired by the Vice-Chancellor includes subject experts.

Experience, merit, performance, conduct, feed-back from students, contribution to teaching learning and research output are considered for placements and promotions.

Staff members with exemplary contribution or based on institutional needs are considered on preference and priority.

2. Effective utilization of CAS.
3. Recognition as postgraduate teacher, examiner.
4. Deputation, special leave and other privileges.

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

1. The institute runs a number of post-graduate and superspeciality programs resulting in the generation of a very competent skilled workforce and knowledge who by nature and requirement serve as catalysts for creating synergies with other postgraduate institutes for further enrichment and quality enhancement.
2. **Synergies are created with other institute for joint research projects, academic activities for sharing of expertise in specialities.**
3. **A number of MOUs have been signed with institution of repute like USUHS, St. George's University, Grenada, for academic exchange, joint research initiative and faculty development.**
4. **Collaboration with centres of excellence and specialities for fellowships and training helps in generating professionals with special skills as specialists or superspecialists.**

**2.4.13 Does the institution conduct capacity building program/ courses in subspecialties for its faculty?**

**Yes**

Capacity building is carried out for faculty in all sub-specialties. The capacity building program includes:

1. Workshops for Pedagogy, research skills, development and academic enhancement.
2. CMEs/ CDEs/ CNEs/, updates, symposia's, seminars in subspecialities.
3. **ICT enablement.**
4. Hands on training for adaptation of new technologies and techniques.

5. Courses related to relevant acts and laws medical bio and nursing ethics.
6. Observership/ fellowship at speciality centres.
7. **Collaboration with other institutes/Universities for sharing expertise, intellectual resources and establishing joint academic and research partnership.**

## **2.5 Evaluation Process and Reforms**

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

1. The academic calendar for each course is provided in the student's handbook.
2. The course curriculum book contains all the details of syllabus, scheme of examination, pattern of examination, nature of question papers, viva voce, practical examination, continuous internal assessment and standard of passing. It is available for the students at the beginning of each academic year.
3. Induction program at the beginning of the each phase comprises communication of various evaluation methods to the students.
4. The dates of terminal, preliminary and annual examination are announced 3 months in advance on the website and notice board.
5. **The results are declared on the website within 2 weeks.**
6. Facility for verification of marks and revaluation is provided.
7. The evaluation process follows the guidelines of apex councils and is duly approved by the BOS and Academic Council.

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

1. Biometric identification and video pictures of each candidate appearing for the Krishna All India Entrance Test (KAIET).
2. CCTV in examination halls and mobile jammers to prevent malpractices.
3. A panel of paper setters, invigilators and moderators is prepared by the Controller of Examinations.
4. Three independent question paper sets are prepared.
5. **A standard question bank with model answers undergoes continuous updates is utilized for the formative examination.**
6. **Internal assessment has a waightege of 20% of the total marks in theory and practical which are notified before the annual university examination.**

7. The evaluation process is time bound and notified at the beginning of each phase.
8. Central Assessment Program (CAP) is followed for summative examination.
9. **OSCE and OSPE** have been introduced for all health sciences courses for formative evaluation.
10. The university has adopted a **double evaluation** in all examination.
11. Facility for verification of marks and revaluation is available for undergraduates and postgraduates.
12. **Postgraduates are required to conform to the prescribed policy of poster presentation and publication.**
13. Ph.D. evaluation is through open defense. It takes place in the presence of select gathering of experts.
14. CCTV's, mobile jammers have resulted in obviating malpractices.
15. The introduction of OSCE/ OSPE has resulted in an objective unitized assessment.
16. Publishing of papers which is made mandatory for postgraduates has resulted in creating a research culture, inciting the spirit of enquiry, and enhancing the quality of research.
17. **Formative Internal assessment has lead to a continuous learning habit, better presentation and attendance.**

**2.5.3 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, E-mail etc.)`**

1. **The results are declared within 2 weeks of the conduction of the examination.**
2. So far a situation giving rise to a delay in declaration of results has not arisen.
3. The results are announced on the website as well as electronic means (SAAKI).

**2.5.4 How does the institution ensure transparency in the evaluation process?**

1. **Examiners are appointed from an approved panel from within and outside the state.**
2. **Three sets of question paper are set and moderated to see that the syllabus is appropriately covered with proper weightage and random selection of question paper is followed.**
3. Question papers are printed in university Press and stored in confidential custody

4. Entry to examination section is only through biometric identification restricted to the Controller of Examination.
5. **CCTV's, Mobile Jammers are installed in the examination hall.**
6. Examination malpractices if any are referred to the Unfair Means Committee.
7. **The CAP (Central Assessment Program) is conducted under CCTV surveillance.**
8. **Double evaluation is adopted** for undergraduate and postgraduate university examinations. Each answer book is evaluated independently by two examiners. The examiners will award marks on different award lists without marking on the answer books. If the difference between these two valuation not more than 15% and the mean of two evaluation is taken. **Third evaluation is considered if the difference between the two evaluations is more than 15% and mean of the near two is computed.**
9. Continuous Internal Assessment marks are informed before the Annual Examination under his/her sign.
10. **Furnishing of the photo copies of answer books of summative examinations to the examinee on solicitation within 2 weeks from the date of declaration of the results.**
11. Results are announced on the university's website , SAAKI.

**2.5.5 What are the rigorous features introduced by the University to ensure confidentiality in the conduct of the examination?**

The examination section of the university maintains a high degree of confidentiality.

1. The university directly communicates with external examiners avoiding scope for interaction with any institutional staff member .
2. Internal Examiners are appointed at short notice.
3. Three parallel and independent question paper sets are prepared.
4. **The papers are printed in the university press one day prior under the supervision of the Controller of Examinations (COE) and kept in the 'chest'.**
5. For postgraduate examination only one examiner is from the parent college and among the rest one is from within the state and the other two from outside the state.
6. Answer sheets for entrance examination have safety security features and they are printed in approved security press.
7. **Answer sheets are bar-coded to prevent revealing the identity of the student.**
8. The papers are moderated under CAP which is conducted under CCTV surveillance.
9. **The preparation of results which includes summation of marks, application of grace rules is done by the Controller of**

**Examination under the supervision of the ‘Special Examination committee’ with all measures to retain confidentiality and in accordance with the prescribed policy of the university.**

The aforesaid rigorous features have upheld the desired confidentiality in totality.

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

- **Pre examination process – Time table generation, hall ticket, OMR, Student list generation, invigilators, squads, Attendance sheet, online line payment gateway, online transmission of question and marks.**
- **Examination Process – Examination material management and logistics etc.**
- **Post examination process- Attendance capture, OMR based exam result, auto processing, result processing , certification etc.**

Yes.

**Pre-examination process:**

1. **Examination schedule:** The schedule of the examination is prepared and notified in the beginning of the concerned academic year vide the comprehensive academic calendar. The time table emanating thereof is notified at least one month in advance along with the last date for payment of the prescribed examination fee.
2. **Appointment of paper setters, moderators:** Paper setters and moderators are selected from a pool of approved teachers prepared by the concerned Board of Studies by the Controller of Examination observing strict confidentiality.
3. **Meeting of the BOE for conduct of examinations:** The meeting of BOE lays down the rules and guidelines for smooth conduct of the examination. It includes:
  - a. Appointment of center in-charge and invigilators.
  - b. Checking and sealing the examination hall at least two days before conduct of the examination.
  - c. Notifying examination rules 15 days prior to the examination.
4. Student should reach the examination hall 20 min. before the schedule time.
5. Admission ticket.
6. Should not wear aprons in the examination hall.
7. Should not carry chits, slips, or any other written material to hall.
8. Should not attempt to reveal the identity in any manner on the answer sheet.
9. Should refrain from any malpractice that will make them liable under the Unfair Means rule.

- a. **Appointment of vigilance squad**: A vigilance squad of not < 3 and not > 4 member comprising of at least one female member is authorized to visit any examination center without prior intimation to record the conduct of the examination and submit a report there to.
- b. **Issue of Hall tickets**
- c. **To prepare a list of detained students on the basis of Internal Assessment and attendance.**
- d. **Certification of the Examination Hall by the Controller of Examinations.**
- e. **Display of poster at examination hall** sighting the consequences and punishment incurred by trying to adopt unfair means.
- f. **Implied Imposition of Section 144 of CrPC by the COE one hour prior and after the examinations.**
- g. The COE is responsible for providing all examination related material, question papers, answer sheets, coding, sealing and transporting while preserving confidentiality and preventing any breach of secrecy.

**Examination Process:**

1. **Hall tickets are verified before allowing entry in to the examination hall.**
2. All students are Video graphed after taking their seats for entrance tests.
3. The sealed packets of the question papers which are classified faculty wise/ subject wise/ paper wise are handed over to the centre in-charge.
4. The integrity of the seal of the question paper is confirmed by two students randomly selected from the examination hall as witnesses towards 'panchnama'.
5. **The question papers are moderated by the experts of the concerned subject before distribution of the question papers to the students**
6. The invigilators distribute the answer books and appropriate question papers to the students.
7. Attendance is noted along with the verification of hall tickets. No student is allowed to enter the hall 15 min. after commencement or leave the examination hall mid-way.
8. **After completion of the examination answer scripts are collected by the invigilator and handed over to the centre in-charge who is responsible for safe delivery to the office of the Controller of Examination on the same day.**
9. **The daily report of the Examination is handed over to the CoE by the Centre In-Charge and the cumulative report of conduct**

**of Examination is prepared at the end of the examination schedule.**

**Post-examination process:**

1. In the case of entrance examinations the answers sheets are OMR based and are subject to auto processing and evaluation.
2. For other examinations answer sheets are evaluated under the CAP (Central Assessment Program).
3. The examination results are prepared by the Controller of Examination in accordance with the prescribed guidelines of the respective councils.
4. The results are declared within a 2 weeks of the examination with a provision for verification with respect to totaling of aggregate marks.
5. Once the results are declared the examination section is responsible for issuing mark-lists and passing certificates. Degree certificates are issued on solemnization at the convocation.
6. **Any malpractices that may have occurred are referred to the Unfair Means Committee and the results of such students are put on hold pending decision from the competent authority.**
7. **Answer books are preserved for six month followed by a laid down procedure for disposal under the supervision of the Controller of Examination through an appropriate 'panchnama'.**

**2.5.7 Has the University/ institution introduced any reforms in its evaluation process?**

**Yes.**

1. Postgraduate students have to publish a paper in indexed journal before appearing for their final examinations.
  2. Dissertation has been introduced for M.Sc. students.
  3. **Dissertations for diploma courses are introduced from academic year 2015.**
  4. OSCE and OSPE are practiced for internal examination.
  5. A double valuation system is followed to increase the reliability of the examination system. The mean of two evaluation is considered final unless the difference is > 15%. In such case a 3<sup>rd</sup> evaluation is undertaken. The mean of two nearest evaluation is considered.
  6. Ph.D. evaluation is through open defense in presence of the guide and three examiners. Two of these are from outside the state.
  7. **MCQ's account for 15% of the total marks. A validated MCQ bank is maintained by the institution.**
  8. **Installation of CCTV in examination Hall.**
  9. **Installation of mobile jammer.**
- Submission of question bank**

The questions for the question bank are submitted in following format for each question paper

Sr. No.		Type of question	Total number of Questions	Level I Recall and Comprehension (80%)	Level II and Analysis and Problem Solving (20%)
I	Must Know 60%	LAQ	20	16	4
		SAQ	24	20	4
		BAQ	48	40	8
		MCQ	96	80	16
II	Desirable to Know 30%	SAQ	8	6	2
		BAQ	16	12	4
		MCQ	32	24	8
III	Nice to Know 10%	SAQ	8	6	2
		BAQ	16	12	4
		MCQ	32	24	8

	Topic A	Topic B	Topic C	Topic D	TOTAL
Knowledge	1	2	1	1	5 (12.5%)
Comprehension	2	1	2	2	7 (17.5%)
Application	4	4	3	4	15 (37.5%)
Analysis	3	2	3	2	10 (25%)
Synthesis		1		1	2 (5%)
Evaluation			1		1(2.5%)
TOTAL	10 (25%)	10 (25%)	10 (25%)	10 (25%)	40

### 2.5.8 What is the mechanism for redressal of grievances with reference to examinations? Give Details.

The university follows a multi layered grievance redressal system approved by the Academic Council.

#### 1. For Formative Examinations:

##### Step I:

The students can approach the teacher concerned who will provide a copy of the answer sheet corrected by the teacher and explain the points and necessary ingredients expected in the answer along with weightages while calculating the marks. If desired he will provide the students with model answers.

##### Step II:

If the student is still not satisfied with the explanations he can ask for a review by the HOD.

##### Step III:

In spite of the review by the Head of department the student still feels aggrieved he/she can file a written appeal to the grievance redressal committee clearly stating the reasons and justification for his/ her objections. The committee will give a hearing to the appellant before deciding the matter appropriately.

**2. For Summative Assessment:**

After declaration of results the students can apply for re-verification of totaling of marks within 7 days from the declaration of result which is disposed within 7 days of its receipt.

**2.5.9 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**

The university has an ‘**Examination manual**’ which illustrates all aspects of conduct of the examination, the details of rules, regulation, supervision, appeals and grievance redressal.

**The manual has a specific chapter on examination malpractices relating to students, faculty and non teaching staff.** It mentions the process of discipline, fixing responsibility of the working pattern of the unfair means committee and the quantum of punishment.

**2.5.10 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.**

The office of the Controller of the Examinations embodies the features of confidentiality reliability and efficiency. The operations are streamlined by scientific structuring of all important functions with carefully laid down procedures for adherence to the bye-laws of the university and the guidelines of the statutory councils.

**1. Infrastructure:**

The office of the Controller of Examinations is located in the university building with an entire floor dedicated to the examination section. It comprises of CAP center, printing section, store room and offices with entry restricted to the CAP Section by biometric identification lock that can be operated only by the Controller of Examination. The entire CAP section is under CCTV surveillance and with entry allowed only to and security cleared support staff.

Chest: A chest is kept in the office of the Controller of Examinations for safe keeping of documents. The only key is always with the Controller of Examination only.

**2. Intellectual resources:**

- The Controller of Examination is responsible for creating and updating the entire question bank along with model answers.
- Experienced and qualified paper setters, moderators and examiners are appointed through Board of Examinations.
- Preparing parallel set of question papers and maintaining the records of model answers.

**3. Conduct of Examination and declaration of results:**i. Central Assessment program:

The conduct of examinations and declaration of results is one of the important activities of the Institute.

- Declaring the results in the prescribed time.
- Increasing the reliability of the results,
- Maintaining uniformity and consistency in the assessment,
- Increasing accuracy and efficiency in the declaration of results,
- **Building confidence amongst the students about the assessment system.**

ii. Central Assessment Programme (CAP) Center:

- Answer-books of all Institute examinations will be assessed only at Central Assessment Programme, set up by the Examination Section of the Institute.
- Spacious halls, sufficient to accommodate the required number of examiners, moderators and the administrative staff;
- Sufficient number of tables (one each for examiners and moderators) chairs and steel cupboards;
- One separate room for the safe storage of all the sensitive and confidential material related to the examination and the required stationery articles including maintenance of a 'Utility register'.
- Computer system with printer- in good, workable condition;
- Data entry operator.

The Central Assessment Programme consists of the following stages:

- Pre-assessment work
- Assessment and Moderation process
- Post-Assessment work

- Pre-assessment:

The venue of the CAP shall be in the CAP section of the university under direct supervision of the Controller of Examinations.

The Controller of Examinations shall ascertain the number of examiners and moderators required per subject.

The Controller of Examinations sends invitation letters to all the examiners shown in the lists finalized by the Institute well in advance so as to enable the examiners to communicate their acceptance. All the instructions regarding CAP shall also be sent to the examiners. In case of shortage of examiners as reported, the Controller of Examination takes the decision in consultation with the dean of faculty.

Collection of Answer books:

It is the responsibility of the Centre In-Charge of the College to see that the answer books of the examinations held are sent on the day of the examination to the COE.

Preparation for CAP

- The Controller of Examination makes adequate arrangements to receive answer-books coming from the examination centers from time to time.
- On receipt of the answer-books at the CAP venue / Institute, the staff employed for this work shall check the number of answer-books, Invigilator's Reports and ascertain as to whether the number of candidates present and absent indicated in the report are correct. In case of any discrepancy, it shall be resolved in consultation with the Controller of Examination / Officer nominated by the Controller of Examination.
- It shall be seen and verified that all the answer-books of the subject, are received from the centers of examinations. This shall be checked with the subject-wise and center-wise summaries of the examination concerned..
- Report of the held examination is handed to the Controller of Examinations by the Centre In Charge on the same day.
- The answer-books so prepared shall be bar-coded. The Invigilator's report shall be taken out and kept in a separate file. Papers presented in a doubtful manner will be separated and further decision regarding their evaluation taken in consultation with the Controller of Examination.
- Assessment process:
  - Consistency and uniformity in assessment.
  - Unfair means noticed by the assessor/s are noted.
- Post - assessment:
  - Decoding / unmasking of assessed answer books.
  - Scrutiny and verification of assessed answer books.
    - a. Stating the result

The result for purposes of this includes Pass, Fail, Distinction, Exemption and such other terms as may be prescribed by the statutory council, through scrutineers and tabulators.

b. Preparation of the result-sheet

All the procedure is scrutinized by the Controller of Examinations 'Scrutiny' means and includes: -

- Checking of posting made by the tabulators from the original statement submitted by the examiner;
- Checking of totals/aggregates posted by tabulator / computer programmer;
- Checking of appropriate marking indicating failures;
- Checking of result prepared by the tabulator (both in the tabulation register and the result sheet) including Distinction, Pass, Fail and Exemption.
- Checking of the list of awards prepared by the tabulators.

c. Cognisance and reporting unfair means:

The centre in-charge **is the authority designated to report unfair means to the Controller of Examination on the day of its occurrence for further appropriate action and to take decisions regarding entry to the examination hall in case of impersonation.**

**2.5.11 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.**
  - In the health science course the objective is to prepare professional capable of looking after the preventive, promotive, curative and rehabilitative aspects of health.
  - The learning methods employ didactic lectures, practicals, tutorials, seminars, bed side clinics, and small group discussion, observation of operations and procedures, integrated teaching, community visits, diagnostics, awareness and school health camps. These learning methods hope to produce graduates with necessary knowledge, skills, and competency to undertake clinical practice independently. Hence all assessment methods, principles and practices are designed to assess these features based on the learning methods employed.
  - The formative and summative assessment principle consists of testing the knowledge acquired by theory examination. The application, analysis, synthesis, decision making and competencies are evaluated during practical examinations and viva-voce.
  - The compatibility undergoes scrutiny by a structured feedback input from the faculty and students.
  - Practical skills are evaluated through OSCE/ OSPE.
  - Community oriented education, holistic approach and ethics have a measure in a specially constructed practical evaluation system.
- **Balance between formative and summative assessments:**
  1. The formative assessment gives the feedback on students performance which either helps to improvise or sustain the performance of students in summative assessment.
  1. Unit wise assessment in internal examination and preliminary examination provides enough exposure to students to face summative examination.
  2. Preliminary examinations are the replica of the university examinations.
  3. **The Internal assessment calculated from all the formative examinations are given 20% weightage in university examinations**
  4. The university conducts summative examination to assess the overall knowledge and skill acquired by the students during the academic year Based on the results of which the student will be allowed to progress to the next class 50 % is the minimum passing percentage in each head of passing with a rider that **‘Failing is cumulative and passing is separate’**.

- **Increasing objectivity in formative assessments.**
  1. Objectivity is increased by introduction of MCQ's, OSCE and OSPE.
  2. **Unitization of LAQ's in theory, development of practical skills, maintaining log books seminars, survey reports and minor research projects helps to increase objectivity in formative assessments.**
- **Formative (theory / orals / clinical / practical) internal assessment; choice based credit system; grading / marking.**  
All faculties and departments conduct theory/ oral/ clinical/ practical internal assessment which carries a 20% weightage in the summative examination. **The educational outcomes have definitely improved on account of the internal assessment as it cultivates a habit of continuous learning and monitoring there to.**
- **Summative (theory / orals / clinical / practical).**  
The summative examination assesses the overall knowledge and skills acquired during the academic year. The results are based on minimum measure of 'Must Know' for progression to the next class **with a passing percentage of 50% in each head.**  
The assessment pattern of theory/ oral/ clinical/ practical is formulated by the university based on the guidelines of the statutory councils including up-gradation there to.
- **Theory – structure and setting of question papers – Essays, long answers, SAQ's, BAQ's and MCQs etc. Questions bank and Key answers.**  
The structure of the theory paper includes long answer question, (LAQ), SAQ, BAQ and multiple choice question (MCQ's)  
The relevance and importance of the LAQ's/ BAQ's and SAQ's is term of clinical practice and its regional/ national relativity helps in attaining the desired education outcomes.  
**Question bank is validated** and updated continuously for the changing health patterns is available in all departments.
- **OSCE/ OSPE**  
**OSCE/ OSPE have been introduced** in formative assessment in all health science courses.

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

1. Examination halls are checked and sealed two days prior to the examination.
2. CCTV and mobile jammers are installed in the examination halls.
3. Finger printing and videographing is carried out to prevent impersonation.
4. Vigilance squad is appointed by the Controller of Examination.

5. Examinations are conducted under strict supervision.
6. Unfair means call for severe consequences under the bye laws of the university.
7. **7 numbers of severe and 14 minor malpractices were reported and declared within accordance of the bye laws. The 0.07 % indicates negligible unfair means.**

## **2.6 Student performance and learning outcomes**

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

Yes.

The desired Graduate attributes of the teaching learning, training program are articulated as follows –

1. **To be knowledgeable, skilled and competent to provide preventive, promotive creative and rehabilitative medicine.**
2. **To perform independently, professionally, and efficiently in urban as well as rural setting.**
3. **The ability to analyse, co-relate, have clarity of expression and independence of judgement.**
4. **The capability of meeting the challenges in health care with reasoned and informed decisions.**
5. **To have appropriate communication and problem solving skills with team building approach.**
6. **To preserve moral and ethical integrity in discharge of duties.**
7. **To understand social responsibilities, provide equity and perform without fear or favour.**
8. **To become lifelong student of science imbued with the spirit of enquiry.**
9. **To stand out in intense competitive arenas.**
10. **To uphold the values, principles and dignity of the noblest profession.**

The entire teaching learning program is structured to meet these objectives.

1. **During the course of study Graduates undergo community orientation programs, school, health, diagnostic and awareness camps, blood donation drives with interaction towards understanding the need of the society, their traditions and culture is doing so learning the duties as a responsible member of the society.**
2. The research projects undertaken help in building the research aptitude.
3. **The teaching of ethics, spiritual, and moral discourses are an integral part of the teaching learning program.**

4. Participation in National health programs and days of national importance serve to foster national integrity.
5. The skills, knowledge and its applications is monitored throughout the course by continuous internal assessment and formative and summative evaluations.
6. **The outcome is achieved through monitoring of the strategic implementation of teaching learning program with emphasis on equity, quality and efficiency.**

**2.6.2 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?**

**Yes.**

All academic programs/ departments have clearly stated outcomes. These outcomes are illustrated in the course curriculum book which is available at the beginning of 1<sup>st</sup> phase in each subject/ department. During the induction program the learning outcomes are highlighted and they are monitored throughout the course, thus keeping the students and staff constantly aware of the desired outcomes. The learning outcomes are explained/ reviewed at various stages/ times during the teaching learning process.

1. **Departmental review meeting.**
2. **Conclusion of phases/ semesters.**
3. **At mentorship sessions.**
4. **Structured feedback systems.**
5. **Formative and summative examinations.**
6. **Specific learning out comes for each unit of learning.**

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

The strategies structured to achieve the intended outcomes include:

1. **Providing necessary infrastructure for teaching learning:**
  - a. The lecture halls are spacious well equipped with audio visual aids and E – enabled.
  - b. The laboratories have various features for experimenting, observing, preparing, demonstrating, and simulating.
  - c. **A good hospital set up with abundant clinical material and well designated teaching learning areas**
  - d. Museums which constantly undergo additions and upgradation.
  - e. **Digital library with a treasure of books, back volumes, journals, audio visual assets and e- books/ journals.**
2. **Padagogy Methods:**

The teaching model is changed from ‘**Passive learning**’ to ‘**Active learning**’. It is student centric with a curriculum that is integrated and competency based as against the traditional knowledge based one. The teaching learning methods employ small group discussion, early clinical exposure, community oriented teaching, integrated teaching, evidence based learning , problem based learning.

3. **Research as an integral component of the teaching learning process:**

The university encourages participation of Undergraduate’s in research while for Postgraduate’s and Ph.D. students it is mandatory to publish a paper in an indexed journal. Diploma and M.Sc. students have to write dissertations. Undergraduate’s and interns are incited to take up STS/ICMR projects. Research incentives and awards have been instituted.

4. **Employing innovative Methods with active students participations:**

- a. **Video conferencing with John Hopkins School of Medicine.**
- b. **Telemedicine with rural health centers.**
- c. **MFCME – Broadcasting academic activities, operations, and procedures.**
- d. Using various E-tools (SAAKI, SMARTECH)

The assessment strategies are designed to be compatible with the teaching learning process, They employ MCQ’s, OSCE, OSPE formative and summative assessments that reflect the desired outcomes of graduates as attributes of knowledge, skills, competency, responsibility and leadership.

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

- a. The continuous progress assessment helps to know whether the desired objectives are achieved or not?
- b. Formative evaluation also gives an indication about it.
- c. Results of summative examination are also a strong pointer in that direction.
- d. The number of students who are taking up the various competitive examinations and are getting admitted to higher studies.
- e. The way Alumni have established themselves in the society occupying high positions.
- f. Strong positive feedback from the stakeholders also helps in evaluating the impact of the programme.
- g. Accreditation of the programme.  
These are some of the yardsticks to evaluate the outcome and impact of the programme.

## **CRITERION III:**

### **RESEARCH, CONSULTANCY AND EXTENSION**

#### **3.1 Promotion of Research**

##### **3.1.1 Does the university have a Research Committee to monitor and address issues related to research? If yes, what is its composition? Mention a few recommendations which have been implemented and their impact.**

**Yes.**

Krishna Institute of Medical Sciences Deemed University, Karad has established eleven committees to monitor the research related activities and the composition of each is as per the Bye-Laws of University and guidelines prescribed by ICMR.

The details of these committees are mentioned below.

- 1. Research Advisory Committee (RAC)**
- 2. Molecular and Genetic Research Advisory Committee (MGRAC)**
- 3. Institutional Ethics Committee (IEC)**
- 4. Animal Ethics Committee (AEC)**
- 5. Research and Recognition Committee (RRC)**
- 6. Research Cell Committee (RCC)**
- 7. Institutional Protocol Committee (IPC)**
- 8. Research Fund Allocation Committee (RFAC)**
- 9. Clinical Trial committees (CTC)**
- 10. Research Development & Sustenance Committee (RDSC)**
- 11. Lead Referral Laboratory Committee (LRLC)**

Identification of priority areas of research, critical appraisal of research protocols, allocation of research funds, incentives for publication of research papers in nationally and internationally indexed journals, creation and up-gradation of research facilities, preparation of MoUs with national and international collaborating agencies, are undertaken by these committees for the promotion of research. All the members of the committees are experts in their respective field.

The Institution has established the Directorate of Research in 2007, specifically for promotion of research activities in all constituent colleges of the university. Dr. Asha K. Pratinidhi, a former Dean of Govt. Medical College who has over 119 publications to her credit and her Scopus author h index is 6 and has done 22 national & international research projects including projects for WHO (3),

UNICEF (1), ICMR (6), DHS (4), Govt. of India (2), ICDS (2) and NRHM (1), **She has been appointed as full-time Director of Research.** Dr. Pratinidhi is assisted by Dr. Arun Patil, Ph. D. (Medical), as Dy. Director, Research who has more than 22 publications out of which 10 are in the Scopus affiliated journals and the Scopus author h index for his publication is 5. Dr. Satish Kakade, Ph. D. is working as Assistant Director, Research. Thus a strong research wing is functioning in the Institute. The composition of various Research Committees is mentioned below.

- 1. Research Advisory Committee** is constituted of 21 persons of national and international eminence to guide all the research related activities. The committee meets once in a year at commencement of the academic year. The composition of research advisory committee is given below.

Research Advisory Committee (RAC)				
S.N	Name	Position Internal / External	Organisation	Official Address
1.	Dr. A. V. Nadkarni Vice Chancellor	Chairman (Ex- officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 Ph.02164-241555-58 Email contact@kimsuniversity.in
2.	Dr. Asha K. Pratinidhi Director of Research	Member Secretary (Ex- officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 09371100730 Email. ashapratinidhi@gmail.com
3.	Dr. S.T. Mohite Dean of Faculty of Medicine	Member (Ex- officio) (Internal)	Krishna Institute of Medical Sciences, Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 439 02164-241555-58 Email. contact@kimsuniversity.in
4.	Dr. Shashikiran N. D. Dean of Faculty of Dental Sciences	Member (Ex- officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 Ph.02164-241555-58 Email. sdskarad@yahoo.com
5.	Dr. G. Varadrajulu Dean of Faculty of Physiotherapy	Member (Ex- officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, Pin 415 539 Ph. 09890075216 Email. kimsu.ptprincipal@gmail.com

6.	Mrs. Vaishali R. Mohite Dean of Faculty of Nursing Sciences	Member (Ex-officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 Ph. 02164-241555-58 Email. contact@kimsuniversity.in
7.	Dr. S. C. Kale Dean of faculty of Allied Sciences	Member (Ex-officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 Ph. 02164-241555-58
8.	Dr. C. C. Khanwilkar Professor and Head Pharmacology	Member (Ex-officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 Ph. 02164-241555-58
9.	Dr. C. D. Aundhkar Professor and Head, Paediatrics	Member (Ex-officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 Ph. 02164-241555-58
10.	Dr. S. C. Aundhkar Professor and Head, Medicine	Member (Ex-officio) (Internal)	Krishna Institute of Medical Sciences Deemed University, Karad	KIMSDU, Malkapur Karad, Taluka- Karad, District-Satara Pin 415 539 Ph. 02164-241555-58
11.	Dr. Aparna N. Shrotri Retd. Professor	Member (External) Clinical Expert	B. J. Medical College, Pune	Peninsula Gidney Park, Near Pune Railway Station, Pune, Maharashtra Pin - 411037 Ph. 09422513482 Email. shrotriaparna@gmail.com
12.	Dr. Mohan D. Gupte Ex. Director Chair	Member (External) Scientist	Indian Council Of Medical Research New Delhi	Delhi Ph. 09822718745 Email. mohangupted@yahoo.com
13.	Dr. Radha Maheshwari Professor	Member (External) Scientist	Uniformed Services University of Health Sciences	4301 Jones Bridge Rd. Bethesda, MD, 20814 Ph. 0301-2375879 Email. radha.maheshwari@usuhs.edu rmaheshwari33@hotmail.com
14.	Dr. Ramadasan Kuttan Research Director	Member (External) Scientist (Non-Medical)	Amla Cancer Research Centre, Amla	Department of Biochemistry, Amla Cancer Research Institute, Amla Nagar, Ttissur 680 555, Kerala Ph.0487-2307950 Email. amalacancerresearch@gmail.com

15.	Dr. Girija Kuttan Professor	Member (External) Scientist (Non-Medical)	Amla Cancer Research Center, Amla	Department of Immunology, Amla Cancer Research Institute, Amla Nagar, Ttissur 680 555, Kerala Ph. 0487-2304190 Email. girijakuttan@gmail.com
16.	Dr. Mohan Wani Scientist F	External Scientist F	National Centre for Cell Sciences, Pune	National Centre for Cell Science Pune University Campus Pune-411 007, India Ph. 020-25708102 25708000 Email. mohanwani@nccs.res.in
17.	Dr. Sachin Kadam Assistant Professor	Member (External)	Defence Institute of Advanced Technology,	Dept of Biosciences and Technology Defence Institute of Advanced Technology, Girinagar, Pune Ph. 09820013533 Email kadamsachin@gmail.com
18.	Dr. Sanjay Mehendale Director & Scientist G	Member (External) Epidemiologist	National Institute of Epidemiology, Chennai	R-127, Tamilnadu Housing Board, Ayapakkam, Chennai- Ph. 77044-26357469 Email. sanjaymehendale@nie.gov.in sanjaymehendale@icmr.org.in
19.	Dr. D.T. Mourya Director,	Member (External) Scientist	National Institute of Virology, Pune	National Institute of Virology, 20-A Dr. Ambedkar Rd. Pine 411001 Ph.021-26124386 Email. dtmourya@gmail.com directorniv@gmail.com
20.	Dr. Venkatesh Thuppil Director of NRCLPI and QCI	Member (External)	National Research Centre for Lead Poisoning in India, Bangalore	Department of Biochemistry & Biophysics St John's Medical College Sarjapur Rd, Koramangala, Bengaluru, 560034 Karnataka Ph. 09341242430 Email. venkatesh.thuppil@gmail.com
21.	Dr. Kusal Das Professor	Member (External) Expert Non Clinical	BLDE University, Vijayapur	Department of Physiology, BLDE University's Shri B. M. Patil Medical College, Vijayapur -586 103 Karnataka, India Ph.08352-262770 Email. kusaldas@yahoo.com

**2. Molecular & Genetic Research Advisory Committee** is constituted to enhance and monitor the molecular & genetic research activities. The committee meets once in year at commencement of the academic year. The details of members are mentioned below.

<b>Molecular &amp; Genetic Research Advisory Committee (MGRAC)</b>					
<b>S. N</b>	<b>Name</b>	<b>Designation</b>	<b>Area(s) of expertise</b>	<b>Qualification(s)</b>	<b>Affiliation(s)</b>
1.	Dr Asha K. Pratinidhi Director of Research	Chairman	Preventive and Social Medicine (PSM)	MBBS, MD	Krishna Institute of Medical Sciences, Deemed University, Karad
2.	Dr. Anita Kar	Research Advisor	Human Genetics	M.Sc., Ph.D	School of Health Sciences, Pune University, Pune.
3.	Dr. D.T. Mourya	Director	Molecular Entomology	M.Sc., Ph.D	National Institute of Virology, 20-A Dr. Ambedkar Rd. Pune 411001
4.	Dr. Mohan R. Wani	Member	Stem cell Science and Regenerative Medicine	M.V. Sc. Ph.D.(Medicine) University of London, England	National Centre for Cell Science, Pune
5.	Dr. Sachin Kadam	Expert	Stem Cell Biology, Regenerative Medicine and Tissue Engineering	M.Sc. Ph. D (Biotechnology)	Defence Institute of Advanced Technology, DIAT, DRDO, Pune
6.	Dr. G. S. Karande	Member	Microbiology	MBBS, MD	Professor and Head, Dept. of Microbiology
7.	Dr. Radha Maheshwari	Member	Cancer Biology	M.Sc. Ph.D	Professor Uniformed Services University of Health Sciences, 4301 Jones Bridge Rd. Bethesda, MD, 20814
8.	Dr. Ramadasan Kuttan	Member	Cancer Biology	M.Sc. Ph.D	Research Director, Amla Cancer Research Institute, Amla Nagar, Ttissur 680 555, Kerala
9.	Dr. Girija Kuttan	Member	Cancer Biology	M.Sc. Ph.D	Professor , Department of Immunology, Amla Cancer Research Institute, Amla Nagar, Ttissur 680 555, Kerala

10.	Dr. A. V. Sontakke	Member	Biochemistry	MBBS, MD	Professor & Head, Department of Biochemistry, KIMSDU, Karad
11.	Dr. Sujata Kanetkar	Member	Pathology	MBBS, MD	Professor & Head, Dept. of Pathology, KIMS, Karad
12.	Dr. Kailas D. Datkhile	Member Secretary	Cell & Molecular Biology, Stem Cell Research	M.Sc., Ph.D (Biotechnology)	Incharge, Molecular Genetics Laboratory, KIMSDU, Karad

**3. Institutional Ethics Committee** reviews the proposals keeping in mind the subjects (vulnerability), the process (consent, requirements for privacy and confidentiality), the study requirements (risks / benefits) of research topics submitted by Ph. D, MD, MS, MDS, MPT, M. Sc courses and also UG students applying for Short Term Scholarship of ICMR, DST or Short Term Fellowship of the University in the frame work of ethical & GCP guidelines given by ICMR. It is registered under Drug Controller General of India (DCGI), New Delhi and its registration number is ECR/307/Inst/MH/2013 of the Drugs and Cosmetics Rules 1945. The committee meets thrice in a year and more if and when required. Member's list of Institutional Ethics Committee is given below.

Institutional Ethics Committee (IEC)		
Sr. No.	Name	Designation
1	Dr. Mrs. A. N. Shrotri	Chairman, Retd. Professor, OBG/Gyn, B. J. Medical College, Pune
2	Dr. R. K. Ayachit	Director of Health Sciences, KIMSDU, Karad
3	Dr. Asha K. Pratinidhi	Director of Research, KIMSDU, Karad
4	Dr. S. T. Mohite.	Dean of Faculty of Medicine
5	Dr. Shashikiran N. D.	Dean of Faculty of Dental Sciences
6	Mrs. Vaishali Mohite	Dean of Faculty of Nursing Sciences
7	Dr. G. Vardharajulu	Dean of Faculty of Physiotherapy
8	Dr. S. C. Kale	Dean of Faculty of Allied Sciences
9	Dr. S. A. Lomate	Professor of Medicine, KIMS, Karad.
10	Dr. A. V. Sontakke	Professor & Head, Biochemistry, KIMS, Karad.
11	Dr. Mrs. C. C. Khanwilkar	Professor & Head, Pharmacology, KIMS, Karad

12	Dr. M. S. Usgaonkar	Professor of F.M.T., KIMS, Karad.
13	Dr. P. M. Somade	Professor, Physiology, KIMS, Karad.
14	Adv. Jaywant B. Salunkhe	Near Datta Temple, 3rd Street Agashivnagar, Karad.
15	Mrs. Sheela Kadam	MSW, Community Medicine, KIMS, Karad
16	Smt. Nandinee S. Chavan	Lay Person, Director of Research Office, KIMSDU, Karad

4. Two main roles of an **Animal Ethics Committee (AEC)** are to assess proposals to use animals for scientific purposes and monitor animal use. AEC ensures that all animal use conforms to the standards of the Australian Code of Practice for the Care and Use of Animals for Scientific Purposes (Scientific Use Code). The committee meets once in a year at commencement of the academic year. A member list of AEC is mentioned below.

Animal Ethical Committee (AEC)		
Sr. No.	Name	Designation
1	Dr. Mohan Wani	Chief Nominee (CPCSEA), National Centre for Cell Science, Pune
2	Dr. Arun B. Gadge	Scientist, Nominee (CPCSEA), National Centre for Cell Science, Pune
3	Dr. S. T. Mohite	Chairman, KIMS, Karad
4	Dr. Mrs. C. C. Khanwelkar	Member Secretary, KIMS, Karad
5	Dr. Mrs. Asha Pratinidhi	Biological Scientist, KIMSDU, Karad
6	Dr. Mrs. K. C. Wingkar	Scientist from different biological discipline, KIMS, Karad
7	Dr. S. E. Mohite	Veterinarian, Karad

5. The University **Research and Recognition Committee (RRC)** deals with the matters such as admission of candidate to Ph.D. programme, approval of research guides and allied matters related to research activities. The committee meets twice in year at the end of each academic term.. The details of URRC are mentioned below.

<b>Research and Recognition Committee (RRC)</b>		
<b>Sr No.</b>	<b>Names</b>	<b>Designation</b>
1.	Dr. A. V. Nadkarni Vice-Chancellor, Krishna Institute of Medical Sciences Deemed University, Karad	Chairman
2.	Dr. Asha K. Pratinidhi Director of Research, Krishna Institute of Medical Sciences Deemed University, Karad	Member
3.	Dr. M. V. Ghorpade Registrar, Krishna Institute of Medical Sciences Deemed University, Karad	Member- Secretary
4.	Dean of the Faculty (Medicine)	Member
5.	Dean of the Faculty (Dentistry)	Member
6.	Dean of the Faculty (Physiotherapy)	Member
7.	Dean of the Faculty (Nursing)	Member
8.	Dean of Faculty of Allied Sciences	Member
9.	Chairman, Board of Studies for Pre- clinical Subjects (FOM)	Member
10.	Chairman, Board of Studies for Para- clinical Subjects (FOM)	Member
11.	Chairman, Board of Studies for Surgery and Allied Subjects (FOM)	Member
12.	Chairman, Board of Studies for Medicine and Allied Subjects (FOM)	Member
13.	Chairman, Board of Studies for Super Speciality Subjects (FOM)	Member
14.	Subject Expert	Nominated by VC
15.	Subject Expert	Nominated by VC
16.	One expert in the area of Specialisation	Nominated by VC

6. **Research Cell Committee (RCC)** gives impetus to research related activities. It facilitates conversion of research projects / thesis into publication of original articles in indexed journals. It expedites publication of books, monographs, patent and copyright applications. The committee meets monthly. The composition of the committee is given below.

<b>Research Cell Committee (RCC)</b>		
<b>Sr. No.</b>	<b>Name</b>	<b>Designation</b>
1.	Dr. Asha K. Pratinidhi.	Convener – Director of Research, Chairman
2.	Dr. Arun J. Patil	Co-Convener – Deputy Director of Research
3.	Dr. Satish V. Kakade	Secretary – Assist. Director of Research
<b>KIMS</b>		
4.	Dr. D. T. Patil	HOD & Professor, Dept. of FMT
5.	Dr. Supriya S. Patil	Asso. Professor, Comm. Med.
6.	Dr. Manisha Laddad	Asso. Prof. Dept. of Ob/Gyn
<b>SDS</b>		
7.	Dr. Shivkumar K.M.	Asso. Professor, Dept. of Public Health Dentistry
8.	Dr. Uzma Belgaumi	Assist. Professor, Dept. of Oral Pathology, Microbiology & Forensic Odontology
<b>KINS</b>		
9.	Mrs. Manisha Gholap	Assist. Professor, Dept. of Med. & Surg. Nsg., KINS
<b>KCP</b>		
10.	Dr. Sandeep Shinde	Assistant Professor, KCP

7. **Research Development and Sustenance Committee** identifies the priority areas of research depending upon the national guidelines, available facility and expertise. It also solves problems if any during the research work. The committee meets four times in a year.

Research Development & Sustenance Committee (RDSC)		
Sr. No.	Name	Designation
1.	Dr. Asha Pratinidhi.	Convenor of Research Development & Sustenance Committee & Director of Research, KIMSDU, Karad
2.	Dr. Arun J. Patil	Dy. Director of Research, KIMSDU, Karad
3.	Dr. S. R. Kanetkar	Professor & HOD, Dept. of Pathology, KIMS, Karad
4.	Dr. M.S. Usgaonkar	Secretary of RDSC, Professor, Dept. of FMT, KIMS, Karad.
5.	Dr. P. G. Chougule.	Professor & HOD, Dept. of Surgery, K. H. & M. R. C. Karad
6.	Dr. S. R. Patil.	Professor, Dept. of Microbiology, KIMS, Karad
7.	Dr. Prakhar Mohniya.	Post Graduate, Dept. of Paediatric, K. H. & M. R. C. Karad
8.	Dr. Harshal Oswal.	Under Graduate, KIMS, Karad

- 8. Institutional Protocol Committee** looks into the quality, innovation, feasibility of research topics submitted by the students of Ph. D (Medical), MD, MS, MDS, MPT, & M.Sc (Medical), Nursing courses and also UG students applying for short term scholarship of ICMR, DST or short term fellowship of University. The committee meets twice in year. A member list of protocol committee is given below.

Institutional Protocol Committee (IPC)		
Sr. No.	Name	Designation
1.	Dr. Asha K. Pratinidhi	Chairman of IPC, Director of Research, KIMSDU, Karad
2	Dr. R. K. Ayachit	Director of Health Sciences, KIMSDU, Karad
3.	Dr. S. T. Mohite	Dean of Faculty of Medicine
4.	Dr. Shashikiran N. D.	Dean of Faculty of Dental Sciences
5.	Dr. G. Varadhrajulu	Dean of Faculty of Physiotherapy
6.	Mrs. Vaishali R. Mohite	Dean of Faculty of Nursing Sciences
7.	Dr. S. C. Kale	Dean of Faculty of Allied Sciences
8.	Dr. M. S. Usgaonkar	Professor of F.M.T., KIMS, Karad.
9.	Dr. A. V. Sontakke	Prof. & Head, Biochemistry, KIMS, Karad.

10.	Dr. Mrs. S. R. Kanetkar	Prof. & Head, Pathology, KIMS, Karad
11.	Dr. S. V. Kakade	Secretary of IPC, Assistant Director of Research, KIMSDU, Karad

**9. Research Fund Allotment Committee** motivates the research activities among staffs, Ph.D., PG and UG students by sanctioning the funds for research projects, giving financial support to attend or conduct conferences, sanctions the incentives and reimbursement for publications and monitors and takes feedback on projects supported by the University. The committee meets four times in a year. Members list of RFAC, KIMSDU, Karad is given below.

Research Fund Allotment Committee (RFAC)		
Sr. No.	Name	Designation
1.	Dr. Asha Pratinidhi.	Director of Research, Chairman, KIMSDU, Karad
2.	Dr. M. V. Ghorpade	Registrar, Representative of University, (KIMSDU, Karad)
3.	Mr. P. D. John.	Finance Officer, Representative of University (KIMSDU, Karad)
4.	Dr. S. T. Mohite.	Dean of Faculty of Medicine
5.	Dr. A. Y. Kshirsagar.	Medical Director K.H. & M.R.C., Karad
6.	Dr. Shashikiran N. D.	Dean of Faculty of Dental Sciences
7.	Dr. Mrs. Renuka Lalit Pawar	Vice Principal, S.D.S., Karad
8.	Mrs. Vaishali R. Mohite.	Dean of Faculty of Nursing Sciences
9.	Mr. Avinash Salunkhe.	Vice Principal, K.I.N.S., Karad
10.	Dr. G. Varadharajulu.	Dean of Faculty of Physiotherapy
11.	Dr. Arun J. Patil	Secretary of RFAC, Dy. Director of Research, KIMSDU, Karad
12.	Dr. S. V. Kakade	Assistant Director of Research, KIMSDU, Karad

**10. Clinical Trials Committee** is a group formally designated to protect the rights, safety and well-being of humans involved in a clinical trial by reviewing all aspects of the trial and approving its start-up. Members review the appropriateness of the clinical trial protocol as

well as the risks and benefits to study participants. It ensures that clinical trial participants are exposed to minimal risks in relation to any benefits that might result from the research. The committee meets thrice in a year. A member list of clinical trials committee is given below.

<b>Clinical Trials Committee</b>		
<b>Sr. No.</b>	<b>Name of the Members</b>	<b>Designation</b>
1.	Dr. Asha Pratinidhi. Director of Research	Chairman
2	Dr. S. T. Mohite, Principal, Krishna Institute of Medical Sciences, Karad	Member
3	Dr. A. Y. Kshirsagar Medical Director K.H. & M.R.C. Karad	Member
4	Dr. R. G. Naniwadekar Medical Administrative Officer, Professor of Urology, K.H. & M.R.C., Karad	Member
5.	Dr. C. C. Khanwelkar HOD & Professor, Dept. of Pharmacology, KIMS, Krishna Institute of Medical Sciences University, Karad	Member Secretary
6	Dr. S. C. Aundhkar Professor and Head, Medicine, KIMS, Karad	Member
7	Dr. C. D. Aundhkar Professor and Head, Padiatrics, KIMS, Karad	Member
8	Dr. R. P. Patange Professor and Head, OBG/Gyn, KIMS, Karad	Member
9	Dr. S. R. Kanetkar Professor and Head, Pathology, KIMS, Karad	Member
10	Dr. A. V. Sontakke Professor and Head, Biochemistry, KIMS, Karad	Member

**11. Lead Referral Laboratory Committee** is constituted as per the norms of the National Referral Centre of Lead Poisoning of India (NRCLPI), Bangalore. The committee meets once in year at commencement of the academic year. The list of members is given below

<b>Lead Referral Laboratory Committee (LRLC)</b>		
<b>Sr. No.</b>	<b>Name of the Members</b>	<b>Designation</b>
1.	Dr. R. K. Ayachit Director of Health Sciences, KIMSDU, Karad	Chairman
2	Dr. C. D. Aundhkar, Professor and Head, Dept. of Paediatrics	Member
3	Dr. R. P. Patange Professor and Head, Dept. of Gynaecology	Member
4	Dr. S. S. Kulkarni Professor and Head, Dept. of Medicine	Member
5.	Dr. A. V. Sontakke, Professor and Head, Dept. of Biochemistry	Member
6	Professor N. Shashidhar, NRCLP, St John's Med. College, Bangalore	Member
7	Dr. Sachin Jadhav, Dy. Director, Maharashtra Industrial Health and Safety, Mumbai	Member
8	Mr. A. A. Khamkar, Maharashtra Pollution Control Board, Satara	Member
9	Dr. Arun J. Patil, Professor in Biochemistry	Member Secretary

The Detail of time table of Research Related Committees and workshops are given below.

<b>Time Table of Research Related Committees</b>				
<b>Months</b>	<b>First Week</b>	<b>Second Week</b>	<b>Third Week</b>	<b>Fourth Week</b>
June		CTC		RCC
July	IEC	RAC, LRLC		RCC
August	RDSC	RFAC	RRC	RCC
September	Research Methodology Workshop		Hands on Protocol Development Workshop	RCC
October	IPC	CTC	AEC	RCC
November	IEC, RDSC	RFAC	LRLC	RCC
December				RCC
January				RCC
February	IEC, RDSC	RFAC		RCC
March	IPC	CTC		RCC
April	IEC	MGRAC	RRC	RCC
May	RDSC	RFAC		RCC

**Abbreviation:**

1. RAC: Research Advisory Committee
2. MGRAC: Molecular and Genetic Research Advisory Committee
3. IEC: Institutional Ethics Committee
4. AEC: Animal Ethics Committee
5. RRC: Research Recognition Committee
6. RCC: Research Cell Committee
7. IPC: Institutional Protocol Committee
8. RFAC: Research Fund Allotment Committee
9. CTC: Clinical Trials Committee
10. RDSC: Research Development and Sustenance Committee
11. LRLC: Lead Referral Laboratory Committee

**Activities Related to Promotion of Research:**

- Activities are initiated for the promotion of research like orientation to research methodology for undergraduate, workshops for newly admitted post graduate students of each and every batch and CMEs for teachers and staff.

- The up-gradation of knowledge about recent advances, organisation of annual interdisciplinary conference of teachers and post-graduate students of the constituent colleges of the University for the promotion of collaborative research, publication of research journal, encouragement for undertaking intramurally and extramurally sponsored project, giving a boost to the conduction of clinical trials.

Following steps are taken for improvement in quality and quantity of research at all levels from undergraduate and post graduate to the faculty.

1. **Undergraduate students opting to apply for ICMR STS projects and the University short-term fellowships are oriented and enabled to submit good research proposals**
2. Newly admitted post-graduate students of medical, dental, physiotherapy, nursing, and PhD students are given training in research methodology to enable them to write good protocols. Protocols are scrutinized for the quality, relevance, feasibility, and ethical issues before they are finalized and submitted. Periodic review of the progress of thesis is undertaken with the help of internal and external experts in the field.
3. Staff and students of all disciplines are encouraged and guidance is given by hand on training workshops for development of protocols to submit research projects to the external agencies and for the funding by the University.
4. Periodic review and disbursement of incentives for publications of original articles in indexed international and national journals is taken.
5. **Collaborations with national and international agencies for research-related activities are undertaken.**
6. Up-gradation and quality assurance of central research laboratory, molecular and genetic laboratory, and lead referral laboratory is ensured. Adherence to SOP's by these laboratories is ensured.
7. **Quarterly publication of JKMSU is assured. Maintenance of quality of the articles in the journal is ensured by widening of the editorial board by inclusion of experts from all over the world, peer reviewing, and keeping the access open. COPE guidelines are followed to monitor and prevent plagiarism.**
8. Review of all research related activities is undertaken periodically and policy related to research is modified as and when required to achieve remarkable progress in all research related activities.

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

Yes, **Institutional Ethics Committee** is constituted as per guidelines of ICMR and ICH/GCP, which is registered under DCGI with registration number ECR/307/Inst./MH/2013. Institutional Ethics committee is constituted for the systematizing, defending and recommending right conduct of the research as per protocols prepared for the dissertation, thesis and research proposal work by the PG, Ph. D students and the faculty of University. It permits and monitors the conduct of good research following ethical and Good Clinical Practice (GCP) guidelines of ICMR. It meets thrice a year. It is included in the academic calendar of events. The list of members is given below.

<b>Institutional Ethics Committee (IEC)</b>		
<b>Sr. No.</b>	<b>Name</b>	<b>Designation</b>
1	Dr. Mrs. A. N. Shrotri	Chairman, Retd. Professor, OBG/Gyn, B. J. Medical College, Pune
2	Dr. R. K. Ayachit	Director of Health Sciences, KIMSDU, Karad
3	Dr. Asha K. Pratinidhi	Director of Research, KIMSDU, Karad
4	Dr. S. T. Mohite.	Dean of Faculty of Medicine
5	Dr. Shashikiran N. D.	Dean of Faculty of Dental Sciences
6	Mrs. Vaishali Mohite	Dean of Faculty of Nursing
7	Dr. G. Vardharajulu	Dean of Faculty of Physiotherapy
8	Dr. S. A. Lomate	Professor of Medicine, KIMS, Karad.
9	Dr. A. V. Sontakke	Professor & Head, Biochemistry, KIMS, Karad
10	Dr. Mrs. C. C. Khanwilkar	Professor & Head, Pharmacology, KIMS, Karad
11	Dr. M. S. Usgaonkar	Professor of F.M.T., KIMS, Karad.
12	Dr. P. M. Somade	Professor, Physiology, KIMS, Karad.
13	Adv. Jaywant B. Salunkhe	Near Datta Temple, 3rd Street Agashivnagar, Karad.
14	Mrs. Sheela Kadam	MSW, Community Medicine, KIMS, Karad
15	Smt. Nandinee S. Chavan	Lay Person, Director of Research Office, KIMSDU, Karad

<b>Animal Ethical Committee (AEC)</b>		
<b>Sr. No.</b>	<b>Name</b>	<b>Designation</b>
1	Dr. Mohan Wani	Chief Nominee (CPCSEA), National Centre for Cell Science, Pune
2	Dr. Arun B. Gadge	Scientist, Nominee (CPCSEA), National Centre for Cell Science, Pune
3	Dr. S. T. Mohite	Chairman, KIMS, Karad

4	Dr. Mrs. C. C. Khanwelkar	Member Secretary, KIMS, Karad
5	Dr. Mrs. Asha Pratinidhi	Biological Scientist, KIMSDU, Karad
6	Dr. Mrs. K. C. Wingkar	Scientist from different biological discipline, KIMS, Karad
7	Dr. S. E. Mohite	Veterinarian, Karad

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

Sr. No.	Activities for Enhancing Good Quality Research
1	Establishment of full time Director of Research
2	Timely conduction of research methodology workshops for PG students, staff and outsiders
3	Timely scrutiny of proposals by protocol committee consisting of Experts from KIMSDU, Experts from outside and Chairman of Ethics Committee
4	Timely clearance from Ethics Committee Formulated as per ICMR guidelines Registered under DCGI
5	Research Fund Allocation Committee provides financial support to proposals cleared by Protocol & Ethics Committee
6	Review of thesis work done by external experts prior to submission as an additional filter with open defence by the candidate
7	Evaluation of thesis after submission by external experts
8	Eligible to appear for exams after unanimous clearance of the thesis by the referees

#### Research Methodology Workshops For Staff and Students

- Started in 2005
- Teachers, Trainees are trained
- All first year PG students are trained every year. It is mandatory for all PGs to attend in the first term of PG course.
- Conducted every year in the first term of PG course
- Experts from Maharashtra and outside Maharashtra as visiting faculty
- Highly significant improvement in knowledge
- Positive feedback is received.

### Enhanced Budget for Research

- The budget for research was enhanced to Rs. **1,00,000,00/-** in year 2011-12 and increased by **Rs.75,00,000/** every year for next two years. The allocation and distribution authority is assigned to the Research Directorate independently for swiftness in the approvals.

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

##### **A. Externally funded projects (Both government and private agencies)**

- **Advancing funds for sanctioned projects**  
A provision and facility exists for advancing funds for sanctioned projects.
- **Providing seed money**  
Yes, the start up research grants are given to the principal investigators for early initiation of the research work.
- **Simplification of procedures related to sanctions / purchases to be made by the investigators**  
Yes, the principal investigator utilises the funds for the purpose of project work from the funds earmarked by the finance department under the project head separately as per rules. Purchase of the equipments is done at the request and specifications given by the principal investigator by the purchase committee of the University. The appointment and the payment of the staff are undertaken as per ICMR guidelines. All other recurring expenditure is spent by the principal investigators as per guidelines of funding agencies.
- **Autonomy to the principal investigator/coordinator for utilizing overhead charges**  
Yes, the principal investigators/Coordinators have freedom to utilise overhead charges independently and funds received from the funding agencies are kept in separate bank accounts in the name of the principal investigators/coordinators.
- **Timely release grants**  
Yes, the university ensures timely release of grants and monitoring the utilisation of these grants through the internal auditor.
- **Timely auditing**  
Yes, the timely auditing is done by Internal Audit as appointed by the institution.
- **Submission of utilization certificate to the funding authorities**  
Yes, The ICMR, DST and DBT, New Delhi have made it mandatory for each grantee institute to submit utilisation certificate to the funding agencies at the end of each finance year.

The funding agencies provide the format and guidelines of fund utilisation certificate and accordingly interim and/or final certificate is issued by Principal Investigator in the prescribed format.

The University strictly follows the norms and rules laid down by funding agencies for timely submission of utilization certificate.

- **Writing proposal for funding**

Yes, the research project proposals are written and submitted to various outside funding agencies like ICMR, DST, NRHM, DHS, Maharashtra Pollution Control Board.

- **Any Training given for writing proposals**

Yes, one complete session of one and half hours followed by discussion is included in the research methodology workshop. It is conducted in a structured manner and organised every year for training of staff and post graduate students since 2005. During this session orientation and training in proposal writing is given to the participants along with handouts and CDS for ready reference. 'Pre test and Post test' is conducted to measure the learning gain as an outcome and feedback is taken for evaluation of the programme. Additional hands on training workshops is organized for those researcher who have submitted concept note and approved by the Director of Research.

**B. Institution sponsored projects:**

- **Proportion of funds dedicated for research in the annual budget**

Yes, The budget for research was enhanced to **Rs. 100,000,00/-** in year 2011-12 and increased by **Rs.7500000/** every year for next two years.

- **Availability of funding for research / training / resources**

Yes, 'Research fund allotment committee' is constituted for the allocation of following research funds.

- To sanction the grants for research projects of staffs, UG & PG, Ph.D. students of KIMSDU, Karad.
- To release the incentives and reimbursement for paper publications of journal indexed in Scopus and PubMed, Index Copernicus.
- To allot and release the funds for organizing conferences, workshops, seminars and guest lectures.
- To depute staffs and PGs to national and international conferences.
- **Research fund allotment committee motivates the research activities among staffs, UG and PG, Ph.D. students by sanctioning the funds for research projects, to attend or conduct conferences, sanctions the incentives and**

**reimbursement for publications and monitors and takes feedback of projects supported by KIMSDU.**

- **Research projects funds:**
- Research project by undergraduate student: **Rs. 10,000/-** per project.
- Research project by postgraduate student: Up to **Rs. 1,50,000/-** per project.
- Research Project by staff & PhD Student up to **Rs. 2,50,000/-** per project.
- **Availability of access to online data bases**  
Yes, online access to data bases is available

### 3.1.5 How is interdisciplinary research promoted within the institute?

- **Between/among different departments /schools of the university**  
Yes, Interdisciplinary research is promoted within the institute between different departments, as well as the other constituent faculties of the University. **An Annual Interdisciplinary Research Conference (IRC) is organized where all the teaching staff and post-graduate students of all the constituent faculties namely Medical, Dental, Physiotherapy, Nursing, and Biotechnology, participate.** Papers of staff and post-graduate students are based on the research carried out during the year and is presented in the IRC. Details of Annual Interdisciplinary Conference is given below-

Details of 1 <sup>st</sup> Annual Interdisciplinary Conference							
Date	Theme	Conducted	Speakers	Discipline	Total Delegates	No of Papers Presented	No. of posters Presented
17 <sup>th</sup> - 18 <sup>th</sup> Feb. 2011	Stress Management	KIMS	Dr. Kisan M. Kodam, Dr. Brig. N. K. Sahoo, Dr. (Mrs) Usha Ukande, Dr. Satyanarayana, Dr. Madhav Kolhatkar, Dr. Mrudula Phadake	KIMS	158	38	-
				KINS	11	12	12
				KIBB	108	06	07
				SDS	20	05	-
				KCP	87	14	-
					384	75	19

<b>Details of Prize Winning Papers and Posters of 1<sup>st</sup> Annual Inter Disciplinary Conference Year 2011</b>					
<b>Year</b>	<b>Discipline</b>	<b>Category</b>	<b>Prize</b>	<b>Names of Authors</b>	<b>Title</b>
2011	Medical	Staff	01	Dr. Ambali M.P.	Extra Heads of Biceps Brachii: Cadaveric Study
				Dr. Wagh K.B.	Bacteriological Study of Discharging Otitis Media in and Around Karad
		P.G.	01	Dr. Mahesh B.T.	Nutritional Assessment of Pre School Children in Urban and Urban Slum
	Nursing	Staff	01	Mrs. Sevanti Pujari	A Study to assess the effectiveness of structured teaching programme on awareness of oral hygiene and its prevention of dental caries among the primary school children of Krishna English medium school karad.
		P.G.	01	Shilpa Ghatage	To assess the knowledge of patients who have undergone phaco-Emulsification in relation with post operative surgical care at home.
	Dental	Staff	01	Dr. Preeti J.	Can The Pleasure Of Chewing Gum Be Caries Preventive???
	Physio-therapy	P.G.	01	Dr. Namrata Naidu	Effect of Strength Training on 1Repetition Maximum in Normal Individuals

<b>Details of Prize Winning papers and Posters of 1<sup>st</sup> Annual Inter Disciplinary Conference 2011</b>					
<b>Category</b>	<b>Discipline</b>	<b>Category</b>	<b>Prize</b>	<b>Names of Authors</b>	<b>Title</b>
Medical	Medical	Staff	01	Dr. Pawar S.K.	Study of Brucellosis in Cases of Pyrexia of Unknown Origin (PUO)

Nursing	Nursing	Staff	01	Mrs. Sheetal Samson	Identification of predictors of postpartum depression among postnatal mothers.
		P.G.	01	Mr. Mahesh Chendake	A study to assess the prevalence of tobacco use among professional education students in a selected college of Karad.

Details of 2 <sup>nd</sup> Annual Interdisciplinary Conference							
Date	Theme	Conducted	Speakers	Discipline	Total Delegates	No of Papers Presented	No. of posters Presented
16 <sup>th</sup> & 17 <sup>th</sup> March 2012	Comm-unity Health Care	KINS	Dr. S. M. Mehendale, Dr. Sundeep Salvi, Dr. G. Arun Maiya Dr. Rajderkar, Dr. Vastalawami Mrs. Phalakshi Manjrekar. Major. Mrunalini, Prof. K. V. V. Prasad. Dr. Girish Mahajan Dr. Gopal Kundu	KIMS	167	28	05
				KINS	71	29	07
				Biotechnology	89	3	08
				Dental sciences	47	7	-
				Physiotherapy	30	19	-
					404	86	20

Details of Prize Winning Papers and Poster of 2 <sup>nd</sup> Annual Interdisciplinary Conference Year 2012					
Sr. No	Discipline	Category	Prize Oral/Poster	Name of Author	Title
1	Nursing	Faculty	First	Mr. Joji Kurian	Oral - "A study on evaluating the effectiveness of a school based educational program on computer vision syndrome among students in selected schools of Bangalore"

		Faculty	First	Mrs.Jyoti Salunkhe	Oral - A study to assess knowledge of cervicograph and evaluate effectiveness of training programme with ptp, simulation model and color coded rings among nursing student at KINS, Karad
		Faculty	First	Mrs. Jyoti Salunkhe	Poster - “A study to evaluate the effectiveness of self instructional module on the knowledge of partograph among first year pb.bsc. Nursing student”
2	<b>Dental</b>	Faculty	First	Dr.Sarthak Bhola	Oral - Disparity in thickness of palatal mucosa at different sites allied with age and gender.
3	<b>KCP</b>	Faculty	First	Dr. Amrutkumar H. Pawar	Oral - “Comparative effectiveness of mulligan’s traction straight leg raise and bent leg raise in low back ache with radiculopathy” – a randomized clinical trial
<b>Students</b>					
1	<b>Nursing</b>	PG	First	Mrs. Manisha Gholap	Oral - To assess the self medication practices among staff nurses working at Krishna hospital, karad.
		PG	First	Mrs. Sunita Vadgave.	Oral - Effectiveness of plan teaching programmed (PTP) on practices of maintenance of cold chain among health personal working at selected primary health centers (PHC).
2	<b>Medical</b>	PG	First	Dr.Gaurav Jain	Oral - Histopathological study of appendectomy specimens

	<b>Medical (clinical)</b>	PG	First	Dr. Pavitra Patil	Oral - Randomized controlled clinical comparative study of plain ropivacaine 0.75 % (22.5mg) v/s plain bupivacaine 0.5%(15mg) in intrathical anesthesia.
3	<b>Physiotherapy</b>	PG	First	Pravin P. Gawali.	Oral - Effect of balance training on functional tasks in children with down syndrome

Details of 3 <sup>rd</sup> Annual Interdisciplinary Conference Year 2013								
Sr. No	Date	Theme	Conducted	Speakers	Discipline	Total Delegates	No of Papers Presented	No. of posters Presented
1	1st & 2nd Mar. 2013	Health and Life Style	KCP	Dr. Anil Avachat, Dr. Satyanarayana, Dr. Anilkumar Bhoweer, Dr. Hamid Dabholkar, Dr. Tapti Bhattacharji, Dr. Mohan R Wani, Dr. Anita Kar.	KIMS	149	37	11
					KINS	55	28	08
					KIBB	65	-	05
					SDS	58	10	-
					KCP	79	10	-
					406	85	24	

Details of Prize Winning Papers and Poster of 3 <sup>rd</sup> Annual Interdisciplinary Conference Year 2013					
Sr No	Discipline	Category	Prize	Name of Authors	Title
1	Nursing	Staff	First	Mrs. Jyoti A. Salunkhe	A study to assess the level of stress and coping strategies among the relatives of clients admitted in medical intensive care units and surgical intensive care units in Krishna Hospital Karad
		PG	First	Mrs Rohini Babar	A Study to assess the efficacy of prostaglandin E2 gel in induction of labor among women admitted in labor ward at selected hospital Karad.

2	Medical	PG	First	Dr. Shamima	Pulmonary Pathology in Perinatal Autopsy cases
3	Dental	Staff	First	Dr. Siddhartha Varma	“No pain we gain”. A Periodontist’s maxim
4	Physio-therapy	PG	First	Dr. Vaishali Jagtap	Effect of Mechanical Traction in Osteoarthritis Knee-RCT

**Details of 4<sup>th</sup> Annual Interdisciplinary Conference  
Year 2014**

Sr. No	Date	Theme	Discipline	Speakers	Discipline	Total Delegates	No of Papers Presented	No. of posters Presented
1	4th & 5th Mar. 2014	Micronutrients and Health	SDS	Dr. D.T Mourya,	KIMS	243	78	3
				Dr. Anil Kumar L. Bhoweer,	KINS	49	25	2
				Dr. V. Srikumari,	KIBB	25	2	-
				Dr. Girish Mahajan,	SDS	71	42	-
				Dr. (Mrs.) Sripriya Gopalkrishnan,	KCP	27	15	-
Dr. Aparna Deshpande		415	162	5				

**Details of Prize Winning Papers and Poster of 4<sup>th</sup> Annual Interdisciplinary Conference Year 2014**

Sr. No	Discipline	Category	Prize	Name of Authors	Title
1	Dental	Senior Staff	First	Dr. Ajay Nayak	Analysis of copper and zinc level in mucosal tissue and serum of oral submucous fibrosis patients
		Junior Staff	First	Dr. Abhijeet Kore	Evaluation of stress pattern in different bone densities with different implant thread design : a FEN study

		PG Student	First	Dr. Harsh Patwardhan	An In Vitro Evaluation Of Accuracy Of 2 Electronic Apex Locators In Presence Of 3 % Sodium Hypochlorite
2.	<b>Medical</b>	Student Medical & Allied	First	Dr. Amit ashokkumar Bharadia	Evaluation of Thyroid Function Tests in Patients with Uncontrolled Diabetes Mellitus (Type 2)
		Student Surgery & Allied	First	Dr. Ankit Sharma (Ophthal.)	Subnormal vision in uneventful cataract surgery, at and after six week postoperatively
		P.G.	First	Dr. Jaydeep Bairagi	An Experimental Study for Comparison of the Anticonvulsant Effect of Flunarizine, Nimodipine and Sodium Valproate in Rats
		Student OBG and Others	First	Dr. Pruthvi Shetty (Anesth.)	A Randomized Controlled Study on Effect of Intravenous Paracetamol as a Pre – Emptive Analgesic in Hysterectomy Patients
3.	<b>Physiotherapy</b>	Student	First	Dr. Sherin Mathew	Effect of joint mobilization and endurance training on quality of life in patients with rheumatoid arthritis
4.	<b>Nursing</b>	Staff	First	Mr. Joly Kurian	Prevalence of anaemia and its correlates among students of Krishna Institute of Nursing Sciences
		Student	First	Miss. Jyoti George	To study and assess the prevalence of tobacco use among class IV workers of Krishna Hospital, Karad.

Details of 5 <sup>th</sup> Annual Interdisciplinary Conference Year 2015								
Sr. No	Date	Theme	Conducted	Speakers	Discipline	Total Delegates	No of Papers Presented	No. of posters Presented
1	12th & Mar. 2015	Evidence Based Health Care	KIMS	Dr. Arti Kapil Dr. Vishal Koulapur Ms. Seema Sane Dr. R. Raja Dr. Suhas Mangaonkar Dr. Pramila Menon	KIMS	288	84	-
					KINS	42	09	-
					KIBB	32	02	-
					SDS	73	08	-
					KCP	17	06	-
						452	109	-

Details of Prize Winning Papers and Poster of 5 <sup>th</sup> Annual Interdisciplinary Conference Year 2015					
Sr. No	Discipline	Category	Prize	Name of Authors	Title
1	Medical Clinical	PG	First	Dr. Ashima Mahajan	Evaluation of Umbilical coiling index as a predictor of pregnancy outcome
			First	Dr. Mayank Vekariya	High Serum cotinine level in chronic tobacco chewers: a biomarker for screening high risk group for oral cancers.
	Paramedical	PG	First	Dr. Sharda Sarda	A Clininopathological Study of Non Endometrial Causes of DUB in Hysterectomy Specimens in a Tertiary Care Hospital

2	Nursing	PG	First	Miss. K. Lalrindaki	Knowledge and practices Regarding Advanced patient Care among Staff Nurses Working in a Tertiary Care Hospital
3	Dental	Dental Staff	First	Dr. Siddharth Gosavi	Application of finite element analysis to investigate the effect of thread design on stress distribution in mandible regulated by bone dental implant parameters in dentistry
		PG	First	Dr. Pinky Mathur	“Comparison and Evaluation of the shear Bond Strength of Two Resin Cements with that of Zircon Based Crowns – An in-Vitro Study”
4	Physiotherapy	PG	First	Dr. Shweta Kulkarni	Influence of applying the principles of motor relearning program on gait in paretic stage pediatric conditions of acute flaccid paralysis.

Specialists from each of the disciplines are invited to deliberate on the theme chosen for the IRC. This gives them an opportunity to interact and decide on joint projects.

**Collaboration with national/international institutes / industries.**

The research projects Collaboration with other institutions are given below;

Sr. No	Collaboration with other Institutions
1	Indian Council of Medical Research (ICMR) National Aids Research Institute (NARI) NARRIM project National Institute of Epidemiology (NIE) Support for Development of Research Protocols Guest Lectures National Institute of Virology (NIV) Rotavirus Multicentre Study
2	<b>Moving Academy of Medicine &amp; Biomedicine, Pune.</b>
3	<b>Department of Health Sciences, University of Pune</b>
4	<b>Defence Institute of Advanced Technology, Pune</b> Collaboration Research on: 1. Chitosan based hydrogel nanoparticles for applications in wound healing <b>Applied for DBT funding of 45.9 Lakhs</b> 2. A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation for bioartificial pancreas <b>Intramural funding from DIAT &amp; KIMSDU (Approximately 5 lac each)</b>
5	<b>Govt. of Maharashtra has identified KIMSDU for conducting different projects and CMEs</b>
6	<b>Indian Society of Lead Awareness and Research, Luknow</b>
7	<b>Community Services:</b> 1. Government of Maharashtra School for Mentally Challenged & Remand Home 2. Maharashtra State AIDS Control Society (MSACS) for Prevention of Parent To Child Transmission (PPTCT) / Anti-Retroviral Treatment (ART)
8	Rajarambapu Institute of Technology Kasegaon
9	College of Engineering, Pune
10	Ayurvedic College, Varnanagar

**3.1.6 Give details of workshops / training programmes/ sensitization programmes conducted by the university to promote a research culture on campus.**

The University routinely conducts academic activities like Workshops, training programmes / sensitization programmes in the form of CMEs, Conferences, Orations. The details of these programmes are given below.

<b>Krishna Institute of Medical Sciences Deemed University, Karad (2011 – 2015) (Workshops)</b>			
<b>Sr. No.</b>	<b>Date</b>	<b>Activity</b>	<b>Speakers</b>
1.	March 2011	Research Methodology	Dr. Arun Maiya Assoc. Dean, MAHE, Manipal
2.	30th January 2012	Awareness of Advancement in Physical Therapy	Dr. MS. Chaukulkar Maitryee , Physiotherapist
3.	21st July 2012	Mechanical Ventilatory Workshop	Dr. Kapil Zirpe. Dr. Shrish Prayag Dr. Subhal Dixit Dr. Kayanush Kadapatti Dr. Anand Tiwari.
4.	21st March 2012	CPR & Exercise Testing	Dr. Renu Pattanshetty, Associate professor, KLE Institute of Physiotherapy, KLE University, Belgaum
5.	2nd May 2012	Shoulder Rehabilitation	Dr. G. Arunmaiya, Associate Dean Allied Health Sciences, MAHE, Manipal
6.	17th to 27th Oct. 2012.	Certificate Course in Research Methodology Workshop for first year P.G. & Ph. D. Student	Dr. Asha Pratinidhi Dr. P. M. Durgawale Dr. Mrs. S. Bhattacharya. Dr. Aparna Shrotri Dr. S. V. Gandham. Dr. Hemant Pawar Mr. S. V. Kulkarni. Dr. Muralidhar P. Tambe. Dr. Jagannath V. Dixit Dr. D. T. Shirke. Col. Palekar

			Dr. Shailesh Deshpande Dr. S. V. Kakade. Dr. S. P. Rao. Dr. A. V. Nadkarni.
7.	23rd to 24th August 2012	Workshop on Problem based learning and objective structured Clinical/ Practical Examination OSCE/OSPE	Dr. Jyoti Nagmoti, Dr. Sunita Patil, Dr. Shilpa Bhimalli, Dr. Nayana Hashilkar
8.	16 December 2012	Workshop on Maternal Mortality	Dr. Mukesh Gupta, Mumabi, Dr. N. S. Kshirsagar, Dr. Sanjay Patil, Dr. Manisha Patil
9.	22 <sup>nd</sup> Feb. to 3 <sup>rd</sup> March 2012	Certificate Course in Research Methodology Workshop	Dr. Asha Pratinidhi Dr. S. V. Kakade. Dr. S. P. Rao Dr. Nikhil Gupte. Dr. Sanjay Mehendale. Dr. Mrs. S. Bhattacharya. Dr. Mrs. C. C. Khanwelkar Dr. Aparna Shrotri Dr. S. V. Gandham. Dr. P. M. Durgawale Mr. S. V. Kulkarni. Dr. Muralidhar P. Tambe. Dr. Jagannath V. Dixit Dr. D. T. Shirke. Dr. Shailesh Deshpande Col. Ajit V. Palekar Dr. Sujata A. Jadhav Dr. M. D. Gupte
10.	23rd to 28th Sept. 2013	Certificate Course in Research Methodology Workshop	Dr. Asha Pratinidhi Dr. S. V. Kakade. Dr. S. P. Rao Dr. Sanjay Mehendale. Dr. Mrs. C. C. Khanwelkar Dr. Aparna Shrotri Dr. S. V. Gandham.

			Dr. P. M. Durgawale Mr. S. V. Kulkarni. Dr. Muralidhar P. Tambe. Dr. Jagannath V. Dixit Dr. D. T. Shirke. Dr. S. P. Rao. Dr. Shailesh Deshpande Dr. Hemant Pawar Dr. Sujata A. Jadhav Dr. Mrs. Y. R. Kadam
11.	1st to 2nd February 2013	Workshop on Pharmacovigilance	Moin Don, Milind Sardesai, Siddharth Deshpande, Manoj Prabhu
12.	19th to 22nd March 2013	Workshop on Clinical and Laboratory Medicine Research	Dr. S. P. Rao,(Pune), Dr. Padmakar Pandit (Pune), Dr. J. V. Dixit, (Aurangabad), Dr. M. G. Deo. (Pune), Dr. Suresh Chari, Dr. R. Gangakhedkar (Pune), Dr. Sujata Jadhav (Karad), Dr. M. P. Tambe, (Dhule), Dr. S. V. Gandham, (Kolhapur), Dr. A. K. Pratinidhi, (Karad), Dr. Sujata Kanetkar, (Karad) & Team, Dr. H. S. Bawaskar (Mahad)
	5th to 6th Aug. 2014	MicroRNA workshop “Role of microRNAs in health and disease – Overview”, Protocol Discussion, Theory and Hands on Training “microRNA profiling of stem cells derived from human exfoliated deciduous teeth (SHED)”	Dr. Nagaraja S Balakathiresan,

13.	1st & 2nd January 2014.	Basic Assessment and tools in Physiotherapy	Dr.G. Varadharajulu, Principal/Professor / HOD, KCPT, Karad.
14.	18th to 23rd Aug. 2014	Certificate Course in Research Methodology Workshop	Dr. Asha Pratinidhi Dr. S. V. Kakade. Dr. S. P. Rao Dr. Sanjay Mehendale. Dr. V. A. Kakarani Dr. Mrs. C. C. Khanwelkar Dr. Aparna Shrotri Dr. S. V. Gandham. Dr. Muralidhar P. Tambe. Dr. Jagannath V. Dixit Dr. D. T. Shirke. Dr. Shobha Rao. Dr. Hemant Pawar Mr. Arun Pawar Dr. Sujata A. Jadhav Dr. N. K. Tyagi Dr. Mrs. Y. R. Kadam
15.	31st & Jan- 1st Feb 2015	Workshop on Enteral and Parenteral Nutrition	Dr. Umesh Vaidya, Dr. Amrita Desai, Dr. Rashmi Poduval, Dr. Shilpa Kalane, Dr. Amit Tagare, Dr. Pradeep Suryawanshi, Dr. Pradeep Suryawanshi, Ketki Falak
16.	25th March 2015	Workshop on RNTCP	Dr. Vaishali Raje
17.	5th April 2015	Workshop on Rational Antibiotics	Dr. Ashok Jagtap, Dr. Mohan Patil, Dr. Suhas Prabhu, Dr. Sanjay Ghorpade, Dr. Mahesh Kore, Dr. Bakul Parekh
18.	13th to 15th May 2015	Workshop on Biosafety & Biosecurity	Dr. D. T. Mourya, Dr. Pradip DeCosta Dr. Pragya Yadav Dr. Anita Shete Dr. Deepak Patil

CME (2011 to 2015)		
Date	CME	Name
20th February, 2011	Department of surgery & Deccan surgical society	Dr. Vanjari Shiviji B., Dr. Deepraj Bhandarkar, Dr. Sharad Desai, Dr. Rajendra Bangal, Dr. Sunil Nadakarani, Dr. Vivekanand Kulkarani, Dr. Mdhura Killedar, DR. S. R. Kulkarni, Dr. Sandeep Kate, Dr. Hemant Janugade, Dr. Vishwanath Magdum, Dr. Malgave S. D.
26.2.2011	CME Deccan Surgical Society	Dr. Sanjay Shivade (Lonand), Dr. Vinod Prabhu, Dr. Madura Killedar, BMC, Vishrambag Sangli Dr. Prakash Patankar, Chiplun Dr. Jaydhal N. Bhomaj., Dr. Sunjot Kurane Miraj Dr. Nitin Patil, Dr. Havle A. D. ENT, Dr. Sindal D. K. , Dr. S. R. Kulkarni , Dr. Avinash ENT KIMS, KARAD. Dr. Sandeep Kate, Satara Dr. Ranjeet Patil, Dr. Vinay Sagar Sharma, Dr. Swastik S., Dr. D.Y.PMC, Kolahpur. Dr. Aditya N. Patil JNMC Belgaum Dr. Harshwardhan Tanwar MMC. Miraj Dr. Bhakti Palande. MWH, Miraj.
07/04/2011	CME on Antimicrobial Resistance	Dr.Mrs.Udgaonkar Dr.Ramanand
12.1.2012	Pre-Conference CME Census 2011 & Demographic Challenges	Dr. Anajli Radkar, Dr. D. K. Mangal, Dr. D. T. Shirke Dr. D. N. Kashid, Dr. Anuja Gulati Dr. S. S. Rajderkar
26.2.2012	Department of surgery & Deccan surgical society	Dr. Indrajeet Mohite Dr. A.S. Godhi, Dr. Nitet MEHATA, Dr. Aswin Masurkar.

18.10.2012	CME on Viral Hepatitis	Dr Amarpurkar & Dr Mrs Amarpurkar
19 August 2012	IADVL Maharashtra Branch Quarterly Meet 2012 Organised by Dermatologists Association of Karad & Department of Dermatology, KIMS	Dr. Shraddha Bahulekar, Dr. Satish Shah, Dr. Satish Savant, Dr. Bipin Deshpande, Dr. Sharad Mutalik, Dr. Niteen Dhepe, Dr. Pradeep Kumari, Dr. Swapnil Shah
7th May 2013	“LIGHT THAT HEALS” Laser CDE conducted by School of Dental Sciences, KIMSDU, Karad	Dr. Girish Byakod, Dr. Sameer Thukral.
23rd & 24th August 2013	CME on Surgical Pathology	Dr. Vikram Deshpande Dr. Eugene J. Mark Dr. Parul Bhargav Dr. Megha Joshi
6th April, 2013	CME on Hypertension at KIMSDU Karad.	Dr. Mrs.Madhavi Vasudeo Rayate. Dean, Ashwini Rural Medical College, Hospital & Research Centre, Kumbhari, Dist. Solapur Dr. Ashok Nilkanth Bhupali.
20th Jan. 2013	Pediatric Orthopedics “As the child Grows”	Dr. Rujuta Mehta, Dr. Taral Nagda Dr. Alaric Aroojis, Dr. Atul Bhaskar, Dr. Tushar Agarwal.
16 February 2014	CME on CARDICON KIMSDU Karad	Dr. N. Venkat Rayudu, Dr. Ajit Desai, Dr. Ashok Bhupali, Dr. Swaroop Bharadi, Dr. Satish Khadase, Dr. Rajeev Sethi Aditya, Dr. Ajit Thachil,
23rd February, 2014	Department of surgery & DSS Organized CME Robotic Surgery Surgical Practice and Law Rural Surgeon –A Challenge Early detection of cancer and it’s awareness	Dr. Mangesh Patil Dr. Dhairsheel Patil, Dr. Sanjay Shivade, Dr. P. G. Chougule

29th & 30th March 2014	CME on “Basic Life Support” in Dept. of Pediatric KIMSDU, Karad.	Dr. Narendra Nanivadekar, Dr. Mandar Patil, Dr. jaysingh Raorane, Dr. Kimaya Shah, Dr. Nivedita Patil, Asso. Professor, Kolhapur Dr. Bhavesh Shah, Miraj Dr. Uday Rajput, Miraj
08/04/2014	CME – Vector born disease at KIMSDU Karad.	Dr.Mrs.Rayate
6th July, 2014	Department of surgery & IMA Karad organized Deccan Society of GI Endoscopy CME My approach to Patient with pain in abdomen UGI Bleeding how to approach GERD Achalasia Cardia	Dr. A.G. Shapure, Dr. Varule Pratap Dr. Gajanan Wahalika Dr. Amol Bapaye Dr. Deepak Amrapurkar
07/07/2014	CME - Obesity	Dr.Rajadnay, Dr.Draavid
25/09/2014	CME – Errors Management in Clinical Laboratories	Dr.Ashwini Abhyankar
22/02/2015	Surgical CME Cancer awareness in Rural Management of acute Facial Burns Computer vision syndrome Recent Advances in Laparoscopy Recent advances in Therapeutic G.I. endoscopy Recent concept of management of operable carcinoma Oesophagus.	Dr. Manoj Lokhande - Dr. Shailesh Ranade, Dr. Sindal D. K Dr. Jignesh Gandhi Dr Suryaprakash Bhandari Dr. Kumar Vinchurkar
5th April, 2015	Orthopaedics CME Examination of Spine & Neurological Assessment. Principles of Treatment of Non Union. Lower Limb prosthesis Spinal Orthotics Examination of Hip Total Hip Arthroplasty	Dr. S. A. Lad Dr. Pradeep Patil Dr. Nagesh Naik Dr. R. B. Gunaki Dr. Navdeep Lokare,

<b>Krishna Institute of Medical Sciences Deemed University, Karad. (Conferences) (2011 – 2015)</b>			
<b>Sr. No.</b>	<b>Date</b>	<b>Activity</b>	<b>Speakers</b>
1.	22nd & 23th February, 2011	First Interdisciplinary Research Conference of Krishna Institute of Medical Sciences Deemed University, S1 Hall, KIMS, Karad	Dr. Madhav Kolhatkar Mrs. Usha Ukande Dr. Kisan Kodam
2.	13 & 14.1.2012	Joint Annual Conference of IAPSM- IPHA Maharashtra State - 2011	Dr. Mrs. Vandana Kakrani Dr. M. P. Tambe Dr. Mrs. Asha Pratinidhi Dr. Aparna Shrotri Dr. Sudesh Gandham Dr. Uday Narlawar Dr. R. R. Shinde Dr. Pradeep Gaikwad Dr. Ajay Keni Dr. Tushar Shasrabuddhe Dr. Mohan Khamgaonkar Dr. Arun Humne Dr. Archana Patil Dr. Shobha Rao Dr. Suresh Ughade Dr. N. K. Tyagi Dr. J. V. Dixit Dr. Chandrakala Jaiswal Dr. Yajnik C. S. Dr. Satish Pawar Dr. Prakash Doke Dr. Uddhav Gawande
3.	12th to 14th October 2012	Indian Dental Association Maharashtra West Zone Conference (Krishna – Sangam)	Dr. S. H. Pawar, Hon. Vice-Chancellor D. Y. Patil University Kolhapur, Dr. Pramod Gurav, President Elect I.D.A.

			Head Office, Dr Neeraj Seth, Dr. Pushkar Waknis, Dr. Manish Agarwal, Dr. Ashok Dhobale, Hon Secretary General, IDA Head office, Dr. Sanjay Bhawsar President IDA Maharashtra State Branch, Dr. Bajrang Shinde President elect IDA MSB, Dr. Sri ram Paranjape, President Satara branch, Dr. Sharad Jagtap Zonal Coordinator, Dr. Shekhar Ghorpade
4.	16 & 17.3.12	2nd Interdisciplinary Research Conference	Dr. S. M. Mehendale, Dr. Sundeep Salvi, Dr. G. Arun Maiya Dr. Rajderkar, Dr. Vastalaswami Mrs. Phalakshi Manjrekar. Major. Mrunalini Prof. K. V. V. Prasad. Dr. Girish Mahajan Dr. Gopal Kundu
5.	07.04.2012	Interdisciplinary Seminar (CDE Program) - World Health Day - 2012  Ageing & Dental Health  Ageing & Dental Health  Ageing & Health  Physiotherapy in Geriatric Health.	Dr. Shivkumar K.M. HOD Dept. of Public Health Dentistry, SDS, KIMSDU, Karad. Dr. P. G. Diwan, Dr. Yojana Patil, Mrs. Dimple Gulabani Art of Living, Kolhapur Dr. G. Varadharajulu Principal, KCP, KIMSDU, Karad.

6.	30th Nov & 1st Dec 2013	Krishna – Sangam - 2 Indian Dental Association Maharashtra State Branch Student Sports Convention – GEARS 2013	Dr. Rahul Deshpande, President, IDA-MSB Satara Branch, Dr. Sandeep Kashid, Dr. Bajrang Shinde, President IDA-MSB, Dr. Jayant Deshpande, Secretary IDA-MSB, Dr. Mohan Zagade, Past President, IDA-MSB Satara Branch, Dr. Rahul Deshpande, President, IDA-MSB Satara Branch, Dr. Aniruddh Bargaje, Secretary, IDA-MSB Satara Branch
7.	1st to 3rd March 2013	3rd Interdisciplinary Research Conference	Chief Guest – Dr. Anil Avachat, Dr. G. Arun Maiya, Dr. Anil Kumar L. Bhoweer, Dr. Hamid Dabholkar Dr. Radhakrishnan, Dr. Akhtar Ahmed, Dr. Anita Karad
8.	4th & 5th March 2014	Interdisciplinary Research Conference 2014	Dr. D.T Mourya, Dr. Anil Kumar L. Bhoweer, Dr. V. Srikumari, Dr. Girish Mahajan, Dr. (Mrs.) Sripriya Gopalkrishnan, Dr. Aparna Deshpande
9.	3rd to 6th December 2014,	International Multifocal conference 2014 organized by KIMSDU in collaboration with Uniformed Services University of Health Sciences, Bethesda USA.	Barbara E. Knollmann-Ritschel, Radha Maheshwari, Richard M. Conran, Craig W. Goodmurphy, Phil Grimley, Dr. Y. K. Gupta, Dr. Sanjay Mehendale, Dr. Atanu Basu, Dr. V. Ravi
10.	12 & 13 March 2015	Interdisciplinary Research Conference 2015 Surveillance of	Dr. Arti Kapil Dr. Suhas Mangaonkar Dr. Pramila Menon

		<p>Antibiotic Resistance and lessons learnt. Evidence based healthcare medicine. Evidence based nutritional intervention. Evidence based forensic odontology. Evidence based nursing practice and Health Care Quality of walking in below knee amputees by using prosthesis – Evidence based practice</p>	<p>Dr. Vishal Koulapur Dr. R. Raja Ms. Seema Sane</p>
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**Krishna Institute of Medical Sciences Deemed University, Karad.  
(Oration) (2011-2015)**

Sr. No.	Date	Activity	Speakers
1.	23th February, 2011	KIMS Silver Jubilee Oration 2011 Research Methodology	Dr. Mrs. Mrudula Phadke
2.	16.3.12	KIMS Silver Jubilee Oration 2012	<p>Dr. S. M. Mehendale. Chief Guest</p> <p><b>Speakers:</b> Dr. Sandeep Salvi. Dr. Rajderkar. Dr. G. Arun Maiya. Dr. Vastalawami. Mrs. Phalakshi Manjrekar. Major. Mrunalini. Dr. G. Varadrajalu Prof. K. V. V. Prasad. Dr. M. I. Parkar. Dr. Girish Mahajan Dr. S. C. Kale.</p>
3.	3.8.12	Dr. H. R. Tata Memorial Oration 2012 “Recent Developments in Cardiac Surgery & Life Style Diseases”	Dr. James Thomas
4.	16.8.12	Dr. Mrs. Manjiri Naniwadekar Memorial Oration 2012 “The Art & Science of walking with surgeons” A tribute to Prof. Dr. Mrs. Manjiri Naniwadekar	Dr. Anita Borges

5.	3rd March 2013	KIMS Silver Jubilee Oration 2013	Dr. Anita Kar
6.	5 <sup>th</sup> March 2014	KIMS Silver Jubilee Oration 2014 'Micronutrients and Health'	Dr. D.T. Mourya
7.	12 & 13 March 2015	KIMS Silver Jubilee Oration 2015 Surveillance of Antibiotic Resistance and lessons learnt	Dr. Arti Kapil

Pre test and post test is conducted after every relevant scientific activity to measure the learning gain as an outcome.

Details of training programmes are given below

Dr. Asha Pratinidhi, Director of Research has conducted the CMEs for Medical Officers from Health services in the districts of Sangli, Sindhudurga and Kolhapur, for Govt. of Maharashtra, NRHM. **She was identified as a resource person for this activity.** Details of CMEs are given below.

- a. Programme of CME at Sangli, District on 17/03/2013
- b. Programme of CME at Sindhudurga District on 23/03/2013
- c. Programme of CME at Kolhapur District on 25/03/2013

Skill Development Training for Staff Nurses and ANMs for Screening of Cervical and Breast Cancer by Visual Inspection and Manual Palpation – By Department of Obstetrics, Surgery, Pathology and specifically appointed recognised clinical cytologist Dr. Radhika Joshi, Federation of Obstetrics and Gynaecology from January 2011. So far 45 nurses are trained under this training activity. Two nurses are trained at a time. A hands on training is given for a period of two months. This is a continuous ongoing activity.

### 3.1.7 How does the university facilitate researchers of eminence to visit the campus as adjunct professors? What is the impact of such efforts on the research activities of the university?

Nationally and Internationally eminent researchers are identified from personal contacts, published research papers. Eminent workers from Ayurveda who are working in nearby Ayurvedic colleges are identified. They are contacted personally and requested to visit the University. With their consent they are appointed as adjunct professors. The T.A. and D.A. and local hospitality of their visits are borne by the university. During their subsequent visits, the possibility of different research areas and researchable topics related to their field of expertise are identified. Their help is obtained for

- Selection of topics
- Formulation of Research Design

- Consideration of Ethical Issues
- For issues related to Implementation of the Identified Research Project.

List of such successfully implemented and ongoing projects with the help of adjunct professors is -

1. **Field testing of appropriate technology tools for monitoring of slow progress of labour and growth of LBW babies below 2500gm at PHC / RH level.**
2. **Feasibility of Cervical and Breast Cancer Screening (FCBS) and Mobile Medical Intervention (MIM): a pilot project from Western Maharashtra, India.**
3. **Estimation of Lead level from water samples of Koyna and Krishna river beds.**
4. **Estimation of lead content from soil at the Koyna and Krishna river beds.**
5. **Estimation of lead content from of standard and local made water pipes.**
6. **A Comparative Study to Assess the Effectiveness of Colostrum Powder Application and Conventional Methods of Dressings in Wound Healing, Among the Clients Admitted at Krishna Hospital, Karad**
7. **Study to assess the effectiveness of Honey application in wound healing among the clients of selected hospital karad**
8. **Study to assess the effectiveness of Alovera cream for promotion of wound healing among clients of selected hospitals at karad**

The following professors are designated as Adjunct faculty

Sr. No	Adjunct faculty
01	Dr. S.M. Mehandale, MD (Community Medicine), MPh. John Hopkins University, USA
02	Dr. Vyankatesh T., M.Sc., Ph.D.(Biochemistry)
03	Dr. P.P. Doke, M.D., Ph.D.( Community Medicine)
04	Dr. Prabhadeep Kaur, MD ( Community Medicine)
05	Dr. Vilas Naik, DM, Nephrology
07	Dr. Anil Purohit , DM, Neurology
08	Dr. Vilas Jadhav, DNB, Pediatrics, Fellowship in Neurology
09	Dr. Mrs. Jyotsna Takalikar, M.D.Ayurveda, Pharmaceutical Sciences

10	Dr. Suhas Patil, MD, Homeopathy Organon medicine
11	Mr. Kalidas Patil, M.A, Medical Psychology
12	Mr. S. V. Phaltankar, M.A., Economics
13	Prof. Dr. Mrs. A. Sane, Environment
14	Prof. Dr. N.R. Jadhav, MBA (HR)
15	Prof. Miss V. R. Kadam, B.Sc., A.D.S.E, D.B.M, MBA
16	Prof. Dr. Ashwini Rodrigues, M.phil, Ph.D.(Finance & Marketing Management)
17	Mr. Dhananjay Kulkarni, M.Sc., Environmental Sciences
18	Dr. Milind Pishwkar, MD, Ob/Gyn.

There are International Visiting faculties. The details are as follows-

Sr. No.	Visiting Faculty
1	Dr. Megha Joshi, Director of Laboratories at Lawrence General Hospital, Boston MA.
2	Dr. Rahul Jindal, Transplant Surgeon, Walter Reed Army Medical Center, Washington DC
3	Dr. Radha Maheshwari, Professor, Department of Pathology, Uniformed Services University of the Health Sciences, Maryland
4	Dr. Ashwin Kotwaliwale, Director of Bioinformatics at Existence Genetics LCC, LA USA
5	Dr. Hemangi Kale, Assistant Professor of Surgery, Case Western Reserve University, School of Medicine, Cleveland.
6	Dr. Rajan Dewar, Ph.D., M.D., Assistant Professor of Pathology, Beth Israel Deaconess Medical Center, Boston MA, USA
7	Dr. Sandhya Lagoo, Associate Professor of Surgery, Duke University, North Carolina, USA
8	Dr. Vikram Deshpande, Asst. Professor, Harvard Medical School, Boston, USA
9	Dr. Shivyogi Bhusnurmath, Dean, Academic Affairs, Saint Georges Universities, Grenada,
10	Dr. Bharati Bhusnurmath, Professor, Pathology, Saint Georges Universities, Grenada,

These Nationally and Internationally eminent researchers are invited by the University to deliver talks on different topics for staff, UG, PG and PhD students. These lectures are attended by the staff and students enthusiastically. The lectures are very informative and discussion

following the lectures is brain storming and thought provoking. These sessions are inspiring and result in motivating the staff and students for undertaking research. There is significant increase in the knowledge in the themes covered by these eminent speakers as seen from before and after 'learning gain scores'.

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

**On an average the Deemed University earmarks around 10% of its developmental budget for research activities.** The University also upgrades and increases the Infrastructure facilities and procures modern state of the art equipments to facilitate and enhance the research facilities and research output. **Percentage utilization is close to 100% of the annual research budget every year.**

Year wise Institutional Research Expenses in Rupees (From Year 2011-12 to 2014-15)						
S.N	Particulars	2011-12	2012-13	2013-14	2014-15	Total
1	Research Paper publication in International Journals - Incentives and Publication Expenditure	153617	195208	616564	1264768	2230157
2	Deputation of Staff and PG students for National & International Conferences / Workshops/ Seminars.	606477	2469017	1480962	1381065	5937521
3	Conferences and Workshops conducted	766229	444180	1165815	1218005	3594229
4	Online Live CME			932586	1090172	2022758
5	Research Grant for Ph. D Students	70249	200000	967960	1371444	2609653
6	Funds for P.G Thesis and UG Projects	160956	524370	1705750	160000	2551076
7	Expenses for Departmental Research Projects of Staffs	2386435	4557199	5198693	7807972	19950299
8	Expenditure towards patents	183650	814581	184100	785595	1967926
9	Expenditure of publication of JKIMSU (Research Journal)	427149	539395	631083	532090	2129717

10	Genetic Laboratory Expenses	155000	1241641	2841508	1963762	6201911
11	Travelling Expenses	7405	79782	81065	207795	376047
12	Salaries of Directorate of Research	2060151	2229514	5459911	4726790	14476366
13	CAPITAL EXPENDITURE FOR Molecular & Genetic Lab;, Virology Lab; and Lead Referral Laboratory		4407954	3382733	1380000	9170687
<b>Total</b>		<b>69,77,318</b>	<b>1,77,02,841</b>	<b>2,46,48,730</b>	<b>2,38,89,458</b>	<b>7,32,18,347</b>

- **Details of yearly Research Fund allocation and its utilization**

<b>Year wise Budget for Research in Rupees and Percentage Utilisation (From Year 2011-12 to 2014-15)</b>				
<b>Particulars</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
Budget Allocation	1,00,00,000	1,75,00,000	2,50,00,000	2,50,00,000
Utilization	69,77,318	1,77,02,841	2,46,48,730	2,38,89,458
<b>Percentage Utilized</b>	<b>69.77%</b>	<b>&gt;100%</b>	<b>98.4%</b>	<b>95.56%</b>

**3.1.9 In its budget, does the university earmark fund for promoting research in its affiliated colleges? If yes, provide details.**

Being a Deemed University there are no affiliated colleges. However the Deemed University has earmarked funds for promoting research in all the faculties.

**3.1.10 Does the university encourage research by awarding Post Doctoral Fellowships/Research Associate ships? If yes, provide details like number of students registered, funding by the university and other sources.**

Yes, University awards the post doctoral fellowships / research associate ships and details are given below

Post Doctoral Fellowships offered at University	
Post Doctoral Fellowships	No. of Fellows
Neonatology	4 (1/ Year)
Geriatrics Medicine	4 (1/ Year)
Perinatal Medicine (renamed as Fetal Medicine)	4 (1/ Year)
Assisted Reproductive Technology	4 (1/ Year)
Minimal Access Surgery	4 (1/ Year)
Sports Medicine	4 (1/ Year)
Cleft Lip & Palate	4 (1/ Year)
MicroEndodontics	To be started in current year i.e. 2015-16 in September
Echocardiography	To be started in current year i.e. 2015 in September
Emergency Medicine & Critical Care	To be started in current year i.e. 2015 in September
Spine	To be started in current year i.e. 2015 in September

**3.1.11 What percentages of faculty have utilized the sabbatical leave for pursuit of higher research in premier institutions within the country and abroad? How does the university monitor the output of these scholars?**

As per the leave policy of the University there is provision for a sabbatical leave for pursuit of higher research in premier institute within the country and abroad. This in turn has led to improvement in quality of patient care, teaching and research output. Table showing the statement of utilization of sabbatical leave by faculty for pursuing higher research within the country and abroad is given below

Table showing the statement of utilization of sabbatical leave by faculty for pursuit higher research within the country and abroad is given below			
Sr. No.	Constituent Faculties	India (%)	Abroad (%)
1	Krishna Institute of Medical Sciences, Karad	0.9%	2.70%

<b>Sabbatical Leave of Staffs</b>			
<b>Sr. No.</b>	<b>Names of Staff</b>	<b>Department</b>	<b>Period of Sabbatical Leave</b>
1	Dr. P. M. Durgawale	PSM	5 <sup>th</sup> Feb 2003-25 <sup>th</sup> April 2004
2	Dr. S. B. Vanjari	Plastic Surgery	2001 to 2006
3	Late Dr. Mrs. M. R. Naniwadekar	Pathology	1 <sup>st</sup> Jun 2004 to 31 <sup>st</sup> May 2006
4	Ms. Kshamata Thorat,	Blood Bank	1st Oct.2008 to 31st Aug. 2009
5	Dr. Mrs. J. V. Wader	Pathology	1 <sup>st</sup> Jan 2008 to 30 <sup>th</sup> Nov. 2009
6	Dr. S. J. Bhosale	Surgery	1 <sup>st</sup> June 2010 to 10 <sup>th</sup> Nov. 2010

- **Special exposure gained during the sabbatical leave period was effectively utilised for initiating and enriching research related to those themes.**

**3.1.12 Provide details of national and international conferences organized by the university highlighting the names of eminent scientists/scholars who participated in these events.**

The details of national and international conferences organised by University, Karad is given below.

<b>Krishna Institute of Medical Sciences Deemed University, Karad. (Conferences) (2011 – 2015)</b>			
<b>Sr. No.</b>	<b>Date</b>	<b>Activity</b>	<b>Eminent Speakers</b>
1.	22nd & 23th February, 2011	First Interdisciplinary Research Conference of Krishna Institute of Medical Sciences Deemed University, S1 Hall, KIMS, Karad	Dr. Kisan M. Kodam, Dr. Brig. N. K. Sahoo, Dr. (Mrs) Usha Ukande, Dr. Satyanarayana, Dr. Madhav Kolhatkar,

2.	13 & 14.1.2012	Joint Annual Conference of IAPSM-IPHA Maharashtra State - 2011	Dr. Mrs. Vandana Kakrani Dr. M. P. Tambe Dr. Mrs. Asha Pratinidhi Dr. Aparna Shrotri Dr. Sudesh Gandham Dr. Uday Narlawar Dr. R. R. Shinde Dr. Pradeep Gaikwad Dr. Ajay Keni Dr. Tushar Shasrabuddhe Dr. Mohan Khamgaonkar Dr. Arun Humne Dr. Archana Patil Dr. Shobha Rao Dr. Suresh Ughade Dr. N. K. Tyagi Dr. J. V. Dixit Dr. Chandrakala Jaiswal Dr. Yajnik C. S. Dr. Satish Pawar Dr. Prakash Doke Dr. Uddhav Gawande
3.	19 August 2012	IADVL Maharashtra Branch Quarterly Meet 2012 Organised by Dermatologists Association of Karad & Department of Dermatology, KIMS	
4.	12 <sup>th</sup> to 14 <sup>th</sup> October 2012	Indian Dental Association Maharashtra West Zone Conference (Krishna – Sangam)	
5.	16 & 17.3.12	2 <sup>nd</sup> Interdisciplinary Research Conference	Dr. S. M. Mehendale, Dr. Sundeep Salvi, Dr. G. Arun Maiya Dr. Rajderkar, Dr. Vastalawami Mrs. Phalakshi Manjrekar. Major. Mrunalini Prof. K. V. V. Prasad. Dr. Girish Mahajan Dr. Gopal Kundu

6.	07.04.2012	Interdisciplinary Seminar (CDE Program) - World Health Day - 2012  Ageing & Dental Health  Ageing & Dental Health  Ageing & Health  Physiotherapy in Geriatric Health.	Dr. Shivkumar K.M. HOD Dept. of Public Health Dentistry, SDS, KIMSDU, Karad. Dr. P. G. Diwan, Dr. Yojana Patil, Mrs. Dimple Gulabani Art of Living, Kolhapur Dr. G. Varadharajulu Principal, KCP, KIMSDU, Karad.
7.	26 <sup>th</sup> - 27 <sup>th</sup> Jan 2013	Pediatric Orthopedics	
8.	1 <sup>st</sup> to 3 <sup>rd</sup> March 2013	3 <sup>rd</sup> Interdisciplinary Research Conference	Dr. Anil Avachat, Dr. G. Arun Maiya, Dr. Anil Kumar L. Bhoweer, Dr. Hamid Dabholkar Dr. Radhakrishnan, Dr. Akhtar Ahmed, Dr. Anita Kar
9.	4 <sup>th</sup> & 5 <sup>th</sup> March 2014	Fourth Interdisciplinary Research Conference 2014	Dr. D.T Mourya, Dr. Anil Kumar L. Bhoweer, Dr. V. Srikumari, Dr. Girish Mahajan, Dr. (Mrs.) Sripriya Gopalkrishnan, Dr. Aparna Deshpande
10.	3 <sup>rd</sup> to 6 <sup>th</sup> December 2014,	International Multifocal conference 2014 organized by UNIVERSITY in collaboration with Uniformed Services University of Health Sciences, Bathesda USA.	Barbara E. Knollmann- Ritschel, Radha Maheshwari, Richard M. Conran, Craig W. Goodmurphy, Phil Grimley, Dr. Y. K. Gupta, Dr. Sanjay Mehendale, Dr. Atanu Basu, Dr. V. Ravi
11.	12 & 13 March 2015	Fifth Interdisciplinary Research Conference 2015 Surveillance of Antibiotic Resistance and lessons learnt. Evidence based healthcare medicine. Evidence based nutritional intervention. Evidence based forensic odontology. Evidence based nursing practice and Health Care Quality of walking in below knee amputees by using prosthesis – Evidence based practice	Dr. Arti Kapil Dr. Suhas Mangaonkar Dr. Pramila Menon Dr. Vishal Koulapur Dr. R. Raja Ms. Seema Sane

### Presentation of Research Papers in International & National Conferences:

Over 284 papers are presented in International & National conferences. The year wise distribution is given below.

Details of Conferences							
Year	Paper Presented	Attended	Poster Presented	Chairperson	Guest Lecture	Workshop	CME
2011	28	90	03	03	01	-	07
2012	90	59	28	17	11	-	04
2013	73	46	65	14	05	-	02
2014	71	45	63	14	06	18	-
Aug. 2015	22	16	26	04	04	07	06
<b>Total</b>	<b>284</b>	<b>255</b>	<b>185</b>	<b>52</b>	<b>27</b>	<b>25</b>	<b>19</b>

Details Paper, Poster Presented in Interdisciplinary Conferences of Ph. D/ MD/MS/ MSc students			
Year	Paper Presented	Poster Presented	Paper Publication
2011	11	-	-
2012	133	17	-
2013	46	01	03
2014	135	15	09
2015	106	-	-
<b>Total</b>	<b>431</b>	<b>33</b>	<b>12</b>

#### 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.

Research Methodology, Research Ethics and Biostatistics Workshops For Staff and Students	
➤	Started in 2005
➤	Teachers, Trainees are trained
➤	All first year PG students are trained every year
➤	Experts from Maharashtra and outside Maharashtra as visiting faculty
➤	Highly significant improvement in knowledge
➤	Excellent Feedback

**- Development of Scientific Temperament.**

Every effort has been made to develop scientific temperament among the staff and PG Students by organising talks of eminent scientists in research methodology workshop every year, organizing CMEs for this purpose, regularly rewarding good researchers for their achievements and publications through incentives. Staff and students are encouraged and financially supported to attend conferences, workshops, and CME's conducted by other agencies on research related activities. Inter-disciplinary research conference has been organized every year for all constituent colleges, in which competition sessions are arranged and the quality of papers presented are judged by external and internal referees. Awards are given to the best paper presentation in pre-decided categories. All these activities have helped to significantly enhance the scientific temperament in the staff and students.

- Details of paper, poster presented in conferences and paper published in international and national journals by Ph. D/ MD/MS/ MSc students are given below.

<b>Details Paper, Poster Presented in Conferences and Paper Published in International and National Journals of Ph. D/ MD/MS/ MSc students</b>			
<b>Year</b>	<b>Paper Presented</b>	<b>Poster Presented</b>	<b>Paper Publication</b>
<b>2011</b>	11	-	-
<b>2012</b>	133	17	-
<b>2013</b>	46	01	03
<b>2014</b>	135	15	09
<b>2015</b>	106	-	-
<b>Total</b>	<b>431</b>	<b>33</b>	<b>12</b>

**- Presence of Medical / Bio Ethics Committee.**

Yes, University has established the 'Medical and / Bio Ethics Committee'. It is mandatory to obtain the approval of the ethics committee and protocol committee before the initiation of any research project by undergraduate students, post-graduate students including PhD students, staff, and collaborative projects with other outside agencies and clinical trials sponsored by outside agencies.

**- Research linkages with other institutions, universities and centres of excellence. (National and International).**

Yes, the details of research linkages with other institutions, universities and centres of excellence, (National and International) are given below.

Academic activities/ programs possible only by virtue of DU status		
Sr. No	Linkages with International Universities/ Organizations	Field of Collaboration
1	Academic Mission Cooperation between University and Walter Reed Army medical centre Washington DC USA	Student exchange, faculty exchange Twinning / dual degree program research
2	Specific agreement for a Students Exchange Program Between The Des Moines University Iowa USA	Student exchange, faculty exchange Twinning / dual degree program research
3	General agreement for Academic Mission Cooperation between KIMSDU and Health Oasis L.L.C. Des Moines Iowa, USA	Curriculum Development, student exchange
4	MOU Between KIMSDU & St. Georges university, Grenada	Medical experience selective
5	MOA between KIMSDU and Master skill University (M) SDN BHD, Malaysia	Top up programs
6	MOU between KIMSDU and The Governing Council of the University of Toronto.	Student Exchange, Nursing experience selective
7	MOU ( In process) between KIMSDU & Uniform Services University of Health Sciences, Washington	Academic Activities, research, faculty exchange & student exchange

- **Research programs in Basic Sciences, Clinical, Operational Research, Epidemiology, Health Economics.**

Yes, all the main topics are aptly covered in the undergraduate and post-graduate curricula of all these constituent colleges. Orientation sessions are arranged for undergraduate and postgraduate students as well as staff members during vacation period. Workshops, CME's, and guest lectures are arranged for the staff and students of all disciplines for imparting knowledge in basic sciences, clinical, operational research, epidemiology and health economics,

- **Promotional avenues for multi-disciplinary, inter-disciplinary research.**

Yes, Annual Inter-Disciplinary Research Conference is organized for the staff and post-graduate students of all constituent colleges since 2010. This gives an opportunity to interact with the faculty from other constituent colleges and taking up of inter-disciplinary research activities. Experts from all over the country are invited to deliver lectures related to medicine, dentistry, physiotherapy, nursing, and biotechnology and the theme chosen for the conference is relevant to all the constituent colleges. A year wise themes of Inter-Disciplinary Research Conferences are given below.

Interdisciplinary Conference Theme			
Sr. No.	IRC	Date	Theme
1	1 <sup>st</sup> IRC	17 <sup>th</sup> & 18 <sup>th</sup> Feb. 2011	Stress management
2	2 <sup>nd</sup> IRC	16 <sup>th</sup> & 17 <sup>th</sup> March 2012	Community Health Care
3	3 <sup>rd</sup> IRC	1 <sup>st</sup> & 2 <sup>nd</sup> March 2013	Health and Life Style
4	4 <sup>th</sup> IRC	4 <sup>th</sup> & 5 <sup>th</sup> March 2014	Micronutrients and Health
5	5 <sup>th</sup> IRC	12 <sup>th</sup> & 13 <sup>th</sup> March 2015	Evidence Based Health Care

- **Promotional avenues for translational research.**

Yes, Promotional avenues for translational research are available. The innovation room is created to demonstrate the prototypes of instruments and appliances designed based on principles of translational research and appropriate technology so that the socially and economically marginalized community is benefitted and get good health care at the hospital and field level.

This innovation room is open to all the staff and students of the university. Faculties and registered Ph. D students are mainly encouraged to participate in translational research workshops organised by this University and other institutions. Due to the awareness created proactively by the University, so far, **22 patent applications are submitted to the patent office of India out of which 1 is by an undergraduate dental student and 2 by the post graduate Physiotherapy students and 19 by faculty out of which 16 applications are by medical faculty and 3 by dental faculty. One copyright is sanctioned and certificate for 5 patent designs are obtained.**

- **Instilling a culture of research among undergraduate students.**  
Yes, a culture of research among undergraduate students is instilled. Research methodology is a part of undergraduate curriculum in all constituent colleges under community medicine / community dentistry. Students are encouraged to take STS projects supported by ICMR. The projects not selected by ICMR are invariably supported by our University under short-term fellowship programme. Students are given a scholarship of Rs. 10,000 for the research projects approved by ICMR. **A parallel grant of Rs. 10000 is given by KIMSDU if the students complete the project work satisfactorily, under short-term fellowship programme of the University.**
- **Publication-based promotion/incentives.**
- The policy for incentives and reimbursements for publication of original articles, books, monographs, patents and copyrights is as follows:-

<b>Incentive / reimbursements Policy for Publications of Original Research Paper / Monograph / Patents / Copyright / Books</b>		
<b>Sr. No.</b>	<b>Type of Publication</b>	<b>Incentives / Reimbursements Amount (Rs.)</b>
1	Indexed National Journal	3500
2	International Journal Indexed in World Health Organization (HINARI) International Committee of Medical Journal Editors (ICMJE) World Wide Science Organizations (WWSO) Directory of Open Access Journals (DOAJ)	5000
3	International Journal Indexed Index Copernicus	7500
4	Journal Indexed in Scopus/ Pub Med	10000
5	Indexed International Journal with impact factor <sup>@</sup> more than one up to three	
A	Journal indexed in other than Scopus /PubMed	17500
B	Journal indexed in Scopus /PubMed	20000
6	Indexed International Journal with impact factor <sup>@</sup> three and above	

A	Journal indexed in other than Scopus /PubMed	32500
B	Journal indexed in Scopus /PubMed	35000
7	Original Monograph	10000
8	Monograph from old dissertations by student / guide	5000
9	Original Article / Monograph from old dissertations by other than student /guide	5000 plus third authorship
10	Patents	
	Application	Institutional support
	Approval	10000
11	Copyright	
	Application	Institutional support
	Approval	5000
12	Books (Textbook, Reference book)	
	Publication	Institutional support
	On Sell	15% Royalty

@ Indexed International Journal with impact factor By Thomson Reuters

- **Every staff is eligible to be deputed for attending one state and one national conference in a year and a international conference once in two years.** In exceptional cases additional permission is accordable by the Hon'ble Vice Chancellor.
- A year wise incentives and expenditure amount for publication of original articles is as follows.

Incentives Given to University Staffs (Years 2012- Apr 2015)					
Year	Number of Staff and PG				Amount (Rs)
	KIMS	SDS	KCP	KINS	
2012	12	-	-	-	1,20,000/-
2013	24	6	-	-	3,00,000/-
2014	58	2	-	32	9,00,000/-
Up to Aug. 2015	71	6	4	26	9,20,500
<b>Total</b>	<b>165</b>	<b>14</b>	<b>4</b>	<b>58</b>	<b>22,40,500</b>

<b>Expenditure for publication given to University Staffs (Years 2011- Apr 2015)</b>					
<b>Year</b>	<b>Number of Staff and PG</b>				<b>Amount (Rs)</b>
	<b>KIMS</b>	<b>SDS</b>	<b>KCP</b>	<b>KINS</b>	
2011	10	-	-	-	74357
2012	08	-	-	-	56493
2013	28	-	-	-	2,55,703
2014	64	2	3	26	3,74395
Up to Aug. 2015	81	2	-	24	3,76601
<b>Total</b>	<b>191</b>	<b>4</b>	<b>3</b>	<b>50</b>	<b>11,37,549</b>

- **Providing travel grant for attending national/international conference and workshops.**

Yes, University provides financial assistance towards travel, registration charges, and DA for participating and presenting papers / poster / or for being chairman / resource person for scientific sessions at national/international conferences and workshops to all staff and PG students.

- A year wise registration charges, TA and DA utilised for participating and presenting papers / poster / or for being chairman / resource person for scientific sessions at national/international conference and workshops to all staff and PG students are mentioned below.

<b>Expenditure Details of Conferences / Workshops / Seminars Attended by KIMSDU Staffs and PG (Years 2011- Apr 2015)</b>						
<b>Year</b>	<b>Number of Staff and PG</b>					<b>Amount (Rs)</b>
	<b>KIMS</b>	<b>SDS</b>	<b>KCP</b>	<b>KINS</b>	<b>KIBB</b>	
2011	85	08	2	28	01	5,49,120/-
2012	107	23	-	25	10	8,36,769/-
2013	111	55	1	13	-	11,06,153/-
2014	125	58	-	14	-	13,05,285/-
Up to Aug. 2015	50	19	-	-	03	1,20,077/-
<b>Total</b>	<b>478</b>	<b>163</b>	<b>3</b>	<b>80</b>	<b>14</b>	<b>39,17,404/-</b>

### 3.1.14 Does the institution facilitate

- **R&D for capacity building and analytical skills in product development like diagnostic kits, biomedical products for the national / international market**
  - **Yes, design patents for four patent products have been approved till date and the institution is in the process of manufacturing and providing them to the specialists at appropriate price.**
  - Manufacturing and selling of quality rehabilitation kits by physiotherapy is undertaken at a rate much lower than the rate available in the market.
- **Development of entrepreneur skills in health care**
  - Yes, the University develops entrepreneur skills in health care by modular training to undergraduate and post graduate students in health care management to cover managerial aspects related to manpower, material and money.
  - Hands-on training is undertaken with the help of simulation models, mannequins, as well as bed-side clinics for undergraduate and post-graduate students and the faculty. This enhances the skills of imparting quality healthcare to the patients and the community.
  - Undergraduate, post-graduate and faculty are encouraged to develop prototypes based on innovative ideas. So far, **22 patent applications are submitted to the patent office of India out of which one is by an undergraduate dental student and two by the post graduate Physiotherapy students and 19 by faculty out of which 16 applications by medical faculty and three by dental faculty.**
  - University is supporting the entrepreneurship by the inventors for the manufacturing and selling of those patent designs approved by the patent office.
- **Taking leadership role for stem cell research, organ transplantation and harvesting, Biotechnology, Medical Informatics, Genomics, Proteomics, Cellular and Molecular Biology, Nano-science.**

Yes, the University has established the 'Molecular and Genetic Laboratory' in 2012. We have initiated molecular testing and genotyping of viral markers like HPV from cervical and oral cancer patients with the help of polymerase chain reaction. We have ongoing research projects to study genetic polymorphisms in different cancer related genes including DNA repair genes, oxidative stress related genes, carcinogen detoxifying genes with respect to breast, cervical and oral cancer. Our aim is to establish advanced 'Breast Tumour Bank' in Genetic Laboratory of KIMSUDU. We are trying to cryopreserve the breast tumour tissue and normal tissue for breast cancer research. One of the major objectives of our laboratory is to

start molecular cancer research using in vivo and in vitro models. Major role of Molecular & Genetic Laboratory is in Karyotyping and Immunohistochemistry for cancer diagnostics. '**Molecular and Genetic Research Advisory Committee**' guides and monitors the research activities.

#### A. Staff involved in Molecular Research

Sr. No	Name	Designation
1	Dr. Kailas D. Datkhile	Senior Research Officer & Incharge
2	Ms. Madhavi N. Patil	Junior Research Officer
3	Mr. Rohit D. Vhaval	Junior Research Officer
4	Ms. Tejasvi S. Khamkar	Junior Research Officer

#### B. Facilities available in Molecular & Genetic Laboratory

- Krishna Breast Tumor Bank (KBTB)
- Animal Cell culture facility
- Karyotyping and FISH
- Polymerase chain reaction
- Immunohistochemistry
- **Molecular Diagnosis**
  - Genetic disorders: Duchene muscular Disorder (DMD), Thalassemia
  - Viral markers: HPV, HCV
  - Breast Cancer: ER, PR, Her2.Neu

#### C. Ongoing Research Projects in Molecular & Genetic Laboratory

- Research Project related to Genomics
  1. **Molecular basis for Duchenne Muscular Dystrophy (DMD):**  
To understand molecular etiology and genetic epidemiology of genetic disorder.
  2. **Molecular genetic testing of  $\beta$ -globin gene mutations in thalassemia patients referred to a rural hospital from South-Western Maharashtra.**
  3. **Study of genetic polymorphisms in cancer related genes including carcinogen detoxifying genes, metabolic genes, DNA repair genes, oxidative stress related genes, tumor suppressor genes, alcohol metabolism genes in patients with oral carcinomas from a rural population of South-Western Maharashtra: A case- control study.**
  4. **Study of genetic polymorphisms in cancer related genes including carcinogen detoxifying genes, metabolic genes, DNA repair genes, oxidative stress related genes, tumor suppressor genes in patients with cervical cancer from a**

**rural population of South-Western Maharashtra: A case-control study.**

5. **Study of genetic polymorphisms in cancer related genes including carcinogen detoxifying genes, metabolic genes, DNA repair genes, oxidative stress related genes, tumour suppressor genes in patients with breast cancer from a rural population of South-Western Maharashtra: A case-control study.**

- **Research Project related Cellular and Molecular Biology**
  1. **Evaluation of Anticancer Properties of Phytochemicals from Medicinal Plants *Mapia foetida* (Olinaceae), and *Plumbago indica* (Plumbaginaceae).**
- **Collaborative Projects (with DIAT) related to Organ / Tissue Transplantation and Nanosciences (Animal Studies)**
  1. **Chitosan based hydrogel nanoparticles for applications in wound healing**
  2. **A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation device for bioartificial pancreas**

### **3.1.15 Are students encouraged to conduct any experimental research in Yoga and / or Naturopathy?**

Yes.

Students are encouraged to conduct any experimental research in Yoga and / or Naturopathy. The students are taught about Yogic principles during work Physiology and Ergometrics lectures. They are encouraged to conduct experimental research on Yoga. The protocols of following projects are developed and the project work is already ongoing.

1. **Study of effect of Yoga on Physical fitness standards & pulmonary function tests.**
2. **Comparison between effects of Yoga and other exercises on Physical fitness standards.**

One paper is already published on the completed research work. The details of the paper are given below

- Anjum Sayyed, Jyotsna Patil, Vilas Chavan, Shrirang Patil, Sujeet Charugulla, Ajit Sontakke, and Neelima Kantak, Study of lipid profile and pulmonary functions in subjects participated in sudarshan kriya yoga, Al-Ameen Journal of Medical Sciences, 2010; Vol. 3, No. 1:42-49.

### 3.2 Resource Mobilization for Research

**3.2.1 How many departments of the university have been recognized for their research activities by national / international agencies (UGC-SAP, CAS; Department with Potential for Excellence; DST-FIST; DBT, ICSSR, ICHR, ICPR) and what is the quantum of assistance received? Mention any two significant outcomes or breakthroughs achieved by this recognition.**

Details of Research Grants Received from National and International Funding Agencies				
Sr. No.	Name of the project	Research Grants (Rs)	Funding Agency	Department
1	Prevention & transmission of HIV/AIDS from mother to child	1150000/-	MSACS	Obstetrics & Gynaecology
2	WPI-Work place Intervention	14,00,000/-	AVERT & KIMSU	Obstetrics & Gynaecology
3	“ Field testing of appropriate technology tools for monitoring of slow progress of labour and growth of LBW babies below 2500gm at PHC / RH level”	15,00,000/-	NRHM	P SM, Obstetrics & Gynaecology, Paediatrics
4	Collaborators for CRASH 2 Trial (WHO supported Randomized Clinical trial)	58680/- (720£)	London School of Hygiene and Tropical Medicine	Surgery
5	“Sample Survey for Estimating the Burden of intestinal worm infestation in Satara District”	1,80,026/-	Zilla Parishad Satara	PSM, Microbiology
6	A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation device for bioartificial pancreas	5, 00000/-	DIAT (Intramural funds)	Pathology, Pharmacology, Molecular and Genetic Laboratory

7	Needs Assessment by Way of Situational Analysis in Satara District.	503300/-	NARI (Intramural funds)	P SM, Obstetrics & Gynaecology
8	High Risk Group Mapping for HIV/AIDS and STI.	873880/-	NARI (Intramural funds)	P SM, Obstetrics & Gynaecology
9	Prevalence and Identification of Etiopathogens Causing STI in Women in Karad & Patan Taluka. A community based observational study	2,50,000/-	NARI (Intramural funds)	Obstetrics & Gynaecology, Microbiology, Nursing
10	Assessment and Evaluation of Contraceptive Usage Practices among Married Women in Satara District. A community based observational study	1,40,000/-	NARI (Intramural funds)	P SM, Obstetrics & Gynaecology, Nursing
11	Feasibility of Cervical and Breast Cancer Screening (FCBS) and Mobile Medical Intervention (MIM) in Karad Taluka of Satara district, Maharashtra	2424500/-	NARI (Intramural funds)	Obstetrics & Gynaecology, Pathology, Surgery
12	“Development of Individualized Colour Coded Any Day Growth Monitoring Charts for Young Infants at Primary Health Care Workers” (Karad taluka pilot study)	2186250/-	NARI (Intramural funds)	P SM, Nursing, paediatrics
13	Development Of Individualized Colour Coded Any Day (ICCAD) Growth Monitoring Charts For Young Infants At Primary Health Care Level. (All India	11700000/-	ICMR Concept note/pre proposal accepted on 4 <sup>th</sup> July 2014. Ten hard copies of detailed proposal along	P SM, Nursing, paediatrics

	Multicentre Project)		with soft copy on a CD, is submitted 2015 for further processing,	
14	HIV Cohort study in key population of Karad taluka	-	ICMR / International AIDS Vaccine Initiative (IAVI)	Obstetrics & Gynaecology, Medicine, Paediatrics, Skin VD
15	Estimation of lead from water, soil, pipes and blood of Karad, India	100000/	Underwriters Laboratories (UL) USA has been sanctioned Rs. 5 lakhs grant to the Indian Society for Lead Awareness & Research (InSLAR) Lucknow and the National Referral Centre for Lead Poisoning in India (NRCLPI), Bangalore and InSLAR, Lucknow selected the five centres and KIMS is one of them	Biochemistry

These projects are all related to national health priorities. Two significant outcomes of the research projects done, one under NRHM, and another in collaboration with NARI have been recognized for –

1. **There was significant reduction in still-birth rate and neo-natal mortality rate due to use of colour coded rings and neo-natal growth charts in the selected health centres in three districts of Maharashtra-Pune, Satara, and Kolhapur under NRHM projects. The colour coded rings are still in use in all the primary health centres after four years of completion of the project. The ICCAD neonatal growth charts used in the NRHM projects are approved by the Director of Health Services and are printed for the entire**

**Satara District for routine use, even after completion of the project.**

- 2. A research on ‘Skill transfer to Auxiliary Nurse Midwives (ANM) and acceptance by rural women and feasibility of screening procedure for cervical and Breast Cancer’ was conducted in four primary health centre of Karad taluka. This work was approved by the Director of Health Services. The activities under KIMSDU project are now extended to the entire Satara district.**

**1. Interdisciplinary Research projects:**

1. Collaboration with College of Engineering, Pune.
  - a. Design and Development of Arm Mannequin for Blood Pressure and Pulse Simulation.
  - b. Design and Development of Pressure sensing system used for Leg under treatment
2. Collaboration with Defence Institute of Advance Technology
  - a. A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation device for bioartificial pancreas.  
Phase I – in STZ induced Diabetic Mice model  
Phase II – Using Cadaveric Pig Pancreas as Source of Islet (Ongoing)
  - b. Chitosan Based Hydrogel Nanoparticles for application in wound healing between department of Biosciences and Technology, DIAT, Pune and KIMS, Karad.
3. Collaboration with Rajarambapu Institute of Technology, Sakharale.
  - a. Nadi Parikshan using Digital Signal Processing.
  - b. Wheel Chair Operated by Vocal Commands.
  - c. Estimation of Haemoglobin by penetrating optical Rays.

**2. Interpathy Research Projects:**

- 1. Study to assess the effectiveness of honey application in wound healing among the clients admitted in Krishna Hospital, Karad.**
- 2. Study to assess on effectiveness of aloe vera cream for promotion of wound healing among the clients of Krishna Hospital, Karad.**
- 3. Efficacy of some selected spices on Glycemic status, Lipid profile and antioxidant system in type 2 diabetes patients- A Randomized Control Trial.**
- 4. The study to assess the effect of Neem leaves preparation on worm Infestation among pre-school attending Anganwadi at Karad.**

**5. Comparative study to assess the effectiveness of colostrums powder application and conventional methods for wound healing, among the clients of Krishna Hospital, Karad**

**3.2.2 Provide the following details of ongoing research projects of faculty:**

**Total 305 ongoing projects funded by the University are given below**

<b>Number of ongoing projects of Staff funded by KIMSDU, Karad</b>		
<b>Sr. No.</b>	<b>Subject</b>	<b>Number of Projects</b>
1	Anatomy	07
2	Biochemistry	07
3	Physiology	07
4	Microbiology	06
5	Pharmacology	06
6	Pathology	14
7	FMT	04
8	Community Medicine	10
9	Medicine	21
10	Paediatrics	12
11	Dermatology	03
12	Psychiatry	02
13	TB Chest	02
14	Surgery	21
15	Orthopaedics	12
16	ENT	04
17	Ophthalmology	06
18	Ob/ Gynaecology	15
19	Anaesthesiology	12
20	Radiology	06
21	School of Dental Sciences	45
22	Krishna Nursing School	54
23	Krishna Physiotherapy College	24
24	Biotchnology and Bioinformation	05
	<b>Total</b>	<b>305</b>

### 3.2.3 Does the institution have an Intellectual Property Rights (IPR) Cell?

Yes. University has a fully functional IPR cell which deals with copyright and patent applications. So far, applications of 22 patents and two copyright are submitted, out of which one copyright application and four patent designs are approved

### 3.2.4 Has the university taken any special efforts to encourage its faculty to file for patents? If so, how many have been registered and accepted?

Yes, The University has prepared SOPs for Copyright, Patent and patent Design applications. The details of Patents are given below-

#### A-I Indian Patents

The Institute has applied for 22 patents till now.

- Two have been examined and awaiting patent award.
- 16 have been published and awaiting examination.
- 4 are registered and yet to be published.

#### A-II The registration of patent design

- Five Certificates have been received till date
- Under process certificates for seven are awaited

#### A-III Copyright:

One Copyright received

#### A. International Patents :

Three patents applied in USA. All have been published.

Details of Patents Applied		
Year	National	International
2010	07	-
2011	03	-
2012	04	03
2013	07	-
2014	01	
<b>Total</b>	<b>22</b>	<b>03</b>

**3.2.5 Does the university have any projects sponsored by the industry If yes, give details such as the name of the project, funding agency and grants received.**

Yes, the University have projects sponsored by the industry / corporate houses. Example:

- **Pulmonary Function Tests in Sugar Factory Workers of Western Maharashtra (India). S. N. Patil, P. M. Somade and A. G. Joshi. Journal of Basic and Clinical Physiology and Pharmacology. 2008, Vol. 19, No. 2, 159-166.**

**3.2.6 List details of**

- **Research projects completed and grants received during the last four years (funded by National/International agencies).**
- **Inter-institutional collaborative projects and grants received**
  - **All India collaboration**
  - **International**

Details of Research Grants Received from National and International Funding Agencies is given below

<b>Details of Research Grants Received from National and International Funding Agencies</b>			
<b>Sr. No.</b>	<b>Name of the project</b>	<b>Research Grants (Rs)</b>	<b>Funding Agency</b>
1	Prevention & transmission of HIV/AIDS from mother to child	1150000/-	MSACS
2	WPI-Work place Intervention	14,00,000/-	AVERT & KIMSU
3	Appropriate Technology reduction in NMR	15,00,000/-	NRHM
4	Collaborators for CRASH 2 Trial (WHO supported Randomized Clinical trial)	58680/- (720£)	London School of Hygiene and Tropical Medicine
5	“Sample Survey for Estimating the Burden of intestinal worm infestation in Satara District”	1,80,026/-	Zilla Parishad Satara

6	A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation device for bioartificial pancreas	5, 00000/-	DIAT (Intramural funds)
7	Needs Assessment by Way of Situational Analysis in Satara District.	503300/-	NARI (Intramural funds)
8	High Risk Group Mapping for HIV/AIDS and STI.	873880/-	NARI (Intramural funds)
9	Prevalence and Identification of Etio-pathogens Causing STI in Women in Karad & Patan Taluka. A community based observational study	2,50,000/-	NARI (Intramural funds)
10	Assessment and Evaluation of Contraceptive Usage Practices among Married Women in Satara District. A community based observational study	1,40,000/-	NARI (Intramural funds)
11	Feasibility of Cervical and Breast Cancer Screening (FCBS) and Mobile Medical Intervention (MIM) in Karad Taluka of Satara district, Maharashtra	2424500/-	NARI (Intramural funds)
12	“Development of Individualized Colour Coded Any Day Growth Monitoring Charts for Young Infants at Primary Health Care Workers” (Karad taluka pilot study)	2186250/-	NARI (Intramural funds)
13	Development Of Individualized Colour Coded Any Day (ICCAD) Growth Monitoring Charts For Young Infants At Primary Health Care Level . (All India Multicentre Project)	11700000/-	ICMR Concept note/pre proposal accepted on 4 <sup>th</sup> July 2014. Ten hard copies of detailed proposal along with soft copy on a CD, is required is submitted on 31-12-2014 for further processing,

14	Estimation of lead from water, soil, pipes and blood of Karad, India	100000/	Underwriters Laboratories (UL) USA has been sanctioned Rs. 5 lakhs grant to the Indian Society for Lead Awareness & Research (InSLAR) Lucknow and the National Referral Centre for Lead Poisoning in India (NRCLPI), Bangalore and InSLAR, Lucknow selected the five centres and KIMS is one of them
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### 3.2.7 What are the financial provisions made in the university budget for supporting students' research projects?

The details of financial provisions made by University to support student's research projects are mentioned below

<b>Details of Financial Provisions made by Krishna Institute of Medical Sciences Deemed University, Karad to Support Student's Research Projects</b>		
<b>Sr. No.</b>	<b>Student</b>	<b>Financial Provisions (Rs)</b>
1	Undergraduate	<b>10,000/-</b> per project
2	Postgraduate	Up to <b>15,0000/-</b> per project
3	Staff & PhD	Up to <b>2,50,000/-</b> per project
4	Interdepartmental and Interdisciplinary projects	Up to <b>20,00000/-</b> per project

### 3.3 Research Facilities

3.3.1 What efforts have been made by the university to improve its infrastructure requirements to facilitate research? What strategies have been evolved to meet the needs of researchers in emerging disciplines?

**Answer:**

➤ **Research Laboratories :**

Three entirely research oriented laboratories have been established.

- **Molecular & Genetics Lab:**

The molecular & genetics lab has been established in consultation with Dr. Mrs. Anita Kar, Director, Interdisciplinary School of Health Sciences, University of Pune. The laboratory has four molecular biologists as Research Officers.

The lab has advanced equipments for research and diagnostics including Master cycler PCR Machine (Make-Eppendorff) (Two), Real time PCR (Applied Bio system) Gel documentation system (Make- BioRad), Upright Fluorescence Microscope with Karyotyping and FISH facility make (Carl Zeiss), UV- Visible spectrophotometer (Shimadzu), Two -800C deep freezers (Make-Eppendorff), one -200C freezer and Two 40C refrigerators (Make-Godrej), One Co2 incubator (Thero Scientific), Two biosafety cabinets (MicroFilt), Laminar Air Flow, PCR workstation, Weighing balance, pH meter, Two high speed cooling centrifuges (Make-Eppendorff, PlastoCraft), normal centrifuges, Vortex machine, micropipettes, Water bath, Oven, Incubator.

The following procedures have been initiated:

- -Molecular diagnosis of genetic disorders including Duchene Muscular Dystrophy (DMD) and Thalassemia.
- -Karyotyping and FISH facility for genetic disorders like Trisomy-21 (Downs's syndrome) and cancer research.
- -Molecular testing and genotyping of viral markers like HPV from cervical and oral cancer patients
- -Testing of HCV with the help of polymerase chain reaction (PCR).

- **Facilities available in Genetic Laboratory**

1. **Krishna Breast Tumor Bank (KBTB)**
2. **Animal Cell culture facility**
3. **Karyotyping and FISH**
4. **Polymerase chain reaction**
5. **Immunohistochemistry**

- **Molecular Diagnosis**  
Genetic disorders: Duchene muscular Disorder (DMD),  
Thalassemia  
Viral markers: HPV, HCV
- **Krishna Breast Tumor Bank**
  - (A) Cryopreservation of breast Tumor and normal tissue
  - (B) Culturing of cells derived from breast tumor tissue
- **Ongoing Research Projects:**
  1. **Molecular basis for Duchenne Muscular Dystrophy (DMD):**  
To understand molecular etiology and genetic epidemiology of genetic disorder.
  2. **Molecular genetic testing of  $\beta$ -globin gene mutations in thalassemia patients referred to a rural hospital from South-Western Maharashtra.**
  3. **Study of genetic polymorphisms in cancer related genes including carcinogen detoxifying genes, metabolic genes, DNA repair genes, oxidative stress related genes, tumor suppressor genes, alcohol metabolism genes in patients with oral carcinomas from a rural population of South-Western Maharashtra. A case- control study. (Funded by University)**
  4. **Study of genetic polymorphisms in cancer related genes including carcinogen detoxifying genes, metabolic genes, DNA repair genes, oxidative stress related genes, tumor suppressor genes in patients with cervical cancer from a rural population of South-Western Maharashtra. A case-control study. (Funded by University)**
  5. **Study of genetic polymorphisms in cancer related genes including carcinogen detoxifying genes, metabolic genes, DNA repair genes, oxidative stress related genes, tumor suppressor genes in patients with breast cancer from a rural population of South-Western Maharashtra. A case-control study. (Funded by University)**
  6. **Evaluation of Anticancer Properties of Phytochemicals from Medicinal Plants *Mapia foetida* (Olinaceae), and *Plumbago indica* (Plumbaginaceae). (Funded by University)**
  7. **miRNA profiling of stem cells derived from human exfoliated deciduous teeth. (Collaboration with School of Dental Sciences) (Funded by University)**
  8. **Exploration of molecular mechanisms involved in regulation of oxidative stress caused by acute organophosphorus compound poisoning. (collaboration with Department of Forensic medicine, KIMSDU)**

- **Paper Published From Genetic Laboratory:**
  1. **Kailas D. Datkhile, Kshamata V. Thorat, Madhavi N. Patil, Rohit D. Vhaval, Varadrajulu G. Mandiri**The Spectrum of Dystrophin Gene Mutations in Duchene Muscular Dystrophy Patients of South-Western Maharashtra in India. **Journal of Krishna Institute of Medical Sciences University, Vol.4, No. 2, April- June 2015, 70-80.**
  2. **Kailas D. Datkhile, Madhavi N. Patil, Rohit D. Vavhal, Tejasvi S. Khamkar,** The Spectrum of  $\beta$ -Globin Gene Mutations in Thalassemia Patients of South-Western Maharashtra: A Cross Sectional Study. **Journal of Krishna Institute of Medical Sciences University, Vol.4, No. 3, July-September 2015, 49-58.**
- **Communicated**
  1. Kailas Dhondibhau Datkhile, Santosh Kumar Ramchandra Jadhav, Madhavi Patil, Asha K Pratinidhi, The spectrum of  $\beta$ -globin gene mutations in thalassemia patients from rural Indian population: A cross sectional study. **Journal of Paediatric Haematology and Oncology**

➤ **Virology Laboratory:**

Tests for Detection and New Diagnosis of Various Viral Diseases

- HIV (Human Immunodeficiency Virus)
- HBV (Hepatitis B Virus)
- HCV (Hepatitis C Virus)
- Torch Panel (Toxoplasmosis, Rubella, Cytomegalovirus & Herpes)
- Dengue Fever
- HPV (Human Papilloma Virus)
- CD4 Count
- Others (Depending on the outbreak of viral disease)

Completed Research Project	
Sr. No.	Name of Projects
1	Seroprevalence of Antibodies to Hepatitis C Virus in a Hospital Based Population – A Study from Western Maharashtra
2	Seroprevalence of Hepatitis B Antigen in a Teaching Hospital of Western Maharashtra
3	Trend of Seroprevalence of HIV, HBsAg & HIV Antibodies among Pregnant Mothers Attending a Rural Teaching Hospital
4	Risk of Co-Existence of HIV, HBV and HCV Infection among Pregnant Women From Karad
5	Socio-demographic Profile of Seropositive HBsAg Patients Attending Tertiary Care Hospital of Rural Maharashtra

Ongoing Research Projects	
Sr. No.	Name of Projects
1	Genotyping of Hepatitis C Virus
2	Opportunistic infections in HIV seropositive symptomatic patients
3	HIV seroprevalence in antenatal cases and vertical transmission to neonates
4	A study of incidence of multidrug resistant tuberculosis in HIV seropositive patients.

- **Paper Publication from Virology Laboratory:**

**Patil Satish R, Ghorpade M.V. Supriya Satish Patil, Shinde R. V., Mohite S. T., Seroprevalence of Antibodies to the Hepatitis C Virus in a Hospital-Based Population: A Study from Western Maharashtra, India, International Journal of Collaborative Research on Internal Medicine and Public Health, 2014; Vol. 6, No. 4:102-108**

- **Lead Referral Laboratory:**

The Lead Referral laboratory is established in collaboration with the National Referral Centre for Lead Poisoning in India (NRCLPI). It is the first Lead referral centre in the state of Maharashtra. Industrial production affecting natural water sources and occupational hazards due to exposure in certain industries can result in lead poisoning and children when exposed to lead poisoning end up with decreased IQ level, hearing loss and hyperactivity.

**Lead Referral Laboratory has been awarded the outstanding Best Performance Award for the year 2013 by National Referral Centre for Lead Poisoning in India (NRCLPI) among the 36 Lead Referral Laboratory all over India.**

#### **Details of Blood Lead Level (PbB) Estimation**

- Total seven hundred ninety samples of blood lead are processed since 9<sup>th</sup> Feb 2012 to till date. (9<sup>th</sup> March 2015)

Sr. No.	Subjects	Number of Samples
1	Battery Manufacture Workers	569
2	School Children	138

3	Neurological Disorder Children	035
4	Spray Painters	011
5	Healthy Adults	037
	<b>Total Blood Lead Samples</b>	<b>790</b>

### Details of Completed Research Projects

At present faculty members from the department of biochemistry have completed following research projects on lead exposure and toxicity on following topics.

- Biochemical Effects of Lead Exposure and Toxicity on Battery Manufacture Workers of Western Maharashtra (India): With Respect to Oxidative Stress and Antioxidants Status.** Mr. Ganesh Ghanwat, Dr. Jyotsna Patil, Dr. Arun Patil, Dr. Ajit Sontakke, Dr. R. K. Ayachit
- Biochemical Effects of Lead Exposure and Toxicity on Battery Manufacture Workers of Western Maharashtra (India): With Respect to Heme Biosynthesis, Liver and Kidney Functions tests.** Mrs. Mandakini Kshirsagar, Dr. Jyotsna Patil, Dr. Arun Patil, Dr. Ajit Sontakke, Dr. R. K. Ayachit.
- Biochemical effects of blood lead level on children with neurological disorders of Pune (Maharashtra), India.** Dr. S. A. Pratinidhi, Dr. Arun J. Patil, Dr. Maya Patil, Dr. M. K. Behera, Dr. D. P. Ghadage.
- Estimation of Lead level from water samples of Koyna and Krishna river beds.**
- Estimation of lead content from soil at the Koyna and Krishna river beds.**
- Estimation of lead content from of standard and local made water pipes.**

### Published Papers

- Effects of Blood Lead Level on Biochemical and Hematological Parameters in Children with Neurological Diseases of Western Maharashtra, India.** Dr. Shilpa A. Pratinidhi, Dr. Arun J. Patil, Dr. Manaskumar Behera, Dr. Maya Patil, Dr. Dnyaneshwari P. Ghadage, Dr. Asha K. Pratinidhi. *Journal of Basic Clinical Physiology and Pharmacology* 2013-0062, 1-5.
- Biochemical Effects of Lead Exposure and Toxicity on Battery Manufacturing Workers of Western Maharashtra (India): With Respect to Liver and Kidney Function Tests.** Mrs. Mandakini Kshirsagar, Dr. Mrs. Jyotsna Patil, Dr. Arun Patil, Mr. Ganesh Ghanwat, Dr. Ajit Sontakke, Dr. R. K. Ayachit. *Al Ameen J Med Sc i* 2015; 8(2):107-114.

3. **Biochemical Effects of Lead exposure on Oxidative Stress and Antioxidant Status of Battery Manufacturing Workers of Western Maharashtra, India. Mr. Ganesh Ghanwat, Dr. Jyotsna Patil, Dr. Arun Patil, Dr. Ajit Sontakke, Dr. R. K. Ayachit. Journal of Basic Clinical Physiology and Pharmacology (Accepted for Publication).**

#### **Papers Communicated for Publication**

1. Biochemical Effects of Lead on Battery Manufacturing Workers of Western Maharashtra (India): With Respect to Haem Biosynthesis and Haematological Parameters. Mrs. Mandakini Kshirsagar, Dr. Mrs. Jyotsna Patil, Dr. Arun Patil, Mr. Ganesh Ghanwat, Dr. Ajit Sontakke, Dr. R. K. Ayachit. Indian Journal of Occupational and Environmental Medicine
2. Effects of Vitamin C Supplementation on Blood Lead Levels, Oxidative Stress and Antioxidant Status of Battery Manufacturing Workers of Western Maharashtra, India. Mr. Ganesh Ghanwat, Dr. Jyotsna Patil, Dr. Arun Patil, Dr. Ajit Sontakke, Dr. R. K. Ayachit. Journal of Clinical and Diagnostic Research.

#### **Proposed Plan of Activities**

1. Screening programme for blood lead level of the school children and occupationally lead exposed population such as battery manufacturing workers, silver jewellery workers, spray painters, traffic police, petrol pump workers. of the Western Maharashtra (India).
2. Estimation of blood lead level and its biochemical effects on battery manufacturing workers before and after using mask.
3. To conduct extramural, multicentre and collaborative research project on topic “Biochemical Aspects of Lead Exposure on Traffic Police at Some District Places of Maharashtra and Karnataka (India)”.

#### **Underwriters Laboratories (UL) USA, Grants**

- **The Underwriters Laboratories (UL) USA has sanctioned Rs. 5 lakhs grant to the Indian Society for Lead Awareness & Research (InSLAR) Lucknow, for assessing water and blood lead levels in five cities of India. Subsequently The National Referral Centre for Lead Poisoning in India (NRCLPI), Bangalore and InSLAR, Lucknow had selected our centre and given Rs. 100000/- for the year 2014.**

**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 for research scholars. Total fund allotted to ACR is **Rs.10000000/-**. The detailed list of instruments and equipments is as under-

List of Instruments/Equipments						
Sr. No.	Particular	Catlog	Company	Qty	Rate	Date of Purchase
1	Autoclave	Portable autoclave	Equitron	1		
2	Office Computer UPS CPU Monitor Printer Scanner All-in-one printer	Powersafe600VA H61 TFT185W80PSA BOISB-0207-00 CH346D	Power Safe Zenith Zenith Hp HP Deskjet 1050	1		14/08/2012
3	BioSafety Cabinet	MFI- BIO 3X2	Micro-Filt-India	1	159969.00	18/11/2011
4	Cooling Centrifuge, Superspin R/V/FM	SSR-V/FM	Plastocraft	1	196134.00	27/07/2011
5	Refrigerator (4 <sup>0</sup> C)	GFE32CMT4N/2012	Godrej	1		14/08/2012
6	PCR work station	107214GB	GeNei Merk	1	30240.00	19/01/2013
7	Deep Freezer (-20 <sup>0</sup> C)	RQFV-265 Stabilizer	Remi	1 1	88381.00 10561.00	31/07/2011
8	Double distillation Water Plant with cut off	425/10	Jain Scientific Glass Works	1	27484.00	19/08/2011
9	Gel Electrophoresis unit	Electrophoresis horizontal  Page 100	TechnoSource designed and assembled by Unik Enterprises	1 1	11858.00 39050.00	06/09/2011
10	Master Cycler Gradient	22331HAMBURG	Eppendorf A G	1	501968.00	24/08/2011
11	Molecular Imager Gel Documentation system	Universal Hood II	BioRad	1	729657.00	26/07/2011

12	Computer for Gel Doc UPS CPU Monitor Keyboard	ON-2-5148-35  D1920F	Dell Renutron Dell Dell Dell	1 1 1 1		26/07/2011
13	Microwave Oven	MW73BD01	SamSung	1		14/08/2012
14	Laboratory Centrifuge	R-8C	Remi	1	18825.00	31/07/2011
15	Water Bath	Meta-Lab constant Temp Water Bath	Meta-Lab Scientific Industries	1		
16	Hot air Oven	Meta-Lab Hot Air Oven	Meta-Lab Scientific Industries	1		
17	Lab Incubator	Meta-Lab Lab Incubator	Meta-Lab Scientific Industries	1		
18	Gel Rocker		GeNei Merk	1	18900.00	26/12/2012
19	Spinwin Centrifuge	Cat no 1020	Tarsons	1		14/12/2012
20	Weighing Balance	CY220	Citizen	1		31/08/2012
21	Magnetic Stirrer	2MLH	Remi	1	5739.00	25/08/2011
22	pH Meter		GeNei	1		31/08/2012
23	Spinix Vortex Mixer	3020	Tarsons	1	7110.00	07/02/2013
24	Digital power supply	106857GB	GeNei	1	32004.00	26/12/2012
25	Laminar Air flow	SSE/LAF/V/A	Sai samarth Enterprises	1	77422.00	05/03/2012
26	BioSafety Cabinet	-----	Sai Samarth Enterprises	1		
27	Electrotransfer mini dual system	Merk	106819GB	1	16590.00	26/12/2012
28	Computer for Fluorescence Microscope CPU Monitor Keyboard	CN-01R9VD- 72782-22C-3PTL	Dell Dell	1		30/01/2013
29	Fluorescence Microscope	A1FL	Carl Zeiss India	1	3442450.00	30/01/2013

30	CO <sub>2</sub> Incubator	Heracell 150i	Thermo Scientific	1	610230.00	02/02/2013
	Co2 Cylinder with Regulator			1		02/02/2013
31	Refrigerator (4 °C)	GFE32CMT4N/2012	Godrej	1		19/01/2013
32	Micro Pipettes					
	0.1-2.5 µl	DX43542 DX43543 DX43580 DX44417	BioEra	4		
	0.5-10 µl	A02052 A02143 A02144 A02146	BioEra	4		
	5-50 µl	E8654 E8605 E8619 E8624	BioEra	4		
	20-200 µl	E8514 E8011 E8483 E8425	BioEra	4		
	200-1000 µl	A02474 A02463 A02522 A02461	BioEra	4		
	1000-5000 µl	11280 10889	BioEra	2		
33	Electronic Sealer			1		14/08/2012
34	Mini submarine electrophoresis unit 7x10	7030	Tarsons	1	8820.00	07/02/2013
35	Mini Dual Vertical Electrophoresis Unit	7080	Tarsons	1		14/12/2012
36	Motorless Magnetic Stirrer	4050	Tarsons	1	3690.00	23/03/2013
37	-80°C Deep Freezer	UDFV 185 (D)	REMEI	1	341673.00	31/03/2013
38	Dry Bath	107170GB	GeNei	1	20000.00	6/6/2013
39	Ice Making Machine	SLF190	Blue Star	1	142000.00	12/07/2013
40	-80 Deep Freezer	U9260-0001	Eppendorf	1	511350.00	26/07/2013
41	Hybridization Oven	4/2013/F0009	Merck	1	76984.00	05/08/2013
42	Computer for inverted Microscope CPU Monitor	CN-03R43F-70163-55L-0220-A01 AOCAR52B3401636	Dell	1		10/08/2013

42	Inverted Microscope	Primovert	Zeiss	1	600000	10/08/2013
43	Finnpipette 2-20 µl	4641050	Thermo Scientific	2	26028.00	06/11/2013
44	Finnpipette 20-200	4641080	Thermo Scientific	2	26028.00	06/11/2013
45	Finnpipette 0.2-2 µl	4641010	Thermo Scientific	2	26028.00	16/11/2013
46	Finnpipette 1-10 µl	4641030	Thermo Scientific	2	26028.00	16/11/2013
47	Finnpipette 100-1000 µl	46410100	Thermo Scientific	2	26028.00	16/11/2013
48	Step One Real Time PCR system with Dell Laptop	4376373	Applied Biosystems	1	950000.00	04/04/2014
49	Computer for Spectrophotometer CPU Monitor	CN-03R43F-70163-395-001P-A01 CN-0X0T4K-72872-385-FYOB	Dell	1		04/04/2014
50	UV/Visible Spectrophotometer	UV-1800	Shimadzu	1	380000.00	21/04/2014
51	Water purification system	50129887	Thermo Scientific	1	430000.00	19/1/2015
52	Humidity Chamber	local	First choice scientific	1	13359.00	17/10/2014
53	Soxhlet apparatus	Z3091251EA	Sigma	1	33334.00	02/02/2015
54	Round bottom Flask	Z302767-5EA	Sigma	1	12975.00	02/02/2015
55	Single Channel Pipette	XPetV 20-1	Xcleris Genomic		50000.00	12/5/15
56	Single Channel Pipette	XPetV 200-1	Xcleris Genomic		50000.00	12/5/15
57	Single Channel Pipette	XPetV 1000-1	Xcleris Genomic		9500.00	12/5/15
58	Multi Channel Pipette	XPetM50-1	Xcleris Genomic		9500.00	12/5/15
59	Multi Channel Pipette	XPetM 100-1	Xcleris Genomic		9500.00	12/5/15

All the costly instruments and equipments are covered under ‘**Annual maintenance contract**’ and there is committed technical personnel for the same

**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 drug information centre functions together with the Pharmacovigilance unit for catering to the needs of the clinicians and researchers. It covers following aspects drug usage for the University.

- Antibiotic Policy
- Rational Drug Usage
- Drug Monitoring
- Prescription Audit
- Cost Benefit Aspects of the drug used
- Affordable drug inventory

**3.3.4 Does the university 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)?**

Yes, the University provides Ex-gratia residential accommodation with computer and internet facilities.

**3.3.5 Does the university 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, Lead Referral Laboratory has been recognised by a national institute like Indian Society for Lead Awareness & Research (InSLAR) Lucknow, National Referral Centre for Lead Poisoning in India (NRCLPI) and Internationally (Underwriter Labourites). Lead Referral Laboratory has received best performing laboratory award among 36 laboratories all over India for the 2013 from National Referral Centre for Lead Poisoning in India (NRCLPI), Bangalore. After starting this laboratory at KIMSDU six institutional and one collaborative and one multicentre projects could be undertaken out of which six are completed and two are ongoing. Five original research papers are prepared out of which two are published in International journals and three are under review. Multicentric, collaborative research project entitled “Biochemical Aspects of Lead Exposure on Traffic Police at Some District Places of Maharashtra and Karnataka (India)” is taken up. The blood lead level of all traffic police from Satara, Pune, Kolhapur, Sangli, Solapur and Vijayapur (Karnataka) is estimated in our laboratory. Similarly some of the battery manufacturing industries are utilising our lab facilities for regular estimation of blood lead levels.

- The NICU is recognized by National Neonatal Forum of India
- KIMS Diagnostics is accredited by NABL

### 3.3.6 Clinical Trials and Research

- **Are all the clinical trials registered with CTRI (Clinical Trials Research of India)?**  
Yes, all the clinical trials registered with CTRI.
- **List a few major clinical trials conducted with their outcomes are given below**

Clinical Trial Indication (Outside Agency)						
Trial Indication	Sponsor's Name	PI Name	CDA Status	EC Submission Status	DCGI Approval Status	Trial Status
Acute Coronary Syndrome	Sanofi	Dr. Sachin Patil	Obtained	Obtained	Obtained	Ongoing
Rota Virus	ICMR	Dr. C. D. Aundhkar	Obtained	Obtained	Obtained	Ongoing
HTN	Sunpharma	Dr. Patnge Aparna	Obtained	Obtained	Obtained	Yet to Start
MMR Vaccine	Serum Institute	Dr. C. D. Aundhkar	Obtained	Obtained	Obtained	Ongoing
Acute Coronary Syndrome (Spizer I & II) (ACS)	Phyzer	Dr. Patnge Aparna	Obtained	Submitted	Obtained	Yet to Start in July
Nevarapine HIV	Clinsing	Dr. Aundhkar Madam	Yet to Obtain	Not Submitted	Not Submitted	
Breast Cancer	Veeda	Dr. Bhosale Sir	Yet to Obtain	Not Submitted	Not Submitted	
Otitise Externa	Veeda	Dr. Havle	Obtained	Not Submitted	Not Submitted	Sponsor withdrawn

➤ Additional clinical trials were confidentially agreement is in process.

Clinical Trials			
Sr. No.	Sponsor Name	Protocol Design	Phase
1	Amgen	A Randomized, Double-blind, Placebo-controlled Study to Evaluate the Long-term Safety and Efficacy of Darbepoetin Alfa Administered at 500 µg Once-Every-3-Weeks (Q3W) in Anemic Subjects With Advanced Stage Non-small Cell Lung Cancer Receiving Multi-cycle Chemotherapy.”	III

2	Eli Lilly	A Prospective, Randomized, Open-Label Comparison of a Long-Acting Basal Insulin Analog LY2963016 to Lantus® in Adult Patients with Type 2 Diabetes Mellitus: The ELEMENT 5 Study	III
3	Sun Pharma	Comparative Efficacy, Safety and Tolerability of Silver Sulfadiazine Cream (Nanonized) 0.5% w/w and Silverex Cream 1% w/w in the Prophylaxis of Infection in Burn Wounds – A Double-Blind, Randomized, Pivotal Study	III
4	Novartis	International Registry to assess mEdical Practice with lOngitudinal obseRvation for Treatment of Heart Failure (REPORT-	Oberservational Study
5	Shilpa Medicare	“A multicenter, open label, randomized, balanced, two treatment, three period, three sequence, reference replicate crossover, single dose, bioequivalence study of Capecitabine Tablets 500 mg of Shilpa Medicare Limited, India and XELODA (capecitabine) Tablets 500 mg marketed by Roche Registration limited 6 Falcon way, Shire park, Welwyn garden city, AL7 1TW, United kingdom, following a single oral 2000 mg (4 x 500 mg) dose administration in adult human cancer patients under fed condition.”	BA/BE
6	Par Pharmaceutical	A Multicenter, randomized, open label, two treatment, two period, two sequence, multiple-dose, cross-over, bioequivalence study of Everolimus 10 mg tablet once daily manufactured by Par Pharmaceutical, Inc. 1 Ram Ridge Road, Spring Valley, NY 10977,USA with Afinitor (Everolimus) 10 mg tablet manufactured by: Novartis Pharma Stein AG Stein, Switzerland and Distributed by: Novartis Pharmaceuticals Corporation East Hanover, New Jersey 07936 in Advanced Renal Cell Carcinoma patients under fasting condition	BA/BE
7	Maya Clinicals	“A prospective, multicenter, randomized, double blind, placebo-controlled, 2-parallel groups, phase 3 study to compare the efficacy and safety of masitinib in combination with FOLFIRI (irinotecan, 5-fluorouracil and folinic	III

		acid) to placebo in combination with FOLFIRI in second line treatment of patients with metastatic colorectal cancer”	
8	Novartis	“A Multicentre, randomized, double-blind, placebo controlled phase III study evaluate the efficacy, safety, and tolerability of serelaxin when added to standard therapy in acute heart failure patients”	III
9	Watson	PK of Vitrous humour on cataract surgery	BA/BE
10	Sun Pharmaceutical	A multicenter, open label, randomized, balanced, two treatment, two period, two sequence, two way crossover, single dose, bioequivalence study of Doxorubicin Hydrochloride Liposome Injection (2mg/mL) of 10mL or 25mL of Sponsor with Doxorubicin Hydrochloride Liposome Injection for intravenous infusion 20 mg/10 mL or 50 mg/25 mL Manufactured By: Sun Pharmaceutical Ind. Ltd., Halol- Baroda Highway, Halol-389 350, Gujarat, India administered in female patients with ovarian cancer whose disease has progressed or recurred after platinum based chemotherapy and who are already receiving or scheduled to start therapy with the reference listed drug (RLD) or the reference standard product under fasting condition	BA/BE

### Clinical Trial Study Report (KIMS) 2014-15

#### Clinical Trial Details:

Sr. No	Company/Sponsor	Protocol No.	Indication	Phase	Study Status	Country Level/Global
1.	SANOFI	EFC11570	ACS	III	May 2014-Ongoing	Global
2.	Serum Institute of India Ltd.	MMR-01/12	MMR Vaccine	IV	June 2015-Ongoing	India
3.	Sun-Pharma	SP/IP/-108/0613	Hypertension	III	Upcoming	India
4.	Pfizer ,Inc.	B1481022 & B1481038	ACS	III	Upcoming	Global
5.	-	-	Asthma	III	Upcoming	Global
6.	-	-	Atrial Fibrillation	IV	Upcoming	India

- **Report for SANOFI Study**

- **Parameters**

- **Protocol Title-** A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Effect of SAR236553/REGN727 on the Occurrence of Cardiovascular Events in Patients Who Have Recently Experienced an Acute Coronary Syndrome
    - **Product Name & code-** Alirocumab (SAR236553/REGN727)
    - **Study Code/Name-** EFC11570/ODYSSEY Outcomes
    - **Study Site No.** – 356053
    - **Period-** 08-May-2014 to 13-Aug-2015 (Ongoing)
    - **Current Recruitment Status:**

No. of Patients Screened	No. of Subject's Randomized	No. of SAEs	No. of premature discontinuation	No. of ongoing subjects
12	2	0	0	2

- **Report for MMR Study**

- **Parameters**

- **Protocol Title-** A phase IV, Non inferiority, Observer blind, Randomized clinical study comparing safety and immunogenicity of Measles-Mumps-Rubella (MMR) subcutaneous vaccination by disposable-syringe jet injector to vaccination by needle & Syringe for administration in healthy infants in India aged 15-18 months
    - **Protocol ID-** MMR-01/12
    - **Study Site No.** – 4
    - **Period-** 19-June-2015- 13-Aug-2015 (Ongoing)
    - **Current Recruitment Status:**

No. of Patients Screened	No. of Subject's Randomized	No. of SAEs	No. of premature discontinuation	No. of Subjects who completed Study	No. of ongoing subjects
12	12	0	0	8	4

- **Report for Sun-Pharma Study**

- **Parameters**

- **Protocol Title-** “Evaluation of Efficacy And Safety of Fixed Dose Combination of Losartan, Amlodipine And Hydrochlorothiazide In The Treatment of Essential Hypertension: An Open Label, Multi-Centric Trial

- **Product Namecode-** FDC of Losartan, amlodipine and hydrochlorothiazide
- **Protocol No.** - SP/IP/-108/0613
- **Report for Pfizer Study:**
  - Parameters**
    - **Protocol Title- (B1481022 & B1481038):** “Phase 3 Multi-Center, Double-Blind, Randomized, Placebo-Controlled, Parallel Group Evaluation Of The Efficacy, Safety, And Tolerability Of Bococizumab (PF-04950615), In Reducing The Occurrence Of Major Cardiovascular Events In High Risk Subjects”
    - **Product Name & code-** Bococizumab (PF-04950615)
    - **Study Code/Name-** B1481022 & B1481038
    - **Study Site No.** – 3100 & 3250

### 3.4 Research Publications and Awards

#### 3.4.1 Does the university 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, Journal of Krishna Institute of Medical Sciences University (JKIMSU) (ISSN No. 2231-4261)

- **Website-** www.jkimsu.com
- **Starting Year** – January 2012
- **Published eight Issues:**
  - JKIMSU, Vol. 1, No. 1, Jan-June 2012
  - JKIMSU, Vol. 1, No. 2, July-Dec 2012
  - JKIMSU, Vol. 2, No. 1, Jan-June 2013
  - JKIMSU, Vol. 2, No. 2, July-Dec 2013
  - JKIMSU, Vol. 3, No. 1, Jan-June 2014
  - JKIMSU, Vol. 3, No. 2, July- Dec 2014
  - JKIMSU, Vol. 4, No. 1, Jan- March 2015
  - JKIMSU, Vol. 4, No. 2, April- June 2015
  - JKIMSU, Vol. 4, No. 3, July-September 2015
- **JKIMSU** is a peer reviewed, open access journal published quarterly (January to March, April to June, July to September and October to December) in two formats; printed and online (epub- ahead of print). The main aims of this journal are to publish novel and interesting research observations and advance scientific knowledge in all the branches of medicine and allied sciences.

- The policy of JKIMSU is to provide an international and interdisciplinary forum for the dissemination of peer-reviewed review articles, original articles, case reports, short communication, letters to the editor and book reviews in the field of all branches of medical sciences.
- **JKIMSU is indexed in 25 indexing services e.g. Index Copernicus (ICV 2013=14.94 and for the year 2014 is 64.46), Scopus, DOAJ, COPE, WHO, World Cat, World Wide Science Org. CAS, ICMJE, Global Index Medicus WHO, Genamic Journal Seek and included in more than 100 directories.**
- In 2013 JKIMSU is first among the all other Indian journal indexed in Index Copernicus and its Index Copernicus Value (ICV) is **14.95** and ICV for the year 2014 is **64.46**.
- JKIMSU Scimago Journal Rank (SJR) for the year 2014 is 0.132 (**As per SJR rank serial number of JKIMSU is 117 out of 157 Indian Medical Journals**).
- **More than 95 Eminent Scientists of National & International repute are appointed as editorial board members.** The list is depicted below.

<b>Editorial Governing Body:</b>	
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## 3.4.2 Give details of publications by the faculty:

- Number of papers published in peer reviewed journals (National/ International)

<b>Research Papers Published in International and National Journals (Year 2011- July 2015)</b>		
<b>Years</b>	<b>International</b>	<b>National</b>
2011	079	32
2012	125	32
2013	170	20
2014	269	09
July 2015	144	05
<b>Total</b>	<b>787</b>	<b>98</b>

<b>Papers Published in International Journals (Year 2011 – July 2015)</b>						
<b>Years</b>	<b>Types of Articles</b>					
	<b>Original Articles</b>	<b>Case Reports</b>	<b>Review Articles</b>	<b>Letter to Editor</b>	<b>Editorial</b>	<b>Short Communication</b>
2011	38	35	4	2	0	0
2012	57	50	8	8	2	0
2013	90	68	6	6	0	0
2014	183	77	7	1	1	0
July 2015	97	41	2	2	0	2
<b>Total</b>	<b>465</b>	<b>271</b>	<b>27</b>	<b>19</b>	<b>3</b>	<b>2</b>

<b>Papers Published in National Journals (Year 2011- July 2015)</b>					
<b>Years</b>	<b>Types of Articles</b>				
	<b>Original Articles</b>	<b>Case Reports</b>	<b>Review Articles</b>	<b>Letter to Editor</b>	<b>Editorial</b>
2011	18	09	05	0	00
2012	18	06	08	0	00
2013	09	05	06	0	00
2014	03	00	06	0	00
July 2015	04	01	2	0	00
<b>Total</b>	<b>52</b>	<b>21</b>	<b>27</b>	<b>0</b>	<b>0</b>

- **Monographs**

Number of monographs of Constituent Colleges of University is given below -

<b>Number of Monographs of Colleges Affiliated to University, Karad</b>		
<b>Sr. No.</b>	<b>College Name</b>	<b>Number of Monographs</b>
1	Krishna Institute of Medical Sciences, Karad	12
2	School of Dental Sciences, Karad	24
3	Krishna College of Physiotherapy, Karad	06
Total		42

- **Seven Chapters in Books**
- **Thirty seven books with ISBN and details of publishers are given below**

<b>List of Books Published by Staff</b>				
<b>Sr. No.</b>	<b>Name of Books</b>	<b>Name of Authors</b>	<b>Year</b>	<b>Publisher</b>
1	Primary Perinatal & Neonatal Health Care	Dr. Asha K. Pratinidhi Dr. Suryakant Y. Ingale	2011	KIMS University, Karad
2	Oral & Maxillofacial Surgery 3 <sup>rd</sup> edition	Dr. Neelima A. Malik	2012	Jaypee Brothers Medical Publishers (p) Ltd.
3	Essentials of Pathology for Nurses	Dr. Sushma Desai	2011	KIMS University, Karad
4	Renal Biopsies in a Community Hospital	Dr. Megha G. Joshi	2010	KIMS University, Karad
5	Clinico-Social Profile of Road Traffic Injuries from India	Dr. Supriya S. Patil	2010	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany

6	Cervicovaginal Cytology Pathological Analysis and Clinical Correlation	Dr. Dhiraj Nikumbh	2010	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany
7	Mother and Child Health	Mrs. Jyoti Salunkhe	2011	KIMS University, Karad
8	Fine Needle Aspiration Cytology of thyroid FNAC of thyroid with Bethesda guidelines	Dr. Madan Poonam Dr. Nanda Patil	2011	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany
9	Educational Methods and Media for Teaching in Practice in Nursing	Mr. Mahadeo B. Shinde	2007	Sneha Publications, Dombivali (E) Dist. – Thane
10	Introduction to Research Nursing research	Mr. Mahadeo B. Shinde	2007	Sneha Publications, Dombivali (E) Dist. - Thane
11	Nursing Management	Mr. Mahadeo B. Shinde	2012	Sneha Publications, Dombivali (E) Dist. - Thane
12	Mental Disorders and You	Dr. Arun Rukadikar.	2006	Miraj Psychiatric Centre, Miraj Maharashtra
13	Histopathological Study of Placenta in 2 <sup>nd</sup> & 3 <sup>rd</sup> trimester of pregnancy	Dr. Mrs. N. J. Patil Dr. Jitendra Khedkar	2012	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany
14	Histopathological Study of Appendectomy Specimens	Dr. Gaurav Jain Dr. S. R. Kanetkar	2012	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany
15	Robinson Cytologic Grading of Invasive Ductal Breast Carcinoma & its Correlation &	Dr. Pallavi Shrigondekar Dr. Mrs. S. R. Desai	2013	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany

	Histological Grading & Regional lymph node metastasis status.			
16	Pycnodysostosis: An Unusual Occurrence (Short Book)	Dr. V. Y. Kshirsagar, Minhajuddin Ahmed, Sylvia Colaco	2013	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany
17	Chapter on Rh isoimmunization in the book High Risk pregnancy	Dr. N. S. Kshirsagar (Editor Dr. Hemant Deshpande)	2010	Jaypee Brothers
18	Contributed chapter on Ante-natal Care (ANC) in Book "Primary Perinatal & Neonatal Health Care	Dr. Sujata Vijaysinh Patil	2011	KIMS University, Karad
19	Contributed chapters on Intra partum Care in Book "Primary Perinatal & Neonatal Health Care	Dr. R. P. Patange	2011	KIMS University, Karad
20	Contributed Chapter on Intra Partum Care in Book "Primary Perinatal And Neonatal Health Care"	Dr. Shilpa Vhawal	2011	KIMS University, Karad
21	Contributed Chapter on Intra Partum Care in Book "Primary Perinatal and Neonatal Health Care"	Dr. N. S. Kshirsagar	2011	KIMS University, Karad
22	Contributed Chapter on Growth Monitoring in Book "Primary Perinatal and Neonatal Health Care"	Dr. S. V. Kakade	2011	KIMS University, Karad
23	Basic of HIV AIDS	Dr. R. P. Patange	2012	KIMS University, Karad

24	Growth and Development	Jojoy Kurian Jeena Mary John		
25	Co-Author of Oral & Maxillofacial Surgery 3 <sup>rd</sup> edition	Dr. M. I. Parker	2012	Jaypee Brothers Medical Publishers (p) Ltd.
26	Manual of Local Anesthesia in Dentistry	Dr. M. I. Parker	2010	Jaypee Brothers Medical Publishers (p) Ltd.
27	Co-Author of "LASER in Textbook of Oral & Maxillofacial Surgery 2012	Dr. Prashant A. Punde	2012	Jaypee Brothers Medical Publishers (p) Ltd.
28	Graft in regeneration of alveolar bone following tooth extraction	Dr. Nilesh Kumar	2010	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany
29	Author of chapter Oro-facial pain in the text book of oral medicine, oral diagnosis & oral radiology 2 <sup>nd</sup> edition	Dr. Ajay Nayak	2013	Elsevier
30	Co-author for "Essential of clinical Periodontology & Periodontics 2 <sup>nd</sup> edition	Dr. Keshava	2011	Jaypee Brothers
31	Periodontal Drug Delivery Systems	Dr. Sameer Zope	2013	Scholar's Press, Germany
32	Textbook on Malocclusion & Orthodontic Treatment	Dr. Shivkumar K. M.	2010	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany
33	Textbook on Dental Caries Vaccine	Dr. Shivkumar K. M.	2010	LAP Lambert Academic Publishing AG & Co. KG Dudweiler Landstr. Saarbrucken, Germany

34	Impact of National Leprosy Eradication programme.	Dr. Mohite R. V	2012	Lambert Academic Publishing Germany
35	Coagulation Profile in Cancer Patients	Dr. Sandeeban Halder	April 2014	Lambert Academic Publishing Germany
36	Histopathological study of lesions of Prostate	Dr. Neha Gajbi	April 2014	Lambert Academic Publishing Germany
37	Oral & Maxillofacial Surgery 3rd edition	Dr. Prashant Punde Contributed chapter on LASER (chapter no. 54) in 3rd Edition	2012	Jaypee Brothers Medical Publishers (p) Ltd.

- Number listed in International Database (For e.g. Web of Science, Scopus, Humanities International Complete, EBSCO host.)
- Citation Index – range / average

The detail of Scopus Citations of the staffs is given below.

Scopus Citations of Staffs			
Sr. No	Name and Address	Total Citation	h-Index
1.	Dr Shashikiran N. D Professor and Head Department of Paedodontics & Preventive Dentistry	174	9
2.	Dr. Asha K. Pratinidhi, Director of Research, Krishna Institute of Medical Sciences University, Karad	113	6
3.	Dr. Arun J. Patil, Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	116	5
4.	Dr. Jyotsna A. Patil, Asst. Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	112	5

5.	Dr. A. V. Sonatakke, Head & Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	53	4
6.	Dr. Sujata Jadhav, Asst. Professor, Dept of Pharmacology, Krishna Institute of Medical Sciences, Karad	32	4
7.	Dr. A. Y. Kshirsagar, Head & Professor, Dept of Pediatrics, Krishna Institute of Medical Sciences, Karad	40	3
8.	Dr. R.K. Gaonkar Department of Pharmacology Krishna Institute of Medical Sciences, Karad	39	4
9.	Dr. Prakash. Durgawale, Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	33	2
10.	Dr. Shivakumar KM Associate professor & I/C HOD, School of Dental Sciences, KIMSDU, Karad	49	3
11.	Dr. Virendra Patil, Asst. Professor, Dept. of Medicine, Krishna Institute of Medical Sciences, Karad	32	4
12.	Dr. Harsha Patil, Asst. Professor, Dept of Microbiology, Krishna Institute of Medical Sciences, Karad	27	3
13.	Dr. Kailas Datkhile, Genetic Lab, Krishna Institute of Medical Sciences University, Karad	23	2
14.	Dr. V M Thorat, Asso. Professor, Dept of Pharmacology, Krishna Institute of Medical Sciences, Karad	22	3
15.	Dr. Vithal Dhulkhed, Professor, Dept of Anaesthesiology, Krishna Institute of Medical Sciences, Karad	25	4

16.	Dr. Wingkar Kanchan Head & Professor, Dept. of Physiology, Krishna Institute of Medical Sciences, Karad	21	3
17.	Dr. Chitra Khanwelkar, Head and Professor, Dept of Pharmacology, Krishna Institute of Medical Sciences, Karad	19	3
18.	Dr. Wader Jyotsna, Asso. Professor, Dept of Pathology, Krishna Institute of Medical Sciences, Karad	18	2
19.	Dr. Vidya Kadashetti Assistant Professor, Dept. of Oral Pathology & Microbiology, School of Dental Sciences, KIMSDU, Karad	18	1
20.	Dr. Nikam B.P Asso. Professor, Dept of Dermatology, Krishna Institute of Medical Sciences, Karad	17	3
21.	Dr. Pushpa P. Durgawale, Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	17	2
22.	Dr. Sangita R. Patil, Asso. Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	15	3
23.	Dr. Sunil Jagtap, Asst. Professor, Dept of Pathology, Krishna Institute of Medical Sciences, Karad	12	2
24.	Dr. Nanda Patil, Asso. Professor, Dept of Pathology, Krishna Institute of Medical Sciences, Karad	7	2
25.	Mr. Anup Hendre Asst. Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	6	2
26.	Dr. Vinayak Raje Asso. Professor, Dept of Neurosurgery, Krishna Institute of Medical Sciences, Karad	6	1

27.	Dr. Megha Doshi, Head & Professor, Dept. of Anatomy, Krishna Institute of Medical Sciences, Karad	6	2
28.	Dr. Mattigatti Sudha Asst. Professor, Department of Conservative Dentistry and Endodontics, School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	6	2
29.	Dr. S. T. Mohite Professor of Microbiology KIMS, Karad	5	1
30.	Dr. Priya Roy, Asso. Professor, Dept. of Anatomy, Krishna Institute of Medical Sciences, Karad	4	1
31.	Dr. Suresh Jayanwantrao Bhosale, Principal Advisor, Krishna Institute of Medical Sciences University, Karad	4	1
32.	Dr. S. C Kale Principal, Krishna Institute of Biotechnology and Bioinformatics, Karad	3	1
33.	Dr. Chougule Pandurang, Head and Professor, Dept of Surgery, Krishna Institute of Medical Sciences, Karad	3	1
34.	Dr. Mohite R. V Asst. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	3	1
35.	Dr. Satish V Kakade, Statistician and Asso. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	5	1
36.	Dr. Siddharth Varma Asst. Professor School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	5	1
37.	Dr. Janugade Hemant, Asst. Professor, Dept of Surgery, Krishna Institute of Medical Sciences, Karad	4	1

38.	Dr. Manoj Ambali Professor, Dept. of Anatomy, Krishna Institute of Medical Sciences, Karad	4	1
39.	Dr. Satish R. Patil Asso. Professor, Dept of Microbiology, Krishna Institute of Medical Sciences, Karad	3	1
40.	Dr. Sunil Aramani, Asso. Professor, Dept. of Forensic Medicine, Krishna Institute of Medical Sciences, Karad	2	1
41.	Dr. Patil Rahul Asst Professor, Dept of Surgery, Krishna Institute of Medical Sciences, Karad	2	1
42.	Dr. Makarand Mane Asst. Professor, Dept of Surgery, Krishna Institute of Medical Sciences, Karad	2	1
43.	Dr. Naniwadekar R.G Asso. Professor, Dept of Surgery, Krishna Institute of Medical Sciences, Karad	2	1
44.	Dr. Phaphe Sandesh Asst. Professor, Department of Orthodontics and Dentofacial Orthopedics, School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	2	1
45.	Dr. Ravindra V Shinde, Asso. Professor, Dept of Microbiology, Krishna Institute of Medical Sciences, Karad	2	1
46.	Dr. Sujata Kanetkar, Asso. Professor, Dept of Pathology, Krishna Institute of Medical Sciences, Karad	1	1
47.	Dr. Sachin Gugwad Asst. Professor School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	1	1
48.	Dr. Kumbhar S. M Asst. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	1	1

49.	Dr. Kumbhar S. S Asst. Professor, Dept of Pathology, Krishna Institute of Medical Sciences, Karad	1	1
50.	Dr. Girish Suragimath Professor & HOD, Dept. of Periodontology School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	1	1
51.	Dr. Rajendra Baad Professor & I/C HOD, Dept. of Oral Pathology & Microbiology School of Dental Sciences, KIMSDU, Karad	1	1
52.	Dr. Nupura Vibhute Associate Professor, Dept. of Oral Pathology & Microbiology, School of Dental Sciences, KIMSDU, Karad	1	1
53.	Dr. Uzma Belgaumi Assistant Professor, Dept. of Oral Pathology & Microbiology, School of Dental Sciences, KIMSDU, Karad	1	1
54.	Dr. Suresh KV Assistant Professor, Dept. of Oral Medicine & Radiology, School of Dental Sciences, KIMSDU, Karad	1	1

Google Scholar Citation of Staffs				
Sr. No	Name and Address	Total Citation	h-Index	i-10 Index
1.	Dr Shashikiran N. D Professor and Head Department of Paedodontics & Preventive Dentistry	377	12	15
2.	Dr. Asha K. Pratinidhi, Director of Research, Krishna Institute of Medical Sciences University, Karad	314	9	9

3.	Mr. M. B. Shinde Professor, Krishna Institute of Nursing Sciences, Karad	245	9	8
4.	Dr. Arun J. Patil, Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	227	7	4
5.	Dr. Jyotsna A. Patil, Asst. Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	224	7	5
6.	Dr. Shivakumar KM Associate professor & I/C HOD, School of Dental Sciences, KIMSDU, Karad	201	7	7
7.	Dr. Prakash Durgawale, Head & Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	156	5	4
8.	Dr. A. V. Sontakke, Head & Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	121	7	3
9.	Dr. Virendra Patil, Asst. Professor, Dept. of Medicine, Krishna Institute of Medical Sciences, Karad	113	6	5
10.	Dr. Satish V Kakade, Statistician & Asso. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	52	4	1
11.	Dr. Harsha Patil, Asst. Professor, Dept of Microbiology, Krishna Institute of Medical Sciences, Karad	94	6	4

12.	Dr. Sujata Jadhav, Asso. Professor, Dept. of Pharmacology, Krishna Institute of Medical Sciences, Karad	51	4	2
13.	Dr. Vidya Kadashetti Assistant Professor, Dept. of Oral Pathology & Microbiology, School of Dental Sciences, KIMSDU, Karad	40	1	1
14.	Dr. Supriya Patil, Asso. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	38	2	1
15.	Dr. Sameer Zope Assitant Professor, Dept. of Periodontology School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	36	2	2
16.	Dr. Sunil Jagtap, Asso. Professor, Dept of Pathology Krishna Institute of Nursing Sciences, Karad	54	4	1
17.	Dr. Jyotsna Wader, Asso. Professor, Dept of Pathology Krishna Institute of Nursing Sciences, Karad	49	4	1
18.	Dr. V. M Thorat, Professor, Dept. of Pharmacology, Krishna Institute of Medical Sciences, Karad	27	3	0
19.	Dr. Vithal Dhulkhed, Professor, Dept of Anaesthesiology, Krishna Institute of Medical Sciences, Karad	26	3	0
20.	Dr. Sangita R. Patil, Asso. Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	27	3	1

21.	Dr. Megha Doshi, Head & Professor, Dept. of Anatomy, Krishna Institute of Medical Sciences, Karad	20	3	0
22.	Dr. Girish Suragimath Professor & HOD, Dept. of Periodontology School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	18	3	1
23.	Dr. Shrirang Patil Professor, Dept. of Physiology, Krishna Institute of Medical Sciences, Karad	18	2	1
24.	Dr. Manoj Ambali, Professor, Dept. of Anatomy, Krishna Institute of Medical Sciences, Karad	16	2	0
25.	Dr. Chitra Khanwelkar, Head & Professor, Dept. of Pharmacology, Krishna Institute of Medical Sciences, Karad	16	2	1
26.	Dr. Priya Roy, Asst. Professor, Dept. of Anatomy, Krishna Institute of Medical Sciences, Karad	14	2	0
27.	Dr. Pushpa P. Durgawale, Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	34	4	1
28.	Dr. Sunil Aramani, Asso. Professor, Dept. of Forensic Medicine, Krishna Institute of Medical Sciences, Karad	12	2	0

29.	Dr. S. T. Mohite Professor of Microbiology KIMS, Karad	11	2	0
30.	Dr. Sujata Kanetkar, Head & Professor, Dept of Pathology Krishna Institute of Nursing Sciences, Karad	11	3	0
31.	Dr. C D Aundhakar, Head & Professor, Dept of Pediatrics Krishna Institute of Nursing Sciences, Karad	11	1	1
32.	Dr. Rajendra Baad professor & I/C HOD, Dept. of Oral Pathology & Microbiology School of Dental Sciences, KIMSDU, Karad	10	2	0
33.	Mr. Anup Hendre Asst. Professor, Dept of Biochemistry, Krishna Institute of Medical Sciences, Karad	16	2	0
34.	Dr. Satish R. Patil Asso.Professor, Dept of Microbiology, Krishna Institute of Medical Sciences, Karad	7	1	0
35.	Dr. Rajiv Desai, Asst. Professor, Dept. of Anatomy, KIMS, Karad	6	1	0
36.	Dr. R V Mohite, Asst. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	6	1	0
37.	Dr. Uzma Belgaumi Assistant Professor, Dept. of Oral Pathology & Microbiology, School of Dental Sciences, KIMSDU, Karad	4	1	0

38.	Dr. Sushma Gugwad Assistant Professor, Dept. of Oral Pathology & Microbiology, School of Dental Sciences, KIMSDU, Karad	4	1	0
39.	Dr. S. C Kale Principal, Krishna Institute of Biotechnology and Bioinformatics, Karad	3	1	0
40.	Dr. Siddharth Varma Asst. Professor School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	10	2	0
41.	Dr. Nupura Vibhute Associate Professor, Dept. of Oral Pathology & Microbiology, School of Dental Sciences, KIMSDU, Karad	3	1	0
42.	Dr. Anand Joshi Professor, Dept. of Physiology, Krishna Institute of Medical Sciences, Karad	3	1	0
43.	Dr. Praveen Ganganahalli Asst. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	3	1	0
44.	Dr. Shekhar Kumbhar, Asst. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	3	1	0
45.	Dr. Keshava Abbaiah Professor & HOD, Dept. of Periodontology School of Dental Sciences, Krishna Institute of Medical Sciences University, Karad	2	1	0

46.	Mrs. Vaishali Mohite, Principal, Krishna Institute of Nursing Sciences, Karad	19	2	0
47.	Dr. Vaishali Pawar Asst. Professor, Dept. of Ophthalmology, Krishna Institute of Medical Sciences, Karad	2	1	0
48.	Dr. Swati Aundhakar, Professor & Head, Dept of Medicine, Krishna Institute of Medical Sciences, Karad	2	1	0
49.	Dr. Satyajeet Pawar, Asst. Professor, Dept of Microbiology, Krishna Institute of Medical Sciences, Karad	1	1	0
50.	Dr. Ravindra V Shinde, Asso. Professor, Dept of Microbiology, Krishna Institute of Medical Sciences, Karad	1	1	0
51.	Mr. Tukaram Zagade Professor, Krishna Institute of Nursing Sciences, Karad	11	3	0
52.	Sheetal Samson CP Krishna Institute of Nursing Sciences, Karad	3	1	0
53.	Prabhu Swami Krishna Institute of Nursing Sciences, Karad	6	2	0
54.	Dr. Uddhav Kumbhar, Asst. Professor, Dept of PSM, Krishna Institute of Medical Sciences, Karad	1	1	0
55.	Dr. Chandrashekhar Aundhakar, Professor & Head, Dept of Pediatrics, Krishna Institute of Medical Sciences, Karad	1	1	1

56.	Professor Jyoti Salukhe Krishna Institute of Nursing Sciences, Karad	2	1	
57.	Manisha Gholap Krishna Institute of Nursing Sciences, Karad	3	1	-
58.	Mahesh Chendake Krishna Institute of Nursing Sciences, Karad	1	1	-
59.	Sushma Shete Krishna Institute of Nursing Sciences, Karad	1	1	-
60.	Namarata Mohite Krishna Institute of Nursing Sciences, Karad	3	1	
61.	Vandana Satwe Krishna Institute of Nursing Sciences, Karad	1	1	-
62.	Shivaji Pawar Krishna Institute of Nursing Sciences, Karad	1	1	-
63.	Dr. Ashish Medha Department of Conservative Dentistry & Endodontics	15	2	-
64.	Dr. Deepak Jain Department of Conservative Dentistry & Endodontics	29	2	-
65.	Dr. Suddha Mattigatti Department of Conservative Dentistry & Endodontics	29	2	-
66.	Dr.Saleem Makandar Department of Conservative Dentistry & Endodontics	10	1	-
67.	Dr.Rushikesh Mahaparale Department of Conservative Dentistry & Endodontics	16	2	-
68.	Dr. Adish Saraf Department of Conservative Dentistry & Endodontics	1	1	-

69.	Dr. Ajay Nayak	17	3	-
70.	Dr. Kamal KA	21	2	-
71.	Dr. Ashwini Rani	2	1	-
72.	Dr. Abiijeet Sande	3	1	-
73.	Dr. Parkar MI	8	2	-
74.	Dr. Kumar Nilesh	6	2	-
75.	Dr. Mouneshkumar	3	1	-
76.	Dr. Prashant Punde	3	1	-
77.	Dr. Pankaj Patil	2	1	-
78.	Dr. Shidhart Gosavi	17	3	-
79.	Dr. Sulekha Gosavi	17	3	-
80.	Dr. Snehal Patil	1	1	-
81.	Dr. Renuka Pawar	2	1	-
82.	Dr. Channamalappa	2	1	-
83.	Dr. Sandesh Phaphe	2	1	-
84.	Dr. Youshaf Ahamed	4	1	-
85.	Dr. Pratap Mane	2	1	-

#### Citation Index of Faculty:

Total Scopus Citations	Total Google Scholar Citations
1,103	2,739

#### Impact Factor – Range / Average

- Thomson Reuters (2013) impact factor of the journal in which the articles published are given below and the cumulative impact factor of the journals is 63.378.

S. N.	Rank	Abbreviated Journal Title(linked to journal information)	ISSN	JCR Data						Eigen factor Metrics	
				Total Cites	Impact Factor	5-Year Impact Factor	Immediacy Index	Articles	Cited Half-life	Eigen factor Score	Article Influence Score
1	97	ACTA CYTOL	0001-5547	2268	0.693	0.696	0.225	102	>10.0	0.00206	0.185
2	1216	BIOMED RES-INDIA	0970-938X	83	0.2			108		0.0002	
3	1402	BRIT J ANAESTH	0007-0912	12587	4.237	4.189	1.279	251	7.9	0.02329	1.17
4	1422	BRIT MED J	1756-1833	81336	17.215	15.88	7.756	328	>10.0	0.15344	6.21
5	2328	DIAGN MICR INFEC DIS	0732-8893	4840	2.26	2.263	0.368	234	5.3	0.01501	0.72
6	3619	INDIAN J DERMATOL VE	0378-6323	1060	1.206	1.347	0.2	90	5	0.00285	0.344
7	3635	INDIAN J PATHOL MICR	0377-4929	839	0.676		0.05	80	4.7	0.00212	
8	3801	INT J DERMATOL	0011-9059	5128	1.342	1.36	0.109	256	8.6	0.0087	0.408
9	3805	INT J DIABETES DEV C	0973-3930	130	0.451		0.088	34	4.6	0.00025	
10	3944	INT J ORAL MAX SURG	0901-5027	5326	1.521	1.823	0.148	256	8.3	0.00948	0.539
11	4053	INT SURG	0020-8868	701	0.305	0.282	0	63	>10.0	0.00052	0.088
12	4108	IRAN J PEDIATR	2008-2142	126	0.258	0.288	0.014	71	4.1	0.00035	0.052
13	4249	J ANAT SOC INDIA	0003-2778	130	0.058		0	13	>10.0	0.00006	
14	4482	J CLIN PEDIATR DENT	1053-4628	529	0.34		0.018	56	8.9	0.00074	
15	4550	J CRANIOFAC SURG	1049-2275	3721	0.686	0.958	0.081	716	5.2	0.00925	0.251
16	5090	J MYCOL MED	1156-5233	271	0.74	0.739	0.14	50	4.8	0.00037	0.096
17	5263	J PHARMACEUT BIOMED	0731-7085	14648	2.947	2.853	0.562	443	6.3	0.02684	0.651
18	6838	PHARM BIOL	1388-0209	1763	1.206	1.06	0.211	185	5.8	0.00293	0.204
19	6422	NIGER J CLIN PRACT	1119-3077	189	0.263		0.01	105	4	0.00077	
20	7719	SINGAP MED J	0037-5675	2295	0.63		0.189	217	5.6	0.00578	
21	7202	PSYCHOPHARMACOLOGY	0033-3158	24104	4.061	4.285	0.816	385	9	0.03699	1.223
22	5958	MED EDUC	0308-0110	5968	3.546	3.704	1.216	116	7.1	0.01395	1.246

23	6526	OCCUP ENVIRON MED	1351- 0711	6967	3.215	3.811	0.741	135	8.1	0.01398	1.278
24	6940	PHYSIOL BEHAV	0031- 9384	17003	3.16	3.339	0.531	354	>10.0	0.02638	0.992
25	8339	WORLD J GASTROENTERO	1007- 9327	19145	2.547	2.594	0.218	944	5	0.05637	0.716
26	3820	INT J ENV RES PUB HE	1660- 4601	1833	1.998		0.201	294	2.7	0.0083	
27	6009	METAB SYNDR RELAT D	1540- 4196	663	1.652		0.323	65	3.4	0.00258	
28	6772	PEDIATR ANESTH	1155- 5645	3380	2.436	2.221	0.647	170	5.6	0.00692	0.517
29	3621	INDIAN J EXP BIOL	0019- 5189	2696	1.195	1.172	0.093	118	>10.0	0.00297	0.246
30	3646	INDIAN PEDIATR	0019- 6061	1831	1.036	1.066	0.46	150	7.7	0.00309	0.276
31	3636	INDIAN J PEDIATR	0019- 5456	1735	0.715	0.733	0.15	207	6.7	0.00355	0.2
32	3639	INDIAN J PHARMACOL	0253- 7613	316	0.583	0.667	0.09	145	3.1	0.0009	0.128

**Details of the journals having Source Normalised Impact Per Paper (SNIP) and Scimago Journal Rank (SJR), in which Faculty of KIMSDU published articles (Total 245 articles published in Scopus indexed journals)**

Source Title	2012 SNIP	2012 IPP	2012 SJR	2013 SNIP	2013 IPP	2013 SJR	2014 SNIP	2014 IPP	2014 SJR	No. of articles
Asian Journal of Pharmaceutical and Clinical Research	0.501	0.395	0.245	0.635	0.533	0.269	0.786	0.71	0.4	1
Der Pharmacia Lettre	0.244	0.186	0.199	0.411	0.304	0.240	0.598	0.473	0.264	2
Research Journal of Pharmaceutical, Biological and Chemical Sciences	0.329	0.226	0.180	0.344	0.276	0.186	0.245	0.209	0.157	6
Medico-Legal Update	0.169	0.051	0.133	0.149	0.017	0.158	0.117	0.049	0.144	13
Journal of Clinical and Experimental Dentistry	0.459	0.154	0.127	0.456	0.249	0.155	0.595	0.379	0.172	1
Journal of Clinical and Diagnostic Research	0.307	0.200	0.143	0.370	0.237	0.139	0.545	0.455	0.229	23
International Journal of Pharmacognosy and Phytochemical Research	0.194	0.174	0.122	0.371	0.271	0.195	0.376	0.375	0.220	2

Journal of Chemical and Pharmaceutical Research	0.443	0.263	0.323	0.549	0.428	0.342	1.510	0.751	0.318	1
Bangladesh Journal of Medical Science	0.168	0.073	0.163	0.260	0.098	0.205	0.228	0.083	0.166	5
Journal of Conservative Dentistry	0.178	0.160	0.147	0.520	0.478	0.312	1.133	1.258	0.474	4
International Journal of Drug Development and Research	0.312	0.254	0.192	0.436	0.420	0.252	0.426	0.424	0.247	1
North American Journal of Medical Sciences	0.712	0.407	0.159	0.754	0.827	0.336	0.859	1.065	0.409	2
Health Science Journal	0.477	0.372	0.173	0.470	0.433	0.203	0.453	0.374	0.172	1
Indian Journal of Dental Research	0.714	0.628	0.235	0.570	0.488	0.215	0.767	0.495	0.231	4
Clinical Oral Investigations	1.402	2.190	0.692	1.457	2.210	0.779	1.322	2.101	0.767	1
Journal of Neurosciences in Rural Practice	0.435	0.414	0.153	0.543	0.566	0.195	0.651	0.636	0.251	1
Journal of Cardiovascular Disease Research	0.729	1.177	0.281	0.575	0.973	0.314	0.803	1.053	0.412	5
International Journal of Surgery Case Reports	0.364	0.221	0.115	0.584	0.495	0.197	0.634	0.459	0.196	7
Indian Journal of Forensic Medicine and Toxicology	0.187	0.063	0.187	0.154	0.034	0.127	0.142	0.043	0.116	6
Journal of Basic and Clinical Physiology and Pharmacology	0.613	0.784	0.269	0.407	0.613	0.212	0.373	0.685	0.245	2
Journal of Indian Society of Periodontology	0.355	0.342	0.139	0.532	0.400	0.173	0.810	0.635	0.248	5
Diagnostic Microbiology and Infectious Disease	1.062	2.419	0.971	1.070	2.590	1.075	0.918	2.393	1.021	1
Journal of Oral and Maxillofacial Pathology	0.769	0.438	0.150	1.343	0.800	0.272	1.043	0.801	0.371	2
Iranian Journal of Pediatrics	0.417	0.319	0.185	0.426	0.463	0.187	0.563	0.659	0.242	1

Indian Journal of Community Medicine	1.112	0.756	0.316	1.432	0.878	0.391	1.148	0.967	0.516	2
Indian Journal of Leprosy	0.536	0.304	0.316	0.373	0.213	0.149	0.565	0.271	0.219	2
Journal of the Indian Medical Association	0.238	0.245	0.137	0.237	0.231	0.135	0.296	0.232	0.151	2
Journal of Contemporary Dental Practice	0.374	0.378	0.173	0.507	0.428	0.211	0.414	0.342	0.171	14
Journal of Cytology	0.809	0.400	0.246	1.006	0.642	0.323	0.911	0.589	0.255	1
International Journal of Diabetes in Developing Countries	0.681	0.677	0.224	0.419	0.651	0.231	0.258	0.307	0.160	1
Indian Journal of Dermatology	0.661	0.599	0.289	0.921	0.807	0.379	0.899	0.737	0.351	1
American Journal of Case Reports	0.155	0.300	0.143	0.101	0.241	0.156	0.285	0.371	0.154	6
Online Journal of Health and Allied Sciences	0.254	0.150	0.130	0.261	0.129	0.115	0.272	0.157	0.126	9
BMJ Case Reports	0.058	0.047	0.108	0.125	0.121	0.115	0.159	0.158	0.125	2
The Journal of the Association of Physicians of India	0.593	0.594	0.217	0.550	0.546	0.215	0.409	0.492	0.236	2
Journal of Craniofacial Surgery	0.848	0.893	0.417	0.785	0.828	0.424	0.627	0.715	0.409	1
British Journal of Anaesthesia	2.217	4.217	1.876	2.361	4.240	1.782	2.218	4.449	1.839	6
Saudi Journal of Anaesthesia	0.499	0.359	0.163	0.703	0.651	0.269	0.757	0.785	0.350	5
Journal of Nepal Paediatric Society	0.337	0.188	0.162	0.290	0.174	0.164	0.099	0.063	0.195	1
Indian Journal of Anaesthesia	0.714	0.471	0.211	0.619	0.552	0.253	0.897	0.808	0.314	1
Journal of Pediatric Neurosciences	0.537	0.429	0.220	0.638	0.551	0.220	0.877	0.619	0.237	2
Indian Journal of Clinical Biochemistry	0.629	0.682	0.251	0.698	0.929	0.280	0.773	0.856	0.322	7
Lung India	0.863	0.588	0.221	0.850	0.717	0.240	0.953	0.824	0.313	1
Biomedical Research	0.418	0.354	0.153	0.386	0.385	0.180	0.524	0.432	0.178	9
International Journal of Environmental Health Research	0.568	1.129	0.384	0.827	1.528	0.460	0.709	1.488	0.495	2

Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology	0.522	0.056	0.141	0.000	0.000	0.102	0.049	0.105	0.120	1
Indian Journal of Pathology and Microbiology	0.809	0.706	0.234	0.691	0.724	0.242	0.704	0.676	0.257	2
Taiwan Journal of Ophthalmology	0.000	0.000	0.103	0.360	0.286	0.147	0.009	0.029	0.103	1
International Journal of Dermatology	0.983	1.325	0.586	1.024	1.374	0.570	0.935	1.142	0.536	1
Indian Journal of Medical Sciences	0.479	0.430	0.187	0.105	0.136	0.124	0.475	0.320	0.141	1
Indian Journal of Critical Care Medicine	0.477	0.635	0.231	0.757	0.707	0.277	0.755	0.776	0.262	2
Neurology Research International	0.610	1.512	0.427	0.828	2.576	0.861	0.805	2.585	1.027	1
Pharmaceutical Biology	0.782	1.189	0.395	0.864	1.465	0.448	0.814	1.492	0.482	3
African Journal of Paediatric Surgery	0.465	0.382	0.191	0.751	0.486	0.210	0.551	0.411	0.232	1
Singapore Medical Journal	0.979	0.993	0.352	0.818	0.836	0.281	0.564	0.688	0.274	1
Pathology Research International				1.227	1.974	0.495	1.056	1.870	0.604	2
Indian Journal of Dermatology, Venereology and Leprology	1.054	0.956	0.385	1.321	1.106	0.464	1.302	1.092	0.551	1
Iranian Endodontic Journal	0.079	0.029	0.117	0.327	0.129	0.198	0.685	1.039	0.380	1
Biomedicine	0.061	0.025	0.104	0.058	0.045	0.123	0.073	0.034	0.131	1
Asian Journal of Transfusion Science	0.523	0.641	0.234	0.754	0.831	0.323	0.890	0.915	0.334	1
Sri Lankan Journal of Anaesthesiology	0.439	0.111	0.112	0.162	0.085	0.133	0.095	0.048	0.112	1
Cumhuriyet Dental Journal				0.000	0.000	0.101	0.079	0.054	0.130	1
World Journal of Dentistry										1
Journal of Natural Remedies	0.198	0.167	0.142	0.324	0.205	0.149	0.409	0.368	0.158	1
Journal of Clinical Pediatric Dentistry	0.509	0.575	0.228	0.460	0.527	0.308	0.503	0.540	0.266	2

Case Reports in Oncology	0.547	0.503	0.196	0.477	0.581	0.242	0.522	0.608	0.237	2
Journal of Obstetrics and Gynecology of India	0.229	0.070	0.137	0.387	0.202	0.169	0.346	0.305	0.178	1
Acta Cytologica	0.657	0.755	0.271	0.863	1.277	0.467	0.723	1.421	0.503	1
Brazilian Dental Journal	1.088	1.356	0.413	0.968	1.183	0.416	0.837	1.053	0.385	1
Journal of investigative and clinical dentistry						0.192			0.270	1
International Surgery	0.322	0.382	0.205	0.499	0.450	0.197	0.452	0.493	0.191	1
Journal of Indian Association of Pediatric Surgeons	0.393	0.344	0.158	0.696	0.414	0.182	0.757	0.400	0.182	1
Medical Journal Armed Forces India	0.307	0.141	0.137	0.287	0.129	0.159	0.178	0.140	0.141	1
International Journal of Medical Toxicology and Forensic Medicine										1
Ethiopian journal of health sciences									0.185	1
Journal of Krishna Institute of Medical Sciences University				0.064	0.098	0.116	0.597	0.226	0.132	15
International Journal of Oral and Maxillofacial Surgery	1.578	1.855	0.845	1.454	1.633	0.865	1.284	1.600	0.767	2
Journal of the Anatomical Society of India	0.622	0.157	0.115	0.249	0.111	0.124	0.144	0.079	0.143	1
Journal of Forensic Medicine and Toxicology	0.622	0.157	0.115	0.249	0.111	0.124	0.144	0.079	0.143	1
Journal of Anaesthesiology Clinical Pharmacology	0.199	0.257	0.163	0.674	0.629	0.294	0.737	0.796	0.301	2
Journal of International Dental and Medical Research	0.192	0.131	0.125	0.128	0.106	0.118	0.161	0.086	0.102	1
Acta medica academica						0.160			0.137	1

Journal of Orthopaedic Surgery	0.155	0.163	0.139	0.204	0.215	0.166	0.283	0.365	0.226	1
Journal of Indian Society of Periodontology	0.355	0.342	0.139	0.532	0.400	0.173	0.810	0.635	0.248	1
Indian Journal of Orthopaedics	0.614	0.757	0.346	0.768	0.687	0.325	0.661	0.720	0.337	1

**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, In the institutional clinical meetings some of the interesting and rare cases are presented & some of them are published in national and international journals as case reports. These meetings are attended by undergraduate and post-graduate students, which enrich the knowledge, skill, and attitude of the students and staff of the University.

**3.4.4 Give details of**

- **Faculty serving on the editorial boards of national and international journals**

<b>Faculty Serving on the Editorial Boards of National and International Journals</b>		
<b>Sr. No.</b>	<b>Name of Faculty</b>	<b>Editorial Board Members on the Journal</b>
1	Dr. A. K. Pratinidhi Director of Research	<b>Editor in Chief:</b> Journal of Krishna Institute of Medical Sciences University <b>Editorial Board:</b> Al-Ameen Journal of Medical Sciences.
2	Vithal K. Dhulkhed, Prof. And HOD, Anesthesiology	<b>Editorial Board:</b> 1. Karnataka Anaesthesia Journal 2. Indian Journal of Anaesthesia 3. Journal of Krishna Institute of Medical Sciences University
3	Dr. Ajit. V. Sontakke	<b>Editorial Board:</b> 1. Al-Ameen Journal of Medical Sciences 2. Journal of BKL Walawalkar Rural Medical College

4	Dr. Arun J. Patil	<p><b>Executive Editor:</b> Journal of Krishna Institute of Medical Sciences University</p> <p><b>Editorial Board:</b></p> <ol style="list-style-type: none"> <li>1. Al-Ameen Journal of Medical Sciences.</li> <li>2. MIMSR Journal of Medical Education</li> <li>3. Analytica Medica BLDEA' Shri. B. M. Patil Medical College University, Bijapur</li> <li>4. Journal of BKL Walawalkar Rural Medical College</li> <li>5. Journal of Environmental Health Research (Published from LONDON).</li> <li>6. Journal of Basic And Clinical Physiology and Pharmacology (Published from London)</li> </ol> <p><b>Advisory Board member:</b> Bio Informatics Pharmaceuticals Biotechnology.</p>
5	Dr. Mrs. V. M. Thorat	<b>Associate Editor</b> –Journal of Medical Research
6	Prof. Mahadeo Shinde	<p><b>Executive Editor:</b> Nursing Image</p> <p><b>Editorial Board:</b> International Journal of Nursing Education</p>
7	Dr. Shivakumar KM Associate professor & I/C HOD, Dept. of Public Health Dentistry, School of Dental Sciences, KIMSDU, Karad	<p><b>Editorial Board Member</b>” for the “Journal of Health Policy, Programme &amp; Governance”</p> <p>“<b>Editorial Board Member</b>” for the “ International Journal of Dental Science (IJDS)”</p>
8	Dr. Sachin Gugwad Associate professor, Dept. of Pedodontics School of Dental Sciences, KIMSDU, Karad	<p><b>Member of</b> Journal of clinical dental practice jaypee Publication editorial board.</p> <p><b>Member of Editorial board of</b> international Journal of dental case reports.</p>

- **Faculty serving as members of steering committees of Natinal / International conferences recognized by reputed organizations / societies**  
Following **International scientific activities were organised at KIMSDU-**
- **International CME on Surgical Pathology on 23<sup>rd</sup> & 24<sup>th</sup> August 2013 in collaboration with Harvard Medical School Boston USA for which MMC has awarded 4 credit points and following members were in steering and organising committee**
  - **Dr. R. K. Ayachit**
  - **Dr. M. V. Ghorpade**
  - **Dr. Sujata Kanetkar**
  - **Dr. R. G. Naniwadekar**
- **International Multifocal Conference – from 3<sup>rd</sup> to 6<sup>th</sup> December 2014 in collaboration with Uniformed Services University of Health Sciences, USA has awarded 8 credit points and following members were in steering and organising committee**
  - **Dr. R. K. Ayachit**
  - **Dr. A. K. Pratinidhi**
  - **Dr. S. T. Mohite**
  - **Dr. K. C. Wingkar**

### 3.4.5 Provide details of Research awards received by the faculty and students

- **National and international recognition received by the faculty from reputed professional bodies and agencies**

List of Medical Staffs and Students Award		
Sr. No.	Name of Staffs	Details of Award
1.	Dr. S. K. Pawar	“Study of Brucellosis in cases of Pyrexia of Unknown Origin ( P.U.O. ) at first IRC on 22nd & 23rd Feb.2011 at University. 1st prize for poster presented,
2.	Dr. Darshan S. Thakare, P.G. Student (Jr. III), Dept. of ENT, K.H. & M.R.C., Karad.,	MENTCON 2011, Annual Conference of Maharashtra State, Amravati. Reading a scientific paper – “Management of Orbital Complications of Acute Frontal Sinusitis” – A Case Series (Best OG Paper Award (First Prize), 25th to 27th Nov 2011

3.	Dr. A. G. Bhosale	1. Best Anaesthesiologist award for best public awareness program State conf MISACON 2010 2. Best President, IMA award 2011 3. Best Anaesthesia practitioner AYUSHUM, 2011
4.	Dr. M. P. Ambali	1. Best paper in Interdisciplinary research conference, Karad (1st prize) Feb, 2011 2. Best Teacher award on 5/9/2011 KIMSDU, Karad.
5.	Dr. K. B. Wagh	First prize for paper entitled “Microbiological study of discharging otitis media in and around Karad” presented at first IRC on 22nd & 23rd Feb. 2011 at KIMSDU
6.	Dr. P. M. Somade	“Pradnywant Award” for contribution to educational field. 2011
7.	Dr. P. M. Durgawale	Fellowship was awarded by Society of Biological Scientists of India (SOBSI), Dahradum 27th, 29th Jan. 2012
8.	Dr. C. C. Khanwelkar	Favourite Teacher Award 2012
9.	Dr. N. J. Patil, Dr. Deepti Mankar	“Diagnosis of Gouty Tophi on Fine Needle Aspiration In A Clinically Unsuspected Case.” (Presented in CYTOCON 2012 at Bhubhaneshwar, Orrisa, 29th Nov To 4th December 2012.
10.	Dr. Mrs. Smita Javadekar	Second Prize, Three Papers Published in one year in International Journals (KIMSDU, Karad on 5th Sept., 2013)
11.	Dr. Santosh S. Patil	First prize for paper entitled “ DNA Fingerprinting of Mycobacterium Tuberculosis Isolates by Random Amplified Polymorphic DNA (RAPD) Analysis.” in Immunology and Molecular biology section at XIX th Maharashtra Chapter Conference of IAMM at AFMC ,05 - 06 Oct. 2013.
12.	Dr. R. V. Mohite	Six Papers Published in one year in International Journals (KIMSDU, Karad, 5th Sept.,2013)
13.	Dr. Ankit Sharma	Best paper Award Title : Subnormal vision in uneventful cataract surgery at and after 6 week postoperatively (Bell Pharma Award –Prize Winner of MOSCON 2013, NAGPUR) 26th Oct., 2013
14.	Dr. V. M. Thorat	Favourite Teacher Awards 2013

15.	Dr. Akash Jain	PG Quiz Competition –State level conference – UP PATHCON -2013 – Secured Second Prize.
16.	Dr. Santosh S. Patil	First prize for paper entitled “DNA Fingerprinting of Mycobacterium Tuberculosis Isolates by Random Amplified Polymorphic DNA (RAPD) Analysis.” In Immunology and Molecular biology section at XIX th Maharashtra Chapter Conference of IAMM at AFMC, 05 to 06 Oct. 2013.
17.	Dr. Neha Goel	Paper presentation in CME Title : Role of colour Doppler cerebral and umbilical arterial blood flow velocity in normal and growth restricted pregnancy. Awarded 3rd prize for paper presentation At CME ( AICC-RCOG) Western Zone Kolhapur, 24th & 25th August, 2013
18.	Dr. Neha Goel	Paper presentation in CME Title : Role of colour Doppler cerebral and umbilical arterial blood flow velocity in normal and growth restricted pregnancy. Awarded 3rd prize for paper presentation At CME ( AICC-RCOG) Western Zone Kolhapur, 24th & 25th August, 2013
19.	Dr. Ajit V. Sontakke	Best Teacher Award 2013-14 and 2014-15
20.	Dr. Rajashree Bhosale	Paper presentation in CME Title : Prevalence of neural tube defect in KIMSDU in 1 year, Awarded 3rd prize for paper presentation at CME ( AICC-RCOG) Western Zone, Kolhapur, 24th & 25th August, 2013.
21.	Dr. Navina Singh	Poster Presentation Title:A Rare Case of Bilateral Hydrosalpinx Best Poster presentation at CME (AICC-RCOG) Western Zone Kolhapur, 24th & 25th August, 2013
22.	Dr. D. P. Javdekar	Best Teacher Award Teacher day at KIMSDU, Karad, 5th Sept., 2013
23.	Dr. Vinayak Panchgar ( IIST year PG)	Best Paper Award for paper presentation In the Conference of Deccan Surgical Society held on 24th Feb, 2013 at KIMSU, Karad. Paper “Self Brewed side port assembly to convert intravenous canula into nerve stimulator needle”

24.	Dr. V. K. Dhulkhed	Selected for Fellowship of Indian College of Anesthesiology 28th May 2014
25.	Dr. C. C. Khanwelkar	Favourite Teacher awards 2014
26.	Dr. J. M. Bairagi,	Best Oral Paper awards – 4 <sup>th</sup> IRC March 2014
27.	Dr. Pavan Dhulkhed IIIrd year PG student	2nd Best Paper Award in free paper category and cash prize in the conference “Self Brewed side port assembly to convert intravenous cannula into nerve stimulator needle” At KISACON 2015 at SDM medical college, Dharwad 9th to 12th Oct 2014
28.	Dr. Avinash, ENT	Best PG Paper Award CME, Deccan Surgical Association KIMSDU, Karad, 2nd March, 2014
29.	Dr. Nayani Zainab	Trial of Vaginal delivery in previous one caesarian section. Scientific paper presentation at CME/Workshop Infertility Best Management Practices – 2014, Satara Secured 1st Rank, 7th June, 2014
30.	Dr. Navina Singh	Ovarian torsion Treatment step by step by laparoscopy. Best paper presentation at CME/Workshop Infertility Best Management Practices – 2014, Satara Secured 2nd Rank, 7th June, 2014
31.	Dr. Sneha Nagar	Comparison study between Low dose aspirian and LMWH Vs/ Low dose aspirian in recurrent preg. loss at. Best paper presentation at CME/Workshop Infertility Best Management Practices – 2014, Satara Secured 3rd Rank, 7th June, 2014
32.	Dr. Pawan Dhulkhed, 3rd Yr. P.G. Student, Dept. of Anaesthesiology, K.H. & M.R.C., Karad	2 <sup>nd</sup> Prize, KISACON 2014, 30th Annual State Conference of Karnataka Indian Society of Anaesthesiologist, SDM Medical College and Hospital, Dharwad, Paper Presentation - A Prospective randomised clinical trial for comparison of two techniques of insertion of proseal laryngeal mask airway in adults - index finger insertion technique versus 90 degree rotational technique awarded 9th to 12th Oct. 2014

33.	Dr. Samkit Shah, P.G. Resident, Dept. of Dermatology, K.H. & M.R.C., KIMSDU, Karad.	IADVL MIDDERRMACON 2014, Aurangabad, Paper Presentation - Safety and efficacy profile of oral cyclosporine versus oral methotrexate versus oral acitretin in psoriasis vulgaris - A Prospective investigator blind randomized controlled comparative study. Best Award Paper E-Poster Presentation - 1) 'Lichenoid Eccrine angiomatous hamartoma - A New Variant' 2) "Acute syndrome of Apoptotic Pan-Epidermolysis" 15th to 17th Aug. 2014
34.	Dr. Snehal Surana. Jr. Resident II, Dept. of Paediatrics, K.H. & M.R.C., KIMSDU, Karad.	NEOCON 2014 Mumbai & Navi Mumbai, Poster Presentation - First Prize Otocephaly - Dysgnathia Complex with Transposition of Gn Arteries - A Rare Case 7th to 9th Nov. 2014
35.	Dr. Swati Chidre under guidance of Dr. Smita Javadekar/D. K. Sinal/Dr. Paranjape	Prize of Runner Up Title : Subhyaloid Hemorrhage in pregnancy induced hypertension : Need for Ophthalmic intervention postoperatively, Hotel Le Meridien, Pune on 7 <sup>th</sup> National Conference of Ophthal Society, Foregight – 27 <sup>th</sup> TO 28 <sup>th</sup> Dec. 2014
36.	Dr. Prithvi IIIrd year PG student	Best Paper Award for paper presentation & Trophy. (First Prize) in 4th Interdisciplinary Research conference conducted by school of Dental sciences, KIMSU, Karad. "A randomized controlled study of the intravenous paracetamol as a pre-emptive analgesia in patients undergoing abdominal hysterectomy under spinal anesthesia" 3rd to 5th March, 2014
37.	Dr. Sunil V. Jagtap, Dr. Shrutika Dhawan	Presented a poster paper – "Pure Embryonal Carcinoma of Testis Presenting with Distant Metastasis" 2nd prize at 6th ISOP 2015 (6th International Seminar on Recent Advances in Oncopathology, at Dr. D. Y. Patil University, Kolhapur on 4th and 5th Jan. 2015
38.	Dr. Harsimran Kaur	Paper presented in DERMACON 2015 National Conference, Mangalore, 1st prize on 12th to 15th Feb. 2015

39.	Dr. Mit Mehta	Secured Gold Medal for best paper. Title: Ocular manifestation of Head and neck malignancies primary and metastatic at surgical CME on 22nd Feb. 2015 at KIMS, Karad.
40.	Dr. Avinash Marutirao Mane, Assist Professor, Dept. of Pathology, KIMS KIMSDU, Karad.	Award - 1st Prize 33rd Annual National CME in Pathology, Belagavi Poster Presentation - Hypoplastic Left Heart Syndrome - A Rare Congenital Anomaly as a Cause of Fetal Death 3rd to 6 June 2015

<b>List of Dental Staffs and Students Award</b>		
<b>Sr. No.</b>	<b>Name of Staffs</b>	<b>Details of Award</b>
1.	Dr Ashish Medha	Best article of the year award in 2011 by IDA for article in Journal "Dental Dialouge"
2.	Dr. Rushikesh Mahaparale	Best article of the year award in 2011 by IDA for article in Journal "Dental Dialouge"
3.	Dr. Pratap Mane	1st prize for best paper presentation at VPDC – Sangli in 7th scientific convention for paper presentation on Lingual orthodontics.
4.	Dr. Sidharth Varma	1st Prize in Paper Presentation at IRC-3, KIMSDU, Karad, 2013 for paper titled. No pain we gain: Effectiveness of a novel topical anesthetic gel in patients undergoing nonsurgical periodontal therapy
5.	Dr Abhijeet Kore	Best Paper award at Interdisciplinary research conference, KIMSDU, Karad in March 2013.
6.	Dr Pinky Mathur	Best Paper award at 41st IPS national Conference on 13th Nov. 2013 at Ahmedabad
7.	Dr. Prashant A. Punde. Senior Lecturer	Guided Scientific paper on 'LASER in Oral & Maxillofacial Surgery' presented in RACE National level multidisciplinary conference organized by Bharati Vidyapeeth University dental College & Hospital, Pune on 8th - 9th March 2014, awarded as 2nd Best Student Scientific Paper.

8.	Dr. Harsh Patwardhan 3rd year PG	1st prize for An Invitro Comparison of three electronic apex locators in presence of 3% sodium hypochlorite. (paper) at IRC 2014, KIMSDU Karad.
9.	Dr. Ajay Nayak	1st prize in Scientific paper presentation, 4th IRC KIMSDU, Karad, 2014
10.	Dr. Wasim Kamate	<p>1. First prize scientific paper presentation in XXII National Conference IAOMP; Mumbai on 8th to 10th November, 2013</p> <p>2. First prize in scientific paper presentation at Conference RACE, Bharati Vidyapeeth University Dental College And Hospital; Pune on 7th to 9th March, 2014</p> <p>3. Best review paper in student paper category at XXIII National Conference IAOMP; Bangalore on 28th to 30th November, 2014</p> <p>4. First prize scientific paper presentation at 53rd Maharashtra State Dental Conference; Panchgani</p>
11.	Dr. Rashmi Gangavati	3rd prize in paper presentation at 53rd Maharashtra State Dental Conference, Panchgani held on 12, 13 and 14 December 2014.
12.	Dr. Sonali Sankpal	2nd prize in paper presentation at 53rd Maharashtra State Dental Conference, Panchgani held on 12, 13 and 14 December 2014.
13.	Dr. Vinit Patil	2nd prize in poster presentation at 53rd Maharashtra State Dental Conference, Panchgani held on 12, 13 and 14 December 2014
14.	Dr. Humeera Mulla	1st prize in poster presentation at 53rd Maharashtra State Dental Conference, Panchgani held on 12, 13 and 14 December 2014.

List of Physiotherapy Staffs and Students Award		
Sr. No.	Name of Staffs	Details of Award
1.	Dr. Amrutkuvar Pawar	Award for best paper presentation in 2nd Interdisciplinary Research Conference held at KIMSDU, Karad on 16th and 17th March 2012. - Comparative effectiveness of Mulligan's traction straight leg raise and bent leg raise in low backache with radiculopathy- randomized clinical trial
2.	Dr. Ranjita Jadhav	First prize for presentation of research protocol in the certificate course in Research Methodology held at KIMSDU, Karad, on 22nd February to 3rd March 2012.
3.	Dr. Vaishali Jagtap, Clinical Therapist	Best paper presentation in 3rd Interdisciplinary Research Conference held at KIMSDU, Karad on 1st & 2nd March 2013 – Effect of Mechanical Traction in Osteoarthritis Knee – RCT
4.	Dr. Javid Sagar, Associate Professor	First prize award received for scientific paper presentation in Indian Association of Physiotherapist for “Effect of Incentive Spirometry actual coastal Expansion in Patient with upper abdominal surgery” 14th & 16th Feb. 2014.

**3.4.6 Indicate the average number of post graduate and doctoral scholars guided by each faculty during the last four years.**

As per rule the respective council have permitted teacher post graduate student ratio as follows-

- **1:2 for Professor,**
- **1: 1 for Associate Professor**
- **For PhD supervisor the ratio is 1:5**

**3.4.7 What is the official policy of the university to check malpractices and plagiarism in research? Mention the number of plagiarism cases reported and action taken.**

It is mandatory to take the approval of protocol committee and institutional ethics committee before starting any project to prevent malpractices, plagiarism in research and to promote healthy practices.

Krishna Institute of Medical Sciences University, Karad is a member of Committee on Publication Ethics' [COPE] and follows all guidelines of COPE regarding the publication ethics and **no malpractice is observed till date.**

**3.4.8 Does the university promote interdisciplinary research? If yes, how many interdepartmental / interdisciplinary research projects have been undertaken and mention the number of departments involved in such endeavours?**

**The University promotes Interdisciplinary and interdepartmental research by Promoting the faculty and students to take up joint research projects.** The details of projects are mentioned below

**Dr. A. K. Pratinidhi (Director of Research)**

1. "Field Testing of Appropriate Technology Tools for Monitoring of Slow Progress of Labour and Growth of LBW Babies below 2500gm at PHC/RH Level" [PSM, Ob/Gynaecology, Paediatrics and Nursing]
2. Sample Survey for Estimating the Burden of Intestinal Worm Infestation in Satara District, [PSM and Microbiology]
3. "Development of Individualized Colour Coded Any Day Growth Monitoring Charts for Young Infants at Primary Health Care Workers" [PSM, Paediatrics and Nursing]
4. "Feasibility of Cervical and Breast Cancer Screening (FCBS) and Mobile Medical Intervention (MIM) in Karad Taluka of Satara district, Maharashtra" [PSM, Ob/Gynaecology, Surgery, Pathology and Nursing]

**Dr. P. M. Durgawale**

1. "Establishment of Krishna – Health and Demographic Surveillance System in Karad Taluka" [PSM and Nursing]

**Dr. Sachin Gugwad & Dr. Kailash Datkhile**

1. MiRNA profiling of human exfoliated deciduous teeth (SDS & genetics Lab)

**Dr. Sachin Gugwad & Dr. Javeed Sagar**

1. To access the pre and post oral hygiene maintaining ability through brushing technique in children with upper extremity disabilities undergoing physiotherapy strengthening (School of Dental Sciences & Physiotherapy)

**Dr. Nupura Vibhute & Dr. Kailash Datkhile**

1. Comparative evaluation of Genetic Polymorphism of oxidative stress related genes in potentially malignant disorders and squamous cell carcinoma patients. (School of Dental Sciences & Genetics Lab)

**Dr. Ashwini Rani & Dr. Smita Kanase**

1. A comparative study of effect of physical therapy and pharmacotherapy in patients with trismus – RCT (School of Dental Sciences & Physiotherapy)

**Dr. Kailash Datkhile & Dr. Varadharajulu G Mandiri.**

1. The spectrum of dystrophin gene mutation in Duchene Muscular Dystrophy patients of South western Maharashtra ((Genetics Lab & Physiotherapy)

The University organizes a Interdisciplinary Research Conference with a common theme every year with the objective to promote a interdisciplinary research environment. So far five such conferences are successfully completed.

**3.4.9 Has the university instituted any research awards? If yes, list the awards.**

Yes, the following awards are given every year for the staff and the Students at University.

- Maximum publications of original articles in the journals indexed in International indexing bodies such as Scopus, Pub Med and Index Copernicus.
- Best paper awards for faculty for each of the constituent faculties of KIMSDU, Karad namely KIMS, SDS, KCPT, KINS, KCBB  
Best paper awards for PG students for each of the constituent faculties of KIMSDU, Karad namely KIMS (Medicine and allied group, Surgery and allied group, other subjects category) SDS, KCPT, KINS, KCBB

**3.4.10 What are the incentives given to the faculty for receiving state, national and international recognition for research contributions?**

The university promotes and recognizes the faculty by

- **Providing support in terms of leave and monetary reimbursement (registration fee, TA and DA) to the faculty presenting scientific papers at conferences**
- **Encourage participation in conferences by providing special leave**
- **Monetary incentive for publication in national and international peer reviewed journals**

- Faculty from each fraternity with maximum publications are awarded. Recognition of the teacher with maximum publication in each faculty on teacher's day celebration.
- The incentives and reimbursements for publication of original articles, books, monographs, patents and copyrights are given as follows-

Incentive Policy for Publications of Original Research Paper / Monograph / Patents / Copyright / Books		
Sr. No.	Type of Publication	Incentives for Revised Policy (Rs.)
1	Indexed National Journal	3500
2	International Journal Indexed in World Health Organization (HINARI) International Committee of Medical Journal Editors (ICMJE) World Wide Science Organizations (WWSO) Directory of Open Access Journals (DOAJ)	5000
3	International Journal Indexed Index Copernicus	7500
4	Journal Indexed in Scopus/ Pub Med	10000
5	Indexed International Journal with impact factor <sup>@</sup> more than one up to three	
A	Journal indexed in other than Scopus /PubMed	17500
B	Journal indexed in Scopus /PubMed	20000
6	Indexed International Journal with impact factor <sup>@</sup> three and above	
A	Journal indexed in other than Scopus /PubMed	32500
B	Journal indexed in Scopus /PubMed	35000
7	Original Monograph	10000
8	Monograph from old dissertations by student / guide	5000
9	Original Article / Monograph from old dissertations by other than student /guide	5000 plus third authorship
10	Patents	
	Application	Institutional support
	Approval	10000
11	Copyright	

	Application	Institutional support
	Approval	5000
12	Books (Textbook, Reference book)	
	Publication	Institutional support
	On Sell	15% Royalty

@ Indexed International Journal with impact factor By Thomson Reuters

- The profile of distinguished researchers is displayed on the University website.
- The letter of appreciation under the signature of Hon'ble Vice Chancellor is ceremonially conferred

#### 3.4.11 Give details of the postgraduate and research guides of the institution during the last four years.

Details of the postgraduate and research guides of the institution are given below

Subject wise List of PG students and Guides (2011-2012)	
Name of Student	Name of Guide
<b>MD Pharmacology</b>	
Dr. Pavan Vitthal Dhoolkhed	Dr.Sujata Jadhav
Dr. Bairagi Jaideep Manik	Dr.V.M. Thorat
<b>MD Pathology</b>	
Dr. Anuya S. Badwe	Dr.S.R.Desai
Dr. Sandeepan Halder	Dr.S.V.Jagtap
Dr. Vasim Gulam Mohiddin Khatib	Dr. J.V.Wader
Dr. Deepti Vijay Mankar	Dr. N. J. Patil
Dr. Neha J. Gajbi	Dr. V.A.Mane
Dr. Avinash M. Mane	Dr. S.R. Kanetkar
Dr. Vijay Kumar	Dr. R. M. Oswal
Dr. Akash Jain	Dr. Mahendra Patil

<b>MD Medicine</b>	
Dr. Panpalia Nikhil G.	Dr. Mrs. S.S. Kulkarni
Dr. Shirish Agrawal	Dr. Mrs. M. M. Kale
Dr. Galande Chetan Jayant	Dr. R. R. Desai
Dr. Lakhotia Akshay Navalkishor	Dr. S. A. Lomate
Dr. Amit A. Bharadiya	Dr. A. P. Patil
Dr. Ameya A. Patil	Dr. S. C. Aundhakar
Dr. Utkarsh Goel	Dr. V.E. Redkar
Dr. Vikrant Vineet Mahajani	Dr. S. C. Aundhakar
Dr. Choraria Kushal	Dr. S. T. Thorat
<b>MS Surgery</b>	
Dr. Aditya R. Punamiya	Dr. P. G. Chougule
Dr. Prasad Bane	Dr. S. R. Yadhav
Dr. Ashish Bhaskarrao Garje	Dr. Shivaji Vanjari
Dr. Sunny Lalit Agarwal	Dr. Sachin Pawar
Dr. S. Fareed – Ul – Hameed	Dr. S.R. Kulkarni
Dr. Patil Rahul Kalyanrao	Dr. A. Y. Kshirsagar
Dr. Umesh M. Avarade	Dr. Anil Huddedar
Dr. M. Arafath Natchiar	Dr.P.G. Chougule
Dr. Thakur Vimal Singh	Dr. Shantanu Kulkarni
Dr. Barve Pnandurang Suresh	Dr. Hemant Janugade
<b>MS Obs./Gyn.</b>	
Dr. Shah Shikha Viren	Dr. Mrs. Supriya Patil
Dr. Neha Goel	Dr. R. P. Patange
Dr. Pallavi D. Pandey	Dr. S. S. Patil
Dr. Shah Zeel	Dr. N. S. Kshirsagar
Dr. Dilip Kathiriya M.	Dr. Yamini Patil
Dr. Viral Sheth	Dr. R. P. Patange
DGO	
Dr. Dip R. Gajiwala	Dr. Mrs. Supriya Patil

Dr. Mamtora Jayesh Bhagwandas	Dr. N. S.Kshirsagar
<b>MD Pediatrics</b>	
Dr. Jitendra Kumar	Dr.Joag G. G.
Dr. Basu Sangeeta	Dr. Kshirsagar V.Y.
Dr. Colaco Sylvia Michael	Dr. Kshirsagar V.Y.
Dr. Basaveshwar Uttam Patil	Dr. Aundhakar C.D.
<b>DCH</b>	
Dr. Sanket Dhirajlal Makadiya	Dr. Potdar V.R.
Dr. Niravkumar Vitthalbhai Patel	Dr. Agarwal R.B.
<b>MD Radiology</b>	
Dr. Tiwari Megha Shivapal	Dr. Pramod Shah
Dr. Jain Dhruv Dinesh	Dr. K. Sahoo
<b>DMRD</b>	
Dr. Divya Bansal	Dr. K. Sahoo
Dr. Mukesh Sharma	Dr. Pramod Shah
<b>MS Orthopedics</b>	
Dr. Ketan Gupta	Dr. P. N. Kulkarni
Dr. Ajay Jaiprakash Mundada	Dr. Paresh Patil
<b>D'Ortho</b>	
Dr. Siddharth Ashok Shah	Dr. P. N. Kulkarni
Dr. Jagtap Kedar Pandurang	Dr. Paresh Patil
<b>MD Anesthesia</b>	
Dr. Lokesh	Dr. P. B. Jamale
Dr. Vinayak Ningappa Panchgar	Dr. A. V.Nadkarni
Dr. Prutvi V. Shetty	Dr. Vitthal Dhulkhed
<b>DA</b>	
Dr. Kirti S. Gujarkar	Dr. P. B. Jamale
Dr. Shikha Ashok Agrawal	Dr. Vitthal Dhulkhed
Dr. Dipti Raj	Dr. A. V. Nadkarni

<b>MS ENT</b>	
Dr. Avinash	Dr. Havle Abhay
Dr. Santosh Malashetti	Dr. Karmbelkar Rajesh
<b>MD Dermatology</b>	
Dr. Amitoj Garg	Dr. M. S. Kale
Dr. Saumya M. Shetty	Dr. Mrs. V. P. Jamale
<b>MS Ophthalmology</b>	
Dr. Kena Prakash Joshi	Dr. D. K. Sindal
Dr. Ankit Sharma	Dr. Vijay Karmbelkar

<b>Subject wise List of PG students and Guides (2012-2013)</b>	
<b>Name of Student</b>	<b>Name of Guide</b>
<b>MD Anatomy</b>	
Dr Thorat Milind Marutrao	Dr R J Patil
<b>MD Pharmacology</b>	
Dr. Sunil Gidamudi	Dr.Mrs S A Jadhav
Dr. Rohit Desai	Dr.Mrs C C Khanwelkar
Dr Pawar Mahendra Ashok	Dr V M Thorat
<b>MD Pathology</b>	
Dr. Anita Gupta	Dr.Nanda Patil
Dr. Saket Kumar	Dr.Sangeeta Pawar
Dr. Parnika Garg	Dr.Ajay Shedage
Dr. Joshi Shweta Sainath	Dr. Jyotsna Wader
Dr. Alok Kumar Yadav	Dr.Sandeep Yadav
Dr. Shukla Dhirajkumar Buddhiram	Dr. Sunil Jagtap
Dr. Bisht Tasneem Vikramsingh	Dr. Sujata Kanetkar
<b>MD General Medicine</b>	
Dr Desai Neeraj Ajit	Dr. Mrs. S.S. Kulkarni
Dr. Mehul Popatlal Oswal	Dr. Mrs. S C Aundhakar
Dr. Varun Jain	Dr. R. R. Desai
Dr. Pawar Komal Channappa	Dr. R R Desai

Dr. Agrawal Sumit Suresh	Dr. S T Thorat
Dr. Rishu Garg	Dr.Mrs. M M Kale
Dr. Patil Nitin Narayan	Dr. A P Patil
Dr. Chaudhary Vinit Ramesh	Dr. V E Redkar
Dr. Kshirsagar Ketan Ravindra	Dr. S. A Lomate
<b>MS General Surgery</b>	
Dr.Vekariya Mayank Aravindbhai	Dr Chougule P G
Dr. Patankar Ritvij Ramprasad	Dr. Chougule P G
Dr. Sandeep Gupta	Dr A Y Khirsagar
Dr. Vaibhav Gupta	Dr. S R Kulkarni
Dr. Shaikh Ashar Rafeeqe Aseefa	Dr. Janugude Hemant
Dr. Chaudhari Ronakkumar Dilipbhai	Dr. Kanase V V
Dr. Abhishek Mahna	Dr. Sachin Pawar
Dr. Pednekar Akshay Sudhir	Dr Shantanu Kulkarni
Dr. Tejas S Chincholi	Dr. Huddedar A D
Dr. Kishor Vitthal Bandagar	Dr. Vanjari S
<b>MS Obs./Gyn.</b>	
Dr. Bhosale Rajshree Babasaheb	Dr. Sanjay Patil
Dr. Nayani Zainab Shabbirali	Dr Pravinchandra Hendre
Dr. Nagar Sneha Fatahchand	Dr.Mrs. Anjali Patil
Dr.Navina Singh	Dr. R P Patange
Dr. Nayak Rita Gajanan	Dr. Yamini Patil
Dr. Nimbalkar Pranjal Sanjay	Dr. Mrs. Supriya Patil
Dr Kadam Digvijay Appasaheb	Dr N S Kshirsagar
<b>DGO</b>	
Dr. Rathi Gaurav Prakashbhai	Dr. R P Patange
Dr. Khandekar Komal Nitin	Dr. N. S.Kshirsagar
<b>MD Pediatrics</b>	
Dr. Sunil B Rodagi	Dr.Potdar V R
Dr. Kaustubh Ulhas Bahatkar	Dr. Aundhakar C D

Dr Padiyar Mohammed Shahid	Dr. Potdar V R
Dr. Anand Patil	Dr. Pawar J M.
Dr Sharanabasav Kirdi	Dr Langade R A
Dr. Jeswani Deepak Himatlal	Dr Joag G G
<b>DCH</b>	
Dr. Gandhi Chintan Kirtibhai	Dr. Kshirsagar V Y
Dr. Patil Shriganesh Vasudeo	Dr. Agarwal R.B.
<b>MD Radiology</b>	
Dr. Ashima Mahajan	Dr. (Brig) K Sahoo
Dr. Neeraj Wadhwa	Dr.(Brig) K Sahoo
Dr Kothari Nupoor Prakash	Dr Pramod Shah
Dr Jadhav Avadhoot Vijaysingh	Dr Pramod Shah
<b>DMRD</b>	
Dr. Kapil Babbar	Dr. N E Naphade
Dr. Gadhekar Rohan Hanumant	Dr. Pradeep Patil
<b>MS Orthopedics</b>	
Dr. Shah Mandar Suresh	Dr. P. N. Kulkarni
Dr. Desai Nagesh Rajendra	Dr. Sandeep Patil
Dr Patel Niravkumar sureshbhai	Dr Paresh Patil
Dr Kulkarni Himanshu Gurunath	Dr Vilas S Mane
<b>D'Ortho</b>	
Dr. Rohit Bajpai	Dr. S D Takale
Dr. Katariya Jeetendra Prakash	Dr. V A Satre
<b>MD Anesthesia</b>	
Dr. Pavan Dhulkhed	Dr. P. B. Jamale
Dr. Kadam Amit Balaram	Dr. P. B. Jamale
Dr. Shruti Bhatkhande	Dr. Vitthal Dhulkhed
Dr. Bhuvna Ahuja	Dr. A. V. Nadkarni
Dr Gujarathi Amrish Dattatray	Dr. A. V. Nadkarni
Dr. Sunil V Khyadi	Dr. Vitthal Dhulkhed

<b>DA</b>	
Dr. Mouneshwar Koppad	Dr. S S Kulkarni
Dr. Sweta G S	Dr. N V Kanse
<b>MS ENT</b>	
Dr Purohit Gautam Sanjay	Dr. Rajesh Karambelkar
Dr. Jain Vishal Vasant	Dr. A D Havle
<b>MD Dermatology</b>	
Dr. Shah Samkit Satish	Dr. Mohan. S. Kale
Dr. Tapdia Ravikumar Satyanarayan	Dr. Mrs. Varsha. P. Jamale
<b>MS Ophthalmology</b>	
Dr. Mehta Mit Abhaykumar	Dr Vijay Karambelkar
Dr.Khatiwala Rakhee Bhadrash	Dr. D K Sindal

<b>Subject wise List of PG students and Guides (2013-2014)</b>	
<b>Name of Student</b>	<b>Name of Guide</b>
<b>MD Pharmacology</b>	
Dr. Abhay Purohit	Dr. C. C. Khanwelkar
<b>MD Pathology</b>	
Dr. Shardha Dilip Sarada	Dr. Sujata Kanetkar
Dr. Sneha Saini	Dr. Sujata Kanetkar
Dr. Atul Beniwal	Dr. Ramesh Oswal
Dr. Sonu Mavi	Dr. Mrs. J.V. Wader
Dr.Thakkar Hardik N.	Dr. Mahendra Patil
Dr. Neerav Saini	Dr. S. V. Jagtap
Dr. Shah Heena Pradeep	Dr. Mrs. N. J. Patil
Dr. Dhawan Shrutika Dattatraya	Dr. Vijay Mane
<b>MD General Medicine</b>	
Dr. Bhattad Prashant Harish	Dr. S. C. Aundhakar
Dr. Mahajani Anup Vineet	Dr. S. C. Aundhakar
Dr. Jatal Supriya Sopanrao	Dr. S. S. Kulkarni
Dr. Chaudhari Sumit Dilip	Dr. S. A. Lomate
Dr. Rajput Amardip K.	Dr. S. A. Lomate
Dr. Kulkarni Chinmaya Jagdish	Dr. S. T. Thorat

Dr. Bangar Kushal Daivavan	Dr. A P Patil
Dr. Bheemanthini Kiran Babu	Dr. V. Deokar
Dr. Jabbar Valisha Desai	Dr. V. E. Redkar
<b>MS General Surgery</b>	
Dr. Agarwal Aamn	Dr. P. G. Chougule
Dr. Ujwal Kumar	Dr. S. R. Kulkarni
Dr. Panicker Shruti Chidambaran	Dr. S. J. Bhosale
Dr. Basavraj Nagur	Dr. Hemant Janugade
Dr. Savsaviya Jigneshkumar K.	Dr. A. Y. Kshirsagar
Dr. Aditya Shekhar Phadke	Dr. Huddedar
Dr. Chotai Trishant Jaykar	Dr. S.L.Pawar
Dr. Mahesh Reddy S.	Dr. V. V. Kanase
Dr. Sangeeta Babu Biradar	Dr. Shantanu Kulkarni
Dr. Kabra Madhavendra Varadraj	Dr. Naniwadekar R. G.
<b>MS Obs./Gyn.</b>	
Dr. Kruthika R. S.	Dr. N. S. Kshirsagr
Dr. N. S. Kshirsagr	Dr. Y. S. Patil
Dr. Prerna Goel	Dr. Praveen Hendre
Dr. Ohri Shrikant	Dr. Anjali Patil
Dr. Richa Priyamvada	Dr. R. P. Patange
Dr. Nivedita	Dr. Supriya Patil
Dr. Apurva	Dr. S. S. Patil
<b>DGO</b>	
Dr. Kanak Mishra	Dr. N. S. Kshirsagar
Dr. Jadhav Indraneel Ashok	Dr. R. P. Patange
<b>MD Pediatrics</b>	
Dr. Surana Snehal Satish	Dr. C. D. Aundhakar
Dr. Dagar Jaiom	Dr. C.D. Aundhakar
Dr. Prakhar Mohaniya	Dr. V. R. Potdar
Dr. Galgali Amit D.	Dr. (Mrs.) R.A. Langade
Dr. Patil Rakesh Ravindra	Dr. J. M. Pawar
Dr. Siddharth Singh	Dr. G. G. Joag
<b>DCH</b>	
Dr. Archana Vilas Patil	Dr. D.B. Potdar

Dr. Kulkarni Nikhil Chittaranjan	Dr. Amol D.Bhoi
<b>MD Community Medicine</b>	
Dr. Sharmishta Ishwara Yadav	Dr. P. M. Durgawale
<b>MD Radiology</b>	
Dr. Ashish Garg	Dr. (Brig) K. Sahoo
Dr. Vinay Raj	Dr. Pramod Shah
Dr. Dodia Jainesh	Dr. Pramod Shah
Dr. Bhairagond Shweta	Dr. (Brig) K. Sahoo
<b>DMRD</b>	
Dr. Sanober Majid	Dr. Ninad Naphade
Dr. Shamika Sanjay Wagh	Dr. Ninad Naphade
<b>MS Orthopedics</b>	
Dr. Koli Vaibhav Jagannath,	Dr. P. N. Kulkarni
Dr. Gor Rupesh Arvindbhai,	Dr. R. B. Gunaki
Dr. Shah Jimit Deepak	Dr. Paresh Patil
Dr. Date Sudeep Umesh	Dr. Sandeep Patil
<b>D'Ortho</b>	
Dr. Lal Aayush Rajiv	Dr. Vilas Mane
Dr. Ravindra Gokul Chouhan	Dr. V A Satre
<b>MD Anesthesia</b>	
Dr. Amit Kumar	Dr. A. V. Nadkarni
Dr. Anmol Kambow	Dr. A. V. Nadkarni
Dr. Kale Dhanashree Mahadeo	Dr. Vithal Dhulkhed
Dr. Arif Sohaib	Dr. Vithal Dhulkhed
Dr. Karande Piyush C.	Dr. P. B. Jamale
Dr. Khot Aditya Anil	Dr. P. B. Jamale
<b>DA</b>	
Dr. Kirti Singh	Dr. Mrs. S. S. Kulkarni
Dr. Harish Nadagoudar	Dr. V. N. Joshi
Dr. Nadkarni Sushrut Sunil	Dr. Mrs. N. V. Kanase
<b>MS ENT</b>	
Dr. Bagwe Vikrant Vijay	Dr. R. A. Karambelkar
Dr. M. D.Fazal Ahmed	Dr. A D Havle

<b>MD Dermatology</b>	
Dr. Arora Tunika	Dr. Mohan. S. Kale
Dr. Makkar Harsimran Kaur	Dr. Mrs. Varsha. P. Jamale
<b>MS Ophthalmology</b>	
Dr. Chidre Swati Ashok	Dr. Mrs. Smita Javadekar
Dr. Pradhan Viraj	Dr. Vijay Karambelkar
<b>MD Biochemistry</b>	
Dr. Krishnaji Laxman Garud	Dr. Ajit Sontakke

<b>Subject wise List of PG students and Guides (2014-2015)</b>	
<b>Name of Student</b>	<b>Name of Guide</b>
<b>MD Pharmacology</b>	
Dr. Seshla Sadanandan	Dr. Mrs. Sujata Jadhav
<b>MD Pathology</b>	
Dr. Vidya Cahandrashekhar Aher	Dr. Jagtap s. V.
Dr. Manish Barnawal	Dr. Wader J. V.
Dr. Patel Pankti Mahendrakumar	Dr. Kanetkar S. R.
Dr. Atul Bhanudas Hulwan	Dr. Wader V. S.
Dr. Bonde Vijay Subhashrao	Dr. Patil N. J.
Dr. Khandelwal Ritvik Sanjay	Dr. Oswal R. M.
Dr. Rakesh Bhagwan Demde	Dr. Mane Vijay A.
Dr. Kale Pradnya Pandurang	Dr. Kanetkar S. R.
<b>MD General Medicine</b>	
Dr. Shah Bhavik Shashikant	Dr. S. C. Aundhakar
Dr. Jayesh Shetye	Dr. V. C. Patil
Dr. Rao Shruti Suresh	Dr. S. A. Lomate
Dr. Desai Aken Sanjay	Dr. V. E. Redkar
Dr. Bahulekar Ajinkya Rajeev	Dr. Mrs. S. S. Kulkarni
Dr. Paritosh Desai	Dr. V. V. Deokar
Dr. Omkar R. Patil	Dr. S. T. Thorat
Dr. Kandagatla Srikant Sudarshan	Dr. P. G. Phatak
Dr. Prajapati Piyushkumar Kanjibhai	Dr. S. C. Aundhakar
Dr. Ayyanagouda S. Biradar	Dr. N. N. Jadhav
Dr. Shivaraj Afzalpurkar	Dr. S. V. Gosavi

Dr. Gandhi Saurabh Atul	Dr. S. A. Lomate
Dr. Warghane Pradip Chindhuji	Dr. Jayant Golwalkar
<b>MS General Surgery</b>	
Dr. Yash Pandey	Dr. V. V. Kanase
Dr. Roshan Chiranjeev	Dr. A. Y. Kshirsagar
Dr. Hrishikesh Deka	Dr. Suresh Bhosale
Dr. Neville Hoshedar Tata	Dr. Chougule P. G.
Dr. Bhushan Dilip Shinde	Dr. Nanivadekar R. G.
Dr. Parag Kamboj	Dr. H. D. Huddedar
Dr. Karan Kumar	Dr. S. R. Kulkarni
Dr. Tanmay Ajit Mehta	Dr. Nerlekar
Dr. Bhushan Pralhad Patil	Dr. Hemant Janugade
Dr. Sourav Baur	Dr. Yogesh Nikam
<b>MS Obs./Gyn.</b>	
Dr. Vrishali Sunil Ghorpade	Dr. Supriya Patil
Dr. Vrishali Vasant Ghunage	Dr. Anjali Patil
Dr. Ray Namrata Devendrakumar	Dr. N. S. Kshirsagar
Dr. Phadtare Sonal Uttamrao	Dr. Sanjay Patil
Dr. Nikunj Jamanbhai Sabhaya	Dr. Yamini Patil
Dr. Akshay Mohan Bodhe	Dr. Pravinchandra Hendre
Dr. Babita P Vaswani	Dr. R. P. Patange
<b>DGO</b>	
Dr. Vaghasia Dipa Ravjibhai	Dr. R. P. Patange
Dr. M. Swapna Mohan Reddy	Dr. N. S. Kshirsagar
<b>MD Pediatrics</b>	
Dr. Lekha Mishra	Dr. Mrs. R. A. Langade
Dr. Ankit Gupta	Dr. C. D. Aundhakar
Dr. Pankaj Goyal	Dr. V. R. Potdar
Dr. Yadav Pratik Kamalprasad	Dr. G. G. Joag
Dr. Karande Priyanka Pandurang	Dr. D. B. Potdar
Dr. B. Raghu Nandan Reddy	Dr. C. D. Aundhakar
<b>DCH</b>	
Dr. Patil Vishal Ramesh	Dr. Amol D. Bhoi

Dr. Sachin S. Bhiman	Dr. C. D. Aundhakar
<b>MD Community Medicine</b>	
Dr. Rajesh A. Gaikwad	Dr. Mrs. Supriya S. Patil
Dr. Patil Raju Hanumant	Dr. Mrs. Vaishali Raje
<b>MD Radiology</b>	
Dr. Rahul Khetawat	Dr. Pramod Shah
Dr. Gaurav Rajendrakumar Khairnar	Dr. K. Sahoo
Dr. Mohd. Abbas Ilyas	Dr. K. Sahoo
Dr. Shrihari Rajaram Budgemwar	Dr. Pramod Shah
<b>DMRD</b>	
Dr. Dudhal Smita Ramesh	Dr. N. Naphade
Dr. Ravi Sunilkumar Patel	Dr. N. Naphade
<b>MS Orthopedics</b>	
Dr. Alwani Prashant Lakshmichand	Dr. P. N. Kulkarni
Dr. Chanchpara Gaurangkumar C.	Dr. Paresh Patil
Dr. Solanki Mihirkumar Rasiklal	Dr. Sandip Patil
Dr. Pawar Jayesh Balasaheb	Dr. R. B. Gunaki
<b>D'Ortho</b>	
Dr. Aminuddin Qureshi	Dr. Satre
Dr. Yash Kumar Babulal Jain	Dr. Takle
<b>MD Anesthesia</b>	
Dr. Bilal Mohammad	Dr. Jamale P. B.
Dr. Gagandeep Singh	Dr. Vithal Dhulkhed
Dr. Indrajit Gupta	Dr. Vithal Dhulkhed
Dr. Naveen Kumar Naveen	Dr. Kanase N. V.
Dr. Attar Juberaqhamad Rajjak	Dr. Kanase N. V.
Dr. Tushar B. Munnoli	Dr. Jamale P. B.
<b>DA</b>	
Dr. Trivedi Rahul Ashvinbhai	Dr. V. S. Kapurkar
Dr. Suhail Majid	Dr. V. M. Joshi
Dr. Ghanashyam D. Jadhav	Dr. Kunda Dimble

<b>MS ENT</b>	
Dr. Ketan Agarwal	Dr. A. D. Havle
Dr. Vivek Dokania	Dr. Vikas Kulkarni
<b>MD Dermatology</b>	
Dr. Monika Chouhan	Dr. Mohan Kale
Dr. Prabhu Niharika Santosh	Dr. Varsha Jamale
<b>MS Ophthalmology</b>	
Dr. Petkar Sagar Sanjeev	Dr. Smita Javadekar
Dr. Palwinder Pal Singh	Dr. D. K. Sindal
Dr. Patil Supriya Sidram	Dr. Vijay Karambelkar
Dr. Narwade Vikrant Anant	Dr. B. S. Joshi

### Subject wise List of PG students and Guides (2015-2016)

Name of Student	Name of Guide
<b>MD Pathology</b>	
Dr. Sonawane Rashmi Kiladhar	Dr. M. A. Patil
Dr. Gosavi Anup N.	Dr. R. M. Oswal
Dr. Ingale Shivani Hari	Dr. Vijaykumar S. Wader
Dr. Mamta Bharti	Dr. Mrs.N. J. Patil
Dr. Pramod Dharmraj Borade	Dr. Sujata Kanetkar
Dr. Kadam Rohit Shivaji	Dr. S. V. Jagtap
Dr. Cyrus Dara Jokhi	Dr. S. R.Kanetkar
Dr. Mehta Malika	Dr. Mrs. J. V. Wader
<b>MD General Medicine</b>	
Dr. Patil Abhijit Arvind	Dr. V.E. Redkar
Dr. Sutariya Niravkumar Lallubhai	Dr.P.G. Pathak
Dr. Mandade Arjun Dattatraya	Dr. V. Deokar
Dr. Jayvirsinh Tkhatsinh Atodariya	Dr. S. A. Lomate
Dr. Yadav Subhash Laxmishankar	Dr.S. V. Gosavi
Dr. Kondewar Mayur kiran	Dr. S. T. Thorat

Dr. Dany P. John	Dr. Mrs. S. C. Aundhakar
Dr. Tamberi Parag D.	Dr. Mrs. S. S. Kulkarni
Dr. Sathe Ajit Sambhaji	Dr. V. C. Patil
Dr. Kothia Divyen M.	Dr. Mrs. S. C. Aundhakar
Dr. Aundhakar Aditya Chandrashekhar	Dr. S. A. Lomate
Dr. Rode Vikram Vinod	Dr. Nitin Jadhav
Dr. Roy Swetabh Suresh Prasad	Dr. Ajay Bramhanalkar
<b>MS General Surgery</b>	
Dr. Sawant Neha Suhas	Dr. Bagwan M. B.
Dr. Ankur Gopendra Das	Dr. P.G. Chougule
Dr. Ajagekar Pratik Dhananjay	Dr. S. J. Bhosale
Dr. Bhagat Abhishek Ajitbhai	Dr. R. G. Naniwadekar
Dr. Surushe Aniket Ashok	Dr. V. V. Kanase
Dr. Gayatri	Dr. A. Y. Kshirsagar
Dr. Kesarwani Abhinav	Dr. Yogesh Nikam
Dr. Anshuman	Dr. S. R. Kulkarni
Dr. Chhabra Raunag S.	Dr. H. B. Janugade
Dr. Verma Amit	Dr. H. V. Nerlekar
<b>MS Obs./Gyn.</b>	
Dr. Vivek Hoskeri	Dr. Mrs. Anjali Patil
Dr. Shinde Snehal Baliram	Dr. R. P. Patange
Dr. Bhatt Shaival J.	Dr. R.P. Patange
Dr. Gaitonde Varun Milind	Dr. Mrs. Supriya Patil
Dr. Rajwani Sneh	Dr. N. S. Kshirsagar
Dr. Anubhuti Vallabhbhai Ruparelia	Dr. Mrs. Yamini Patil
Dr. Zubin Nozer Sherjar	Dr. Sanjay Patil
<b>DGO</b>	
Dr. Minache Aravind Mahadev	Dr. N. S. Kshirsagar

Dr. Pansuriya Daivy Dineshbhai	Dr. R. P. Patange
<b>MD Pediatrics</b>	
Dr. Shreya Menon	Dr. J. M. Pawar
Dr. Choudhary Suresh Shivjiram	Dr. Mrs. R. A. Langade
Dr. Tatiya Harshada Dilip	Dr. C. D. Aundhakar
Dr. Sheta Pulkit Devrajbhai	Dr. V. R.Potdar
Dr. Akhila S.	Dr.A. M. Koppad
Dr. Jain Mayank	Dr.G. G. Joag
<b>DCH</b>	
Dr. Piyush Raj	Dr. C. D. Aundhakar
Dr. Agarwal Rohit Ramavtar	Dr. D. B.Potdar
<b>MD Community Medicine</b>	
Dr. Arun Varghese	Dr. P. M. Durgawale
<b>MD Radiology</b>	
Dr. Tyagi Varun	Dr. K. Sahoo
Dr. Aggarwal Dhruv	Dr.P. Shah
Dr. Goyal Varun	Dr. N. Naphade
Dr. Thite Harshwardhan	Dr. K. Sahoo
<b>DMRD</b>	
Dr. Malu Ruchita Nawal	Dr. D.Potdar
Dr. Bang Suyoug Laxminarayan	Dr. R. Kumbhar
<b>MS Orthopedics</b>	
Dr. Shah Rutvik A.	Dr. Paresh Patil
Dr. Kumar Shubham	Dr. P. N. Kulkarni
Dr. Pancholiya Anshul	Dr. R. B. Gunaki
Dr. Pandey Prashant	Dr. S. R. Patil
<b>D'Ortho</b>	
Dr. Narkhede Yogesh Dilip	Dr. S. D. Takale
Dr. Dantkale Snehal Sanjay	Dr. V. S. Mane

<b>MD Anesthesia</b>	
Dr. Deshmukh Rohan Gopa	Dr. Naseema Kanase
Dr. Singh Hemant	Dr. V. K. Dhulkhed
Dr. Mohite Viraj Ramakant	Dr. V. K. Dhulkehd
Dr. Sharma Siddharth	Dr. P.B.Jamale
Dr. Anand Prasoon	Dr.P.B. Jamale
Dr. Rajkumar N. Jaisinghani	Dr. Naseema Kanase
<b>DA</b>	
Dr. Wiquar Ahmed	Dr. A. B. Gharge
Dr. Nitasha Kumari	Dr. V. S. Kapurkar
Dr. Mohammad Aqil	Dr. V. M. Joshi
<b>MS ENT</b>	
Dr. Vala Nikhilchandra Kishorbhai	Dr. A. D.Havle
Dr. Kadam Ashish Janardhan	Dr. Vikas s. Kulkarni
<b>MD Dermatology</b>	
Dr. Patil Shraddha Jaywantrao	Dr. Varsha Jamale
Dr. Natasha Vijayendran	Dr. Mohan Kale
<b>MS Ophthalmology</b>	
Dr. Gayatri Mohan	Dr. D. K. Sindal
Dr. Kulkarni Ankita Kamlakar	Dr. Mrs. S. D. Javdekar
Dr. Desai Monali Shrirang	Dr. B.S. Joshi
Dr. Gavaskar Sayali Mahesh	Dr. V. H. Karambelkar
<b>MD Biochemistry</b>	
Ms. Pawar Vaishali Satyajeet	Dr. A. V. Sontakke
<b>MD Physiology</b>	
Dr. Kulkarni Omkar Sanjeev	Dr. A.G. Joshi

- Number of post graduate and Ph. D students registered and who have submitted their thesis are given below-

Krishna Institute of Medical Sciences University, Karad Thesis Submitted by M.D/M.S/Ph. D/M. Sc./MDs/MP Th. Students (2011-2014)								
Years	PG and Research Guides							
	M.D.	M.S.	M. Sc. (Med)	M. Sc. (Nsg.)	Ph. D. (Med)	Ph. D. (Nsg.)	M.D. Dental	MP Th. Physio- therapy
2011	32	23	14	20	02	03	-	14
2012	38	25	06	14	05	04	09	11
2013	38	25	-	06	07	-	15	14
2014	42	27	-	09	08	01	14	06
<b>Total</b>	<b>150</b>	<b>100</b>	<b>20</b>	<b>49</b>	<b>22</b>	<b>08</b>	<b>38</b>	<b>45</b>

- Seven Ph. D scholars have been conferred Ph. D degree so far across all the faculties. The detail list is given below-

List of Ph D. Degree Awarded			
Sr. No.	Name	Subject	Year
1	Dr. Mrs. Rohini R. Karambelkar	Anatomy	2012
2	Dr. Ruta N. Ramteerthakar	Anatomy	2012
3	Dr. Santosh Shankar Patil	Microbiology	2014
4	Dr. Smita Mangalgi	Microbiology	2014
5	Dr. Swapnil Vishnu Lale	Community Medicine	2015
6	Dr. Nethravathi V.	Ob/Gyn Nursing	2015
7	Mrs. Pratibha Satish Salve	Pharmacology	2015

### 3.5 Consultancy:

3.5.1 What is the official policy of the University for Structured Consultancy? List a few important consultancies undertaken by the university during the last four years.

Priority areas for consultancy are

#### 1. Prevention

2. **Appropriate and early diagnosis of disease.**
3. **Expert management to promotion of health and prevention of morbidity and mortality.**
4. **Diagnostic services.**
5. **Consultancy could be individual, departmental or institutional. It could be remunerative as for recognition.**
6. **Sharing of the revenue is as per the IRR policy.**

The official policy of the University for Structured Consultancy is to encourage consultancy services of the staff of University to other public and private institutions. The impetus is thus given to primary prevention, appropriate and early diagnosis of diseases and expert management for promotion of health and prevention of morbidity and mortality. The expertise in rehabilitation of chronic and disabling diseases is of paramount importance. These consultancy services could be rendered at community level or at health centre or institutional level, on continuing basis.

- **Dr. (Mrs) Asha Pratinidhi**, Expert Reviewer for “Norway India, Partnership Initiative (NIPI).
- **Dr. A. J. Jadhav**,
  1. Consultant advisor on “Maternal death review committee for Satara district, Maharashtra” Under District Health Officer.
  2. Representative of private hospitals in monitoring committee at charity commissioner’s office Satara District, Maharashtra (Indigent/ Weaker Section scheme under charitable trust act).
  3. Consultant advisor in “Medical negligence committee” at Satara district, Maharashtra in relation to Obstetrics and Gynaecology.
- **Dr. N. S. Kshirsagar**, Consultant advisor in “Medical negligence committee” at Satara district, Maharashtra in relation to Obstetrics and Gynaecology.
- **Dr. C. D. Aundhkar**, Consultant advisor in “Medical negligence committee” at Satara district, Maharashtra in relation to Paediatrics.
- **Dr. C. D. Aundhkar**, Member of state level standard treatment protocol committee for Medical Officer’s, Govt. of Maharashtra in relation to Paediatrics
- **Dr. (Mrs) Swati Aundhkar**, Consultant advisor in “Medical negligence committee” at Satara district, Maharashtra in relation to Medicine.
- **Dr. (Mrs) Swati Aundhkar**, Member of state level standard treatment protocol committee for Medical Officer’s, Govt. of Maharashtra in relation to Medicine

- **Dr. Dilip Jawadekar**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Obstetrics and Gynaecology
- **Dr. (Brig) K. H. Sahoo**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Radiology.
- **Dr. Sujata Abhay Jadhav**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Pharmacology.
- **Dr. Uddhav T. Kumbhar**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Preventive and Social Medicine.
- **Dr. S. R. Kulkarni**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to General Surgery.
- **Dr.(Mrs) Smita Dilip Javdekar**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Ophthalmology.
- **Dr. Havle Abhay D**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to ENT.
- **Dr.Vithal K. Dhulkhed**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Anaesthesia.
- **Dr. Sunil V. Jagtap**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Pathology.
- **Dr. S. K. Pawar**, Member of state level standard treatment protocol committee for Medical Officer's, Govt. of Maharashtra in relation to Microbiology.
- **Dr. Vaishali Raje**, has been designated as Nodal Officer for Revised National Tuberculosis programme.
- The consultancy services are offered by the department of Radiodiagnosis, Pathology, Microbiology, Biochemistry, PSM, Physiology and college of Physiotherapy.
- Lead Referral Laboratory, KIMSDU, Karad service is mainly utilized for blood lead estimation from battery manufacturing workers, spray painters, silver jewellery workers, traffic police, school children. Blood Lead levels of 790 high risk individuals were estimated at the rate of Rs 500. (790 samples x Rs.500=Rs. 395000)
- The advance laboratory and imaging services of the hospital are being utilised by other hospitals for expert opinion.

### 3.5.2 Does the university have a university-industry cell? If yes, what is its scope and range of activities?

Yes.

- There is cell for manufacturing and selling the following good quality orthotic devices and prosthetic implants at very low affordable rates. Prostheses (Artificial Limbs) & Orthoses, Aids & Appliances are Prepared and Fitted to Different Types of in-need Patients (OPD/IPD/Camp) at Nominal Costs.

Sl. No	Name of the Appliances	Cost (Rs)
<b>Orthosis Lower</b>		
1	PP AFO/Foot Drop Splint	250
2	P.P FRO	500
3	P.P KAFO(Uni) without KDL	350
4	P.P KAFO(Uni) with KDL	900
5	P.P HKAFO(Uni) without KDL, with HDL and PB	650
6	P.P HKAFO(Uni) with KDL, with HDL and PB,	1000
7	PTB Orthosis	500
8	Tibial Fracture Brace	500
9	Femoral Fracture Brace	500
10	Ischial Wt. Bearing Orthosis	900
11	Knee Orthosis without KDL	250
12	Knee Brace with hinge (PP)/PP O.A Knee Brace	300
13	Knee Orthosis with KDL	900
14	Mermaid Splint	250
15	Hip Abduction Orthosis	550
16	Dennis Brown Splint / Steanbeek Splint	300
17	A pair of CTEV Shoe	350
18	A pair of Surgical Shoe	500
19	Shoe modification only	100
<b>Orthosis Upper</b>		
20	Hand Splint	50
21	Hand Splint (LTTP)	200
22	Static Cock-up Splint	200
23	Dynamic Cock-up Splint	300
24	Static Cock-up Splint(LTTP)	600
25	Dynamic Cock-up Splint(LTTP)	800

26	Fore arm Brace(P.P)	250
27	Elbow Orthosis	250
28	Arm Brace(P.P)	250
29	Aeroplane Splint/ S.O	550
30	Axillary Sling	200
<b>Spinal Orthosis</b>		
31	L.S Belt / Corset	250
32	L.S Brace(P.P)	600
33	Chair back /Knight Brace	300
34	Willium Lordosis Brace	300
35	Taylor Brace	450
36	Knight Taylor Brace	450
37	Boston / Miami Brace (P.P)	900
38	Boston / Miami Brace (LTTP)	6250
39	Cow horn Brace	450
40	ASH Brace	300
41	Moulded Body/Minerva Jacket	900
42	Milwaukee Brace	3000
43	Cervical Collar(Soft)	150
44	Cervical Collar(Hard)	250
45	Philadelphia Collar	700
46	Four Poster Collar	700
47	SOMI Brace	1950
48	Torticollis Brace	700
<b>Prosthesis Lower (Artificial Limb)</b>		
49	Partial Foot Prosthesis with PSS	1450
50	Symes Prosthesis, ALIMCO	1750
51	Below Knee Prosthesis (Jaipur Foot)	1900
52	Below Knee Prosthesis (ALIMCO)	2850
53	Extension Prosthesis (B.K) Jaipur Foot	1550
54	Extension Prosthesis (B.K) ALIMCO	2500
55	Through Knee Prosthesis, Jaipur Foot	3250
56	Through Knee Prosthesis, SACH Foot	4150
57	Above Knee Prosthesis, Jaipur Foot	3700
58	Above Knee Prosthesis, SACH Foot	4600
59	Extension Prosthesis (A.K), Pylon type, Jaipur Foot	2300
60	Extension Prosthesis (A.K), Pylon type, SACH Foot	3250

61	Stubbies (Above Knee),Bil. Without Shoe	3700
Prosthesis Upper (Artificial Limb)		
62	Cosmetic Glove with Filler	300
63	Partial Hand Prosthesis	600
64	Below Elbow Prosthesis	3750
65	Cosmetic Prosthesis(B.E)	1050
66	Above Elbow Prosthesis	6350
67	Cosmetic Prosthesis(A.E)	2100
Mobility Aids		
68	Crutch Axilla (single), ALIMCO	750
69	Crutch Elbow (single)	750
70	Walking Stick	500
71	Crutch Tip End (single)	25

A.F.O – Ankle Foot Orthosis, KAFO – Knee Ankle Foot Orthosis, HKAFO – Hip Knee Ankle Foot Orthosis, FRO – Floor Reaction Orthosis, PSS – Pair of Surgical Shoe, P.P – Polypropylene, Uni. – Unilateral, Bil.- Bilateral, B.K – Below Knee, A.K – Above Knee, S.O – Shoulder Orthosis, B.E – Below Elbow, A.E – Above Elbow, L.S – Lumbo-Sacral, KDL – Knee Drop Lock, HDL – Hip Drop Lock, PB – Pelvic Band, CTEV – Congenital Talipes Equinovarus, SOMI – Sterno Occipito Mandibular Immobilisation, ASH – Anterior Spinal Hyperextension, LTTP – Low Temperature Thermoplastic, VH – Visually Handicapped,

- The Battery Manufacturing Industry, Silver Jewellery manufacturing units are catered by the Lead Referral Laboratory for periodic monitoring of blood lead levels of the workers.

### 3.5.3 What is the mode of publicizing the expertise of the University for Consultancy Services? Which are the departments from whom consultancy has been sought?

The expertise of the University for Consultancy is promoted through the University website. The profile of constituent colleges about infrastructure, special facilities, available expertise and information about centres of excellence are showcased on the website as well as in a brochure of the University. The information of the Lead Referral Laboratory is made available on Google.

The Departments that render consultancy services are -

- **Preventive and Social Medicine**
- **Obstetrics and Gynaecology**

- Paediatrics
- Medicine
- Radiology
- Surgery
- Pharmacology
- Ophthalmology
- ENT
- Anaesthesia
- Pathology
- Microbiology
- Biochemistry.

**3.5.4 How does the university utilize the expertise of its faculty with regard to consultancy services?**

The University encourages the extension of services of the experts from various faculties. Making available the facilities existing in the institution to the community at large helps to improve the health status of the beneficiaries. Various faculty members from different departments participate in the consultancy services. Telemedicine services are also the part of the same.

**3.5.5 Give details regarding the consultancy services provided by the institution for secondary and tertiary health care centres and medical / dental practitioners.**

The consultancy services provided by the KIMSDU, Karad are related to radio-diagnostic, pathological, microbiological and biochemical tests and also histopathological reports. The Prosthetic and rehabilitative consultancy services are rendered by the college of Physiotherapy and the department of Orthopaedics. The details are mentioned in 3.5.6.

**3.5.6 List the broad areas of consultancy services provided by the university and the revenue generated during the last four years.**

- Lead Referral Laboratory service is mainly utilized for blood lead levels estimation of battery manufacturing workers, spray painters, silver jewellery workers, traffic police, school children. Blood Lead levels of 790 high risk individuals were estimated at the rate of Rs 500. (790 samples x Rs500=Rs. 395000)
- For conducting CMEs at Sangli, Sindhudurga and Kolhapur Districts for Medical officers from health services, the total amount received from NRHM, Govt. of Maharashtra was Rs 311915

- Training of ASHA workers
- For the Evaluation of performance in context with specific indicators namely OPD attendance, IPD, Family Planning services. Along with level of satisfaction of patients attending PHC after introduction of beautification programme of PHCs under Public Private Partnership in Kolhapur district on 8<sup>th</sup> July 2013. A total cost of this activity was approximately Rs 30000 which was born by DHO, Kolhapur.

Revenue Generated from Consultancy of Pathology Department Year 2013-2015				
Year	Month	Name of Investigation	Test	Charges (Rs)
2015	Jan. to April	Biopsy, Urine 24 hr., FNAC , Slide & block	46	12500
2014	Jan. to Dec.	Biopsy, Urine 24 hr., Block, BM. Biopsy, FNAC, CBC, Bone Marrow	299	68000
2013	Jan. to Dec.	Biopsy, Block, FNAC	581	100500
Total			926	181000

Revenue Generated from External Patients of the Radiology Department Year 2011-2015						
Name of Investigations	2011	2012	2013	2014	2015	Total
MRI	8068000	7362000	7032000	9028000	5809600	37299600
CT	1748200	1764000	1583000	1166000	655000	6916200

Revenue Generated from External Patients of the Microbiology Department Year 2012-2015				
Months	Amount (Rs)			
	2012	2013	2014	2015
January	-	13050	9300	10200
February	-	7350	13200	10350

March	-	6600	10650	9450
April	13200	8100	6750	-
May	12050	5400	15600	-
June	10050	3900	15750	-
July	16500	8400	13800	-
August	14250	8550	16200	-
September	15450	9450	7650	-
October	16650	8850	11400	-
November	12000	7200	14400	-
December	14700	6380	9750	-
Total	124850	93230	144450	30000
<b>Grand Total:392530</b>				

<b>Revenue Generated from Consultancy of Physiology Department Year 2011-2015</b>				
<b>Year</b>	<b>EEG Electroencephalography (Rs)</b>	<b>EMG/NCV Electromyography/ Nerve conduction Velocity (Rs)</b>	<b>BERA Brainstem Evoked Response Audiometry (Rs)</b>	<b>PFT Pulmonary Function Tests (Rs)</b>
2011	1,56,000/-	1,78,800/-	16,500/-	9,000/-
2012	1,57,200/-	1,74,600/-	1,000/-	3,750/-
2013	1,27,200/-	1,68,000/-	6,500/-	12,300/-
2014	32,200/-	71,400/-	11,000/-	10,200/-
2015	96,800/-	1,22,100/-	2,500/-	6,550/-

<b>Revenue Generated from External Patients of the Physiotherapy Department, Year 2011-2015</b>					
<b>Months</b>	<b>Amount (Rs)</b>				
	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
January	11,270	14,080	8,255	11,410	15,010
February	10,505	10,275	8,325	11,520	6,380
March	7,350	14,150	16,765	17,040	18,090
April	10,235	9,750	8,250	12,050	19,650
May	8,015	11500	7,910	11,610	24,600
June	11,160	10920	5,450	20,010	12,060
July	9,485	8605	9,320	16,400	-
August	10,170	13580	12,920	12,500	-
September	9,600	13235	10,880	16,430	-
October	8,090	9245	9,980	11,200	-
November	13,600	13370	9,840	20,840	-
December	7,155	7,780	11,790	20,325	-
<b>Total</b>	<b>116,635</b>	<b>136,490</b>	<b>119,685</b>	<b>181,335</b>	<b>95,790</b>
<b>Grand Total : 6,49,935/-</b>					

<b>Clinical Training for External Students of the Physiotherapy Department, Year (2011-2012)</b>	
<b>Year</b>	<b>Amount(Rs)</b>
2011	1,25,000
2012	50,000
<b>Total</b>	<b>1,75,000/-</b>

### 3.6 Extension Activities and Institutional Social Responsibility (ISR)

#### 3.6.1 How does the university sensitize its faculty and students on its Institutional Social Responsibilities? List the social outreach programmes which have created an impact on students' campus experience during the last four years.

- The sensitisation is done in a planned and structured manner. The faculty and students are oriented and motivated to participate in the outreach activities based on socially themes like prevention of HIV / AIDS, alcohol / tobacco addiction, save girl child and cleanliness drive.
- There are various outreach programmes undertaken by the University which impress on the students the importance of awareness generation, motivation of the community in preventing social ills and effect of healthy life style on promotion of health and prevention of diseases.
- The learning experiences are provided to the students by following outreach activities undertaken by the University-
  - **RHTC, Kasegaon** – 10 Kms from KIMS covering population 15,000 and UHTC: Located in socially deprived and economically backward slum areas covering population of over 10000.
  - **Routine Activities:** OPD, IPD, Health education, Demonstration, Health talks, Implementation of National Health Programmes, Celebration of specific health days and weeks: World Tuberculosis Day (24th March ), World Health Day (7th April), No Tobacco Day (31st May), World Population Day (11th July), World AIDS Day (1st December). Weeks like World Breast Feeding Week (1st -7th August), Nutrition Week (1st -7th September), Eye Donation (25th August-8th September). are undertaken by organising suitable activities for health education and awareness generation by display of flip charts, posters, educational films, organisation of rallies, street plays, exhibitions, seminars, panel discussion.

Out Reach Activities of PSM Department		
Date	Activity	Place.
1 Jan.2011	Health Education & care	Mentally retarded school
2.Jan 2011	“Yuva Kalyan Health check up camp.	Remand Home, Karad.
3 feb2011	Talk on Prevention of chicken gunia	Kasegaon –RHTC
25.3.11	Lecture	Agashivnager No.-24.

7.4.11	WHO day Arranged Poster Exhibition & Competition.	KIMSDU
5 June 2011	Health Education & care	Deaf & Dumb School.
7.8.11	W . Breast feeding day - Lecture & Poster Competition	Market Yard Community & Kale PHC.
14.10.11	Poster display on PPTCT	PHC,Karad.
7.4.12	World Health day – Distribution of fruits	Agashivnagar,
19.5.12	Hepatitis Day	Agashivnagar
30.5.12	No. Tobacco Day	Agashivnagar
11.7.12	Population day	Market Yard
3.8.12 6.8.12 7.8.12	Breast feeding	Kasegaon Market Yard Kale ,PHC
1.7.Sept.,12	Nutritional week	Agashivnar & Market Yard OPD
12.10.12	Immunization	A Community Market yard.
3Dec.2o12	World AIDS day	Agashivnagar, A- Comm. Market Yard
20.3.12	Joy of living	Agashivnagar OPD
20.3.13	Tuberculosis	Anadrao high School Malkapur.
7.4.13	Hypertension	Market Yard
11.5.13	Population ( Family Planning )	Market Yard
25.7.13	Lecture on T.B.	Market Yard,karad.
7.9.13	WHO day-Health Talk & health camp.	Krishna Ghat, Karad.
15.11.13	School Health Check-up camp. Karad.	Agashivnager No.-4.
4.2.14	World Cancer Days	Market Yard
10.3.14	Treatment of TB cases & Prevention of MDR Tuberculosis(role Play on)	Agashivnagar
24.3.14	World TB day	Agashivnagar

3.8.14 7.8.14 12.8.14	Breast feeding day	-Agashivnagar -Market Yard -Kale PHC
4.12.14	Lecture given on AIDS & role play	Agashivnager
11.2.15	Cancer day	Market Yard, Karad.
Jan.-Feb.2015.	Lecture in jr. College on Child Sex-Abuse	Malkapur
25.3.15	T.B. Days Rally.	Market Yard ,Karad.
25.3.2015	Workshop on RNTCP IN Nursing College.	KINS
9.4.15	Distribution of hydrabad Mix.Laddus (No.150)	Market Yard Community (Under fives)
7.4.15	WHO Day. walking all staff, M.B.B.S. Students Nursing, B Pharm, D-Pharm., Physiotherapy & Dental students	Krishna Hospital Campus
8.4.15	Poster Competition on WHO day	KIMS
24.3.15	Lecture on T.B.	Kasegaon Gram-Panchayat Hall
5.6.15	Environment health	Market yard
11.7.15	World population day	KASEGAON

Lectures Given at Different Places by Faculty of PSM Department				
Sr. No.	Lecture	Place	Date	Name
1	Role of woman in Society on “ Mahila din”	Malharpeth Grampanchayat ,Tal.Patan.	8 <sup>th</sup> Mar. 11	Dr. S. V. Patil
2	Garbh Sanskar Shibir	Malharpeth- PHC Tal-Patan	15 <sup>th</sup> Mar.11	Dr. S. V. Patil
3	Garbh Sanskar Shibir	Kalgoan PHC Tal.Patan.	22Mar-11	Dr. S. V. Patil
4	Health and fitness, Training on Nutrition	Regional Training Centre Talandage	16.4.11	Dr. Shekar kumbhar.

5	Investigation of hepatitis A epidemic in kalawade village	Kalawade	27.07.2011 1.8.2011 2.8.11	Dr. SMK DR.MBT,Dr.Prveen Dr.Leena Dr. Anuradha
6	Inspection of Fair of sherala for post graduate students	Sherala ,Tal. Sangli.	4.8.2011	Dr. SMK, Dr. RVM.
7	Garbh Sanskar Shibir	Kalgoan PHC Tal.Patan.	22Mar-12	Dr. S. V. Patil
8	Health and fitness, Training on Nutrition	Regional Training Centre Talandage	16.4.12	Dr. Shekar kumbhar.
9	Investigation of gastroeneterisis epidemic in Vagheri village	Kalawade	27.07.2012 1.8.2012 2.8.12	Dr. SVP Dr.Leena, Mrs. Kadam
10	Inspection of Fair of sherala for post graduate students	Sherala ,Tal. Sangli.	4.8.2012	Dr. SMK, Dr. RVM.
11	Hypertension	Market Yard	7.4.13	Dr. Sansuddi
12	Population ( Family Planning )	Market Yard	11.7.13	Dr. Sansuddi
13	Breast feeding	Agashivnagar	8.8.13	Dr. Sharmistha Garud Dr. Mrs. Kadam
14	Prevention of chickunguniya	Kasegaon	14Jan. 2014	Dr. S. S.Patil Mrs. Kadam S. D. DR. Saritha Dr. Bhoi
15	Leprosy & its symptoms	Market Yard	5.2.14	Dr. V. A. Bhoi Dr. Mrs. Kadam S. D. Dr. S. S. Patil
16	Leprosy & its symptoms	Kasegaon	15.3.14	Dr. V. A. Bhoi Dr. Mrs. Kadam S. D. Dr. S. S. Patil

17	General Health Talk on WHO day	Market Yard Community	9.4.14	Dr. Kumbhar All PG's & Mrs. Kadam S. D.
18	PPTCT	Kale PHC	24.6.14	DR. Mrs Jadhav Mrs. Kadam S. D. Dr. Bhoi
19	Prevention of Malaria	Kasegaon	14Jan. 2015	Dr. S. S.Patil Mrs. Kadam S. D. DR. Saritha Dr. Bhoi
20	HIV/AIDS & its symptoms	Market Yard	5.2.15	Dr. Mrs. Kadam S. D. Dr. S. S. Patil
21	HIV/AIDS & its symptoms	Kasegaon	15.3.15	Dr. Mrs. Kadam S. D. Dr. S. S. Patil
22	General Health Talk on WHO day	Market Yard Community	9.4.15	Dr. Kumbhar All PG's & Mrs. Kadam S. D.
23	Breast feeding week	Kale PHC	24.6.15	DR. Mrs Jadhav Mrs. Kadam S. D. Dr. R. V. Mohite

Societal Contributions		
Adoption of villages for totalistic care	---	18
Total Primary Health Centres self as well as Government under PPP	---	03
Teaching Hospitals	02	02
No. of beneficiaries of teaching hospital	1000 per day	2400 per day

### Department of Obstetrics and Gynaecology Community Based Programme

#### Objectives:

- To carry out maternal and reproductive child health programme in adopted communities.
- To conduct health related activities and social health programmes in community from Karad Taluka, with emphasis on community development.
- To carry out awareness programmes especially on topics of women empowerment, de-addiction, prevention of female feticide and diet nutrition counselling, HIV/AIDS prevention.
- To mobilize community support and students participation in community based programme.

#### Activities:

- Visit to PHC- Supane and Malharpeth- Once a week by Consultants, Residents and Interns, carry out maternal child health activities and do referrals.
- 
- Training programmes for Health Workers (ANM & ASHA) for prevention of Anaemia, PIH and Identification of High Risk Pregnancy.
- 
- Identification and prevention of malnutrition in children under 5 yrs. Health talks in identified communities in Karad Taluka.
- 
- Adolescent Health Programmes for girls in schools. Special interactive programs in Mahila Mahavidyalay & D.Ed. Colleges.
- 
- Save girl child campaign in women community in rural areas of Karad. Family planning and welfare- Motivational Camps.
- 
- Training programmes for PHC staff- MO & ANM for prevention of Maternal Mortality.
- Awareness campaign for HIV/AIDS and prevention of Mother to Child transmission of HIV in the community.

**Community Participation:** by the local community in the student programmes

- Organization of community welfare programme at the time Village Jatra, Festival and fare.
- Presenting posters, charts, pamphlet distribution, rally, sports, rangoli competition.

- Organization of cooking competition for nutritious food making for Mahila Mandal. School Health check up with parental counselling conducted by UG, PG students & Interns.
- Interaction of UG students with Medical staff from PHC for introduction of various health schemes and national programmes at PHC level.
- Orientation of Health care delivery system for UG students by interaction with Medical Officer and Paramedical staff at PHC.
- Participation by Interns in the annual Krushi Pradarshan in Taluka. The programme is organized by Institutional Project team.

Out Reach Activity, Dept. of Obstetrics & Gynecology- KIMS, Karad						
Headings		2011	2012	2013	2014	2015
Health Camp	Regular (PHC)	46	45	48	46	
	STI/RTI	-	-		62	
	School Health	2	2	4	4	
	NCD detection	-	-	-	8	32
	Malnutrition	-	-	-	-	14
Day Celebration		5	5	6	6	
Guest lecture organized		2	1	4	3	
Guest lecture given out side		8	6	14	19	
Adolescent Health		2	2	7	15	
Training program (PIH)		-	-	-	25	
Poster Exhibition/ Rally		14	20	24	21	

<b>Extension Activities of Ob/Gynaecology</b>				
<b>Community Activities</b>	<b>By</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Health check ups and multi diagnostic camps  General Health check ups, Distribution of medicine, advice and referrals	Consultants and senior residents, interns	35	36	39
Sarva Shiksha Abhiyan  Check ups of school children referred for Management of disability	Specialist	-	-	-
Rajiv Gandhi Jeevandai Yojana Beneficiary – Referred patients from outside hospital for free specialist treatment	Specialist	-	20	2402
Ex army person Beneficiary ?	As per Management	80	54	45
Mental Health treatment Parental counselling and treatment	Psychiatrist and counsellor	350	365	350
School health camps General and special health check up	All Specialists and Residents	5	6	7
Blood bank Awareness and donation camps	Blood bank officers and counsellors	16	22	16

Breast cancer support groups Awareness and check up	Coordinator and Counsellor	109	98	134
Free treatment for deaf and dumb children  Parents counselling, awareness, advice and treatment	Medical team and Counsellors	40	38	45
Remand Homes Free visits, check up and treatment	Medical team and Counsellors	26	32	30
Treatment for indigent and economically weaker sections Under Public Charitable Trust Act Patients in OPD and Indoor are treated free of cost	All Specialists and Residents	955/293 (Indigent/Weaker Section)	1648/597 (I/WS)	2703/708 (I/WS)

Report of Extension Activities Under KIMS				
Year	Department	Activities	No.	Place
2014-2015	Community Medicine	1. Health Awareness Camps by the faculty	3	Karad, Kale
		2. Training Program by the faculty	2	Karad
		3. Guest Lectures given outside by the faculty	1	Karad
		4. Days celebration by faculty, students & interns	7	Karad, kale, kasegaon
		5. Rally by faculty, students & interns	2	Karad
		6. Health talk by faculty	4	Karad, Kale, Kasegaon
		7. Role play by staff, students & interns	2	Karad
			4	Karad

		8. Poster preparation & exhibition in the community by students & interns		
	Ob & Gyn.	1. Health Camps 2. Training Program by the faculty 3. Guest Lectures given outside 4. Days celebration by faculty, students & interns 5. Rally / Poster preparation & exhibition 6. Adolescent health	166 25 19 6 21 15	Karad, PHCs
	Ophthalmology	1. Health Camps 2. Surgical camps by the faculty 3. Guest Lectures given outside 4. Days celebration	32 32 5 1	Tal. Karad Gondhawle Karad, Wakhan, Belgaum, Sangli Karad
	ENT	1. Health camps	14	
	Pathology	1. Guest Lectures given outside	2	Islampur, Manglore
	Radiotherapy	1. Guest Lectures given outside 2. Days celebration 3. Awareness camps	1 2 8	
	Anatomy	1. Guest Lectures given outside	1	
	Orthopedics	1. Health camps	34	
	Pharmacology	1. Guest Lectures given outside	2	
	Neurosurgery	1. Guest Lectures given outside 2. Health camps	1 2	Satara Islampur
	Biochemistry	1. Guest Lectures given outside	1	Karad, Mumbai, Banewadi

**Regular Outreach Activities:**

1. **Dept of Paediatrics:**  
Health Check-up Camps:  
Twice a week at two PHCs  
Twice a month at two PHCs: Under NRHM
2. **Dept. of Community Medicine:**
  - Health Check-up Camps:  
Daily at UTHC  
Twice a week at RHTC  
Twice a week at Villages.  
Once a week at adopted PHCs.
  - Visits & Health Educational activities:  
Occupational Industries  
Social Institutions,  
District & Community Health Centres.
3. **Dept of Ob & Gyn.**
  - MCH activities at Supane & Malharpeth PHC: Once a week
  - Awareness campaign for: HIV/AIDS, Adolescent health, Family planning & welfare, Save girl child
  - Training programme: Health workers (ANMs & ASHAs), PHC staff
  - School Health Checkups
  - Health talks.

**Social responsibility carried out through Free /Subsidized Health Services & comprehensive health care:**

The University has two teaching hospitals one each for medical and dental. **The Medical teaching hospital has 1125 beds with daily average OPD of 2000, Occupancy of over 85%. The Dental teaching hospital has about 300 chairs and caters about 450 patients every day. The teaching hospitals are equipped with all the secondary and tertiary care facilities to provide state of the art patient care at an affordable cost or free of cost to the rural population.**

Concessional Schemes		
Sr. No.	Schemes	Beneficiaries
1.	Krishna Privilege Card	1000 card holders are beneficiaries. All the card holder families are entitled for free medical service.
2.	Indigent Patients	10% Hospital beds are reserved for

		Indigent families having yearly income of Rs. 50,000/- / or below (BPL Card Holders) Including free medicine and food.
3.	Weaker Section patients	10% of Hospital beds are reserved for families having yearly income below Rs. 1,00,000/-. Including medicine and food.
4.	Freedom fighters	Free treatment including medicine and food.
5.	Ex- serviceman and their families	20% Concession on all hospital expenses.
6.	Registration and Consultation	Free
7.	30% concession on investigations	On Wednesday and Saturday
8.	Concession for Family welfare program	Hospital charges are subsidized for patients undergoing family welfare program.
9.	Rehabilitation devices	Subsidized Prosthetic and Orthotics devices are given to patients.
10.	Comprehensive medical care	Comprehensive community based medical health services are offered through camps and PHCs

**Department of Public Health Dentistry  
School of Dental Sciences**

<b>Health Days and Health Education Camps School of Dental Sciences</b>		
Sr. No.	Health Days	Staff
<b>2012</b>		
	World Health Day On The 7th Of April 2012	Dr. Shivakumar KM Dr. Bhumika Badiyani
	World No Tobacco Day- 2012, A Rally	Dr. Shivakumar KM Dr. Bhumika Badiyani
	World Aids Day (1 <sup>st</sup> Dec. 2012)	Dr. Shivakumar KM Dr. Bhumika Badiyani
<b>2013</b>		
	Dentist's Day 6 <sup>th</sup> March 2013	Dr. Shivakumar KM Dr. Bhumika Badiyani

	World Health Day Celebration- 7 <sup>th</sup> April 2013	Dr. Shivakumar KM Dr. Bhumika Badiyani
	No Tobacco Day-31 <sup>st</sup> May 2013	Dr. Shivakumar KM Dr. Bhumika Badiyani
<b>2014</b>		
	World Health Day 2014 ‘‘Small Bite Big Threat’’	Dr. Shivakumar KM Dr. Snehal Patil
	No Tobacco Day- 31 <sup>st</sup> May 2014	Dr. Shivakumar KM Dr. Snehal Patil
	National Cancer Awareness Day – 7 <sup>th</sup> November 2014 ‘‘Combating The Cancer’’	Dr. Shivakumar KM Dr. Snehal Patil Dr. Priyanka Patil
<b>2015</b>		
<b>10</b>	Dentist day 6 <sup>th</sup> march 2015	Dr. Shivakumar KM Dr. Snehal Patil Dr. Priyanka Patil
<b>11</b>	World Health Day Celebration- 7 <sup>th</sup> April 2015 – Food Safety	Dr. Shivakumar KM Dr. Snehal Patil Dr. Priyanka Patil

<b>Health Education Camps of School of Dental Sciences, Karad</b>			
<b>Sr. No.</b>	<b>Date</b>	<b>Place</b>	<b>Staff</b>
<b>2011</b>			
	6/1/11	Ashram Shala Shere	Dr. Yojna Patil
	7/1/11	Ashram Shala Shere	Dr. Yojna Patil
	17/2/11	ZP Shala Malkhed	Dr. Yojna Patil
	28/2/11	Adarsh Prathmaik Vidyalay	Dr. Yojna Patil
	10/3/11	Adarsh Prathmik Vidyalay	Dr. Yojna Patil
	23/3/11	Nutan Marathi Shala Agashivnagar	Dr. Yojna Patil
	20/4/11	KCT School Karad	Dr. Yojna Patil
	16/6/11	New English Shala Nandgaon`	Dr. Yojna Patil
	17/6/11	ZP Shala Makewadi	Dr. Yojna Patil
	7/7/11	ZP Shala Indoli	Dr. Yojna Patil

	12/7/11	ZP School No 7	Dr. Yojna Patil
	13/7/11	ZP Primary Kendra Shala	Dr. Yojna Patil
	6/8/11	Shivaji High School	Dr. Yojna Patil
	27/9/11	Shishu Shikshan Sanstah Palkar High School Karad	Dr. Yojna Patil
	20/10/11	ZP Shala Dushere	Dr. Yojna Patil
	27/12/11	Pandit Govind Vallabhant High School	Dr. Yojna Patil
<b>2012</b>			
	18/1/12	KBP Vidyalay Dhebewadi	Dr. Yojna Patil
	25/2/12	Sou Tarabai Mohite High School Rethare	Dr. Yojna Patil
	17/3/12	Kleshavrao Pawar English High School	Dr. Yojna Patil
	30/3/12	Vishwavijay prathmik shala	Dr. Shivakumar KM Dr. Bhumika Badiyani
	2/07/12	Valmiki Vidhya Mandir, Talmavale	Dr. Shivakumar KM Dr. Bhumika Badiyani
	27/07/12	Prathmik Shala Saspad	Dr. Shivakumar KM Dr. Bhumika Badiyani
	31/08/12	Prathamik Shala Kanegaon	Dr. Shivakumar KM Dr. Bhumika Badiyani
	13/09/12	Z. P. School, Belawade	Dr. Shivakumar KM Dr. Bhumika Badiyani
	14/09/12	Anandrao Chavan School, Malkapur	Dr. Shivakumar KM Dr. Bhumika Badiyani
	6/10/12	Brahmadas Highschool, Belawade	Dr. Shivakumar KM Dr. Bhumika Badiyani
	30/11/12	Bapuji Vidyalay Kalawade	Dr. Shivakumar KM Dr. Bhumika Badiyani

	7/12/12	Vithamata Vidhyalay,Karad	Dr. Shivakumar KM Dr. Bhumika Badiyani
	15/12/12	Shivaji High School,Karad	Dr. Shivakumar KM Dr. Bhumika Badiyani
	16/12/12	Shedagewadi	Dr. Shivakumar KM Dr. Bhumika Badiyani
	18/12/12	Shashamandir Vidhyamandir	Dr. Shivakumar KM Dr. Bhumika Badiyani
	20/12/12	Yashwantrao Chavan Mahavidhyalay,Yashwant Nagar	Dr. Shivakumar KM Dr. Bhumika Badiyani
<b>2013</b>			
	10/1/13	Zp Shala Kapil	Dr. Shivakumar KM Dr. Bhumika Badiyani
	11/1/13	Mother Teresa English School Malewadi	Dr. Shivakumar KM Dr. Bhumika Badiyani
	1/2/13	Zp shala Gopalwadi	Dr. Shivakumar KM Dr. Bhumika Badiyani
	4/2/13	Shivsamartha ashram shala Kasegaon	Dr. Shivakumar KM Dr. Bhumika Badiyani
	2/3/13	Gurudev Chaitra Gurukul Nerle	Dr. Shivakumar KM Dr. Bhumika Badiyani
	5/3/13	ZP Shala Vishramnagar	Dr. Shivakumar KM Dr. Bhumika Badiyani
	14/3/13	ZP Boys School Kale	Dr. Shivakumar KM Dr. Bhumika Badiyani

	14/3/13	Nagar Parishad Shala N 3	Dr. Shivakumar KM Dr. Bhumika Badiyani
	10/8/13	Primary School Vijaynagar	Dr. Shivakumar KM Dr. Snehal patil
	31/8/13	Danshur BG Vidyalaya	Dr. Shivakumar KM Dr. Snehal patil
	21/9/13	Shri Shivaji Vidyalaya Karve	Dr. Shivakumar KM Dr. Snehal patil
	24/9/13	Krishna Mahavidyalaya Rethare	Dr. Shivakumar KM Dr. Snehal patil
	23/11/13	Mahatma Gandhi Vidyalaya, Kale	Dr. Shivakumar KM Dr. Snehal patil
	28/12/13	Smt premalatai chavan kanyashala (Malkapur)	Dr. Shivakumar KM Dr. Snehal patil
<b>2014</b>			
	18/11/14	Zilaparishad prathamik shala Gote Karad	Dr. Shivakumar KM Dr. Snehal patil
	25/1/14	Janta English medium school Karad	Dr. Shivakumar KM Dr. Snehal patil
	22/2/14	Ana bala vidhalay Tambve	Dr. Shivakumar KM Dr. Snehal patil
	15/3/14	Sou. Tarabai madhavrao Mohite vidhalay	Dr. Shivakumar KM Dr. Snehal patil
	22/3/14	Mohite vidyalay	Dr. Shivakumar KM Dr. Snehal patil
	5/7/14	Zilla parishad prathamik shala tulsan	Dr. Shivakumar KM Dr. Snehal patil
	26/7/14	Mahatma Gandhi Vidyalay Vadgaon Haveli	Dr. Shivakumar KM Dr. Snehal patil
	9/8/14	Adarsh vidya mandir wing	Dr. Shivakumar KM Dr. Snehal patil
	23/8/14	Shri sant ghadage nath high school	Dr. Shivakumar KM Dr. Snehal patil

	13/9/14	New English School Kasar Shirambe	Dr. Shivakumar KM Dr. Snehal patil
	25/8/14	Shri sant ghadage nath high school	Dr. Shivakumar KM Dr. Snehal patil
	6/12/14	Zp school Belawde	Dr. Shivakumar KM Dr. Snehal patil
	12/12/14	Zp school no 1 Kasegaon	Dr. Shivakumar KM Dr. Snehal patil
	20/12/14	Adarsh primary school Aghashivnagar	Dr. Shivakumar KM Dr. Snehal patil
<b>2015</b>			
	2/1/15	Shahin high school	Dr. Shivakumar KM Dr. Snehal patil
	12/2/15	Krishna English school Kole	Dr. Shivakumar KM Dr. Snehal patil
	12/2/15	Dr. D .S. ERUM trust Dumd school Karad	Dr. Shivakumar KM Dr. Snehal patil
	27/03/15	New English high school Kasar Shirambe	Dr. Shivakumar KM Dr. Snehal patil

### Mobile Dental Care Unit

Mobile dental care unit of Department of Public Health Dentistry, School of Dental Sciences consists of a mobile dental van equipped with a dental chair and a portable dental chair. This unit is used render dental care to remote and inaccessible areas of Satara district with the help of a team of dental surgeons.

- To provide dental screening/treatment services to people in inaccessible areas of the district
- To provide, dental health education and screening/treatment services to various groups like, the geriatric, specially challenged, orphans, juvenile delinquents, school children and people residing in villages across the district.

### Number of people beneficiaries

<b>Department of Public Health Dentistry School of Dental Sciences</b>		
<b>Year</b>	<b>Number of camps</b>	<b>Number of beneficiaries</b>
2011	125	18,117
2012	102	17,140
2013	236	19,586
2014	190	20,784
2015 (till April)	69	5,730

<b>Anually Celebrated Programmes</b>			
<b>Date</b>	<b>Topic</b>	<b>Activity</b>	<b>Place</b>
1.8.to7.8	World Breast-Feeding Week	Health Talk, Role play, poster exhibition.	maternity ward KH
10 <sup>TH</sup> October	World Mental Health Day	Poster presentation Rangoli Competition Role play Speech Competition	Krishna Hospital Karad Psychiatric OPD
14 <sup>th</sup> November	Celebration Of Children's Day	Recreational programme for mentally retarded children for mentally retarded children Karad. , sweet & <b>Toys distribution</b> , puppet show	Sanjeevani School Karad, Towel distribution in Pediatric ward (ward no: 14)
1 <sup>st</sup> dec.	AIDS Day	Street play, Rally, Health Talk, Role play, poster exhibition	Karad city, Malkapur, kale, K.H.
25 January	Leprosy	Rally	Cottage Hospital Karad
4 <sup>TH</sup> Feb.	Cancer day	Health Talk, Role play, poster exhibition Model Exhibition	Bail bazaar Karad.
7 <sup>th</sup> April	WHO Day	Health Talk, Role play, poster exhibition Expert lectures,	Karad Near mahalakshmi mandir.

- As routine extension and outreach activities the nursing undergraduate and post graduate students are posted in urban and rural field practice areas of KIMSDU and two primary health centres. The details are given below to depict the extension and outreach programme.

Krishna Institute of Nursing Sciences Karad						
Date	Topic	Activity	Place			
22 <sup>nd</sup> October 2011	Prevention Female Feticide	Save Girl Child'	Swaraj Mangal karyalaya,Satara.			
4.12. 2014	T.T. Immunization Camp	Diagnostic Health &T.T. Immunization Camp, total 300 workers received injection T.T.	Krantiagrani Dr. Babu Lad Sahakari Sakhar Karkhana Ltd., Kundal On 4.12. 2014			
11/02/2014	kishori sabala programme	Nutrition Programme for Adolescent Girls	Venue :At Malkapur Samajmandir			
13/1/15	School Health	Adolescence health Role Play, Health Talk.	Mahatma Gandhi vidyalay , kale			
16/1/15	Anganwadi Visit Report	Health Talk	Kale Anganwadi			
FROM 6 <sup>TH</sup> TO 9 <sup>TH</sup> FEBRUAR Y 2015	cancer awareness campaign	cancer awareness programme , Poster Exhibition Role Play Distribution of Souvenir of Krishna Institute of Nursing Sciences, Karad. Pamphlets on cancer awareness approximately 3000 peoples visited this programme	Vaastu Vishwa 2015 Exhibition Of Growing Karad" Bail Bazaar Karad			
Health Talks						
Sr. No.	Date	Venue	Topic	Students Name	Nsg.Program/Year	Teacher s Name
1	28.1.15	Somwar Peth Karad		Dalvi Prashant Anil	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.

2	28.1.15	Somwar Peth Karad		Gawade Tejasweeta M	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
3	28.1.15	Somwar Peth Karad		Jadhav Ashwini Abaso	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Ujwala R
4	30.1.15	Somwar Peth Karad	Under five Assessment prevention of accidents	Jadhav Priyanka Dilip	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
5	30.1.15	Somwar Peth Karad	Under five Assessment prevention of accidents	Jadhav Vaishali S.	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
6	30.1.15	Somwar Peth Karad		Khadatare Ashiwini S.	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
7	30.1.15	Somwar Peth Karad		Khambe Varsha Vasudev	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
8	30.1.15	Somwar Peth Karad		Mohite Archana U	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
9	30.1.15	Somwar Peth Karad		Mohite Monika Ramesh	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
10	30.1.15	Somwar Peth Karad		Patil Pramila Ramchandra	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
11	2.2.15	Somwar Peth Karad	Urine sugar Care of diabetic client	Pawar Priyanka Tanaji	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.

12	2.2.15	Somwar Peth Karad	Old age assessment t Care of old age person	Pawar Tatoba Sawkar	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
13	2.2.15	Somwar Peth Karad	Urine sugar Care of diabetic person	Rincy Rajan	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
14	2.2.15	Somwar Peth Karad	Under five Assessment prevention of accidents	Sagar Sangeeta Lahu	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
15	2.2.15	Urban Area Karad		Shaikh Faimida Rijwan	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
16	29.1.15	Urban Area Karad	Under five Assessment prevention of accidents	Sheena Joy	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
17	29.1.15	Somwar Peth Karad		Shinde Ashwini Abaso	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
18	30. 1. 2015	Somwar Peth Karad		Sneha Thampi	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R
	30. 1. 2015	Somwar Peth Karad		Waghmode Ranjeet D.	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.
	4.2.2015	Somwar Peth Karad		Yedage Sarika Maruti	2 <sup>nd</sup> yr.Post BSc. Batch 2014	
	4.2.2015	Somwar Peth Karad		Dupate Jaydeep Suresh	2 <sup>nd</sup> yr.Post BSc. Batch 2014	Mrs. Mane Ujwala R.

**3.6.2 How does the university promote university-neighbourhood network and student engagement, contributing to the holistic development of students and sustained community development?**

- **Networking of Medical, Dental, Physiotherapy and Nursing care outreach activities at the adopted villages and communities contributes to the holistic development of the students.**
- Conduction of continuing education programmes for HIV-AIDS, promotion of health and prevention of morbidity and mortality due to environmental factors, socio-demographic and economic factors, infectious and non-infectious diseases, occupational health hazards, problems related to pregnancy and child birth, diseases related to mothers, infants and children contributes towards awareness generation and holistic care of the population and sustained community development.
- **Conduction of comprehensive health care camps for the underprivileged community in relation to Medical, Dental, Physiotherapy and Nursing gives an opportunity for the students for comprehensive holistic consideration of the patients and community.**
- **As a social responsibility, the University has distributed health cards in the neighbourhood of the University for the adopted underprivileged community for free comprehensive health care.**
- The participation of the students is ensured to get this leaning experience of social responsibility through creating awareness about social issues, social needs, problems and culture and then motivating them to be a socially responsible citizen.
- The neighbourhood networking and student engagement is promoted through various outreach activities undertaken by the University which are enlisted in 3.6.1.

**3.6.3 How does the university promote the participation of the students and faculty in extension activities including participation in NSS, NCC, YRC and other National/ International programmes?**

The NSS and Youth Red Cross (YRC) units are established and through that the students and the faculty are encouraged to participate in extension activities such as preservation of environment, protection of wildlife, creation of health and hygiene awareness with emphasis on clean drinking water and avoidance of open field defecation, cleanliness drive, and plantation of trees. The University follows the guidelines of Higher and Technical Educational Department Government of Maharashtra NSS cell in carrying out the activities of NSS including administration of the National Integration Pledge.

**3.6.4 Give details of social surveys, research or extension work, if any, undertaken by the university to ensure social justice and empower the underprivileged and the most vulnerable sections of society?**

In order to empower the underprivileged and the most vulnerable sections of the society the undergraduate and postgraduate students of the constituent colleges undertake surveys, research activities and extension work during their community posting and internship under guidance of the faculty. There are many surveys undertaken by the department of community medicine, obstetrics and gynaecology, paediatrics, college of nursing and the college of dentistry for situational analysis and the assessment of the need of the community. The Faculty of Nursing Sciences conducts 8 surveys on 4 chosen themes prominently and by an established routine.

Sr. No.	Type of Survey	Surveyed Population	Remarks
1.	Demographic Survey	20,000 to 25,000	Survey of 500 households was undertaken every year
2.	Leprosy Survey	80,000	Cases identified were referred Krishna Hospital
3.	Pulse Polio Survey	12500 to 14000	Under five Children not covered were identified and given pulse polio vaccine
4.	Water Container Survey	12500 to 14000	Containers found contaminated from 200 to 250 families were disinfected

The outcomes of these social surveys have resulted in under taking initiatives and subtle action there on for the purposes of evoking social justice and empower the underprivileged and the most vulnerable sections of society and also undertaking required extension work in the community including availing the same for research purposes.

**3.6.5 Does the university have a mechanism to track the students' involvement in various social movements / activities which promote citizenship roles?**

Yes.

Extension activities are undertaken as a part of community health practical programme where the students from all constituent colleges of the university visit urban and rural areas for extension activities. Regular feedback is taken from the community leaders and villagers about the involvement and commitment of the students during extension work in addition to the observations made by the staff in charge of the extension activity related to the regularity, sincerity, and the quality of participation of the students so as to invoke responsible citizenship roles and responsibility amongst them.

In accordance with the same special programmes are organized on Independence Day, Maharashtra Day, Foundation Day of the university, Republic Day, and specific days like No Tobacco Day, AIDS Day, World Health Day, No Drugs Day, for various extension activities in general and specific activities if related to specific days.

Accordingly Alumnae associations, social media promote tracking of student involvement in various movements / activities promoting their role as responsible citizens.

Further a digital tracking mechanism of Student Academic Administration of Krishna Institute (SAAKI) for the students for this very purpose has been put in to place.

**3.6.6 How does the university ensure the involvement of the community in its outreach activities and contribute to community development? Give details of the initiatives of the university which have encouraged community participation in its activities.**

Since our extension activities are need based, assessment of needs is undertaken by involvement of Sarpanch, local leaders, MLA, and important personnel such as school teachers, office bearers of Mahila Mandals and youth clubs. They suggest the activities needed at the local level. The University arranges the activities according to their perceived needs, ensuring full participation and involvement of the community in the outreach activities and community development.

Before embarking on any outreach activity the local leaders like Sarpanch, MLA, influential personnel like school teachers, social activists, women self help groups, youth clubs, Rotary/ Lions clubs, NGOs are taken in to confidence. They are explained the purpose and scope of the activity and their full cooperation and participation is ensured. The meetings of the relevant groups of the population are called for awareness generation and detailed information about the activity is given to them. The schedule of the activity is announced

well in advance after giving due consideration for the convenience in relation to place and timing. This ensures involvement and cooperation of the stake holders and the community at large.

While doing the extension work, if serious health problems are encountered which need to be tackled at the tertiary health care level, the persons are brought to the hospital and given care, either free of cost if the person is below the poverty line or on the basis of no profit no loss. Such support given by the university generates trust and promotes a positive behavioural response from the community.

The information of initiatives undertaken by the University is as follows-

Sr. No.	Initiative	Area/ Villages	No.	Involvement of local personnel
1.	HIV Prevention Awareness	20	1500	95
2.	STI detection	8	87	36
3.	NCD detection and motivation for life style modification	6	64	30
4.	Prevention of PIH	7	140	32
5.	Clean India initiative	4	All	20
6.	Tree Plantation	2	843	8

**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.**

- **Dr. Suresh Bhosale, Dr. R. R. Desai and Dr. V. S. Nerlekar have received Dhanwantari Award for their social contribution.**
- **Physiotherapy Faculty received five letters of appreciation for their social work and their details are given below**

Letter of Appreciation to Physiotherapy Staff			
S.N.	Date	Appreciation Details	From
1	30.8.2014	For treating the general public and poor people of the society having musculoskeletal problems in an efficient and humane manner	R. K. Tawade Advocate, 21-B/31, Vrindavan Society, Thane (West) - 400 601

2	30.8.2014	For helping the employees of the bank to overcome work related musculoskeletal problems in an efficient and humane manner	Bharati Krishnamoorthy Manager, Syndicate Bank, Dombivli (E) Mumbai
3	30.8.2014	For helping the people of Satara District in an efficient and humane manner, to overcome health related problems	Shivendrasinhraje Bhosale Assembly Member, "Suruchi" 118, Sukrawar Peth, Satara – 415 002
4	15.12.2014	For helping the people who are suffering from various disorders efficient and humane manner	Hon'ble Shri. Vinayak Kishanrao Shinde President, Kai. Kishanrao Patil Gramin Shikshan & Samajik Sanstha, Nanded
5	10.03.2015	For helping the employees of the BSNL to overcome work related health problems in an efficient manner	Mrs. Surekha G. Joshi Junior Telecom Officer, CSC Incharge, BSNL Karad – 415 110

**3.6.8 What intervention strategies have been adopted by the institution to promote the overall development of students from rural/ tribal backgrounds?**

For the students coming from rural or tribal background and in need of help, the institute gives academic support in the form of issuing books from the library, subsidising the fee, giving interest free instalments for payment, and extends help for academic betterment. His overall development is ensured by the university.

For slow learners amongst them, slow capsulated teaching is organized for psychological problems. A medical psychological laboratory (Student Guidance) is available with the service of a clinical psychologist. Financial assistance is provided to needy students like wise in case of any language problem; linguistic classes for the same are arranged.

**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?**

During orientation and induction programme the students are addressed about fostering friendship, brotherhood, communal harmony and secularism. They are given handouts mentioning and highlighting the responsibilities of good citizenship. In the student handbook, a special note is given about the Constitution of India and duties of citizenship.

The institution does not discriminate between students of different geographical areas, caste, religion, gender. The university gives admission to students from other countries. There is no discrimination between students from different countries. Fundamental rights and secularism is valued and emphasis is given on all these aspects in value education sessions. The students are encouraged to adopt humanitarian approach during their entire tenure. Extension and outreach activities in urban and rural areas are undertaken to imbibe on their minds the importance of good behaviour and social justice in order to be a responsible citizen.

**3.6.10 How does the institution align itself with the annual themes/programs of WHO/ICMR?**

A committee is constituted for carrying out the comprehensive and extension and outreach activities of the University.

The composition of the committee is given below:

1. Professor of Ob/Gyn
2. Professor of Community Medicine (PSM)
3. Professor of Community Nursing
4. Professor of Community Physiotherapy
5. Professor of Community Dentistry

Celebration of Public health Days in Community as designed by WHO / ICMR

- **Health awareness campaigns**
- **Health talks by faculty**
- **Role play by students**
- **Poster presentation**

Celebration of Health Days		
Date	Specific Health Day / Week	Place
8.3.11	Women's day	Celebrated at Malharpeth PHC
25.3.11	World TB day	Celebrated at Shaniwar Peth in Anganwadi No.24
7.4.2011	World health day	Poster Exhibition & Competition (KIMS)
7.8.2011	World Breast feeding week.	Celebrated at Market Yard, Anganwadi, Karad
7.4.2012	World Health day.	Celebrated at Agashivnagar, ageing & Health Good Health add. Life to year's
1.7.12	Nutritional week	Agashivnar & market yard OPD Mrs. Kadam Dr. Anirudha
11.7.2012	Population day	Market yard – Poster Exhibition.
1-7 Sept.12	Nutrition week.	Celebrated at Market Yard.
3.8.12 6.8.12 7.8.12	Breast feeding week.	Celebrated at UTHC , Market yard & Agashivnagar
12.10.12	Immunization	A-Comm. Market Yard .
1-8,Dec.12	World AIDS day	Agashivnager , A- Coomunity
20.3.13	T.B.DAY	Agashivnager OPD.
7.4.13	World Health day – Hypertension	Market Yard,Karad.
11.7.13	World Population day.	Celebrated at Agashivnagar & Market Yard, Karad.
8.8.13	Breast feeding week	Celebrated at Agashivnagar
4.2.14	World Cancer Days	Agashivnager
22.4.14	Treatment of TB cases & Prevention of MDR Tuberculosis(role Play	Agashivnager

	on)	
3.8.14 7.8.14 12.8.14	World TB day	Agashivnagar
11.2.15	Breast feeding day	Agashivnagar
Jan.- Feb.,2015.	Cancer day	-Agashivnagar -Market Yard -Kale PHC
25.3.15	Lecture in jr. College on Child Sex-Abuse	Market Yard, Karad.
25.3.2015	T.B. Days Rally.	Malkapur

#### Health Related Activities by Student and Faculty

Date	Activity	Place
8/5/11	Breast cancer support group meeting School health check up	Potale
16/5/11	School health check up	Masur, Koparde, Shirawade, Malkapur
Oct.,11	Sex education HIV AIDS SGM activities	Karad
23/12/11	Women health SGM College	Karad
19/1/12	HIV AIDS Sex education Maharashtra high school	Karad.
4/1/12	Opportunities in medical profession Anand rao high school	Malkapur
5/2/12	Health promotion in aged	Satara
24/7/12	Demonstration of Hyderabad Mixture to Canada student	Karad
June,13	Knowledge & Attitude Health &	Ashram

	Nutrition	School,Kundal,Lad High School,Kundal,Krishna English Medium School,Karad
Aug.2013	Health	Yashwant High School Karad
	Breast Peeding & Malnutrition	Masur all Anganwadies
Feb.2014	Educational appootunities.	Yashwant High School Shirawade
Ja.2015	Health Education	Anandrao High School ,Karad Remand Home,Karad Yashwant Highschool ,Karad
Feb. 2015	Health	Anandrao Higschool,Malkapur.

### 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.**

**Prevention of diseases by vaccination** is routinely undertaken as outreach activity at village level on Village Health Days in which the students actively participate. Vaccinations against poliomyelitis, BCG vaccination under RNTCP, universal immunisation under RCH II programme are important aspects of national programmes. Participation of students in the implementation of all national health programmes being undertaken at urban and rural health centres.

#### **Detection of Diseases by screening:**

Disease detection from fever and rigors and blood smear examination under National Malaria Control Programme (NMCP), detection of case of TB by sputum examination in RNTCP programme are routinely undertaken at Urban and Rural health training centres where students are routinely posted under outreach programmes. Periodic health checkups of vulnerable groups are undertaken routinely at rural and urban health training centres for detection of diseases. Participation of the students during the activities like antenatal and postnatal clinics for mothers, under 5 clinics and school health checkups is ensured.

Special Health Camps were organized for rural population. The year wise beneficiaries of these camps are given below:

<b>Health Camp List Year 2011-2015</b>		
<b>Year</b>	<b>Number of Camps</b>	<b>Number of Patients</b>
<b>2011</b>	46	9394
<b>2012</b>	33	6254
<b>2013</b>	31	4992
<b>2014</b>	31	7128
<b>2015</b>	32	4439
<b>Total</b>	173	32207

All the cases detected from these camps upon 'referrals' were appropriately treated at KIMS. All under privileged and below poverty line cases were treated '**free of cost**' and those from higher socio economic group were treated on '**no profit – no loss**' basis.

**Treatment of Diseases:**

Regular intake of drugs is an important aspect of RNTCP, NMCP, National leprosy eradication programme. Students actively participate in motivating the patients to take regular treatment. All the national programs are based on public health importance of the condition and strategies adopted are epidemiologically appropriate, relevant, effective, and feasible. They cover preventive curative and rehabilitative aspects of the diseases concerned. The institute provides transport and expertise for extension activities. From Early Diagnosis to Treatment and Rehabilitation for various diseases is taught in the theory classes and is demonstrated during field visits.

**Rehabilitation:**

During outreach activities and home visits students detect disabilities and refer them to Orthopaedic and Physiotherapy department for provision of prosthesis and rehabilitation.

- **Awareness creation regarding potable water supply, sanitation and nutrition.**

Safe water supply, environmental sanitation, and good nutrition are emphasized by health talks, and various activities are undertaken as community outreach programmes. Health education sessions are given to individual patients and groups of mothers during antenatal visits. Its importance is stressed. Nutrition demonstration & house to house visits are conducted.

Under the SEVAK project, two persons from rural and urban slum areas are trained by the American Heart Association for the cause 'Save Children Lives' (SCL). They are equipped with required instruments and home to home visit to collect the data, while creating awareness among the residents about importance of safe practices of sanitation.

As an outreach activity survey of household is undertaken by nursing students of five households per students for finding out environment sanitation and portability of water supply and examination of all under fives from different villages. During this outreach activity health education is given about potable water supply, sanitation and nutrition.

- **Awareness creation regarding water-borne and air-borne communicable diseases.**

Health education sessions are regularly conducted at rural and urban health centres. It is brought out that water-borne and air-borne communicable diseases contribute heavily to the high infant mortality rate and early childhood mortality rate. Simple measures like safe

drinking water, food hygiene, good environmental sanitation, and personal hygiene improve health by prevention of incidence of these communicable diseases. The university provides facilities for investigation and prevention and control of epidemics should there be an epidemic in the field practice area. Distribution of ORS packets is ensured for each and every case of diarrhoea. If the supply of ORS is not adequate, the university fulfils the requirement by extending ORS supply. Early diagnosis of pneumonia is very important in ARI for prevention of childhood mortality. Training to the undergraduate postgraduate students, paramedical workers, and the staff is routinely given for refreshing their knowledge for indentifying the signs and symptoms of pneumonia like age specific cut-off values of respiratory rate, involvement of accessory muscles of respiration and retraction of chest wall. Similarly, for identification of dehydration, the signs and symptoms like dry conjunctiva, sunken eyes, loss of elasticity of the skin are demonstrated by audio-visual methods. Prompt treatment of all referred cases is ensured at the hospital attached to the university. During 'under- five clinic' at urban and rural health training centre treatment is given for diarrheal diseases as well as upper respiratory infections. The medical and nursing students posted at these centres give health education to the mother of affected children.

- **Awareness creation regarding non-communicable diseases - cardiovascular diseases, diabetes, cancer, mental health, accident and trauma.**

There is an increase in non-communicable diseases which are related to lifestyle. The university is fully equipped to deal with non communicable diseases like cardiovascular diseases, diabetes, accidents, cancer, mental health. There are specialty clinics in the hospitals where theoretical aspects of early diagnosis and management of these conditions are covered. During extension activities undergraduate and postgraduate students get the opportunity for health education, early diagnosis, and management by lifestyle modification and first line treatment. Awareness generation programs are undertaken in the community by health talks, poster presentations, rallies, and with the help of audio-visual aids. Prevention of obesity, regular exercise, healthy food habits, and stress reduction programmes are four main pillars of healthy lifestyle. Appropriate advice given by students and staff results in primary prevention of cardiovascular diseases and diabetes. Secondary prevention is undertaken during health camps for early diagnosis and prompt treatment of the cases. Regular treatment and keeping blood pressure and sugar under control is emphasized at the time of diagnosis and for the patients on treatment during home visits.

For prevention and control of accidents, the institute has a trauma centre where students are regularly posted for a hands-on experience. They also get education of appropriate first-aid measures. For primary prevention of accidents, the importance of maintaining vehicles and roads, and host factors like avoidance of use of cell phones while driving, avoidance of risk taking attitudes, and abiding by traffic rules are explained in details during health education sessions. Stress reduction program is important for reduction of mental health diseases and conditions related to old age are tackled in geriatric health clinics. Knowledge of risk factors and warning signals of cancers is imparted during health education. Early diagnosis and referral from the community to the tertiary health care centre or the hospital where the facilities for chemotherapy, oncosurgery, and radiotherapy exist. The services are offered on no profit no loss basis.

Different villagers were covered for detection of NCDs as a special initiative by house to house visit. During these visit awareness generation was undertaken as group activity for prevention of NCDs and healthful living. Population with hypertension / DM were identified by covering undertaken villages. In all the said villages with the help of local influential personnel health talks followed by discussion was arranged with audio visual aids for prevention of NCDs by modifying the life style.

- **Awareness creation regarding the role of healthy life styles and physical exercise for promotion of health and prevention of diseases.**

During extension activities, poster exhibitions and video films are shown on healthy lifestyles. It includes consumption of raw food, food hygiene, inclusion of green leafy vegetables, sprouted grains, and a balanced diet relevant to the Indian population. Avoidance of fast foods and beverages are important for prevention of obesity. Various modes of exercises including yoga and relaxation techniques are included in the fitness programs prescribed by the students and staff as a part of outreach activities. Regular exercise and prevention of obesity are emphasized during health talks. Statistics are given of the various lifestyle diseases and benefits of healthy lifestyle are stressed on the different groups of populations like school going children, youth, adolescents, so that healthy habits are inculcated by them at a young age which will go a long way in the prevention of these diseases.

During house to house visits undertaken under NCD detection initiative, motivation of youth was done for adoption of regular physical exercise and proportionate modification of life style.

- **Awareness creation regarding AYUSH Systems of medicines in general and / or any system of medicine in particular.**

There are many practitioners from AYUSH in the field practice area of the university. The benefits and limitations of alternative system are taught to the students during their undergraduate and postgraduate curriculum. Specific period is earmarked in 2<sup>nd</sup> MBBS. Awareness is generated in the population for the use of Ayurveda and Homeopathy. for common ailments like common cold, arthritis, body ache, headache and to avoid use of antibiotics and strong allopathic drugs for self-limiting illnesses. Use of newer life saving drugs from allopathy are advocated for control of cardiovascular diseases, diabetes, and cancers. Involvement of practitioners from these alternative systems of medicine is undertaken during extension activities.

- **Complementary and alternative medicine.**

Patients who believe in complementary and alternative medicine are made aware of the advantages and disadvantages of use of these systems of medicine. It is stressed that for a chronic self limiting conditions it is advisable to try complementary and alternative system but for acute and malignant conditions, it is better to get advanced high tech medical care. Such awareness programs are a part of the extension activities undertaken by the university.

Towards the same Adjunct faculty from Ayurveda and homeopathy participate for giving information to the health care providers and the community about scope, relevance and application of Complementary and alternative medicine.

- **Pharmaco economic evaluation in drug utilization.**

“Drugs are two-edged weapon” is emphasized to the community. It is essential to take appropriate medicines for diabetes mellitus. Unnecessary use of antibiotics and drugs with many side effects are to be avoided. Education about costly drugs and availability of generic drugs with same efficacy at lower cost is given to the community for avoiding high cost of treatment and ensuring regular treatment. Local leaders, office bearers of Mahila mandals and youth clubs are involved in disseminating the messages as change agents during extension activities of the university.

- **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.**

National programs are routinely implemented by the urban and rural health care centres of the university. There is population day on July 11th, World AIDS Day on December 1st, and for many other diseases and ailments. Special health education programme of health talks, rallies, exhibition, video, and shows are organised to create awareness of the disease and components of the national health program. The role of the community in the national health program is emphasized such as regular consumption of drugs under DOTs regime, immunizing their children regularly and at appropriate age, acceptance of small family norm.

- **Promotion of mental health and prevention of substance abuse.**

There is a high prevalence of use of alcohol in the community. Adverse health effects of alcoholism, use of tobacco and drugs are emphasized to the school population, members of youth clubs and mahila mandals, social activists. as a primary prevention measure. Through celebration of different days, health education sessions and Health talks, appropriate messages are propagated throughout the community.

- **Adoption of population in the geographical area for total health care.**

Population under UHTC and RHTC is adopted community by the University for total health care.

- **Research or extension work to reach out to marginalized populations.**

Research projects and extension activities are carried out for adopted slum population, as a part of the community health practical programme, short term fellowship and studentship programme, internship programme.

Diagnostic Health Camps were organized for rural population. The year wise beneficiaries of these camps are given below:

Health Camp List Year 2011-2015		
Year	Number of Camps	Number of beneficiaries
2011	46	9394
2012	33	6254
2013	31	4992

<b>2014</b>	31	7128
<b>2015</b>	32	4439
<b>Total</b>	173	32207

**3.6.12 Do the faculty members participate in community health awareness programs? If yes, give details.**

<b>Health Activities by the Faculty</b>		
<b>Date</b>	<b>Activity</b>	<b>Place</b>
18/2/10	Guided study tour of statistics students of Y.C College	Karad
10/6/10	Visit to palliative care – cancer	Glaxo
8/5/11	Breast cancer support group meeting School health check up	Potale
16/5/11	School health check up	Masur, Koparde, Shirawade, Malkapur
Oct.,11	Sex education HIV AIDS SGM activities	Karad
23/12/11	Women health SGM College	Karad
19/1/12	HIV AIDS Sex education Maharashtra high school	Karad.
4/1/12	Opportunities in medical profession Anand rao high school	Malkapur
5/2/12	Health promotion in aged	Satara
24/7/12	Demonstration of Hyderabad Mixture to Canada student	Karad
June,13	Knowledge & Attitude Health & Nutrition	Ashram School, Kundal, Lad High School, Kundal, Krishna English Medium School, Karad

Aug.2013	Health	Yashwant High School Karad
	Breast Peeding & Malnutrition	Masur all Anganwadies
Feb.2014	Educational appootunities.	Yashwant High School Shirawade
Ja.2015	Health Education	Anandrao High School ,Karad Remand Home,Karad Yashwant Higschool ,Karad
Feb. 2015	Health	Anandrao Higschool,Malkapur.

Radio Talks by faculty				
Sr.No.	Topic	Speaker	Venue	Date
1	Vector Borne Diseases	Dr. Mrs. V. V. Raje	Kolhapur Akashwani	June 2011
2	Alzeimer's Diseases	Dr. Mrs. V. V. Raje	Kolhapur Akashwani	Sept 2012
3	Head Injury	Dr. Vinayak Raje	Kolhapur Akashwani	July 2013
4	Prevention and Control of Diseases in Rainy Season	Dr. Mrs. V. V. Raje	Kolhapur Akashwani	July 2015

### 3.6.13 How does the institution align itself and participate in National program for prevention and control of diseases?

As a part of extension activities, awareness is generated about national programs for specific diseases and priority areas like family welfare, mother and child welfare, population control, immunization. The institute participates actively by

- Vaccination at UHTC & RHTC regularly under UIP programme
- MCH care like services rendering including ANC, DELIVERY & PNC services including referral, for specialist's care
- Under five clinics conduction at UHTC & RHTC
- Drug distribution centre running for patients of TB under RNTCP

### **3.7 Collaboration**

#### **3.7.1 How has the university's collaboration with other agencies impacted the visibility, identity and diversity of activities on campus? To what extent has the university benefitted academically and financially because of collaborations?**

- This University has national and international collaborations spread over wide range of activities covering information, academic, student and faculty exchange programmes and joint training and research activities. This diversity of activities has improved the quality of curricular teaching, extension and outreach activities and research component of the university which has given identity and visibility to the university. The University is now well known at national and international levels. The University is collaborating with institutes of ICMR like NARI, NIV and NIE.
- **The University is placed on the world map due to its International collaboration with Walter Reed Army medical centre Washington DC USA, Uniform Services University of Health Sciences, Washington, St. Georges University, Grenada. The Governing Council of the University of Toronto has resulted in merit based permission for use of each other's facilities and faculty and student exchange.**
- **The activity of training in collaboration with the faculty of Moving Academy of Medicine and Biomedicine from Pune gave an opportunity of hands on training for the faculty and post graduate students on high tech equipments used in molecular biology and genetics, which were brought by collaborating agencies.**
- Organisation of workshops / conferences with moving academy supported by ICMR was undertaken at KIMSDU, Karad from time to time for undergraduate students, post graduate students and regional conference for presentation of papers based on work done during ICMR short term studentship (STS) programme and KIMSDU short term fellowship (STF) programme. This benefited in giving impetus to research and changing the mindset of undergraduate and post graduate students.
- Collaboration with DIAT, Pune gave opportunity for working with the use of Polysulfone based composite hollow fibre membranes as immunoisolation device for bioartificial pancreas in animals.
- Collaboration with NARI has resulted in quite a few community based studies in relation to human sexuality, problems of women and risk factors related to HIV /AIDS.
- Collaboration with other national agencies has improved the opportunity for research on diversified topics

**3.7.2 Mention specific examples of how these linkages promote**

- **Curriculum development**  
Linkages with national and international agencies has resulted in to comparison of existing curriculum in KIMSDU vis a vis other universities. This has resulted into modification and development of curricula based on learning experiences and feedback from the beneficiaries of the linkages resulting into exchange programmes, on the job training, collaborative research initiative, consultancy and extension activities. Interaction with experts from other universities has been useful in the modification in the curricula of their respective subjects.
- **Internship and student exchange programme**  
The University has exchange programme with Bel-Air Hospital and their Indian Red Cross Society, Panchgani where medical and nursing students and interns are posted for experience and training. Student exchange programme under collaboration with SGU Grenada is ongoing for last three years biannually. There is also collaboration with Walter Reed Army Medical Centre Washington DC USA, Uniform Services University of Health Sciences, Washington USA, The Governing Council of the University of Toronto.
- **On-the-job training**  
Hands-on and on the job training by collaboration with Moving Academy, Pune is undertaken.
- **Faculty exchange and development is done by collaboration with Walter Reed Army medical centre Washington DC USA, Uniform Services University of Health Sciences, Washington, The Des Moines University Iowa USA, Bel-Air Hospital of Indian Red Cross Society, Panchgani.**
- **Research**  
It is an important component in most of the national and international linkages and collaborations as given in table 3.7.5.
- **Publication**  
Completed projects with DIAT, NRHM, NARI, ICMR are converted into original articles and have been sent for publication
- **Consultancy**  
There are ongoing consultancy services rendered by the faculty of the university. State level treatment protocol committee has involved 12 subject experts. The detailed information is given 3.5.1.
- **Extension**  
Extension activities are included in the postings of undergraduate and postgraduate students. Extension activities of undergraduate and postgraduate students are benefitted by collaborative linkages due to

interaction of the experts and a wider exposure to the community from the field practice area of the collaborating agency. Posting of students at Bel-Air Hospital of Indian Red Cross Society, Panchgani gives them wider exposure to various youth related programmes.

- **Student placement**

Before inception of the university there was no facility for student placement in other universities, which now exists under studentship exchange programme. Interaction of expert from other universities gives an opportunity to the students for exploring new avenues and openings.

- **Any other (please specify)**

Visiting faculty of the university has enriched the training avenues and the curriculum.

**3.7.3 Has the university signed any MoUs with institutions of national/international importance/other universities/industries/corporate houses.? If yes, how have they enhanced the research and development activities of the university?**

Yes.

Academic Activities/ Programs Possible Only by Virtue of DU Status		
Sr. No	Linkages with International Universities/ Organizations	Field of Collaboration
1	Academic Mission Cooperation between KIMSDU and Walter Reed Army medical centre Washington DC USA	Student exchange, faculty exchange Twinning / dual degree program research
2	MOU ( In process) between KIMSDU & Uniform Services University of Health Sciences, Washington	Academic Activities, research, faculty exchange & student exchange
3	Specific agreement for a Students Exchange Program Between The Des Moines University Iowa USA	Student exchange, faculty exchange Twinning / dual degree program research
4	General agreement for Academic Mission Cooperation between KIMSDU and Health Oasis L.L.C. Des Moines Iowa, USA	Curriculum Development, student exchange
5	MOU Between KIMSDU & St. Georges university, Grenada	Medical experience selective

6	MOA between KIMSDU and Masterskill University (M) SDN BHD, Malaysia	Top up programs
7	MOU between KIMSDU and The Governing Council of the University of Toronto.	Student Exchange, Nursing experience selective

Sr. No.	Linkages with National Institutes/ Organizations	Field of Collaboration
1	MOA between KIMSDU and College of Engineering Pune.	Interdisciplinary research activities, Merit base permission for use of each others facilities
2	MOU between KIMSDU Karad & BUV's Yashwantrao Mohite Institute of Management for Academic Collaboration	Exchange of expertise between Institutes
3	MOU for Academic Collaboration between KIMSDU and Sancheti Institute for Orthopedics & Rehabilitation, Pune	Faculty exchange, research, student exchange, organizing CMEs, workshops, conferences.
4	Agreement between Maharashtra Police Kutumb Arogya Yojana and Family Health Plan Ltd. & Krishna Hospital and Medical Research Center, Karad.	To provide complete medical treatment
5	MOU between KIMSDU & Sanjeevani Institute's School of Mentally Retarded Children.	Periodic Medical checkup & treatment
6	MOU between KIMSDU & Dr. D.S. Eram Deaf & Dumb School, Karad	Periodic Medical checkup & treatment
7	MOU between KIMSDU & Remand home, Karad.	Periodic Medical checkup & treatment
8	MOU between KIMSDU & NACO	Prevention of HIV Aids
9	MOU between KIMSDU & Rajarambapu Institute of Technology (RIT)	Interdisciplinary research activities

10	MOU between KIMSDU and National Institute of Epidemiology (NIE), Ayapakkam, Chennai	Clinical recruitment, Research projects.
11	MOU between KIMSDU and Moving Academy of Medicine & Biomedicine, Pune.	Certificate courses.
12	Bond between Krishna Hospital & Medical research Center, Karad. & AVERT Society.	Work place intervention & prevention for HIV Aids
13	MOU between KIMSDU and Indira Gandhi Institute of Development Research, Mumbai	Orientation programs, workshops, training programs, library staff exchange
14	MOA between KIMSDU and Bel-Air Hospital of Indian Red Cross Society, Panchgani.	Faculty exchange, research, student exchange, sharing of resources.
15	MOU between KIMSDU and New Horizons Medical, Pune.	Training for USMLE examination
16	MOU between KIMSDU and Koala Education Xponents.	Promotion and execution of educational and vocational training opportunities
17	MOU Between KIMSDU & Loknete Rajarambapu Patil Ayurvedic Medical College	Interpathy research activities
18	Veritas Bioventions	Industry collaboration for implantology

**3.7.4 Have the university-industry interactions resulted in the establishment / creation of highly specialized laboratories / facilities**

Establishment of manufacturing of Protheses (Artificial Limbs) Orthoses, Aids & Appliances has resulted in availability of good quality devices at substantially reduced costs at local level are mentioned below.

Sr. No	Name of the Appliances	Cost (Rs)
<b>Orthosis Lower</b>		
1	PP AFO/Foot Drop Splint	250
2	P.P FRO	500
3	P.P KAFO(Uni) without KDL	350
4	P.P KAFO(Uni) with KDL	900
5	P.P HKAFO(Uni) without KDL, with HDL and PB	650
6	P.P HKAFO(Uni) with KDL, with HDL and PB,	1000
7	PTB Orthosis	500
8	Tibial Fracture Brace	500
9	Femoral Fracture Brace	500
10	Ischial Wt. Bearing Orthosis	900
11	Knee Orthosis without KDL	250
12	Knee Brace with hinge (PP)/PP O.A Knee Brace	300
13	Knee Orthosis with KDL	900
14	Mermaid Splint	250
15	Hip Abduction Orthosis	550
16	Dennis Brown Splint / Steanbeek Splint	300
17	A pair of CTEV Shoe	350
18	A pair of Surgical Shoe	500
19	Shoe modification only	100
<b>Orthosis Upper</b>		
20	Hand Splint	50
21	Hand Splint (LTTP)	200
22	Static Cock-up Splint	200
23	Dynamic Cock-up Splint	300
24	Static Cock-up Splint(LTTP)	600
25	Dynamic Cock-up Splint(LTTP)	800
26	Fore arm Brace(P.P)	250
27	Elbow Orthosis	250
28	Arm Brace(P.P)	250
29	Aeroplane Splint/ S.O	550
30	Axillary Sling	200

<b>Spinal Orthosis</b>		
31	L.S Belt / Corset	250
32	L.S Brace(P.P)	600
33	Chair back /Knight Brace	300
34	William Lordosis Brace	300
35	Taylor Brace	450
36	Knight Taylor Brace	450
37	Boston / Miami Brace (P.P)	900
38	Boston / Miami Brace (LTPP)	6250
39	Cow horn Brace	450
40	ASH Brace	300
41	Moulded Body/Minerva Jacket	900
42	Milwaukee Brace	3000
43	Cervical Collar(Soft)	150
44	Cervical Collar(Hard)	250
45	Philadelphia Collar	700
46	Four Poster Collar	700
47	SOMI Brace	1950
48	Torticollis Brace	700
<b>Prosthesis Lower (Artificial Limb)</b>		
49	Partial Foot Prosthesis with PSS	1450
50	Symes Prosthesis, ALIMCO	1750
51	Below Knee Prosthesis (Jaipur Foot)	1900
52	Below Knee Prosthesis (ALIMCO)	2850
53	Extension Prosthesis (B.K) Jaipur Foot	1550
54	Extension Prosthesis (B.K) ALIMCO	2500
55	Through Knee Prosthesis, Jaipur Foot	3250
56	Through Knee Prosthesis, SACH Foot	4150
57	Above Knee Prosthesis, Jaipur Foot	3700
58	Above Knee Prosthesis, SACH Foot	4600
59	Extension Prosthesis (A.K), Pylon type, Jaipur Foot	2300
60	Extension Prosthesis (A.K), Pylon type, SACH Foot	3250
61	Stubbies (Above Knee), Bil. Without Shoe	3700

<b>Prosthesis Upper (Artificial Limb)</b>		
62	Cosmetic Glove with Filler	300
63	Partial Hand Prosthesis	600
64	Below Elbow Prosthesis	3750
65	Cosmetic Prosthesis(B.E)	1050
66	Above Elbow Prosthesis	6350
67	Cosmetic Prosthesis(A.E)	2100
<b>Mobility Aids</b>		
68	Crutch Axilla (single), ALIMCO	750
69	Crutch Elbow (single)	750
70	Walking Stick	500
71	Crutch Tip End (single)	25

A.F.O – Ankle Foot Orthosis, KAFO – Knee Ankle Foot Orthosis, HKAFO – Hip Knee Ankle Foot Orthosis, FRO – Floor Reaction Orthosis, PSS – Pair of Surgical Shoe, P.P – Polypropylene, Uni. – Unilateral, Bil.- Bilateral, B.K – Below Knee, A.K – Above Knee, S.O – Shoulder Orthosis, B.E – Below Elbow, A.E – Above Elbow, L.S – Lumbo-Sacral, KDL – Knee Drop Lock, HDL – Hip Drop Lock, PB – Pelvic Band, CTEV – Congenital Talipes Equinovarus, SOMI – Sterno Occipito Mandibular Immobilisation, ASH – Anterior Spinal Hyperextension, LTTP – Low Temperature Thermoplastic, VH – Visually Handicapped,

**3.7.5 Give details of the collaborative activities of the institution with the following:**

- **Local bodies / community**

Regular health education activity, ‘Days’ of public health importance, school health checkups, medical and dental camps are organized under the extension activities of community medicine department. Blood camps are organized with the help of volunteers from undergraduate and postgraduate students.

For all these extension activities, involvement of local leaders and community groups is ensured.

- **State government / Central government /NGOs**

Under national health mission program, departments of medicine, paediatrics, OBGY, microbiology are involved in protocol writing. NARRIM project is undertaken with the help of NARI (ICMR)

- The research projects Collaboration with other institutions are given below

Sr. No	Collaboration with other Institutions
1	<b>Indian Council of Medical Research (ICMR)</b> <ul style="list-style-type: none"> <li>- National Aids Research Institute (NARI)</li> <li>- NARRIM project</li> <li>- National Institute of Epidemiology (NIE)</li> <li>- Support for Development of Research Protocols</li> <li>- Guest Lectures</li> <li>- National Institute of Virology (NIV)</li> <li>- Rotavirus Multicentre Study</li> </ul>
2	<b>Moving Academy of Medicine &amp; Biomedicine, Pune.</b>
3	<b>Department of Health Sciences, University of Pune</b>
4	<b>Defence Institute of Advanced Technology, Pune</b> <ul style="list-style-type: none"> <li>• Title: Chitosan based hydrogel nanoparticles for applications in wound healing <b>Applied for DBT funding of 45.9 Lakhs</b></li> <li>1. Title: A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation device for bioartificial pancreas <b>Intramural funding from DIAT &amp; KIMSDU (Approximately 5 lac each)</b></li> </ul>
5	<b>Govt. of Maharashtra has identified KIMSDU for conducting different projects and CMEs</b>
6	<b>Indian Society of Lead Awareness and Research, Luknow</b>
7	<b>Community Services:</b> <ol style="list-style-type: none"> <li>1. Government of Maharashtra School for Mentally Challenged &amp; Remand Home</li> <li>2. Maharashtra State AIDS Control Society (MSACS) for Prevention of Parent To Child Transmission (PPTCT) /</li> <li>3. Anti-Retroviral Treatment (ART)</li> </ol>
8	Rajarambapu Institute of Technology Kasegaon
9	College of Engineering, Pune
10	Ayurvedic College, Varnanagar

- **National bodies**

- Collaboration with Defense Institute of Advance Technology (DIAT)
  - A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation device for bioartificial pancreas.
  - Phase I – in STZ induced Diabetic Mice model
  - Phase II – Using Cadaveric Pig Pancreas as Source of Islet (Ongoing)
- Chitosan Based Hydrogel Nanoparticles for application in wound healing between department of Biosciences and Technology, DIAT, Pune and KIMS, Karad.

### International agencies

Academic activities/ programs possible only by virtue of DU status		
Sr. No	Linkages with International Universities/ Organizations	Field of Collaboration
1	Academic Mission Cooperation between KIMSDU and Walter Reed Army medical center Washington DC USA	Student exchange, faculty exchange Twinning / dual degree program research
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6	MOA between KIMSDU and Masterskill University (M) SDN BHD, Malaysia	Top up programs
7	MOU between KIMSDU and The Governing Council of the University of Toronto.	Student Exchange, Nursing experience selective

- **Health Care Industry – Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO)**

- **List a few major clinical trials conducted with their outcomes are given below**

Clinical Trial Indication (Outside Agency)						
Trial Indication	Sponsor's Name	PI Name	CDA Status	EC Submission Status	DCGI Approval Status	Trial Status
Acute Coronary Syndrome	Sanofi	Dr. Sachin Patil	Obtained	Obtained	Obtained	Ongoing
Rota Virus	ICMR	Dr. C. D. Aundhkar	Obtained	Obtained	Obtained	Ongoing
HTN	Sunpharma	Dr. Patnge Aparna	Obtained	Obtained	Obtained	Yet to Start
MMR Vaccine	Serum Institute	Dr. C. D. Aundhkar	Obtained	Obtained	Obtained	Ongoing
Acute Coronary Syndrome (Pfizer I & II) (ACS)	Pfizer	Dr. Patnge Aparna	Obtained	Submitted	Obtained	Yet to Start in August
Nevarapine HIV	Clinsing	Dr. Aundhkar Madam	Yet to Obtain	Not Submitted	Not Submitted	Yet to start
Breast Cancer	Veeda	Dr. Suresh Bhosale	Yet to Obtain	Not Submitted	Not Submitted	Yet to start

- **Service sector**

Detail programme of CME at Sangli, Kolhapur & Sindhudurga Districts on 17/03/2013, 23/03/2013 and 24/03/2013 are given below

- **Programme of CME at Kolhapur Districts on 24/03/2013**
- **Programme of CME at Sangli, District on 17/03/2013**
- **Programme of CME at Sindhudurga District on 23/03/2013**

### 3.7.6 Give details of the activities of the institution under public-private partnership.

- Collaboration is established with the Remand Home (Govt.) and Primary and Secondary Schools of Zilha Parishad for routine health check up of the inmates and students.
- Training is undertaken by the experts from KIMSDU under National Navjat Shishi Suraksha Karyakram of health functionaries for facility

based neonatal care. Training is also given by Krishna Blood Bank to the blood bank officers.

- Consultation Services are provided to public health sector like evaluation of PHC of Kolhapur district with the DHO Kolhapur.
- Extension services by expert faculty in investigation of Epidemic in nearby villages with Public health sectors whenever there is an outbreak of diseases.
- Joint research projects are being implemented by the Government Organisations/ Institutions and KIMSDU are as follows-

1	A step towards use of Polysulfone based composite hollow fiber membranes as immunoisolation device for bioartificial pancreas	DIAT (Intramural funds)
2	Needs Assessment by Way of Situational Analysis in Satara District.	NARI (Intramural funds)
3	High Risk Group Mapping for HIV/AIDS and STI.	NARI (Intramural funds)
4	Prevalence and Identification of Etiopathogens Causing STI in Women in Karad & Patan Taluka. A community based observational study	NARI (Intramural funds)
5	Assessment and Evaluation of Contraceptive Usage Practices among Married Women in Satara District. A community based observational study	NARI (Intramural funds)
6	Feasibility of Cervical and Breast Cancer Screening (FCBS) and Mobile Medical Intervention (MIM) in Karad Taluka of Satara district, Maharashtra	NARI (Intramural funds)
7	“Development of Individualized Colour Coded Any Day Growth Monitoring Charts for Young Infants at Primary Health Care Workers” (Karad taluka pilot study)	NARI (Intramural funds)
8	HIV Cohort study in key population of Karad taluka	ICMR / International AIDS Vaccine Initiative (IAVI)
9	Estimation of lead from water, soil, pipes and blood of Karad, India	Underwriters Laboratories (UL) USA has been sanctioned Rs. 5 lakhs grant to the Indian Society for Lead

		Awareness & Research (InSLAR) Lucknow and the National Referral Centre for Lead Poisoning in India (NRCLPI), Bangalore and InSLAR, Lucknow selected the five centres and KIMS is one of them
10	Feasibility of Cervical and Breast Cancer Screening (FCBS) and Mobile Medical Intervention (MIM) in Karad Taluka of Satara district, Maharashtra.	Zilha Parishad Satara
11	Feasibility of Individualized Color Coded Any Day Neonatal Growth Monitoring Charts for Neonatal Care at Primary Health Care Level in Karad Taluka by ASHA Workers.	Zilha Parishad Satara
12	Efficacy and Feasibility of Growth Monitoring of Neonates in Sick Neonatal Care Units at Primary Health Centre and after Discharge of Neonates by Individualized Color Coded Any Day Neonatal Growth Monitoring Charts in Satara district.	Zilha Parishad Satara

**Any other information regarding Research, Consultancy and Extension, which the university would like to include**

- **A Director of International Collaborations and a Director for Extension Activities is appointed for giving impetus to these important activities.**
- **A substantial progress is seen in research publication, applications for patents, publishing of research journal (JKIMSU), Collaboration with national and international institutions, and consultancy and extension activities since establishment of KIMSDU, Karad. The continued progress in these areas has resulted in KIMSDU, Karad being identified as centre of excellence in research in India.**

## 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 has a Planning and Monitoring Board which meets twice a year to plan for the short and long term goals of infrastructure development taking into account the norms of the regulatory bodies and the requirements of the staff, students and residents of the campus. The University has a spacious campus of **57 acres**. The infrastructure is designed for meeting all the necessary requirements of the statutory councils. & the facilities provide for effective transaction of the teaching –learning process, health care & research.

The campus has well-laid out roads, pavements, street lights, CCTV, surveillance cameras, adequate provision for vehicle parking, open green spaces and manicured lawns resulting in an attractive and desired ambience as expected in institutions of higher learning.

Infrastructure details are as follows:

<b>Total area</b>	:	<b>57 acres</b>
<b>Built up area</b>	:	<b>1,26,028, Sq. meters.</b>
<b>Open space</b>	:	<b>1,32,755 Sq. meters.</b>
<b>Lawn area</b>	:	<b>43, 660 Sq. meters.</b>
<b>No. of trees</b>	:	<b>2096</b>
<b>Parking capacity</b>	:	<b>1200 two wheelers, 120 four wheelers.</b>
<b>Total area under new construction</b>	:	<b>12,805 Sq. meters.</b>
<b>New staff quarters</b>	:	<b>4000 Sq. meters.</b>

#### University & collage buildings:

Sr. No.	Name of the Building	Built up area in Sq. meters.	Facilities
1	University administrative building	2700	Offices of Vice-chancellor, Registrar, Controller of examinations, Finance officer, Directorates.
2	KIMS (Medical college)	16,057	Basic science departments with lecture halls, clinical

			laboratories, museums & animal house & offices,
3	Teaching Hospital	25576	1125 beds with ICU's, operation theatres & pharmacy, CSR, blood bank, specialty & diagnostic services, kitchen & dining hall for patients/relations.
4	KINS (Nursing college)	3604	Offices, classrooms, laboratories, museum, library
5	SDS ( Dental College)	11324	All departments of dentistry, 247 dental chairs, lecture halls, laboratories, museum, library, examination hall and offices
6	KCPT(Physiotherapy college)	1534	Class rooms, library, treatment areas, dept. of orthotic & prosthetics and offices
7	Faculty of Allied Sciences	3500	laboratories & lecture halls, OSCE/OSPE stations, sim /skills lab, molecular & genetics lab.
8	Central Library	4000	Reading Rooms with seating capacity of 572, Computer Lab, Journal room, Audio – visual room, media room, stack room

### Hostels

Sr. No.	Hostel	No. of rooms (single, double triple accommodation)	Built up area in Sq. meters.	Capacity
1.	M.B.B.S. Sr. Men's Hostel	120	3550	198
2.	M.B.B.S.Jr. Men's Hostel	56	2152	168
3.	M.B.B.S. Women's Hostel	100	4065	300
4.	M.B.B.S. Women's Hostel (Extension)	33	1900	66
5.	Intern Houseman Residence I	46	1335	92
6.	Intern Houseman Residence II	44	1803	132
7.	BDS Women's Hostel	61	3108	183
8.	Nursing Hostel 1	45	2000	135

9.	Nursing Hostel 2	48	2256	144
10.	Ladies Hostel	66	5080	178
11.	Physiotherapy Women's Hostel	78	5080	234
12.	International Hostel	45	1675	90

	International Hostel (new, Under construction)	100	4950	200
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#### Other Residential & Recreational areas

Sr. No.	Name of the building	Built up area in sq. meters	Facilities
1.	Auditorium	700	1000 seat, acoustic treatment, A/C
2.	Sports complex	550 + outdoor courts	Indoor and outdoor courts & grounds, Gymnasium
3.	Staff quarters	6105	92 flats of various capacity
4.	New Staff quarters		

#### Support Services

Sr. No.	Name of the building	Facilities
1.	Central Medical Store	Hospital inventory & control
2.	Medical Record Office	Computerized medical record
3.	Civil & Engineering	Maintenance equipments
4.	Power house	1000 KVA express feeder, 750 KVA generator, maintenance of electrical/electronic equipments
5.	Transport Department	15 vehicles including ambulances, buses, office cars
6.	Security office	75 no. of security personnel
7.	Laundry & Linen department	Washers, dryers, ironing for 8000 items per day
8.	Mortuary with cold storage	Capacity of 6 bodies
9.	Incinerator	35 Kgs/hour capacity
10.	Guest house	Well furnished 12 rooms with attached dining facility
11.	Cafeteria	seating capacity of 50
12.	Co-operative store	Everyday provisions uniform stationery
13.	Bank	Branch of Krishna Cooperative bank

14.	ATM	State Bank of India ATM center
16.	Effluent treatment	100 KLPD
17.	Sewage treatment	500 KLPD

The Institute has adequate infrastructure to meet the needs of staff and students in the campus. These facilities and infrastructure are supervised by designated officers. The '**optimal utilization**' is ensured by various administrative, hostel, hospital, sports and extra curriculum & support services committee.

**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,

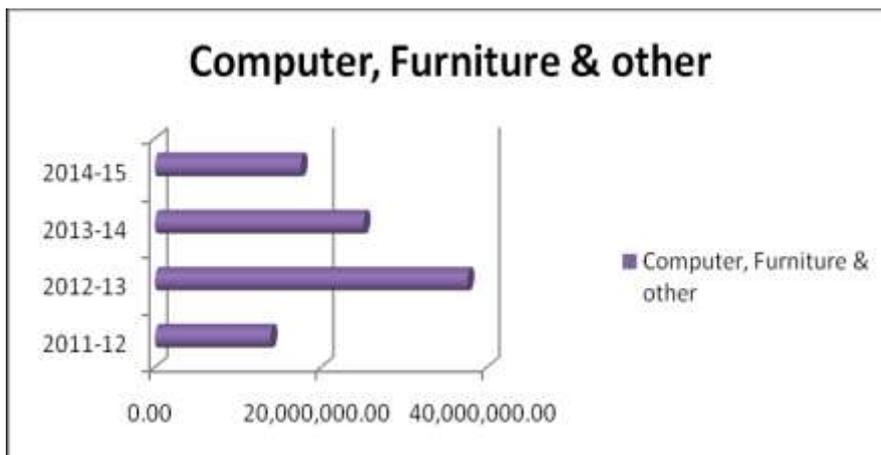
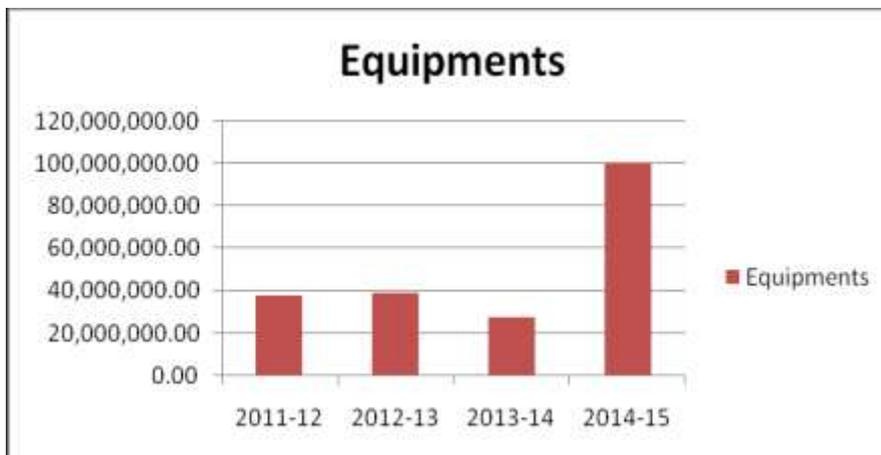
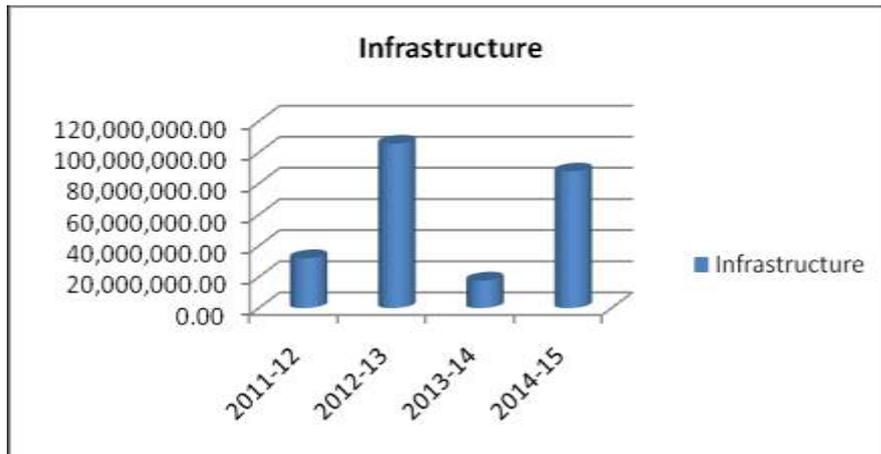
- The creation and enhancement of infrastructure has been a continuous process designed to meet the growing needs of academic requirements.
- During the last four years the University has spent Rs. 54 crores on infrastructure addition and enhancement.
- Construction of new annexure building for the medical college which has three lecture halls with a capacity of **250** and one lecture theatre with capacity of **500**. It also houses the department of pharmacology with its laboratories and museum. Total built up area **4706** sq.mt.
- New hostel building for women with **33** rooms having attached toilets and air-conditioners. Total built up area **2000** sq.mt.
- New OPD complex which now has the dermatology & Psychiatry department with a floor space of **450** sq.mt.
- New hospital building with ICU's – **3800** sq.mt.
- The Radio-diagnosis complex was expanded with addition of **500** sq.mt. and installation of new **16** slice CT & **1.5** tesla MRI.
- **Three Research laboratories were established with state & art equipments namely**
- **Molecular & Genetic Laboratory**
- **Virology Laboratory**
- **Lead Referral Laboratory**
- **The Department of Cardiology and Cardio-thoracic Surgery and the Renal Transplant unit were added with three ultra modern operation theatres, ICU's and Cath-lab.**
- Addition of lithotripsy, operating microscopes, endoscopes, C-arm & 5 part analyzer for the clinical lab.

- The other additions include creation of OSCE/ OSPE station, the SIM and Skill laboratories, expansion of laundry and linen department with addition of new equipment.
- Additional floor space is provided for the library with a media room.
- Addition to IT infrastructure with 1 GB dedicated lease line Wi-Fi campus, no. of teaching and administering soft-wares e.g. SAAKI, Smart each, HIMS (Hospital Information Management System) and computer labs.
- New modern ETP/ STP plant with capacity of 500 KLPD & organic waste processor is commissioned.
- Ongoing construction includes:
  - a. International hostel with **100 A/C rooms** with attached toilets – **5000 sq.mt.**
  - b. **40 Staff Apartments: 2 BHK -4000 sq.mt.**
  - c. **20 private rooms and suites for the teaching hospital – 1100 sq.mt.**
  - d. Reinforcing of the bunker and installation of linear accelerator for Radiotherapy – **1100 sq.mt.**
  - e. OT renovation & up gradation with latest technology.

Details of Addition in Infrastructure, Equipments and other facilities during last 4 years.

Sr.No	Particulars	2011-12	2012-13	2013-14	2014-15	Total
1	Infrastructure	31975017	105624654	17627497	87715994	242943162
2	Equipments	37913995	39167557	27608923	100650751	205341226
3	Computer, Furniture & other	13937311	37650134	25135354	17575678	94298477
	Total	83826323	182442345	70371774	205942423	542582865

The total expenditure on Infrastructure and facilities during the last 4 years Is to the tune **Rs.54,25,82,865/-** ( Rupees Fifty Four Crore Twenty Five Lakh Eighty Two Thousand Eight Hundred Sixty Five Only)



**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.**

The institution has provided all its departments with facilities like office rooms, common rooms and separate rest rooms for women students and staff.

**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 institution ensures that the infrastructure facilities are barrier-free and provide easy access to the college and hospital premises for differently-abled persons.**
- **Separate earmarked parking spaces close to the college/hospital entrances have been reserved for them.**
- **Adequate ramps and other mobility aids like wheelchairs are provided.**
- **Multiple lifts facility is available in all the buildings for smooth and easy mobility of differently –abled persons.**
- **Separate washrooms are provided.**
- **Appropriate signage are displayed at strategic places for easy access to services & facilities.**

**4.1.5 What special facilities are available on campus to promote students' interest in sports and cultural events/activities?**

The university has a well established Sports complex with facilities for indoor and outdoor games.

- **Field Games:**
  - a. Foot Ball
  - b. Hockey
  - c. Cricket
- **Outdoor courts games:**
  - a. Tennis
  - b. Basket ball
  - c. Volley ball
  - d. Ring tennis / throw ball
- **Indoor Courts:**
  - a. Badminton
- **Indoor games:**
  - a. Chess
  - b. Carrom
  - c. Table Tennis
- **Aerobics & Yoga:** Special indoor room with acoustics is provided for aerobics and yoga is conducted by experts.

- **Health club:** Steam bath and massage.
- **Gymnasium:** Well equipped gym for women & men with cardio and weight training facility supervised by qualified trainers.
- Cultural events are conducted regularly & the university has a 1000 seat Auditorium with modern facilities of acoustic treatment & air conditioning for conduct of cultural activities. An outdoor am phi theatre is under construction.  
There is a director of sports & cultural events who is responsible for planning & conduct of cultural activities.
- Services of dietician, physical trainers & physiotherapists are provided.

#### 4.1.6 What measures does the institution take to ensure campus safety and security?

- Guided by a Defense Army officer a security plan is executed by dividing the campus into **3 zones** depending on the security parameters. The Security Officer has **75 trained guards** working at well conceived check points which includes the hospital, college and hostels. A '**Quick response team**' has been developed for emergencies. The security team also has a fire-fighter at its disposal with 10 trained personnel for operation. The security guards are provided with walkie-talkies for seamless communication.
- CCTV cameras and metal detectors are placed at strategic locations throughout the campus.
- Entry is restricted for vehicles and the staff vehicles are provided with identification stickers.
- Identity cards are provided to all students, staff and employees.
- **Staff attendance is regulated by the biometric attendance system.**
- **For women's safety helpline numbers are displayed on all notice boards and in prominent places.**
- **All women are being trained in self-defense.**
- Statutory fire safety norms are being followed and a modern fire hydrant system is under installation.
- The main buildings in the campus are provided with lightening arrestors and the lifts are certified by concerned authorities for safety.
- Inspections of all kitchen facilities is carried out periodically for hygiene and all food holders undergo regular health checkups.
- **The campus is provided with uninterrupted power supply.**

**4.1.7 Facility of Animal House :**

- **Is animal house maintained as per CPCSEA guidelines? :**
- **Whether records of 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?**
- **Is animal house maintained as per CPCSEA guidelines? :**

**Yes.**

- **Registration No. : 255/PO/2000/BC/CPCSEA till 09.05.2015**
- Process of renewal for next three years is initiated.
- The animal house is not used for breeding and selling experimental animals.
  - a. **All CPCSEA guidelines are followed with proper space, ventilation and temperature control for housing animals.**
  - b. Regular veterinary checkups and waste disposal is according to prescribed norms.
  - c. Operation theatre is provided for treatment.

- **Whether records of animal house are maintained for learning and research activities? :**

**Yes,**

the records of animal house are maintained for learning and research activities. They are as per prescribed norms of Medical Council of India / Indian council of medical research.

- **Does the animal house have approval for breeding and selling experimental animals as per CPCSEA guidelines?**

- **Registration No. : 255/PO/2000/BC/CPCSEA till 09.05.2015**
- Process of renewal for next three years is initiated.
- The animal house is not used for breeding and selling experimental animals.

**4.1.8 Provide the following details on the use of laboratories / museums as learning resources:**

- **Number**
- **Maintenance and up-gradation**
- **Descriptive catalogues in museums**
- **Usage of the above by the UG/PG students**

The museums serve as an instruction & learning medium with their display of specimens, models, charts, placards, films & E- resources.

Laboratories are important teaching learning tools & they are provided with all the necessary infrastructure & equipment.

- **Number:**

**Museum & Laboratories**

	<b>LABS</b>	<b>MUSEUM</b>
<b>Faculty of Medical Sciences</b>	39	06
<b>Faculty of Dental Sciences</b>	10	02
<b>Faculty of Nursing Sciences</b>	05	---
<b>Faculty of Physiotherapy</b>	02	01
<b>Faculty of Allied Sciences</b>	04	---
<b>Total</b>	<b>60</b>	<b>09</b>

**Faculty of Medical Sciences**

Department wise Laboratory:

<b>ANATOMY</b>	<b>PHYSIOLOGY</b>	<b>BIOCHEMISTRY</b>	<b>PATHOLOGY</b>
Research lab	Research lab	Research lab	Research lab
Histology lab	Amphibian lab	UG lab	Autopsy lab
Dissection Hall	Mammalian lab		Histopathology lab
	Human lab		Clinicopathology lab
	Clinical physiology lab		Hematology lab
			UG lab
			Cytopathology lab
Total - 3	Total - 5	Total - 2	Total - 7
Museum - 1	-	-	Museum - 1

<b>MICROBIOLOGY</b>	<b>PHARMACOLOGY</b>	<b>FMT</b>	<b>PSM</b>	<b>Other</b>
Research lab	Research lab	Research lab	Research lab	Central Research lab
UG lab	Practical lab	UG lab	UG lab	
Bacteriology lab	Experimental lab			Molecular lab
Serology lab	Clinical			

Parasitology lab	pharmacology lab			KIMS Diagnostic lab
Virology lab				Blood Bank lab.
Immunology lab				Computer Lab.
Mycobacteriology lab				
Mycology lab				
Total - 9	Total - 4	Total - 2	Total - 2	Total 5
Museum - 1	Museum - 1	Museum - 1	Museum - 1	

KIMS Research Lab. = 39

Museum = 06

### Faculty of Dental Sciences

Department wise Laboratory:

SDS Research Lab. = 10

Museum = 02

<b>Conservative Dentistry &amp; Endodontics</b>	<b>Prosthodontics &amp; Crown &amp; Bridge</b>	<b>Oral Pathology &amp; Microbiology</b>	<b>Orthodontics</b>	<b>Public Health Dentistry</b>
Preclinical Laboratory Ceramic & Metal Lab	Preclinical Laboratory Production Laboratory Ceramic Laboratory Post-graduate Laboratory Clinical Laboratory	Hematology Laboratory Histopathology Laboratory	Preclinical Lab.	
Total - 2	Total - 5	Total - 2	Total - 1	
		Museum -1		Museum - 1

<b>Faculty of Nursing Sciences</b>	<b>Faculty of Physiotherapy</b>	<b>Faculty of Allied Sciences</b>
<b>Laboratories</b>	<b>Laboratories</b>	<b>Laboratories</b>

Nursing Foundation	Kinesiotherapy lab	Biotechnology lab
Nutrition	Electrotherapy lab	Microbiology lab
Maternal & Child Health		Tissue culture lab
Community Health Nursing		Computer lab
Computer Lab.		
Total - 5	Total - 2	Total - 4
Museum - Nil	Museum - 1	Museum - Nil

- **Maintenance and Up gradation:**

Maintenance and up gradation is carried out continuously for display systems and new technology upgrades are incorporated.

The museum and laboratories are maintained by curators & technicians of respective departments.

**Catalogues:**

The catalogues are scientifically maintained in terms of indexing, content, presentation & references. They are descriptive and provide information on the specimens/systems/equipments/objects/ instruments & the method of use.

**Usages of the above by the undergraduate and postgraduate students:**

The museums are an important learning resource where visual displays help students to co-relate with real life situations.

Laboratories particularly in basic sciences are used for experimental & demonstrative learning.

The clinical skills laboratories recreate the clinical setting. The students learn their clinical skills in small groups supervised by specialist tutors. Various simulators are used for imparting skills ranging from male/female mannequins to virtual reality laparoscopic simulators which enhance their cognitive skills.

**4.1.9. Dentistry:**

- Dental chairs in clinic –specialty wise**

Sr. No.	Department Name	No of chairs
1.	Orthodontics	<b>18</b>
2.	Oral surgery	<b>39</b>
3.	Oral medicine	<b>11</b>
4.	Periodontology	<b>45</b>
5.	Pedodontics and preventive dentistry	<b>19</b>
6.	Prosthodontics, crown and bridge	<b>43</b>
7.	Conservative dentistry	<b>43</b>
8.	Public health dentistry, Rural satellite clinic, Dental mobile unit	<b>13</b>
9.	Oral pathology	<b>13</b>
10.	Implantology department	<b>6</b>

- Total Dental chairs : 247 chairs**

- Schedule of chair side teaching in clinics- specialty wise** is available for third year students and final year students.

- Number of procedures in clinics per month and year department wise for year of 2014-15**

The average number of procedures in clinics per month and year are as follows :

- Department of Oral Surgery**

Minor surgical procedures and exodontia

- **1089 per month**

- **12,500 per year**

**Major Surgical procedures under GA**

- **9 - 10 per month**

- **114 per year**

- Department of Prosthodontics**

Number of clinical procedures in clinics including complete denture, removable dentures and fixed partial dentures-

**Per month during year 2014-1015- 1296**

**For Year 2014-2015 – 15552**

- Department of orthodontics and Dentofacial Orthopedics**

Number of clinical procedures in clinics

**Per month- 400**

**For year 2014-15- 4800**

4. **Department of Oral Pathology and Microbiology and Forensic Odontology**  
Number of clinical procedures in clinics per month  
**Biopsy 55 per month**  
**Cytology 170 per month**  
**Hematology 265 per month**  
Number of clinical procedures in clinics for year 2014-2015  
**Biopsy 650 per month**  
**Cytology 2050 per month**  
**Hematology 3150 per month**
  
5. **Department of Oral Medicine and Radiology**  
Number of clinical procedures in clinics per month  
**New OPD patients- 5500**  
**IOPAS 2200**  
**OPGS 210**  
**Lateral Cephalograms 50**
  
6. **Department of Periodontology**  
Number of clinical procedures in clinics per month  
- **Oral Prophylaxis 750**  
- **Minor Periodontal surgery 50**  
- **Major Periodontal Surgeries 45**  
Number of clinical procedures in clinics for year 2014-15  
- **Oral Prophylaxis 9000**  
- **Minor Periodontal surgery 650**  
- **Major Periodontal Surgeries 450**
  
7. **Department of Pedodontics**  
  
**Number of clinical procedures in clinics per month – 100**  
**Number of clinical procedures in year 2014-15 – 1100**
  
8. **Department of Public Health Dentistry**  
  
**Number of clinical procedures in clinics per month – 55**  
**Number of clinical procedures in year 2014-15 - 450**
  
9. **Department of Conservative Dentistry and Endodontics**  
  
Number of clinical procedures in clinics per month
  1. **RCTS- 135**
  2. **Amalgam Fillings 390**
  3. **GIC fillings 48**
  4. **Composite Fillings 42**

Number of clinical procedures in clinics per year

1. **RCTS- 1674**
2. **Amalgam Fillings 5921**
3. **GIC fillings 490**
4. **Composite Fillings 443**

- **Mobile Dental Care Unit**

**Introduction:**

Mobile Dental Care unit of the Department of Public Health Dentistry, School of Dental Sciences, comprises of a mobile dental van equipped with a dental chair. This unit is used to render dental care to remote and inaccessible areas of Satara district with the help of a team of dental surgeons.

**Objectives:**

- To provide dental screening/treatment services to people in inaccessible areas of the district
- To provide, dental health education and screening/treatment services to various groups like, the geriatric, specially challenged, orphans, juvenile delinquents, school children and people residing in villages across the district.

**Number of people benefitted :**

Year	Number of camps	Number benefitted
2011	125	18,117
2012	102	17,140
2013	236	19,586
2014	190	20,784
2015 (till april)	69	5,730

**School of dental sciences have the following laboratories**

Sr. No.	Department clinical	Laboratories
1	Prosthodontics	5
2	Pedodontics	1
3	Conservative	3
4	Orthodontics	2
5	Oral pathology	2

**4.1.10 Pharmacy:**

- Pharmaceutical Science Laboratories:
- Museum for drug formulations
- Machine room
- Herbarium / crude drug museum
- Balance room

- Chemical store
- Instrumentation facilities
- Pilot plant
- Computer aided laboratory

Not Applicable

#### 4.1.11 Yoga and Naturopathy :

- **Demonstration hall with teaching facility to cater to the needs of the students :**  
University has a hall in the sports complex with a teacher who teaches Yoga.
- **Diet Service Management Department :**  
University has a dietician who caters to the dietary requirements of the patients as well as the staff and students.
- **Yoga cum multipurpose hall for meditation and prayer : Yes**
- **Outdoor Facilities - Walking track:** A well marked walking track is available in the campus.
- **Swimming Pool :** Under construction.
- **Solarium : Not Applicable**
- **Mud Storage Unit : Not Applicable**
- **Naturopathy Blocks: Not Applicable.**

#### 4.1.12 Homeopathy:

- **Museum and demonstration room (Homoeopathic Pharmacy Laboratory, Pathology Laboratory, Community Medicine, Homoeopathic Materia Medica, Organon of Medicine including History of Medicine)**
- **Repertory with Computer Laboratory and Demonstration Room**

NOT APPLICABLE

#### 4.1.13 Nursing :

The following laboratories are available for nursing students as per Indian Nursing Council norms.

- **Nursing Foundation Laboratory :**
  - It consists of **10 beds** with mannequins and all instruments for nursing procedures. The primary goal of the Skills Lab is to enhance the first semester nursing students' didactic learning of nursing intervention concepts with the valuable opportunity of

practicing them on adult-sized “patients.” In addition to scheduled campus laboratory sessions, the laboratory has open hours for all students in the Faculty of Nursing.

- **MEDICAL-SURGICAL NURSING LABORATORY :**
  - The purpose of this laboratory is to teach students the general Medical-Surgical Nursing care skills by utilizing the methods of direct demonstration and repeated practice. It has charts, skeletons, assorted bones and necessary instruments.
- **COMMUNITY HEALTH NURSING LABORATORY :**
  - Faculty of Nursing has well equipped community lab with all adequate facilities. There is a special provision to preserve community bags, models, charts etc. There is also special provision for to preserve health care record of community i.e. family folders. There is arrangement to demonstrate various community procedures to the students.
- **MATERNAL AND CHILD HEALTH LABORATORY:**
  - Faculty of Nursing has state of art mother and child health laboratory to train the students and enable them to have hands-on exposure to perform different procedures while caring for the maternal and child health in the hospital as well as in the domiciliary setting.
  - MCH laboratory- The faculty has well-furnished 1200 sq. feet area MCH laboratory. The laboratory is utilized by students of Faculty of Nursing and they get enriched with firsthand experience from all the teachers.
- **NUTRITION LABORATORY :**
  - Faculty of Nursing has a full-fledged nutrition laboratory with all culinary articles including microwave oven, gas stoves and all the necessary cooking and serving vessels to provide good cookery practical experience to the students. Students use these for nutrition, demonstration along with charts and catalogues.
  - Students co-relate this knowledge in clinical areas and community to teach the patient how to use food as medicine.
- **PRE CLINICAL LABORATORIES : Pre clinical** laboratories of faculty of medicine are used by the students.
- **SPECIMENS, MODELS AND MANNEQUINS:**
  - Various specimens, models and mannequins are available as per subject and are used by the students.
  - A total of **56 models, 14 mannequins and 04 specimens** are available.

**4.1.14 Ayurveda :**

- Herbal Gardens
- Museum Herbarium
- Panchakarma Facility
- Eye Exercises Clinic
- Kshara Sutra and Agni Karma Setup
- Ayurveda Pharmacy

NOT APPLICABLE

**4.1.15 Does the institution have the following facilities? If so, indicate its special features, if any.**

- **Meditation Hall:** A well developed meditation hall equipped with a sophisticated music system to enhance the translation powers of meditation is available for staff and students. All steps are taken to ensure that the meditation hall is free them all disturbances.

**4.1.16 Provide details of sophisticated equipments procured during the last four years.**

S.N.	Name of Equipments	Qty	Rate	Date of Purchase
1	Harmonic Scaple and Enseal System	1	11,52,169 /-	22-09-2011
2	Harmonic Enseal Advance Bioplar	1	6,00,831 /-	22-09-2011
3	Autoclave High speed high pressure	1	7,14,744 /-	23-10-2011
4	Colonoscope Fujifilm with Forceps	1	6,49,425/-	25-11-2013
5	STRYKER HD Camera, LED Light Source, 26" HD Monitor with 10mm 30deg. Laproscope	1	18,00,000/-	13-12-2013
6	C.Arm Machine Surgico Philips HF60DHE	1	861000/-	20-02-2014
7	Gastroscope fujinon 200 series	1	5,50,000/-	06-03-2014
8	Arthroscope System Strykar	1	7,50,000/-	30-04-2014
9	C.Arm Surgico Machine Philips	1	8,45,250/-	02-12-2014

**Anesthesia Department**

S.N	Name of Equipment	Qty	Rate	Date of Purchase
1	Monitor Delta MS 18597 Draeger	1	5,14,027/-	14-01-2012
2	Anesthesia Machine Fabius Plus	1	7,81,000/-	28-05-2012

**Pediatric NICU & Ward**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Baby Log 8000 Plus ASCJ0035	1	13,25,000/-	14-09-2011
2	Ventilator Oxylog 3000 Plus	1	6,15,000/-	13-07-2012
3	E-Vita 4 Ventilator Draeger	1	16,80,000/-	24-07-2013

**MEDICINE (MICU)**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Drager Ventilator (Savina)	2	@7,50,000/- 15,00,000/-	13-04-2010
2	Hemodialysis Machine	1	6,25,000/-	22-07-2010
3	Hemodialysis Machine	1	6,25,000/-	30-06-2011
4	Colored Doppler Ultrasound Scanner	1	22,50,000/-	27-09-2012
5	Ingersoll Rand Make Vaccum Pump	1	7,31,250/-	07-10-2013
6	Drager Ventilator with Stabilizer (Savina)	2	@7,50,000/- 15,00,000/-	21-11-2013

**OPHTHALMOLOGY DEPARTMENT**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Yag Laser Nidek Model YC 1800	1	10,23,750/-	31-07-2010
2	Green Laser Nidek Model GYC-1000 with Slit Lamp	1	14,70,000/-	31-07-2010
3	Phaco Machine Compact	1	10,90,000/-	23-08-2011
4	Surgical Microscope for Eye Surgery	1	10,50,000/-	04-12-2012
5	Perimeter Octopus Basic30 deg.	1	9,05,000/-	25-01-2013
6	Sight Saving Equipment Topcon	1	14,63,760/-	08-10-2014

**ENT OPD**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Bera Machine Path advanced	1	824000/-	07-01-2015

**DEPARTMENT OF RADIO-DIAGNOSIS**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	DMR+ Mammography Machine	1	11,95,000/-	20-08-2010
2	Cardiac & Vascular Angiography System	1	26,25,000/-	23-08-2010
3	Acuson Ultrasound X-300	1	12,35,000/-	23-09-2011
4	Color Doppler Ultrasound Scanner (Old Buyback)	1	13,00,000/-	27-09-2012
5	C.T. Tube Wipro GE	1	16,00,000/-	23-01-2013
6	CT Scan Somatom	1	1,44,07,257/-	01-04-2014
7	MRI Machine Magnetom	1	4,21,72,121/-	01-04-2014

**DEPARTMENT OF COBALT**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Dosimetry System with max 4000	1	7,74,000/-	22-02-2014

**DEPARTMENT OF MICROBIOLOGY**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Fluorescent Microscope Lilac	1	4,50,000/-	26-06-2010
2	CD 4 Counter Alere	1	7,22,925/-	05-12-2012

**ELECTRICAL & ELECTRONIC DEPARTMENT**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Electrical Substation 750 KVA	1	26,00,000/-	
2	D.G. Set 250 KVA	1	15,05,595/-	16-01-2012
3	Transformer 750KVA	1	6,89,099/-	25-06-2014

**VIP ICU**

S.N.	Name of Equipment	Qty	Rate	Date of Purchase
1	Hemodialysis Machine Fresenius	1	7,00,000/-	03-03-2012
2	Autoclave (Periclave)	1	5,23,317/-	07-06-2012

**MOLECULAR AND GENETICS LABORATORY**

S.R.	Particular	Qty	Rate	Date of Purchase
1	Gel Documentation Systems	01	7,29,657/-	26-07-2011
2	Mastercycler Gradient with heated lid & personal card	01	5,01,968/-	24-08-2011
3	Trinocular Research Microscope	01	34,42,450/-	30-01-2013
4	CO2 Incubator Thermolab	01	6,10,230/-	01-02-2013
5	Premium Upright Freezer model U410 Eppendorf	01	5,11,350/-	20-07-2013
6	Cryostat Leica CM1520	01	1,35,0000/-	24-08-2013
7	PCR System Step one Real Time	01	9,50,000/-	04-04-2014

**TRANSPORT**

S.R.	Particular	Qty	Rate	Date of Purchase
1	Ambulance Tata Winger	01	5,57000/-	24-10-2011
2	Skoda Superb	01	21,52,981/-	16-07-2014
3	Bolero	01	7,28,370/-	11-08-2014
4	Maruti EECO	01	4,07,008/-	07-07-2014

**LAUNDRY**

S.R.	Particular	Qty	Rate	Date of Purchase
1	Flat Work Ironer with Accessories	01	507684/-	22-08-2011
2	Flatwork Ironer with accessories	01	18,34,626/-	26-11-2014
3	Washer Extracter HWF 55	01	18,00,000/-	24-04-2014

**CATH-LAB**

S.R.	Particular	Qty	Rate	Date of Purchase
1	Axiom Artis U – Machine	1	99,00,000/-	08-12-2011
2	Data Scope Life Saving & Life Supporting IABP System	1	22,32,000/-	12-01-2012
3	Autoclave High Speed	1	7,14,744/-	23-12-2011
4	Sterlizer ETO Rujicon	1	5,62,500/-	03-02-2012
5	Ventilator Transport Savina Systems	1	7,50,000/-	10-04-2012

**CASUALTY ICU**

S.R.	Particular	Qty	Rate	Date of Purchase
1	Ventilator Drager Savina	2	@7,50,000/- 15,00,000/-	19-06-2012

**CARDIAC SURGERY (CVTS)**

S.R.	Particular	Qty	Rate	Date of Purchase
1	Laminar Flow HIVAC system	1	10,17,406/-	01-09-2012
2	Anesthesia Machine Detex Ohmeda Aspire View with Accessories	1	12,40,000/-	18-06-2012
3	Heart Lung Machine HL20	1	69,87,680/-	26-06-2012
4	O.T. Light Maquet	1	9,00,000/-	21-07-2012
5	Ventilator Drager Savina	2	@7,50,000/- 15,00,000/-	07-05-2014

**SANITATION DEPARTMENT**

S R	Particular	Qty	Rate	Date of Purchase
1	Composter KC-1000	1	16,00,828/-	11-02-2015

**I.T. DEPARTMENT**

S.R.	Particular	Qty	Rate	Date of Purchase
1	Microsoft License Software	1	9,64,529/-	27-06-2014

**BIOCHEMISTRY DEPARTMENT**

S.N	Particular	Qty	Rate	Date of Purchase
1	Analyzer fully automatic EM-360	1	10,50,000/-	22-10-2011
2	Fully Automated Cl. Chemistry Analyser EM 360 with Monitor	1	14,50,000/-	08-09-2014

**Renal Transplant OT**

S.N	Particular	Qty	Rate	Date of Purchase
1	Direx Extracorporeal shockwave model compact XL Inita Medical Technologies	1	6,70,000/- 1913320/-	06-11-2014

**University Press**

S.N	Particular	Qty	Rate	Date of Purchase
1	Xerox Machine Digital Press 360	1	13,50,000/-	29-11-2014
5	Software Clinical Learning (Library)	1	9,25,000/-	21-08-2014

**4.2. Clinical Learning Resources****4.2.1 Teaching Hospital:**

- **Year of establishment:** 1982.
- **Hospital institution distance:** Within the Campus.
- **Whether owned by the college or affiliated to any other institution?** : Owned by the Institute.
- **Are the teaching hospitals and laboratories accredited by NABH, NABL or any other national or international accrediting agency?**
  - **Krishna Institute of Medical Sciences Deemed University is an ISO 9001 : 2008 certified University.**
  - **Neonatal ICU is accredited by National Neonatology Forum (India).**

- **Blood Bank is accredited by National Accreditation Board for Hospital Accreditation (NABH).**
  - **KIMS Diagnostics (Laboratory) is accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL).**
  - **Number of beds : 1125**
  - **Number of specialty services : 13**
  - **Number of super-specialty services : 04 (2 MCI Recognized McH programmes)**
  - **Number of beds in ICU / ICCU / PICU / NICU, etc. :**
    - **ICU : 14, ICCU : 17, PICU : 04, NICU : 20, Casualty ICU : 06, Maternity ICU : 04, Cardiology : 06**
  - **Number of operation theatres : 14**
  - **Number of Diagnostic Service Departments : 4**
  - **Clinical Laboratories : 05**
  - **Service areas viz. laundry, kitchen, CSSD, Backup power supply, Air Conditioning plant, Manifold Rooms, pharmacy services : Available**
  - **Blood Bank services :**
  - **Establishment of Department :**
    - Hospital-attached Blood bank was established in **1984**. Blood components division was started in **2005**. Blood bank attained status of Regional Blood Transfusion Center (R.B.T.C) from State Blood Transfusion Council of Maharashtra (S.B.T.C) in **2008**. Blood bank has been accredited by National Accreditation Board for Hospital and Health Care Providers (NABH) by Quality council Of India Delhi on **4<sup>th</sup> June 2014**.
  - **Recognition of Department**
    - Blood Bank is licensed by Drugs Controllers of India and follows the rules and regulation put down by Food and Drugs Administration.
- Services given**
- Provides safe, clinically effective and appropriate quality of blood and blood components to the patients.
  - Free blood to patients of Thalassemia, Hemophilia, and Blood Dyscrasia.
  - Organization of blood donation camps and blood group camps in schools and colleges.
  - Organization of lectures for awareness of blood donation and blood components.

- **Ambulance services:** Four ambulances are available round the clock. 1 ambulance has well equipped with Monitor with ventilator, Defibrillator ECG, Oxygen cylinder, Ambu Bags, emergency drugs tray.
- **Hospital Pharmacy services:** Two hospital pharmacies are functional, one in OPD area and one in IPD area. The **OPD pharmacy functions 24 X 7.**
- **Drug poison information service :**  
The department of Pharmacology has and maintains a collection of CIMS, MIMS, Pharmacopeias and E-journals. The department has initiated a process of providing drug information services in conjunction with toxicology services and pharmacovigilance programme. The institute carries out estimation of organo-phosphorus-cholinesterase estimation which is the commonest poisoning encountered in the hospital emergency room. The lead referral laboratory provides lead estimation for detecting lead poisoning.
- **Pharmacovigilance:** Pharmacovigilance committee is functional in the hospital. Adverse drug reaction and reporting activities are carried out regularly. The hospital has a drug committee which monitors prescription practices & it has representatives of all clinical faculties.
- **Mortuary, cold storage facility:** Mortuary with cold storage facility for six bodies is available along with additional cold storage facility for **twelve cadavers** in department of anatomy.
- **Does the teaching hospital display the services provided free of cost? : Yes,** boards are displayed at prime places and free services are informed to the patients and relatives.
- **What is the mechanism for effective redressal of complaints made by patients? :**

Yes,

The institution has both formal and informal mechanisms for effective redressal of complaints by patients. Formal methods include

- Complaint and suggestion boxes kept at various places and obtaining patient's feedback. The informal mechanisms include: oral submissions of patients and attendants, personal conversation, letters, telephonic calls, comments and remarks by relatives and friends visiting the patients and personal interview at the time of discharge.
- Written complaints can be filed directly at the Public Relation Office.

The patient / family members are made aware of the procedure for lodging complaints.

Compilation, analysis & documentation is done by the IQAC.

Corrective actions are taken, based on the analysis.

- **Give four years statistics of inpatient and outpatient services provided.**

#### **CENSUS FOR LAST FOUR YEARS**

##### **Krishna Hospital and Medical Research Centre**

<b>Year</b>	<b>OPD</b>	<b>IPD</b>
2014	623443	45903
2013	621139	44174
2012	590740	41285
2011	473043	36581

- **Does the hospital display charges levied for the paid services? : Yes**
- **Are the names of the faculty and their field of specialization displayed prominently in the hospital? :**

**Yes.**

The names have been displayed in the website and on the boards at strategic locations of the hospital.

- **Is pictorial representation of the various areas of the hospital displayed in a manner to be understood by illiterate patients? :**

**Yes.**

The pictorial area maps have been displayed on the boards at strategic location in the hospital.

- **Is there a prominent display of ante-natal, mother and child health care facilities?**

**Yes.**

Facilities are displayed at prominent places in the OPD, admission area & maternity ward.

- **How does the hospital ensure dissemination of factual information regarding rights, responsibilities and the health care costs to patient and the relatives/attendants? :**

The rights and responsibilities are displayed in the form of a '**Citizen's charter**' which also gives information about grievance redressal mechanism.

**The display is bilingual (English/ Marathi (Local language))**

The displays are at permanent strategic locations and information is provided through small booklets given free of cost on admission.

The hospital follows a standard procedure which entails:

- a. The patient/ family members are explained about the expected results and also about possible complications.
- b. The patients/ family members are informed about the results of diagnostic test and the diagnosis.
- c. Confidential information is (HIV test results) revealed only to the patient.
- d. Charges likely to be incurred are informed to the patient.

• **How does the hospital ensure that proper informed consent is obtained? :**

The documented procedure incorporates the list of situations where informed consent is required and the process for taking informed consent.

- **General consent** for treatment is obtained when the patient enters the hospital. (The patients and family members are informed of the scope of such general consent.)
- **Informed consent** include information regarding the procedure, risks, benefits, alternatives and who will perform the requisite procedure in a language they can understand. (The consent form is in the name of the doctor performing the procedure. **The consent form is in the language that the patient understands** )
- When the patient is incapable of independent decision making the institution takes into consideration statutory norms to decide the next of kin and in case of unconscious / unaccompanied patients the treating doctor takes decisions in life saving situations. (The informed consent is taken by the person performing the procedure.)
- The informed consent process adheres to statutory norms:
  - a. **Taking consent before the procedure.**
  - b. **Taking a fresh consent (for a new procedure)**
  - c. **Taking consent every time (for lifelong procedure)**
  - d. **At least one independent witness signs the consent form.**

- **Does the hospital have well-defined policies for prevention of hospital-acquired infections? :**

**Yes**

The hospital has a well designed and comprehensive ‘**Hospital Infection Control Program**’ for preventing hospital acquired infections. It is based on current scientific knowledge and follows WHO and CDE guideline.

The hospital has a multi-disciplinary infection control committee entrusted with infection prevention activities.

The hospital infection control manual identifies risk areas and has set standard operating protocols (SOP’s) directed at prevention of infection. These include hand hygiene, injection, infusion, cleaning, dis-infection and sterilization practices.

- **Does the hospital have good clinical practice guidelines and standard operating procedures? :**

**Yes.**

The hospital follows good clinical practice guidelines with well documented Standard Operating Procedures. Periodic training and orientation is imparted to all health care workers for providing uniform care & patient safety in all setting.

- **Does the hospital have effective systems for disposal of bio-hazardous waste? :**

**Yes.**

The hospital has a effective system of disposal of bio-hazardous waste. Bio-hazardous waste is collected at the point of generation in prescribed colour coded bags and bins. They are segregated and stored at a specific area and is handed over every day to the common disposable facility run by the hospital. The hospital has its own incinerator. Hospital holds an updated license from Maharashtra Pollution Control Board and valid contract with the common disposal facility approved by Maharashtra Pollution Control Board.

- **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? :**

**Yes.**

Safety measures are displayed in relevant areas. PPE is provided to all health care workers including students when they are in the patient care areas.

- Hand hygiene facilities are provided at all places in the hospital.
- Health care workers high risk areas of ICU, operation theatres, emergency rooms are provided with all necessary barriers protective equipment including protective glasses, gloves, caps, masks, apron, gown & shoes.
- Standards operating safety guidelines are followed for various equipment & diagnostic procedures.
- Training workshops are conducted regularly for health care workers in infection control & safety measures.
- Periodic health check-ups are carried out for all support staff working in patient care areas.
- Hepatitis B vaccine is provided to all health care personnel.
- Post exposure prophylaxis is carried out when necessary.

• **How are the Casualty services/Accident and Emergency Services organized and effectively managed? :**

The teaching hospital has a standardized initial assessment procedure in the emergency/ casualty department. It is designed to ensure that all land-down vital parameters are captured.

The initial assessment is carried out by each discipline in its scope of practice. All patients are provided basic medical care & stabilized before transferring them to another centre. The hospital policy defines medico legal care & addresses their handling with proper documentation & information provided to the police. The emergency/casualty department has a multidisciplinary doctor's team and **6 ICU beds** for providing immediate life support.

All essential facilities including central oxygen, suction multi-para monitors, ventilators & mobile x-ray unit is provided. **There is a 24 X 7 back up of CT, MRI, X-ray laboratories & blood bank.**

**Staff working in the emergency department is trained in basic life support & advance life support.**

• **Whether the hospital provides patient friendly help-desks at various places. :**

**Yes**

The hospital has introduced patient friendly measures like enquiry counters. Receptionist and Public Relation Officers are appointed to respond to patient queries with patience & compassion.

- **Does the hospital have medical insurance help desk?**

**Yes**

The hospital has help desk for government sponsored insurance schemes such as Rajiv Gandhi Jeevndayee Yojana, ECHS and HPKAY.

- **What are the other measures taken to make the hospital patient friendly? :**

- **All support staff working in the hospital is trained in hospitality skills pertaining to client interactions( of being polite, courteous, friendly & helpful)**
- **Enquiry counters and help desks are set up in prominent locations to respond to patient queries, complaints and grievances.**
- **Patient amenities in the form of adequate and clean rest rooms, canteen, coffee shop and provision stores are provided.**
- **Indigent patients and those from weaker sections have a special admission counter for smooth induction.**
- **Suggestion boxes are placed in all areas e.g. OPD, Pharmacy, Laboratories and wards.**
- **Signage and Arrow directions, Department identification, name plates/ boards are displayed in all areas.**
- **Telephone booth, mobile recharging stations, ATM facility is provided.**
- **Wheel chairs, ramps and lifts are available for patients.**
- **The pediatric ward has a children's theme, toys and a play park.**
- **Continuing quality enhancement measures for prompt and efficient delivery of services in all OPD departments, Pharmacy, Laboratories by established management practices.**

- **How does the hospital achieve continuous quality improvement in patient care and safety? :**

The hospital has a continuous quality monitoring program documented as the '**Quality manual**'.

The quality improvement program is implemented, monitored and sustained by a multi-disciplinary team.

It is comprehensive and covers all major factors related to quality assurance.

**Various committees have been appointed viz Patient care quality Assurance Committee (PCQAC), Infection Control Committee, Drug and Therapeutics Committee, Biomedical Waste Management Committee, Civil and Maintenance Committee etc. for quality sustenance, enrichment and enhancement.**

Assessment is carried out by internal audits, performance indicators that monitor clinical and managerial structures, processes and outcome. Patient feedback analysis is carried out for improving services.

**A number of other assessment tools are used for monitoring quality which include:**

- **Morbidity & mortality Audit**
- **Nosocomial infection Audit**
- **Pharmacovigilance Audit**

In house training workshops carried out for SOP's, BCS, ALS along with CME, CDE, CNE's in all areas of patient care.

The management provides all the necessary resources required for quality improvement in patient care and safety.

- **What are the measures available for collecting feedback information from patients and for remedial actions based on such information?**

- Suggestion boxes are placed in almost all Out-patient and In-patient care areas.
- Feedback forms in local language are issued to all patients at the time of discharge. There are analyzed by the Public Relation Office.
- The feedback analysis is presented to the hospital governing committee which decides corrective or remedial action. In case of suggestions that may require major financial commitment referral is made to the Board of Management with recommendation.

- **How does the institution ensure uniformity in treatment administered by the therapists? :**

All treatment patterns are based on current medical knowledge and practice. Uniform care is provided in all settings and in all aspects of health care guided by the relevant laws and regulations.

All departments have standard assessment and treatment protocols for treating specific diseases, disorders and conditions which are strictly adhered to.

The health team is trained, qualified, experienced in SOP's for uniform and efficient delivery of health care.

- **Does the institution conduct any orientation training program for AYUSH-based para-medical staff? :**

Yes, there is no formal mechanism however, the hospital para-medical staff interacts with Ayurveda vaidyas and Homeopaths for management of clinical problems.

**4.2.2 What specific features have been included for clinical learning in the out-patient, bedside, community and other clinical teaching sites?**

OPD, Bedside and community sites are considered as valuable methods of teaching. Clinical teaching involves the patient, learner, and tutor in completing the learning trial that gives opportunity for direct contact with the patient, observation of physical examination and clinical reasoning.

The specific features included are:

- **Application of knowledge:** Relating the patient's problem to knowledge acquired in basic and clinical sciences and applying it in the clinical setting.
- **Clinical Skills:** History taking, physical examination and arriving at a clinical diagnosis based on past patient experience.
- **Communication skills:** Direct contact with patients and community setting provide a fertile ground for learning communication skills.
- **Attitude and Ethics:** It is the context of the patient as an individual and human being who needs to be treated with utmost respect and the duty of the clinician to protect his privacy and safety. It is learning the appropriate attitude and ethics in clinical practice.
  
- **Procedures and skills:** Many practical procedures are learnt in the ward and OPD like starting IV and drawing blood for investigations, urinary bladder catheterization, I & D etc.
- **Professional skills:** They are acquired from observation of senior doctors in their conduct with other health professionals.

**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 the render library, student/user friendly?**

**Yes**

The library has an Advisory Committee.

- The University believes that the library is a necessity in one's academic life, and the library at University gives a fabulous enabling environment to research.
- All constituent faculties of the University have institutional and departmental libraries with their own Advisory Committee.

The Library Advisory Committee has been constituted and the members of this Committee are as follows :

Sr. No	Name of the Member	Designation
1.	Dr. R. K. Ayachit, Director Health Sciences,	Chairman
2.	Dr. S. T. Mohite Dean, faculty of Medical Sciences	Vice Chairman
3.	Dr. R. G. Naniwadekar Medical Administrator	Medical Administrator
4.	Ms. Archana Kaulgekar	Asst. Registrar (Academic)
5.	Dr. S. A. Lomate, Prof. In Medicine, KIMS	Faculty Member
6.	Dr. Mrs. S. R. Kanetkar Prof. in Pathology, KIMS	Faculty Member
7.	Ms. Modi. Kathak	Student Member UG
8.	Ms. Iyone Yong Pel Sze	Student Member UG
9.	Dr. Ms. Sharada Sarada	Student Member PG
10.	Mr. A. A. Pawar Librarian, KIMS	Co-ordinator

All the members of the Library Advisory Committee other than the ex-officio members shall hold office for a period of 3 years.

**Functions of Library Committee:**

- To guide the librarian in formulating general library policies and regulations, which govern the functions of the library.
- To provide for proper documentation services and updating the library collection.
- To work towards modernization and improvement of library and documentation services.
- To formulate policies and procedures for efficient use of library resources.
- To prepare budget and allocate funds to different departments, and proposals for the development of the library.
- To submit the annual report on the functioning of the library.
- To make it user friendly

**4.3.2 Provide details of the following:**

- Total area of the library
- Total seating capacity
- Working hours (on working days, on holidays, before Examination days, during examination days, during Vacation)
- Layout of the library (individual reading carrels, lounge Area for browsing and relaxed reading, IT zone for accessing E-resources)

- **List of Library staff with their qualifications**

The Universities libraries are an important source of enacting academic and research activates amongst student and teachers. The library is developed as an organized collection of sources of information and similar resources, made accessible for references or borrowing.

The Library Committee and Monitoring Committee meet regularly and deliberate upon various administrative and academic matters related to the libraries of the University. It is followed by implementation of concrete plan of action.

- **Total area of the Central library: 3938.45 sq. mts. (41590.80 Sq. Ft.)**
- **Total seating capacity Central Library: 572 seats**
- **Working hours (on working days, on holidays, before Examination days, during examination days, during Vacation)**

The Central Library is kept open all throughout the year except:

- Republic Day,
- Gudi Padwa,
- Independence Day,
- Ganesh Chaturthi,
- Dasara,
- Diwali Amavasya (Laxmi Poojan)
- Diwali (Balipratiapda) Padwa
- Christmas.

**The central library remains open from 8.30 am. to 5.00 pm. on following holidays:**

- Id-E-Milad
- Ch.Shivaji Maharaj Jayanti
- Mahashivaratri
- Holi 2nd Day
- Good Friday
- Dr. Babasaheb Ambedkar Jayanti
- Maharashtra Day,
- Ramzan Id
- Mahatma Gandhi Jayanti
- Bakri Id
- On the eve of Diwali
- Diwali Narak Chaturdashi
- Bhaubij
- Year Ending (31st December)

**On all other days' Central library observes following working hours:**

Days	Section	Times
Monday to Sunday	Reading room	8.30 am. to 12.00 midnight.
	Issuing	9.00 am. to 8.00 pm.
	Returning	9.00 am. to 12.00 midnight.

- **Layout of the Central library (individual reading carrels, lounge Area for browsing and relaxed reading, IT zone for accessing E-resources):**

Sr. No.	Rooms	Sq. ft.	Sq. mtrs.
	Total area	24699.80	2369.22
	Carpet area	16891.00	1569.23
	<b>Ground Floor</b>		
1	Xerox room	105.00	9.75
2	Librarian's room	156.00	14.49
3	Deputy librarian's room	156.00	14.49
4	Computer laboratory	371.00	34.47
5	Stack room	1330.00	123.56
6	Bindery	213.00	19.79
7	UG reading room	1785.00	165.83
8	News papers/ Magazines	223.00	20.72
9	Display place at entrance	565.00	52.49
10	Toilets ladies, gents	110.00	10.22
11	IT section	159.00	14.77
12	Computer laboratory	430.00	39.95
13	Common stair case etc.	1500.00	139.35
	<b>First floor</b>		
15	Postgraduate reading room	1330.00	123.56
16	Staff reading room	666.00	61.87
17	Undergraduate reading room	3207.00	297.94
18	Toilets ladies, gents	110.00	10.22
19	Common area, stair case etc.	1790.00	166.30
	<b>Basement</b>		
20	Current journal display	1330.00	123.56
21	Journal back volume Section	992.00	92.16
22	Common area	363.00	33.72
	<b>Ground Floor</b>	7103.00	659.89
	First floor	7103.00	659.89

	Basement	2685.00	249.44
	Undergraduate, Postgraduate and media room	8611.12	800.00
		25502.12	2369.22
	<b>Total</b>	<b>41590.80</b>	<b>3938.45</b>

• **List of library staff with their qualifications :**

Sr.No	Name of the Staff	Designation	Qualification
1	Mr.A.A.Pawar	Librarian	M.A.,M.Lib.and I.Sc.,
2	Mr.A.J.Kadam	Deputy Librarian	M.A.,M.Lib.and I.Sc.,
3	Mr.A.V.Janugade	Documentalist	B.A.,M.Lib.and I.Sc.,
4	Mr.S.T.Suryawanshi	Cataloguer	B.A.,M.Lib.and I.Sc.,
5	Mr.D.B.Thakkar	Asst. Librarian	B.A., M.Lib.and I.Sc.,
6	Mr.A.S.Garud	Library Assistant	B.A
7	Mr.A.H.Pawar	Library Assistant	B.A.
8	Mr.T.R.Nikam	Library Assistant	B.Com
9	Mr.S.R.Patil	Library Assistant	B.com
10	Mr.A.D.Bhosale	Daftary	S.S.C.
11	Mr.B.A.Kalukhe	Daftary	S.S.C.
12	Mr.S.A.Yedge	Peon	VII Pass
13	Mr.M.R.Mujawar	Peon	VII Pass
14	Mr.B.S.Thorat	Peon	IX Pass
15	Mr.J.M.Gujar	Peon	IX Pass
16	Mr.R.T.Jagtaop	Peon	XII Pass
17	Mr.A.D.Dalavi	Peon	XII Pass

**4.3.3 Give details of the library holdings:**

• **Print (Books, Back volumes, Theses, Journals) –**

<b>Books</b>	<b>31176</b>
<b>Back volume</b>	<b>6554</b>
<b>Dissertation/Thesis</b>	<b>418</b>
<b>Journals</b>	<b>247</b>
<b>Total</b>	<b>38,395</b>

- **Average number of books during the last three years - 2492**
- **Non Print (Microfiche, AV) – 565**
- **Electronic (E-books, E-journals) –**

Info Trac Medical collection	1794
DELNET E-Journals	344
E-Journals	17

EBESCO	312
<b>Total</b>	<b>2467</b>

- **Special Collections (E.g. Text books, Reference books, Standards, Patents)**
  - **Patents – 22**
- **Book Bank –**
  - The library has book bank facility for text book through which books are issued to undergraduates.
- **Question Bank –**
  - Question bank of theory papers is available for undergraduates, postgraduates and students of allied courses.
  - Validated multiple choice question bank is made available

#### 4.3.4 Provide details on the ICT and other tools deployed to provide Maximum access to the library collection?

- Over a period of time, the university has been providing electronic sources delivery and network information from the libraries. The Wi-Fi facility and internet access have been one of the greatest technological advancement being experienced.
- Deployment of information and communication technologies profoundly altered the outlook about information and dissemination.
- **Library automation:**  
All the library operations are computerized by using slim21 with SQL 2005 Server.  
This has facilitated wider and deeper acquisition of information to improve the exiting library service and to retrieve stored information easily. The libraries follow Dewey Decimal Classification Scheme for classification of the book and accordingly, books are arranged on the book shelves.
- **Total number of computers for public access – 85**
- **Total number of printers for public access – 5**
- **Internet band width/speed 2mbps, 10mbps, 1gb - 100 mbps (leased line)**
- **Institutional repository**  
The University Institution Repository fill in shodhganga/Infiblinet in digital archive of the research output of postgraduate dissertation submitted by postgraduate Student and PhD thesis of various facilities. Anyone can browse the document by title, author, department, date, key words, etc.  
It also includes question paper of previous year.
- **Content management system of e-learning**

All the digital library computers are centralized and managed with windows 2008. HP server, 85 Client, Digital Sever, Slim Server with 1 GB LAN and Antivirus System.

- **Participation in Resource sharing networks/consortia (like INFLIBNET)**
- The University is part of INFLIBNET and DELNET for resource sharing.
- The Medical Education Research Centre (MED-RC) for educational technologies is pioneer leader in digitally enabling healthcare education.

#### 4.3.5 Give details of specialized services provided by the library with regard to

- **Manuscripts**
- **References**
- **Reprography/Scanning**
- **ILL (Inter Library Loan Service)**
- **Information deployment and notification**
- **OPACS**
- **Internet access**
- **Downloads**
- **Printouts**
- **Reading list/ bibliography compilation**
- **In-house/remote access to e-resources**
- **User orientation and awareness**
- **Assistance in searching databases**
- **INFLIBNET/HELINET**

The library offers the following services

##### **Initiation:**

The university is appreciative of the fact that rapidly developing information and communication technology are creating new opportunities and challenges for traditional libraries. Hence, the library has digitalized the exiting services by providing following special services.

##### **Sustenance:**

- **Manuscripts :**
- **References:** Library has online reference books, practice guidelines and drug information including, a separate reference room.
- **Reprography/Scanning:** Photocopy machines, printers and scanners at concessional cost enable users to avail reprography facility.

- **ILL (Inter Library Loan Service):** Library has provision for inter – library loan services DELNET, Tata Memorial Hospital.
- **Information deployment and notification (Information Deployment and Notification):**
  - All the digital library computerized by using Slim21 with SQL 2005 Server.
  - The Library follows Open Access System.
  - Library functions are fully automated. This has helped the facility and the students to know whether particular book is available in the library or borrowed by somebody.
- **OPACS:** The Library has provision for online public access catalogue system through special software designed for the university.
- **Internet access :**
  - Internet band width/speed 2mbps 10mbps 1gh - 100 mbps (leased line).
  - The campus has Wi-Fi facility. Students can access internet throughout the campus at any time.
- **Downloads:** The library has provision for research scholar, undergraduate, postgraduate student and faculty for free download of research articles through Science Direct, DELNET, and Info track.
- **Printouts:** The library provides this facility at concessional rate for the students and faculty.
- **Reading list/ Bibliography compilation:** The University website and libraries have on-line reading list bibliographic completion.
- **In-house/remote access to e-resources:** The campus has Wi-Fi facility. The students and staff are provided with user id and password to access e-resources anywhere in the campus at any time.
- **User Orientation and Awareness:** Orientation classes are conducted in the library for students to enable them to access on-line learning material, e-learning resources like e-journals, e-books, reference service, stack room, journal section, back volume and research materials.
- **Assistance in searching databases:** DELNET, Info track, EBESCO, MUHA Digital Library can be used to browse or search for an item (Book/journals/Non Books), along with details and the availability, in particular library and online journals subscribed by the library.
- **INFLIBNET/HELINET:** The University is part of INFLIBNET and DELNET for resource sharing. The Medical Education Research Centre (MED-RC) for educational technologies is pioneer leader in digitally enabling healthcare education.

**Enhancement:**

In addition to the above mentioned facilities library provides specialized services for the following:

- Departmental Library Services: **38 Departmental Libraries.**
- MEDLINE.
- Book bank facility.
- Audio-visual facility
- Membership services for local doctors.

**4.3.6 Provide details of annual library budget and the amount spent for purchasing new books and Journals.**

Year	Budget Provision (Rs.)	Books Exp. Rs	Journals Exp. Rs	E-Resources Exp. Rs	Total Expenditure .Rs
2010-11	4500000	506433	2684663	15000	3206096
2011-12	5000000	2301891	2814090	15000	5130981
2012-13	6500000	1941088	3257986	15000	5214074
2013-14	7000000	1846403	4038644	516176	6401223
2014-15	10550000	2190644	7835377	613152	10639173

**The University enhances the budget by 15% every year.**

**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 further Improvement of the library services?**

The library collects the feedback from the users once in a month; the suggestions are collected and tabulated. The tabulated analysis is tabled before the Advisory committee for deliberations. Suggestions approved by the Advisory committee are placed before the Academic council and Board of management as the case may be, for necessary decision there on.

**4.3.8 List of the efforts made towards the infrastructure development of the library in last four year.**

During last four year, in addition to purchase of journals and books.

- New Software has been installed slim21.
- Barcodes and scanners have been implemented.
- Computer laboratory has been updated with new machines.
- New digital boards are displayed for statistic information
- CCTV cameras and air conditioners are placed in stack room, journal section and computer lab.
- Separate media section for postgraduate, undergraduate and faculty have been Provided.
- The amounts spent on procuring new books, journals etc. during the last five years are as under:

Library holdings	2010-2011		2011-2012		2012-2013		2013-2014		2014-2015	
	No.	Total Cost	No.	Total Cost						
Text books	266	506433.00	219	2301891.00	80	1941088.00	375	1846403.00	127	2190644.00
Reference Books	451		716		694		610		606	
Journals/ Periodicals <i>Indian</i>	112	2684663.00	117	2814090.00	109	3257986.00	122	4038644.00	126	7835377.00
Journals/ Periodicals <i>Foreign</i>	84		84		87		89		109	
e-resources MUHS Digital Library	2350	15000.00		15000.00		15000.00		516176.00	Infotr a/Del net	613152.00
Any other (specify)										

#### 4.4 IT Infrastructure

##### 4.4.1 Does the institution have a comprehensive IT policy with regard to:

Yes

The institution has a comprehensive IT policy. The details are as follows:

1	<b>IT Service Management</b>	University has a full-fledged Information Technology Centre. Centre is responsible for the maintenance of the IT infrastructure across the campus. Some of the strategies for information technology support have included periodic proactive maintenance, periodically monitoring the performance voluntarily to minimize system break down, receiving complaints from the end users on a common extension number, analysis of calls and diagnosis of the problem and prompt rectification of the same.
2	<b>Information Security</b>	The access servers are well protected from virus attacks. Authentication in the form of providing unique username and password to each and every user has been provided.
3	<b>Network Security</b>	Proxy firewall Internet Server Systems for network monitoring and traffic regulation. Firewall prevents unauthorized access either from outside through internet or through intranet.
4	<b>Risk Management</b>	IT center has provision to facilitate periodic backup and additional servers for critical services.
5	<b>Software Asset Management</b>	IT center looks after all the software related issues and manages software assets.
6	<b>Open Source Resources</b>	Need to expand the knowledge related to other software tools in use as an open source.

7	<b>Green Computing</b>	Eco-friendly use of computers and their resources and disposing of computing devices in a way that reduces their environmental impact. Most of the CRT monitors has been replaced with LED monitors. In some areas local area networks has been replaced by wireless network e.g. library, hostels etc.
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#### 4.4.2 How does the institution maintain and update the following services?

1	<b>Hospital Management Information System (HMIS)</b>	Yes
2	<b>Electronic Medical Records System (EMR)</b>	Yes
3	<b>Digital diagnostic and imaging systems including PACS</b>	-

#### 4.4.3 Give details of the institution's computing facilities i.e., hardware and software.

The details of the institutions facilities are as follows :

1	<b>Number of computers with Configuration</b>	384 systems with dual core, i3 processors/ 500 GB HDD/ 1 GB RAM /18.5 "LCD monitors
2	<b>Computer-student ratio</b>	1:5 [384 computers for 2100 students]
3	<b>Dedicated computing facility</b>	Computers and printers are provided in each and every department
4	<b>LAN Facility</b>	LAN facility is enabled in all the departments throughout the campus
5	<b>Wi-Fi facility</b>	WiFi facility is enabled in library and the entire campus.
6	<b>Proprietary software</b>	License for Microsoft Windows XP/ Windows7/Windows8/Ms office/ windows servers/Antivirus and firewall.
7	<b>Number of nodes/computers with Internet facility</b>	All nodes have a internet facility.
8	<b>Any other</b>	All Lecturer Hall equipped with E-learning Facility , personal computer, Overhead projector. etc.

Sr. No.	Location	Computer	Printer Laser	Printer Color	Scanner	Printer DMP	Projector	Software Licence	Internet / Broadband / Wireless
1	University	44	16	12	6	4	1	44	Yes
2	Faculty of Medicine	113	25	9	8	0	9	113	Yes
3	Hospital	125	51	25	10	25	11	125	Yes
4	Faculty of Dentistry	39	6	3	4		4	38	Yes
5	Faculty of Nursing	31	6	3	3		4	26	Yes
6	Faculty of Physiotherapy	11	1	1	1		1	6	Yes
7	Faculty of Allied Sciences	21	2	1	1		1	21	Yes
	<b>Total</b>	<b>384</b>	<b>107</b>	<b>54</b>	<b>33</b>	<b>29</b>	<b>31</b>	<b>384</b>	

#### 4.4.4 What are the institutional plans and strategies for deploying and upgrading the IT infrastructure and associated facilities?

The institutional plans and strategies for deploying and upgrading the IT infrastructure and associated facilities are as follows :

- Up-gradation of ICT infrastructure is done as a part of necessity and for future requirements.
- Up gradation of existing links and providing redundant connectivity to college through OFC. and to increase the coverage of Wi-Fi areas.
- To increase the number of e-classrooms to enable web-based teaching and learning programs.

#### 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.

The details are as follows:

- All lecture halls are equipped with e-learning i.e. e-classroom facility in the college have been upgraded. Students can access this facility on Wi-Fi and using computer laboratory.
- **Provision of computers and LCDs to all departments**
- **Wi-Fi and high speed internet connectivity (1 GBPS) (Optic Fiber based)**
- **Lecture halls, seminar halls, demonstration rooms, auditorium with information and communication technology based audio-visual aids.**

- **Digitization of library, e-library resources – OPAC, bar coding, subscription to various databases (DELNET, InfoTrac, PubMed, EBSCO etc) national network, NUCSSI, MUHS Digital Library, access to e-books and journals.**
- **Collections of videos and educational CDs**
- **Hospital Management Information System, PACS in diagnostic centers and laboratories and EMR in hospital.**
- **Provision for access to online open resources by stakeholders.**
- **Subscription to paid learning resources**
- **Development of Enterprise Resource planning.**

**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?**

The new technologies deployed by the institution in enhancing student learning and evaluation are as follows :

- **Campus Wi-Fi; High speed internet access**
- **E-learning facility**
- **Digital library and computer laboratory for students**
- **Teaching selected topics through power point presentation and e-mode.**
- **faculty follow blended teaching methods through ICT**
- **Video-conferencing sessions by department of medicine with John Hopkins University, USA**
- **Organization of webinars**
- **Participation in MFCME**
- **Introduction of online feedback system**
- **Usage of ERP uploaded lessons by students**
- **Usage of diagnostic reports which are available online through HMIS, PACS for learning by postgraduates as well as for diagnostic and therapeutic purpose**
- **Tele-medicine programme, usage of other social media.**
- **Usages of android based smart phones with internet connectivity, helping the student to browse the internet for global level information, defining symptoms, differential diagnosis and prevalence of the disease / disorders, prognoses, latest medications. This has created an environment of moving with an encyclopedia.**
- **It has helped in reference of journals based on search words and diseases**
- **Entire bio informatics, genomic and proteomic studies based on computer software's, new drug design, bio-markers, diagnostics and molecular biology**

- **Blending ICT enabled e-learning into traditional and conventional teaching-learning methods has created an integrated dynamic e-learning environment and e-culture.**

#### **4.4.7 What are the IT facilities available to individual teachers for effective teaching and quality research?**

- Individual teachers are encouraged and trained to use IT facilities for effective teaching and quality research.
- The departments are equipped with laptops and computers. They have internet access through optical fiber (LAN) and wifi. Their personal devices like smart phones and laptops also have wifi access.
- All classrooms are made e-enabled with computer, internet and projection facility. The teachers are encouraged to shift their teaching techniques from blackboard to PPT presentations and now to smart boards.
- E-teaching platforms like Smart-Teach, SAAKI, collection of videos and animations are made available for the teachers to improvise their teaching skills.
- Online journals and other learning resources have been subscribed which can be accessed from anywhere in the world.
- Department email addresses have been created for fast and smooth communication with other faculties and researchers.

#### **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 details of the same are as follows :

LCD projectors were installed in all classrooms and all are ICT-enabled classrooms / learning spaces are available in the University teaching departments. Faculty members use these facilities in the teaching learning processes.

Faculty members utilize ICT facilities for enhancing the quality of teaching and learning by following methodologies:

Faculty members use Power point presentations, LCD projectors and pointers during lectures. It saves time to draw the figures on the blackboard. It provides sufficient time for the explanation and interaction. A whiteboard and marker are also used to answer the students' questions.

Power point presentations of eminent professors are also available at website for students' use. Video-lectures of the topics and language skills are shown. Electronic based Learning Resource materials is regularly used.

**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?**

Faculty members are assisted in preparing computer-aided teaching-learning materials by providing internet access. Teaching notes, power point presentations, audio video material in soft copies are available.

ICT team also makes full efforts to make the participants of refresher/orientation courses ICT friendly by providing them an opportunity of use of computer and internet access.

ICT team help is available for animation of the contents of the lectures.

Training for preparation of the computer-aided teaching-learning is also provided in the faculty development programme.

**4.4.10 Does the institution have annual maintenance contract for the computers and its accessories?**

**Yes.**

Annual Maintenance Contracts are also regularly awarded for support and maintenance services including security and preventive maintenance of the computers, printers, allied equipments and the accessories.

Breakdown maintenance is done within 24 hours of breakdown. IT Department is responsible for maintenance of computers.

**4.4.11 Does the institution avail of the National Knowledge Network (NKN) connectivity? If so, what are the services availed of?**

**Yes.**

**University avails the National Knowledge Network connectivity for use of ICT (NMEICT).**

**Internet Lease Line 100 MBPS Connectivity by 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?**

**Yes.**

Institution is a member of the MUHS Digital Library Nashik, DELNET, INFLIBNET facility of the UGC.

**4.4.13 Provide details on the provision made in the annual budget for the update, deployment and maintenance of computers in the institution.**

Annual budget is made for up-gradation of equipments and deployment of new computers and accessories in the institution. The year wise budget allocation for the years 2011-2012, 2012-2013 , 2013-2014 , 2014-2015

Sr. No.	YEAR	Budget provisions for IT Procurement and Maintenance
1	2011-2012	Rs. 4000000/-
2	2012-2013	Rs. 5000000/-
3	2013-2014	Rs. 5500000/-
4	2014-2015	Rs. 10000000/-

**4.4.14 What plans have been envisioned for the transfer of teaching and learning from closed institution information network to open environment?**

Institutes are connected to IT Center through campus network connected with one Gbps leased line. Internet facility and Wi-Fi connectivity are available round the clock. Institute class rooms have the LCD projectors, computers and Wi-Fi access points.

**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 full time Estate Officer is designed Assistant Registrar (Estate & Security) who oversees the maintenance of buildings, class-rooms and laboratories.

The campus specific initiatives

- Paving & walking tracks created all around the campus.
- New sewage treatment plant is commissioned and the treated waters used for gardening and maintaining the sprawling lawns.
- Green house is built to germinate seeds and saplings for preparing flower beds in different seasons.
- A herbal garden is developed with medicinal plants.
- Sign boards and maps are displayed at prominent places in the campus.
- Solar street lights are installed in specific areas.
- CCTV surveillance cameras and security is provided 24 X 7 with no serious breach of security reported in last 4 years.

- Fire safety measures in all buildings and facilities.
- Certain areas designated as no vehicle, plastic free, and tobacco free and non smoking zone.

**4.5.2 How are the infrastructure facilities, services and equipments maintained? Give details.**

In terms of the MOA of the university all the infrastructure property is remitted to the Registrar, who is the custodian of the same. Assistant Registrar (Estate and Security) is under the over all supervisory of the Registrar.

Assistant Registrar (Estate and Security) supervises the following services:

- Civil and engineering maintenance departments:  
The civil and engineering maintenance department is headed by a qualified senior engineer and he is responsible for maintenance of all buildings, roads, water supply and new construction. The department has a workshop with welders, carpenters, plumbers and helpers for maintenance.
- Electricity supply:  
Two electrical engineers supported by 8 electricians maintain all electric appliances which include lighting, fans, geysers, air conditioners and all electrical instruments and gadgets. They are responsible for uninterrupted power supply and maintenance of all distribution lines, cables, panels, transformers and DG sets.
- Environmental protection office:  
A qualified environmental officer has been appointed for ensuring proper disposal & treatment of waste, effluents & sewage. He is responsible for the proper maintenance of the incinerator and effluents & sewage treatment plants.
- IT technicians:  
A special IT technician deals with all hardware related problems and their maintenance. All medical equipments, computers are maintained through annual maintenance contract.
- Sanitary departments:  
Cleaning of hospital, office building, hostels wash rooms, roads and pavements etc. is carried out by the sanitary department with separate sanitary inspector for all colleges & hospitals.

**4.5.3 Has the institution insured its equipments and buildings? :**

**Yes.**

The buildings, equipments and all assets of the university are insured with New India Assurance Co. Ltd..

**Any other information regarding Infrastructure and Learning Resources which the institution would like to include.**

The University endeavors to provide the state of art infrastructure and learning resources. Departments are encouraged to procure the latest state of the art research and clinical instruments for diagnostic and therapeutic purposes. It believes in constant up-gradation of libraries and ICT facilities on the campus. The aim is to provide the best facilities for teaching, learning, research, extension and healthcare towards fulfilling the setout objectives and societal commitment.

## 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 University has a support system which functions not only for students who find it difficult to cope up with the demands and stress of health science education but for all to sustain academic and professional performance. It is designed to ensure a positive experience, create congenial relationship, provide a forum for feedback and develop values and competencies for thorough professional conduct.

Students are supported in a number of ways.

1. **Induction Program**: The induction program is organized immediately after admission. It introduces the freshers to the course curriculum and assessment patterns, hostel facilities, library, sports complex, other amenities, security and redressal mechanisms and orients them with the student's charter. They are given a complimentary copy of the student's hand book. An induction analysis is carried out for all the admitted students through a structured questionnaire.
2. **Mentoring**: The student is allotted a mentor during each phase of the academic program. The mentor is allotted 10 students. He/ She meets the learner frequently in groups and individually when necessary.
  - **Academic Matters**: The mentor monitors the attendance, academic activities, performance in formative and summative assessments and follows them through the course providing support by counseling, advise and remedial measures.
  - **Personality Development**: The mentor assumes the role of "friend philosopher and guide". He develops a relationship by engaging them in educational and social activities which enables them to improve self-esteem, behavior and attitude towards other students without any gender bias.
  - **Career counseling**: Career counseling relates to further post-graduate career or guiding students in their future career paths.
3. **Institutional Support System**: Institutional support is provided through a no. of committees and redressal systems.
  - Medical Psychology Laboratory (Student guidance cell)

- Women's cell.
  - Hostel committees.
  - Student Counselor.
  - Grievance redressal committee.
  - Anti- ragging committee.
4. **Peer support system:** Wherein seniors act as mentors for juniors is in practice, The University has a democratically elected student's council and a Vice-Dean for student affairs.
  5. **International student's Advisor:** An International Students Advisor has been appointed who is the first point of contact for their queries and problems.
    - The office of the 'ISA' organizes their registration at the local police station, their visa formalities and helps them to comply with the requirement of various ministries, councils, AIU and UGC.
    - Arranges for their travel while arriving and departing from the country.
    - Organizes language classes, extra coaching and accommodation for parents visiting the campus.
    - The 'ISA' addresses all their academic, personal and administrative concerns.
  6. **Family Support:** Family support comes from regular organization of parent-teacher meeting.
  7. **Students Guide/ Handbook:** A student's handbook is provided to all students which has the academic calendar, daily time table requirement of attendance, examination schedule, rules, regulations and discipline to be maintained in the campus.
  8. **Helpline:** The students are provided with a help-line 24 x 7 for any issues that would need immediate or urgent consideration.
  9. **Health services:** Health care is provided free of cost for outdoor as well as indoor treatment.
  10. **E-mail:** It is being experimented for airing of queries, concerns, grievances and for suggestions and follow-up action.

#### 5.1.2 Apart from classroom interaction, what are the provisions available for academic mentoring?

Apart from class room interaction, there are provisions available for academic mentoring. One member from each department is allotted for slow learners department-wise. Mentors help slow learners in their academic activities and monitor their progress. Advanced learners are motivated by guided self-study, peer group teaching, motivating them for paper presentations at the national / state level, model making & are encouraged to participate in debate and quiz competitions.

Learners are exposed to in-depth subject knowledge through group activities and seminars organized by the departments. Institute has developed **SAAKI** (Student's Academic Administration of Krishna Institute) interactive software through which students interact for academic and administration work with their teachers. The purpose of academic mentoring apart from classroom interaction is to promote professional development. The slow learners after being identified are given special attention as follows

- Mentors are assigned with the specific purpose of understanding their individual problems (e.g. language, subject phobia and inferiority complex.)
- Customized correction by counseling, improving self confidence, and monitoring their performances regularly.
- Extra classes, tutorial and practical's with coaching for "must know" areas in the curriculum.
- Capsulated Teaching involves specially designed extra teaching program for slow learners, including home assignments which are given to learners.
- Community oriented teaching with field programmes related to specific learning objectives.
- Training in Sim & Skills lab
- Participation in field & research projects.

The identity of slow learners is made ensuring avoidance of any sort of stigmatization.

Rapid learners are also similarly identified and encouraged to read beyond syllabus, participate in seminars, debates, quizzes and conferences. They are given STF projects and are exposed to a higher level of learning than expected at that stage. Rapid learners are also helped to prepare for competitive examinations.

**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.**

- **Soft skill development:** There is special module on soft skill development (**ATCOM**) which is a part of the curriculum. Attitude, communication reasoning and behavioral training are included.
- **Academic Counseling:** Academic Counseling is carried out for both slow and rapid learners. Their performance in curricular, co-curricular and extra activities is brought to the notice of parents in PTA meetings. The department maintains a CPA for every student.

- **Career counseling**: The Career guidance cell guides interns for entrance tests advises them about future career paths, provides references & prepares them for interviews.
- **Activities for well-being orientation**: The following activities are conducted for student well-being:
  - **Art of living courses**
  - **Yoga Classes**
  - **Meditation**
  - **Moral and Spiritual Discourses.**
  - **Self-defense training program for girls has helped in building confidence and personality development.**

**5.1.4 Does the institution have facilities for psycho social counseling for students?**

Yes,

The institution has facilities for psycho-social counselling for students. Medical Psychology Laboratory (Student Guidance clinic) is functional in the department of Psychiatry with qualified medical psychology counsellors. Slow learners and those students who need academic, personal and psychomotor assistance receive counselling and support through this clinic while confidentiality is maintained.

**5.1.5 Does the institution provide assistance to students for obtaining educational loans from banks and other financial institutions?**

Yes,

Institution provides assistance to students for obtaining educational loans from banks and other financial institutions.

University acts as a facilitator for obtaining educational bank loans for their studies by providing all necessary documents required by the bank. A special desk has been assigned with appropriate signage in the account office for student assistance.

**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.

- **Prospectus**:  
The prospectus contains a brief history of institution, the vision, mission and the values it stands for. It contains the layout of the campus. There is information about various colleges, the library, hostels, the Auditorium and the sports complex. Information regarding

the teaching hospital, its various facilities, the support services and other amenities like co-operative stores, ATM and cafeteria is also provided.

It has information details of various courses and programs offered the tuition fees and the process of admission through KAIET and PGAIET which is posted on the University web-site. A complimentary copy is given to students during the induction program.

- **Students Handbook**: The student's handbook contains the student's charter which defines the fundamental / legitimate rights and responsibilities of students at KIMSDU. Information is provided on the calendar of events, list of holidays, hostel accommodation and time table. The rules and regulations regarding Discipline, Ragging, Dress Code, Attendance, Examinations, Academic Prizes, student – staff relationship are also mentioned in the students handbook. It serves as a student- guide for first year students.
- **Anti-Ragging handbook**: The handbook issued by the University contains the UGC regulations on curbing ragging in HEI's. It clearly defines what constitutes ragging and methods of prohibition and prevention of ragging at the institutional level.
- **Syllabus Book**: The syllabus and examination pattern of all phases along with reformed curriculum and soft skills is provided in the syllabus book.
- **Annual Reports**: The University publishes an Annual Report which takes a review of all infrastructure additions, academic activities, research and publications, extension and welfare programs, co-curricular events, prizes, honors and distinctions achieved by faculty and students.

On line access is available through the college web-site and E-mail. [www.kimsuniversity.in](http://www.kimsuniversity.in) and [contact@kimsuniversity.in](mailto:contact@kimsuniversity.in).

**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)**

**Scholarship to meritorious students is provided in accordance with the policy approved by the Board of Management. Similarly students who have participated in sports and cultural events at state and national level are given concession in their tuition fee as prescribed in the policy.**

**In addition to above scholarship, adhering to the vision and mission of the institution, a policy has been framed to provide financial assistance and fee concession to the economically weaker students.**

**Details of Freeships / Concession by Management**

	No of	2010-11	No of	2011-12	No of	2012-13	No of	2013-14	No of	2014-15	Total	Total
	St.		St.		St.		St.		St.		Students	
M.B.B.S. Student.	7	3060000	11	2571501	11	2841751	16	4256751	16	4829751	61	17559754
B.D.S Student	22	7677000	11	1610500	5	622500	12	1617500	17	2702500	67	14230000
B.Pth Student.	3	315000	3	75000	2	50000	4	150000	6	165000	18	755000
B.Sc. Nursing Student	3	250000	11	450000	19	850000	27	1155000	31	970000	91	3945000
<b>U G</b>	<b>35</b>	<b>11302000</b>	<b>36</b>	<b>4707001</b>	<b>37</b>	<b>4364251</b>	<b>59</b>	<b>7179251</b>	<b>70</b>	<b>8667251</b>	<b>237</b>	<b>36219956</b>
MD / MS Student	3	1460000	0	0	3	1012500	9	3282500	9	3797500	24	9552500
MDS Student	0	0	0	0	1	100000	2	500000	5	2175000	8	2775000
M.SC Bio Student	4	107500	5	143500	0	0	5	150000	7	210000	21	611000
M.Sc Micro Student	7	135000	2	65000	0	0	1	45000	1	14000	11	259000
M.Pth Student	0	0	1	25000	1	25000	1	50000	1	50000	4	150000
M.Sc Nursing Student	0	0	3	240000	6	385000	4	175000	3	120000	16	920000
P. B .Bsc Nursing Student	3	225000	2	50000	4	150000	2	75000	4	115000	15	515000
<b>P G</b>	<b>17</b>	<b>1927500</b>	<b>13</b>	<b>523500</b>	<b>15</b>	<b>1672500</b>	<b>24</b>	<b>4277500</b>	<b>30</b>	<b>6481500</b>	<b>99</b>	<b>14882582</b>
<b>Total Students</b>	<b>52</b>	<b>13229500</b>	<b>49</b>	<b>5230501</b>	<b>52</b>	<b>6036751</b>	<b>83</b>	<b>11456751</b>	<b>100</b>	<b>15148751</b>	<b>336</b>	<b>51102538</b>

**5.1.8 What percentage of students receive financial assistance from state government, central government and other national agencies?**

	No of	2010-11	No of	2011-12	No of	2012-13	No of	2013-14	No of	2014-15	Total	Total
	St.		St.		St.		St.		St.		Students	
M.B.B.S. Student.	14	350000	6	150000	8	200000	6	150000	11	275000		
B.D.S Student	0	0	2	50000	6	150000	4	100000	7	175000		
B.Pth Student.	0	0	6	150000	23	575000	17	425000	17	425000		

B.Sc. Nursing Student	0	0	35	875000	29	725000	18	450000	38	950000		
<b>U G</b>	<b>14</b>	<b>350000</b>	<b>49</b>	<b>1225000</b>	<b>66</b>	<b>1650000</b>	<b>45</b>	<b>1125000</b>	<b>73</b>	<b>1825000</b>	<b>247</b>	<b>6175000</b>
M.Pth Student	0	0	0	0	0	0	3	75000	1	25000		
M.Sc Nursing Student	0	0	4	100000	4	100000	2	50000	1	25000		
P. B .Bsc Nursing Student	0	0	0	0	0	0	0	0	4	100000		
<b>P G</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>100000</b>	<b>4</b>	<b>100000</b>	<b>5</b>	<b>125000</b>	<b>6</b>	<b>150000</b>	<b>19</b>	<b>475000</b>
<b>Total Students</b>	<b>14</b>	<b>350000</b>	<b>53</b>	<b>1325000</b>	<b>70</b>	<b>1750000</b>	<b>50</b>	<b>1250000</b>	<b>79</b>	<b>1975000</b>	<b>266</b>	<b>6650000</b>

### 5.1.9 Does the institution have an International Student Cell to attract foreign students and cater to their needs?

Yes,

Institution has an 'International Student Cell' to attract foreign students and cater to their needs. Single window admission is provided for International students. Students are attracted to this university through the website and word of mouth publicity.

The cell primarily deals with admission, guidance and all aspects of administration of international students prior to their admission, after admission, during their stay at University and after passing out from University.

The initiatives and functions of the 'International student's cell' are listed below:

1. Initiating universalization of the program and opening avenues of association for global students' community.
2. Explore and initiate signing of MOU with other International reputed institutes for sharing of facilities, exchange of teachers and students in all modes of co-operation.
3. Guidance to prospective candidates as regards admission, eligibility and healthy practices in vogue in the university.
4. Co-ordinate with Indian Council for Cultural Relations (ICCR), Ministry of External Affairs, different Embassies & Consulates, non-government agencies, UGC, Police and other Government agencies to ensure smooth induction & exit of International Students.
5. **Celebration of national days of different countries.**

6. **Single window service to International Students Community.**
7. Networking and proactive Interventions for Internationalization of University.
8. Interfacing with International Education Centers of Excellence.
9. Documentation of International students.
10. Arrangements for reception, transport and induction schedule.
11. Enable International students to keep in touch with their parents and relatives.
12. Arrangement for extracurricular activity, sports/games & social events to Explore Indian Culture.
  - A detailed ‘**information brochure**’ regarding procedure of admission, fee structure and documentation is prepared by International Students Advisor at the time of admission which is published on the University website. A separate email address is provided for smooth communication with International Students.
  - ‘**So far, the cell has attracted international students from various countries like USA, Canada, UK, Oman, Malaysia, Sri Lanka, New Zealand, Nigeria and Middle Eastern countries like UAE, Saudi Arabia, Qatar and the list is ever expanding**’.

#### 5.1.10 What types of support services are available for

- **overseas students**
- **physically challenged / differently-abled students**
- **SC/ST, OBC and economically weaker sections**
- **students participating in various competitions/conferences in India and abroad**
- **health centre, health insurance etc.**
- **skill development (spoken English, computer literacy, etc.)**
- **performance enhancement for slow learners.**
- **exposure of students to other institutions of higher learning/corporate/business houses, etc.**
- **Publication of student magazines, newsletters.**

#### 1. **Overseas students:**

- a. Support services for overseas students:
- b. Planning, Implementation and Co-ordination of all International Student (IS) Services and programs.
- c. Information and advice to Prospective International Students & their parents.
- d. Orientation to International Students enrolled in the University.

- e. Co-ordinate smooth induction, involving liasoning with relevant administrative & academic staff of University to fulfill statutory requirements.
- f. Help students acclimatize to the university ambience, polices, social, cultural & disciplinary aspects.
- g. Maintain relevant records of all International Students.
- h. Assist International Students on requirement of documents & immigration rules.

**2. Physically challenged / differently-abled students:**

- a. **There are lifts, ramps and toilets for physically challenged students which are depicted by effective signage at all appropriate places.**
- b. **Wheelchairs are provided in all areas for ambulation.**
- c. **They are provided with a writer in examinations & at entrance tests if required.**

In SC/ST, OBC the eligibility criterion for admission is 10 % lower than that for the open category. **The institution has zero tolerance policy towards discrimination on the basis of caste, creed, religion and social backwardness.** Adequate measures are in place to provide insulation and prevent any bias. **The weaker section is given financial support wherever required. These students are allowed to pay fees in instalments and are entitled to the services of the Book-bank.**

**3. Students participating in various competitions/conferences in India and abroad**

Institution promotes, motivates and facilitates learners to participate in various competitions/conferences in India and Abroad.

- a. Academic guidance and financial assistance is given to learners to participate in various inter-collegiate, state level and national level competitions/conferences.

Information on such events is displayed on the departmental and common notice boards. The officer in-charge of student's council is responsible for keeping the students informed.

The importance of participation & sportsmanship is impressed upon students.'

Students participate regularly in the Youth Festival (PULSE) and also in debates quizzes and other competition held in the state and outside the state.

They have won many prizes, received awards and brought laurels to the institution.

- b. The institution bears the expenses for all students who take part in inter-collegiate, state and national competitions/ conferences.

4. **Health centre, health insurance etc.:**  
University has a well-equipped health centre that provides health services to students as and when required. The hospital services are rendered free of cost.
5. **Skill development (spoken English, computer literacy, etc.):**  
Skill Development for students: Students come from all over the country as well as from abroad and hence classes in spoken English and Vernacular are arranged for the students. For development of professional and soft skills, including Information Technology, modules are made part of the curriculum.
6. **Exposure of students to other institutions of higher learning/corporate/business houses, etc.**
  - a. The norms of the regulatory council mandate that students have to study/ work in the same institution. However MOU's have been signed for student exchange and students from International Universities have come for electives to our institution.
  - b. Postgraduate students are sent to identified centres of excellence for observation and development of skills.
7. **Publication of student magazines, newsletters:**
  - a. Publication of Student Magazines: Annual student magazine is brought out giving them a platform to express their literary and creative talents. Students (male & female) are represented on the editorial board.
  - b. **An institutional newsletter is published every month.**

**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?**

The medical college provides guidance to students for appearing in competitive exams like USMLE & PLAB. The nursing college guides & identifies study modules for NCLEX.

The faculty of allied sciences also help students prepare for competitive exams. Every year many students clear USMLE/NCLEX/ELTS the details of which are being ascertained.

**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**
- **special dietary requirements, sports uniform and materials**
- **any other (specify)**

**There is a full time Director of Sports & Cultural Events** at the university level who is helped by the officer in-charge in each faculty. The university is keen on encouraging sports and cultural activities recognising its role in the personality development.

- Appropriate weight age is given in internal assessment in deserving cases in accordance with the university policy.
- Leave of absence is given to the students participating in sports & extracurricular activities. Awards and certificates are given to deserving students.
- The students are provided financial assistance for participating in events outside the institute as well for organising it in the institution.
- Sports gear including all the required sport material is provided by the institution & coaching is rendered by professional trainers.
- Provision of special dietary requirements, uniforms and sporting equipment is made.

**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?**

There is a shortage of teachers in the entire health sciences system. Faculty of Medicine, Faculty of Dentistry, Ayurveda, homeopathy & all other alternative medicine teaching institutes employ doctors as teachers.

The undergraduate students of faculty of Medicine and faculty of Dentistry usually opt for postgraduate studies, senior residency or fellowship programmes and rest opt for private practice. The postgraduate students have a wide choice of medical and dental institutions and super specialty hospitals for entering into service.

Those who attain postgraduate degrees and are trained in special skill are taken up in speciality hospitals & clinics, laboratory & diagnostic services and in teaching hospitals.

The demand for doctors, nurses, dentists and physiotherapists in many countries all over the world resulted in a significant no. of graduates migrating to the U.S. with presence in almost all the states. Many nurses have a sizeable presence in the U.S. with graduates working in all the states & many nurses working in the Middle East, in hospitals of Dubai, Abu Dhabi, Sharjah, Muscat, Yemen, Jordan & Saudi Arabia.

**The placement record for Biotech students is 100%.** They have been employed at leading institutes like Bluepin Pharma, Cipla, Unichem, Kopran, Genova, and Emcure. Nurses easily find employment in leading hospitals in India & overseas. The career guidance cell identifies the opportunities for those who seek

employment & information regarding further PG or specialized training courses.

Nurse Practitioners & physiotherapy practitioners are in great demand in big cities & they can set up their own free-lance practice.

**5.1.14 How does the institution provide an enriched academic ambience for advanced learners?**

- Advanced learners are motivated to further improve their performance by taking part in academic competitions, cultural cum literary events, seminars, debates and quizzes.
- Incentives and recognition in the form of scholarships, certificates and gold medals.
- Selection for research and community projects, ICMR, STS.
- Sponsorship for conferences and encouragement to present papers.
- They are given suitable teaching assignments and asked to conduct interactive sessions. They also participate in seminars by the students for the students.

**5.1.15 What percentage of students drop-out annually? Has any study been conducted to ascertain the reasons and take remedial measures?**

**Isolated miniscule dropouts are attributable to personal reasons.**

**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).**

The usual self evident trend has been and is that Graduates of health science are self-employed & many decide to take up post-graduate studies. The student's placement cell identifies opportunities for employment & acts as a facilitator by providing reference letters & all other necessary documents.

The entire health care system in the country is facing a shortage of health science graduates & hence students easily find employment of their choice.

**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.

- a. Alumni are registered for a nominal fee and a token of identity

with number of registration is given to them at the time of registration for convocation. Alumni Association conducts regular alumni meets. Meets that are batch specific are organized once a year while the grand meeting takes place once in 3 yrs.

- b. Alumni have contributed generously & have provided the institution with Rs. 10 Lakhs in funds for buying new equipment.
- c. They share their expertise by giving guest lecturers & conduct of workshops.
- d. Contribution also comes in terms of suggestions, feedback & they have formed a web-group for contribution to the research journal of KIMSDU.
- e. Alumni directory is maintained & the institution felicitates alumni who have achieved distinctive recognition for their professional work.

#### 5.1.18 List a few prominent alumni of the institution.

Few prominent alumni of institution.

S. N.	Name of Prominent Alumni	Designation
1	Dr. M. V. Ghorpade	Registrar, KIMSDU, Karad
2	Dr. Nishikant Gujar	Professor & HoD, Al Ameen Medical College, Bijapur
3	Dr. Prassana Vibhute	Consultant Mayo Clinic USA.
4	Dr. Mandar Ambike	Associate Dean, students affairs, Professor & HOD Anatomy, Gulf Medical University, Ajman UAE.
5	Dr. Alka Saxena	Post Doctoral Scientist (Molecular Biology and Genetics), Australia.
6	Dr. Sangeeta Shah	Operations Director of Valrack far East Pvt. Ltd.
7	Dr. Rajwardhan Yadav	Consultant Rheumatologist at United Health Center in Bridgeport wv26330, Adjunct Clinical Assistant Professor of Rheumatology, West Virginia school of medicine at Morgantown
8	Dr. Sahil Kirpekar	Management Consultant, Worked at the world Health Organization, United Kingdom.
9	Dr. Ashwin Kotwaliwale	MD, Phd. President, KaryoTutor, Genomic Software, Inc., Sunnyvale, CA.

10	Dr. Maitreyee Chaukulkar	Chief Physiotherapist, West Verginia Hospital, USA
11	Dr. Milind Chitale	Vice Principal, ACPM, Medical College, Dhule.
12	Dr. Vasundhara Singh	Chief Resident (Internal Medicine) Pennsylvania Hospital, USA
13	Dr. Raunak Khisty	Chief Resident, Wake Forest Baptist Health, 2014-15, Psychiatry, Wake Forest Baptist Health Wake Forest University
14	Dr. Nikhil Bhat	Clinical Study Manager-Dallas VA Medical Center
15	Dr. Saurabh Talathi	MD Anderson Cancer Center- Graduate Research Assistant, Lincoln Medical Centre, Bronx, NY- Pediatrics
16	Dr. Dominder Kaur	Instuctor in Pediatrics, Mayo Clinic, Staten Island University Hospital, Ny-Pediatrics
17	Dr. Pooja Middha	Master in Public Health from University of Michigan, Ann Arbor
18	Dr. Ruchi Ghai	Registrar at Peninsula Health, Victoria, Australia
19	Dr. Ashutosh Kothari	Head of Department for Breast Malignancy, London, UK
20	Dr. Vikram Patil	Staff Speciality in Intensive care Launceston Government Hospital, Tasmania – Australia
21	Dr. Shailesh Ranade	Consultant Plastic Surgeon, Hinduja Hospital
22	Dr. Ashish Khanijo	Cardiothoracic surgeon (MS MCH) at Ruby Hall Clinic, Pune.
23	Dr. Om Shrivastav	Consultant expert in Infectious diseases, Jaslok Hospital, Mumbai.
24	Dr. Ramila R. Menon	Specialist in Lung Cancer, Fellowship in Haemato oncology Pathologist, Canada
25	Dr. Avdhoot Narayan Upanekar	Assistant Sales Tax Commissioner, Ratnagiri.
26	Dr. Sabyasachi Sengupta	Research Associate and Vitreoretinal Surgeon, Arvind Eye Hospital and PGI Ophthalmology, Pondicherry.

#### 5.1.19 In what ways does the institution respond to alumni requirements?

- Alumni are provided as a matter of right with all necessary documents including reference letter for applying to institutions in India and overseas for further studies or employment.

- Alumni are motivated to become members of the Alumni Association. They are to be our privileged guests on visits to the campus and are offered life membership which entitles them to free receipt of the annual college magazine, news-letter, research journal and annual report.
- The University has created an institutional social media group exclusively for alumni to air their views, suggestions and to provide feedback.
- They are motivated to act as the Ambassadors of the institution and to be actively associated with its growth and development.
- Alumni are provided with free library membership and special concession in registration fees for conferences that held at the University.

**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.**

The University has a grivence redressal policy. It is notified by the Board of Management to address the grievances of student's studying in all departments, colleges, institutions and faculties of the University. Its composition, power and functions, conducts of meetings, procedures for filing considering and processing applications and the recommendations for final action are all enshrined in the bye-law.

**Nature of Grievances:** The grievances relate to:

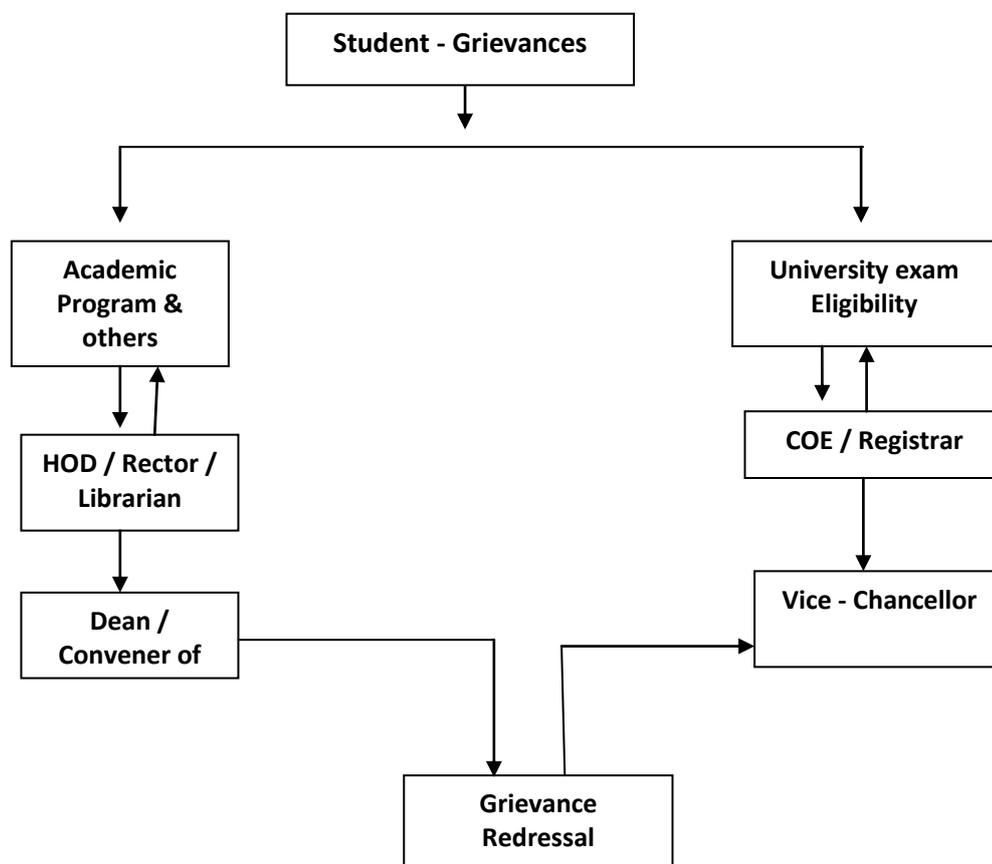
- **Academic program / Attendance**
- **Examinations**
- **Hostel and Mess facilities.**
- **Interpersonal relationships and conflicts with other students.**
- **Faculty performance and victimization.**
- **Non-teaching staff and observance of rules and regulations.**
- **Administration.**
- **Maintainance**
- **Library**

**Redressal Procedure:**

The '**Grievance redressal mechanism**' is '**Multilayered, Time-bound**' with opportunity provided for '**Appeal**'.

The grievance can be presented verbally or in writing. In multi-layered concept the grievances are first forwarded to Head of Department/Administrative Officer students followed by '**referral**' to the grievance redressal committee. The appellate authorities are the

Registrar & Vice-chancellor. In case of university examinations & results the redressal authority is the COE & the appellate authority is vested with the Vice-chancellor.



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 university promotes a gender sensitive environment by Ensuring equal rights for men & women and elimination of disadvantages.
  - **Support for women and equal opportunity for the sexes.**
  - **Prevention of discrimination, prejudice & exclusion.**
- Many gender related programs have been conducted which include
  1. Gender sensitization against sexual harassment.
  2. Depleting sex ratio of women & female foeticide.
  3. The importance of PCPNDT act. Its implementation & consequences.
  4. **Gender Equality a fundamental right**
  5. Gender differentiation & Gender discrimination.

6. Gender roles dependent on culture, traditions & classification by sex.
7. Domestic violence
8. Human trafficking & spread of HIV
  - Regular awareness & orientation programmes are conducted for women and training is imparted to all women in self defence.
  - 24x7 helpline has been established for all women students on the campus.
  - **‘Women empowerment cell’** has been formed which besides taking up gender related issues conducts guest lectures, awareness rallies & health education programs.
    - **Sexual harassment is dealt with by the committee for prevention of sexual harassment.**

**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**

An **‘Anti-ragging Committee’** has been formed in accordance with UGC regulations (based on Raghvan committee recommendations) on curbing the menace of Ragging in HEIHS U/s 26 (1)(9) of the UGC act 1956.

**Anti-ragging committees are in place in the constituent faculties as per norms of the regulatory bodies.**

Institutional policy with **‘zero tolerance towards ragging’** has resulted in a congenial and friendly environment for the fresher. The following measures are adopted.

1. Display of boards indicating what constitutes Ragging the institution’s anti-ragging policy and consequences in terms of punishment it invites.
2. An anti-ragging squad is formed for policing and vigilance.
3. Security arrangements with installation of many CCTV cameras in the campus and particularly in hostels.
4. Affidavits of students on Admission not to indulge in any form of ragging including becoming a mute- spectator are taken.
5. Anti ragging booklets are distributed to the students on admission.
6. The details of the anti ragging committee and mobile no. of the members are displayed on notice boards, information boards and on the web-site.
7. **A 24 x 7 helpline is available for the students.**

**In the last four years no instance of ragging has been reported.**

### 5.1.23 How does the institution elicit the cooperation of all its stakeholders to ensure the overall development of its students?

The policy of the University lays emphasis on involving all stakeholders in the administration and delivery of the academic program. The feedback and suggestion from stake holders have enhanced the overall working of the University.

- **Faculty Development Program**: The institution has its recognition in the faculty. They hold the key to all successful educational endeavors. Medical Educational Technology Cell of all the faculties trains faculty members.

Therefore staff development program and training has been established particularly with new pedagogy practices that call for competence and professionalism from a health sciences teacher. They are motivated by recognition, incentives and rewards for academic contribution. Their role is considered pivotal in the overall development of students.

- **Identifying the learning Needs of students**:
  1. The feedback obtained from students and the positive and constructive action so initiated keeps the students on track towards achieving their academic objectives.
  2. **Student participatory practices**: Students are involved at all levels in the decision making statutory bodies and the appointment of student Vice-dean has facilitated their co-operation in overall development.
  3. **Understanding Community/ Public expectation**: Changing expectations of the community have led to grooming of health science graduates in communication skills, teamwork & competency to provide solutions by their problem solving abilities. The community programmes have built a strong community institution bond for all academic & healthcare extension activities.
  4. **Parents**: Parents are present at the induction program on admission of their ward. Later regular parents teacher association meetings are conducted. The parents are informed about the progress of their wards. Supplementary, constructive, remedial measures and suggestions are appreciated and implemented periodically.
  5. **Alumni**: Krishna Institute of Medical Sciences Deemed University Alumni is registered with the commissioner of charities and the alumni association is encouraged to hold alumni meets at least once every year. Many distinguished alumni are called as guest speakers and invited to become members of academic bodies and visiting faculties.  
Social Networking groups involving alumni are encouraged and the institution is geared up to respond positively to their views and suggestions.
  6. **Academic Experts**

7. **Advisors:** The educational strategies of the university are determined in the Academic Council meetings which has a no. of external experts. Their contribution along with feedback received from guest speakers, examiners and Visiting faculty is considered vital for the future growth and development of the institute.
8. **Industries:** A no. of initiatives for greater co-operation with the industry involves drug trials, monitoring of industrial occupational hazards, research and standardization of certain products.

**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.**

- The university has a sports complex with facilities for Racquet games (Badminton, tennis & table tennis), Ball games ( Foot ball, Basket ball, Volley ball, Net ball), Indoor games( Chess, carom) well-equipped gymnasium with facilities for cardio, weight training & aerobics. Women have a free access to these facilities and are provided with reserved time in the gym with special trainers.
- Inter-class and Inter-collegiate tournaments are held regularly to ensure participation of women.
- Sports gear, travel allowance & adjustments in the academic program (by holding extra classes) is provided for students who represent the university in intercollegiate or inter-university tournaments.
- Similarly cultural activities are encouraged & students also take part in competitions at intercollegiate and interuniversity levels. Their participation has resulted in the institution receiving many awards and prizes.

**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.**

Rotation during internship is mandatory as set out in the guidelines of the MCI. The Learning experience assumes a new dimension as the students learn to appreciate the needs of the community and methods to deal with them with resources at hand and local support. Community and district hospitals have a different perspective with priorities such as immunization, ante-natal care, identifying and preventing malnutrition and taking part in all national health programs. The learning experience is enhanced by taking up professional responsibilities with the help of a local work force and providing primary case or becoming

the first station for communicable and non-communicable diseases. Health survey, diagnostic camps, creating awareness about sanitation healthy food practices and food hygiene. improve their communication and leadership skills and their problem solving abilities. The students during posting avail excellent opportunities of learning basic elementary procedures and skills required in health science practice.

**5.1.26 Does the institution have immunization policy for its students and staff?**

**Yes.**

Contingent immunization schedule

- Hepatitis B vaccine is available for all staff and students free of cost on a voluntary basis.
- PG's working in clinical departments, health care and lab workers with high risk of contracting (occupation hazard) are immunized for Hepatitis B.
- Vaccination is carried out in public health out breaks for enteric fever and cholera.
- Anti-rabies vaccination and post exposure HIV prophylaxis is carried out for all health care workers when necessary.

**5.1.27 Does the institution give thrust on students growth in terms of:**

- **Physical development,**
- **Emotional control**
- **Social dimension and**
- **Spiritual growth.**

**Yes.**

**Physical Development:**

- Physical development entails a balanced nutrition for which the institution carries out periodic checks to monitor quality of raw material and hygienic standards of the mess facilities. The University hospital has appointed a dietician who can respond to different dietary needs.
- The well-equipped sports complex has indoor as well as outdoor sports with football field, tennis court, basket ball court, and indoor badminton hall, facilities for table tennis, carrom, chess, and aerobics besides a well equipped gymnasium with cardio and weight trainers.
- The University conducts 'Annual sports meet' to encourage participation in sports.

**Emotional Control:**

Emotional control comes from a sense of well being with regards to physical, mental and social aspects. This is achieved by their progress in academics, their incorporation in the institutional society as a responsible university citizen who has come here with a purpose and in his brief stay in the campus realizes the opportunity of his career goals.

- Emotional well being also comes from a sense of national pride. The university observes days of national importance like Independence day, Republic day, Gandhi Jayanti, subhashchandra bose day and participates in other national programs like World yoga day & Swaccha bharat abhiyan.
- Emotional reinforcement is provided by following healthy practices like yoga, SSY, Art of living & REBT (Rational emotive behavioral therapy) which are arranged for students.

**Social Dimension:**

Students have the opportunity to participate in diagnostic health camps, blood donation camps, tree plantations, awareness rallies & street plays. NSS & YRS schemes provide the social dimension in their formative years.

**Spiritual Growth:**

Religious & spiritual discourses based on scientific principles are conducted by providing places of worship has helped spiritual growth.

## 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 of the institution for the current academic year 2014-2015 is 2204.

Graduates from the constituent faculties opt for higher education in India and abroad. The tracking of students through alumni has shown that **80-90%** (Faculty of Medicine & Faculty of Physiotherapy each), and **60-70%** (Faculty of Dental Sciences and Nursing sciences each) opt for higher education.

### 5.2.2 What is the number and percentage of students who appeared/qualified in examinations for Central/State services, Defense, Civil Services, etc.?

Following are the students who appeared / qualified in examinations for like Central / State services, Defence and Civil service.

**Faculty of Medicine-**

1. Dr Sudham Khade MBBS, cleared UPSC examination and selected as IAS officer in govt of India.
2. Dr. Pankaj Chopara MBBS UPSC examination and selected as IAS officer in govt of India.
3. Dr Ashwini Patil MBBS cleared MPSC examination and selected in DySP officer in Govt of Maharastra.
4. Dr Vishal Desai MBBS MD cleared UPSC and selected in India Accounts and Audit service.

**Faculty of Physiotherapy :**

1. Dr. Vikramsingh Kumar Patil- Cleared MPSC Examination In 2012 Ranked 72<sup>nd</sup> In The State.(General Category).
2. Dr. Avdhoot Narayan Upanekar- Cleared MPSC Examination In 2011 Ranked 4<sup>th</sup> In The State.(Sbc Category).
3. Dr. Avdhoot Narayan Upanekar- Cleared MPSC Examination In 2013 And Got The Post Of Asst. Sales Tax Commissioner (Gazette Class I Officer.) (Sbc Category).

**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.**

Institution category-wise details regarding the number of post graduate dissertations, Ph.D. Theses submitted, accepted, and rejected in the last four years

<b>Faculty of Medicine : Dissertations M. D. / M. S.</b>				
Sr. No.	Year	Dissertations submitted	Dissertations Accepted	Dissertations Rejected
1	2010	27	27	--
2.	2011	29	29	--
3.	2012	35	35	--
4.	2013	54	54	--
5.	2014	62	62	--

<b>Faculty of Medicine &amp; Faculty of Nursing</b> Ph. D. Thesis Accepted
---

Sr. No.	Year	Dissertations submitted	Dissertations Accepted	Dissertations Rejected
1	2012	02	02	--
2.	2013	02	02	--
3.	2014	02	02	--
4.	2015	01	01	--

<b>Faculty of Physiotherapy : Dissertations MPTh</b>				
Sr. No.	Year	Dissertation Submitted	Dissertation Accepted	Dissertation Rejected
1	2010	17	17	-
2	2011	14	14	-
3	2012	13	13	-
4	2013	11	11	-
5	2014	13	13	-
6	2015	7	7	-
<b>Faculty of Dentistry : Dissertations MDS</b>				
Sr.No.	Year	Dissertation Submitted	Dissertation Accepted	Dissertation Rejected
1	2015	9	9	-

Faculty of Nursing :

Course /year	2012	2013	2014	2015
M Sc Nursing Dissertation Submitted & Accepted	17	20	18	7

**5.2.4 What is the percentage of graduates under AYUSH programs employed in the following?**

- **AYUSH departments/Hospitals,**
- **Multinational companies,**

- Health clubs,
- Spas,
- Yoga wellness centers,
- Yoga studios,
- Health clubs,
- Own Yoga cubes/studios?

NOT APPLICABLE

### 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.

Apart from teaching and learning institute also encourages students in sports, cultural and extracurricular activities.

The institute conducts a wide range of sports, games, cultural and extra-curricular activities regularly.

#### Sports and Games (medical)

Boys	Girls
1. Cricket (long)	1. Box cricket
2. Box cricket	2. Volleyball
3. Volleyball	3. Football (long)
4. Football (long)	4. Ring football
5. Ring football	5. Lawn Tennis
6. Lawn Tennis	6. Table Tennis
7. Table Tennis	7. Carrom
8. Carrom	8. Chess
9. Chess	9. Badminton
10. Badminton	10. Basketball
11. Basketball	11. Kho-Kho
12. Kho-Kho	12. Tug of war
13. Tug of war	13. Athletics
14. Athletics:	14 Counter Strike
15. Counter Strike	

#### Cultural and extracurricular activities-

Various days are celebrated in the university like Teacher's day, other days of national importance and others during the annual gathering. Interdisciplinary and interclass competitions are held in cultural and extracurricular activities like singing, dance, dramas and fashion shows.

National Service Scheme & Young Red Cross Society activities are planned in the Academic Year 2015-16.

The University releases the calendar of events (Comprehensive Academic Calendar) every year which includes sports, cultural, literary, extracurricular programmes of its constituent faculties.

Each constituent faculty has its own calendar of events for sports and cultural, extracurricular and curricular activities.

**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.**

The details of the achievements of students in co-curricular, extracurricular and cultural activities at University levels: during the last four years are as follows :

College	Year	Event	College level	Inter Collegiate Level	Regional/National Level
KIMS	2012-2013	Cricket: KIMS		Inter Collegiate Level	
		Volley ball:KINS			
		Throw ball:SDS			
		Badminton: BOYS-KIMS			
		Table tennis: KIMS			
		Athletics 100 m: KINS			
		Athletics discuss throw: KINS			
		Athletics javelin throw:KINS			
		Athletics long jump: KIMS			
		Carom: KCP			
		Chess:SDS			
	2013-2014	Carom singles: 1			Pulse National Level

		Carom doubles:1			
		Carom mixed doubles:1			
		Athletics: 100 meters:1			
		Athletics 200 meters:1			
		Cricket – long: Boys-1	College level		
		Cricket – box: Girls-1, Boys-1			
		Volleyball: Boys-1			
		Football: Boys-1			
		Lawn tennis: Boys:1			
		Table tennis single: Boys-1			
		Table tennis doubles: Boys-1			
		Carom: Boys-1, Girls-1			
		Kho-kho: Boys-1, Girls-1			
		Chess: Boys-1, Girls-1			
		Badminton singles: Boys-1, Girls-1			
		Badminton doubles: Boys-1, Girls-1			
		Badminton mixed: 1			
		Athletics 100 m sprint : Boys-1, Girls-1			
		4 x 100 relay: Boys-1, Girls-1			

		Shot put: Boys-1, Girls-1			
		Dodge ball: Girls-1			
		Tug off war: 1			
		Throw ball: Girls-1			
	2014-2015	Cricket long: Boys-1	College Level		
		Cricket box: Girls-1			
		Volleyball: Boys-1			
		Football long: Boys-1			
		Football rink: Girls-1, Boys-1			
		Basketball: Girls-1, Boys-1			
		Kho kho: Girls-1			
		Table tennis: Girls-1			
		Lawn tennis: Boys-1			
		Carrom: Boys-1			
		Carrom: Girls-1			
		Chess: Boys-1, Girls-1			
		Badminton: Girls-1			
		Badminton: Boys-1			
		Badminton: mixed doubles:1			
		Athletics 100 mts sprint : Boys-1, Girls-1			
		Athletics 100 x4 relay : Boys-1			
		Dodgeball: Girls-1			

		Throwball: Girls-1			
		Shotput : Girls-1, Boys-1			
	2015	Badminton: 4 PRIZES			AFMC, Pune, Regional Level
SDS	2010-11	<b>Armageddon Carrrom: Boys</b> Singles: 1 Doubles : 1 Mixed doubles: 1 <i>Girls:</i> Singles: 1 Doubles : 1 <b>Chess: Boys</b> Singles: 1 <i>Girls:</i> Singles: 1 <b>Badminton:</b> <i>Boys</i> Singles: 1 Doubles : 1 Mixed doubles: 1 <i>Girls:</i> Singles: 1 Doubles : 1 <b>Throwball:</b> <i>Girls:</i> 1 <b>Volleyball:</b> <i>Boys-1</i> <b>Dodgeball:</b> <i>Girls:</i> 1 <b>Football: Boys-1</b> <b>Cricket: Boys-1</b> <b>Athletics: Boys</b> 100mtrs: 1 200mtrs: 1	College level		-

		4x100mtrs: 1 <i>Girls:</i> 100mtrs: 1 200mtrs: 1 4x100mtrs: 1 <b>Kho- Kho:</b> <i>Girls-1</i>			
	2012-13	Krishna Sangam-1 <b>Carrrom: Boys</b> Singles: 1 Doubles : 1 Mixed doubles: 1 <i>Girls:</i> Singles: 1 Doubles : 1 <b>Chess: Boys</b> Singles: 1 <i>Girls:</i> Singles: 1 <b>Badminton:</b> <i>Boys</i> Singles: 1 Doubles : 1 Mixed doubles: 1 <i>Girls:</i> Singles: 1 Doubles : 1 <b>Throwball:</b> <i>Girls:</i> 1 <b>Volleyball:</b> <i>Boys-1</i> <b>Cricket: Boys-</b> 1 <b>Box cricket:</b> <i>Girls-1</i> <b>Snooker :</b> <i>Boys-1</i>	-	-	Regional inter collegiate level (Western Maharashtra)
	2013-14	Krishna Sangam-2	-	-	Regional inter collegiate level

		<b>Carrrom: Boys</b> Singles: 1 Doubles : 1 Mixed doubles: 1 <i>Girls:</i> Singles: 1 Doubles : 1 <b>Chess: Boys</b> Singles: 1 <i>Girls:</i> Singles: 1 <b>Badminton:</b> <i>Boys</i> Singles: 1 Doubles : 1 Mixed doubles: 1 <i>Girls:</i> Singles: 1 Doubles : 1 <b>Throwball:</b> <i>Girls:</i> 1 <b>Volleyball:</b> <i>Boys-</i> 1 <b>Cricket: Boys-</b> 1 <b>Box cricket:</b> <i>Girls-</i> 1 <b>Table tennis:</b> <i>Boys</i> Singles: 1 Doubles : 1 Mixed doubles: 1 <i>Girls:</i> Singles: 1 Doubles : 1			(Western Maharashtra)
	2014-15	Synergia <b>Carrrom: Boys</b> Singles: 1 Doubles : 1 Mixed doubles:	College level	-	-

		<p>1</p> <p><i>Girls:</i> Singles: 1 Doubles : 1</p> <p><b>Chess: Boys</b> Singles: 1</p> <p><i>Girls:</i> Singles: 1</p> <p><b>Badminton:</b> <i>Boys</i> Singles: 1 Doubles : 1 Mixed doubles:</p> <p>1</p> <p><i>Girls:</i> Singles: 1 Doubles : 1</p> <p><b>Throwball:</b> <i>Girls:</i> 1</p> <p><b>Volleyball:</b> <i>Boys-1</i></p> <p><b>Dodgeball:</b> <i>Girls:</i> 1</p> <p><b>Cricket: Boys-</b> 1</p> <p><b>Box cricket:</b> <i>Girls-1</i></p> <p><b>Table tennis:</b> <i>Boys</i> Singles: 1 Doubles : 1 Mixed doubles:</p> <p>1</p> <p><b>Athletics: Boys</b> 100mtrs: 1 200mtrs: 1 400mtrs: 1 4X100:1 Long Jump:1 Shot put:1</p> <p><i>Girls:</i> 100mtrs: 1 200mtrs: 1</p>			
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		400mtrs: 1 4X100:1 <b>Long Jump:</b> Boys:1 Girls: 1 <b>Shot put:</b> Boys:1 Girls: 1			
	2014-15	Youghoria <b>Carrrom:</b> Boys:1 Girls: 1 Mixed-doubles:1 <b>Dodgeball:</b> Girls:1 <b>Table tennis:</b> Girls:1 Mixed-doubles:1	-		Zonal Intercollegiate level
KCPT	2011-12	Team events: Cricket : 1B 1G Volleyball: 1B Kho-kho: 1G Throw ball: 1G Football: 1B Dodge ball:1G  Individual events: Shot put:1B 1G Running 100mts: 1B 1G Running 400mts: 1B 1G 4x100 relay: 1B 1G Carom doubles: 1 Chess: 1B 1G Badminton singles:1B 1G			

		Badminton doubles: 1B 1G Disk throw: 1B 1G			
KCPT	2012- 13	Team events: Cricket: 1B Volleyball:1B Throw ball:1G  Individual events: Running 100mts: 1B1G Carom doubles:1B Carom single:1B Chess:1B1G Badminton singles:1B1G Badminton doubles:1B1G Disk throw:1B	College level	-	-
	2013- 14	Team events: Cricket:1B1G Volleyball:1B Throw ball:1G Football:1B Dodge ball:1G  Individual events: Carom singles:1B1G carom doubles:1B Running 100m:1G Shot put:1G Badminton single:1G Badminton double:1G Disc throw:1G Relay 400m:1G	College level	-	-

	2014-15	Team events: Cricket:1B Throw ball:1G Dodge ball:1G Relay:1B1G	College level	-	-
		Individual events: Carom doubles:1B Relay 100mts:1B Shot put:1G Disc throw:1G Chess:1B			
KINS	2010-11	Chess (3)	college level		
		Singing Competition (1)	college level		
		Dance Competition Group (2)	college level		
		Solo Dance	college level		
		Solo Dance (1)	college level		
		Rangoli competition (1)	college level		
KINS	2013-2014	Volley Ball (boys) (2)	college level		
		Discuss Throw (boys) (2)	college level		
		Javelin Throw (boys) (2)	college level		
		Long Jump (boys) (2)	college level		
		Long Jump (girls) (2)	college level		
		100 meter Running (Girls) (2)	college level		
	2014-15	1) Running (2)	college level		
		2) Musical Chair(2)	college level		

		3) Carrom(2)	college level		
		4) Chess (2)	college level		
		3) Carrom (2)	college level		

**5.3.3 Does the institution provide incentives for students who participate in national / regional levels in sports and cultural events?**

**Yes.**

The institution provides incentives for students who participate in national/regional levels in sports & cultural events.

- Financial aid in form of TA, DA &Registration fees is given.
- **Weight-age is given in internal assessment examination.**
- Felicitation of the students is done in social gathering and prizes are also awarded to them.

**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 University encourages students to publish wall magazines and college magazines. These activities are supervised by magazine secretaries of the student councils. The undergraduate & postgraduate students are encouraged to prepare the posters on the theme of the day on various national and international days which are displayed on notice boards & educational boards.

Other interesting articles are displayed on the notice board throughout the year.

**Annual College magazine is published by the students.**

**5.3.5 Does the institution have a Student Council or any other similar body? Give details on its constitution, activities and funding.**

All constituent faculties have a Student Council body.

The student council is constituted as per University norms/ by-laws. Its composition are as follows

- Dean - Chairman
- Cultural In-charge - Member
- Sport In-charge - Member
- Assistant Cultural In-charge - Member
- Assistant Sport In-charge - Member

Students' representatives

- General Secretary - (1)
- Cultural Secretary (Boys) - (2)
- Cultural Secretary (Girls) - (2)
- Sports Secretary (Boys) - (2)
- Sports Secretary (Girls) - (2)

Periodic meetings are held and minutes are maintained.

- Activities :
  - To co-ordinate the extra-curricular and welfare activities of the students.
  - To promote participation in academic, extracurricular and welfare activities.
  - To train students in the democratic process.
  - To strive for overall welfare and personality development of the students.

**5.3.6 Give details of various academic and administrative bodies that have student representatives in them. Also provide details of their activities.**

**Various academic and administrative bodies that have student representatives on them.**

There are **34 committees** and on each of them undergraduate and postgraduate students representative are included. The University ensures adequate representation in various committees. They get to know the working of the institution and can also contribute to the growth of the University. The student's representatives act as a bridge between students and administration.

Students are represented in various committees as follows:

1. UG courses committee
2. PG course committee
3. Time table committee
4. Committee for counselling
5. Student support service
6. Research development and sustenance
7. Co-curricular activities
8. Staff and student welfare
9. Physical education committee
10. Extension activities
11. Annual calendar of events
12. Library advisory committee
13. College development council
14. Student mentorship committee
15. Faculty development committee

- 16. Committee for healthy practices**
  - 17. Committee for policies, procedures & practices**
  - 18. Committee for feedback analysis**
  - 19. Parent teacher association**
  - 20. Review committee to eliminate ragging**
  - 21. Hostel management committee**
  - 22. Internal examination committee**
  - 23. Video conferencing committee**
  - 24. Website committee**
  - 25. Scientific committee**
  - 26. M.E.T cell**
  - 27. Student council**
  - 28. Institutional ethical committee**
  - 29. College magazine committee**
  - 30. Sexual harassment elimination committee**
  - 31. ICT committee**
  - 32. Alumni advisory committee**
  - 33. Co and extracurricular activities**
  - 34. Grievance Redressal Committee**
- The details of the activities are provided in the annexure.

## **Criterion VI**

### **Governance, Leadership and Management**

#### **6.1 Institutional Vision and Leadership**

##### **6.1.1 State the vision and mission of the institution.**

**The Vision:**

**To emerge as a centre of excellence following an interdisciplinary, innovative and quality centric approach that encompasses best evidence based higher education and generates regulative and translational research and offers affordable health care access for the benefit of mankind.**

**The Mission:**

- a. KIMSUDU shall prepare competent and compassionate professionals with sound knowledge and excellent skill through quality education based on a competency model that inculcates scientific temper, moral and ethical values.**
- b. It shall foster interdisciplinary research that will generate meaningful outcomes for the community and nation.**
- c. It shall provide quality health care to the rural and needy and bring about holistic development in the adjoining rural areas.**
- d. It shall seek collaborations with national and international institutions of repute and provide a transparent and accountable 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 needs of the society in terms of addressing the human resource capital factor is clearly defined in the mission statement which seeks **“To prepare competent manpower with sound knowledge and excellent skills through quality education.”**

The students it intends to serve who besides becoming knowledgeable and skilled are to be inculcated with a scientific temper, moral and ethical values.

- a. The tradition and values are reflected in the institution's philanthropic approach of imparting health education as ‘Public Good’, while ensuring quality and providing education opportunities with free access and just equity.**

- b. The mission to foster inter-disciplinary research reflects the new Global approach of transcending disciplines and preparing students for new challenges.
- c. Quality health care for a large rural population addresses the needs of the society.
- d. The vision for striving to become a center of excellence, providing holistic health care facilities so as to generously contribute to national development and the desire to foster a knowledge society are embodied in our vision statement.

### **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 contribution improvement?**
- **interacting with its stakeholders?**
- **reinforcing a culture of excellence?**
- **identifying organizational needs and striving to fulfill them?**

- **Developing E-Governance Strategies for the institution.**

The Chancellor and Vice-chancellor with their motivation and participatory practices and their purpose driven concepts are actively involved in developing **E-Governance strategies**.

The results have crystallized into:

- **Wi-Fi campus**
- **Dedicated internet lease line of 1 GB.**
- **The introduction of hospital management system.**
- **Online application and admission procedure.**
- **E-Academic and administration platform for students (SAKI).**
- **Notifications, circulars, communication with regard to meetings by E-mail.**

- **Ensuring the organization's management system development, implementation and contribution improvement?**

**The Vice-Chancellor as executive head of the academic bodies is entrusted with the responsibility of developing an effective and efficient management system.**

The development aspect involves striking a balance between every individual, unit, department and institution. The role of every individual, the scope of their work, the function of various units, the perspectives, the priorities, the responsibilities are all laid down in structured management concepts.

**The university has a well laid out management information system for all departments.** The reports received from the MIS are the basis for timely implementation of decision based on these reports.

The management systems undergo timely review, reorganization and up-gradation.

- **Interacting with its stakeholders**

The Vice-chancellor has developed a very effective system for interaction with stake holders by providing them with suitable advisory and leadership roles.

- A Broad Consultative committee has been formed for curriculum development. The feedback received from stake holders calls for review, revision and update of the syllabus and curriculum.
- Stake holders find representation in all statutory and advisory bodies of the University.
- Parent – Teacher meetings are held regularly.
- A registered Alumni Association has been formed and they have been providing inputs for all educational processes besides contributing to the University Coffers.
- Rewards and recognition are instituted for all academic. Research, community and social activities.

- **Reinforcing a culture of excellence?**

The ‘culture of excellence’ is reinforced by strong institutional leadership and management, clear institutional goals, quality sustenance, enrichment, enhancement and emphasis on research and innovations.

The institutional policies, accountability and motivation of faculty serve to create an environment for setting and reaching higher goals, performing with efficiency and upholding the principles of good & effective governance.

The Chancellor and Vice-Chancellor with their participatory practices have provided a desired fillip towards reinforcing the culture of excellence.

- **Identifying organizational needs and striving to fulfill them?**

The organization needs are identified vis a vis education, research, services, knowledge dissemination/ sharing, social needs, regional and national development.

**The fulfillment comes in terms of achieving set out targets within a decided time framework which is supervised and monitored by the Vice-chancellor.**

**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 position in its various statutory bodies are filled and meetings conducted regularly?**

Yes.

The institution has taken timely steps to fill all positions in statutory bodies.

**The ‘Comprehensive academic calendar’ has the schedule of activity which is conducted in strict compliance of the time schedule with adherence to well over 95 %.**

**6.1.6 Does the institution promote a culture of participative management? If yes, indicate the levels of participative management.**

Yes.

The University promotes participation of stake holders and groups within the institution as part of integrating democratic decision making citizenship at all levels.

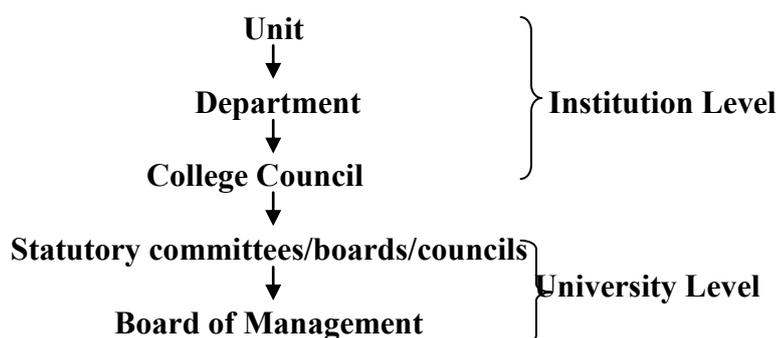
Internal participation calls for sharing the role of governance and leadership by involving all stake holders in the decision making process.

The **vision statement, the mission, aims and objectives** are formulated with due consideration of feed-back from relevant stake holders and the interface provided by experts, peers and the collective leadership of University captains.

**The policies, rules and regulations and decisions involve active, constructive and contributory participation of faculty members, student’s representatives, HOD’s, Deans, members of various statutory and non statutory committees of the University.**

Institutional level participation involves Departmental meetings, reviews, and college councils. At the University level the statutory committees/ councils/ board with representation of stake holders on all bodies are actively involved in participatory management.

**Levels of participation**



**6.1.7 Give details of the academic and administrative leadership provided by the University to its affiliated college/ constituent units and the support and encouragement given to them to become autonomous.**

The Institution is committed in creating transformational educational experiences at all levels so that the constituent faculties are recognized universally.

The Vice-Chancellor being the academic & executive head of the Institution provides leadership to the Deans of faculties, Heads of the Departments, faculties and the learners on all academic matters.

All suggestions/decisions of the heads of the faculties and departments are welcomed, supported and implemented through the decision making bodies considering the autonomy to the heads in decision making.

**The autonomy has provided vital support for fulfilling the goals and objectives of the Institution and to enhance academic and professional excellence.**

**6.1.8 Have any provisions been incorporated/ introduced in University Act and statutes to provide for conferment of degrees by autonomous colleges?**

**Not Applicable as University does not have any affiliated/ autonomous colleges.**

**6.1.9 How does the institution groom leadership at various levels? Give details.**

The role of every individual in the institution is identified for implementing the **vision, mission, policies** with regard to participatory decision making, sharing responsibilities, innovation and upholding the

values and conventions of institute with the intent of grooming future leadership.

**Leadership is encouraged at all levels for operating academic processes, innovating and mainstream thinking.**

- Staff members with special competencies are sponsored for leadership training programs and are offered privileged membership on important University decision making bodies. They are encouraged to represent the University at various national and international forums as experts, Guest speakers and chairs.
- Suitable awards, incentives and privileges are provided for group leaders.
- Collaborative academic projects, joint research initiatives with national and international organization have helped in improving managerial features, technical capability and inter institutional sharing of competencies and leadership roles.
  - The Chancellor and Vice-Chancellor are at the top of the hierarchy.
  - **The Deans of faculty** are empowered to administer all the academic activities related to their faculty. They are expected to establish contact with all the relevant stake holders, introduce suitable advisory roles for faculty, provide the interface with the community and industry and develop in house human resources.
  - **Deans/ Principals/ Directors:** They have the autonomy freedom to develop their institutions by following an organizational approach, in setting task groups, encouraging out of box thinking, creativity and innovation, planning and delivery of curriculum. With the objectives and institution goals in mind they are responsible for developing an institutional culture of good governance.
  - **Head of Departments:** They administer teaching learning research, extension and evaluation. In essence they sustain professional skills and competencies with their ability of strategic thinking, understanding the integrated roles of leadership at various levels and establishing communication across levels for holistic leadership mechanisms.
  - **Unit Heads:** They lie at the bottom of the ladder but represent the institution as ‘pace-makers’ of adaptability and innovations. They are encouraged in their quest for excellence by allowing them to experiment and realize new ideas and concepts and work towards institutional goals with dedication and commitment.

**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 nature of Knowledge production is changing. It has become necessary for institutions to overcome compartmentalization of academic activities.

Knowledge management involves balancing traditionally available knowledge with what is now available across disciplines in the inter disciplinary domain, from ‘**open knowledge resources**’ as against ‘**community based and evidence based sources**’.

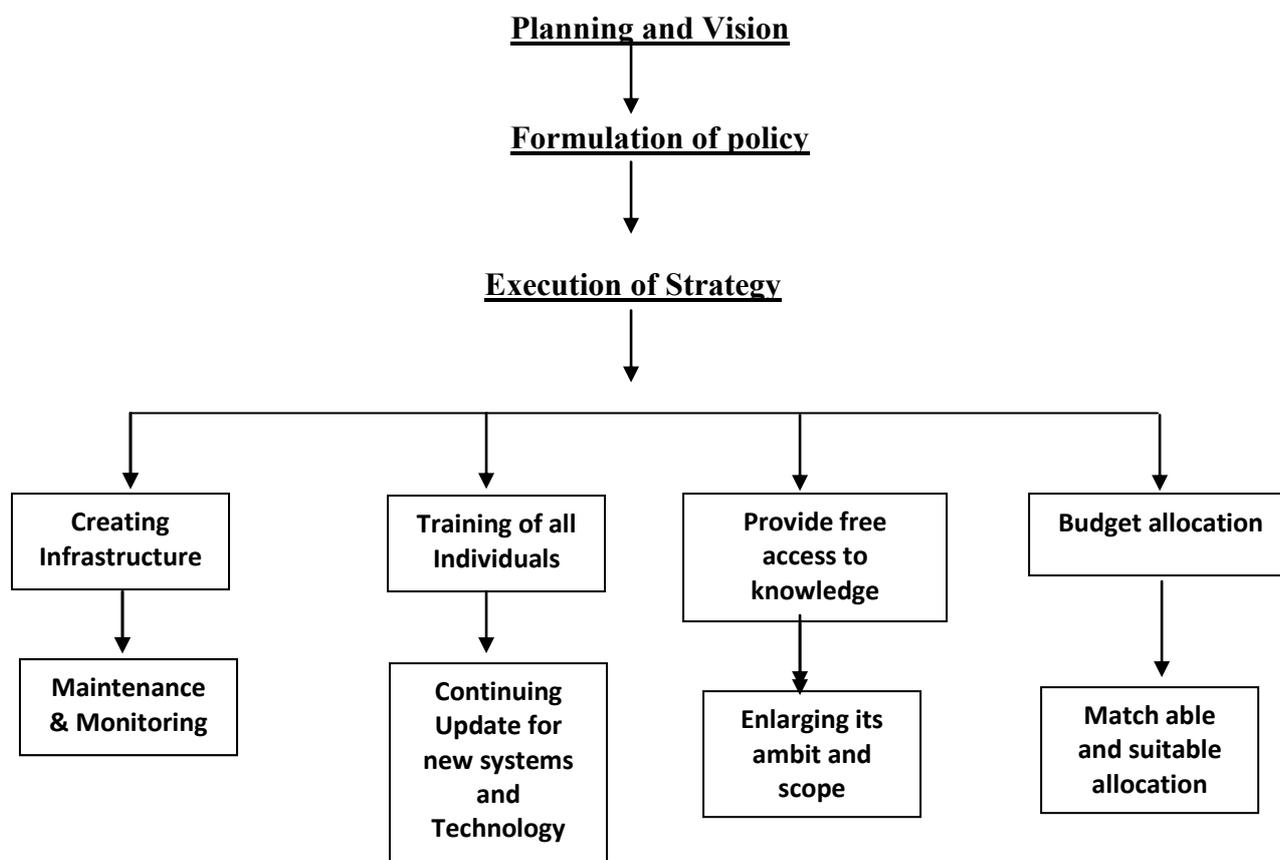
Information technology therefore plays a key role not only in accessing these sources but organizing its delivery in an efficient manner and helping in assessing outcomes.

**Strategy for access to IT, NKN, Data bank & other resources**

- **Creating IT infrastructure:**
  - The University has a well established ‘**Information Technology centre**’. The centre provides proactive maintenance-support and periodic monitoring to prevent system breakdowns. Information security and network security is provided.
  - **Wi-Fi facility:** The entire campus is Wi-Fi enabled and internet access is available through a 1 GB dedicated lease line and 16 broadband connections.
  - **LAN facility:** LAN facility is enabled in all the departments’ through-out the campus.
  - **Hardware and proprietary software:** The University has 384 computers with internet and Wi-Fi lincsd software for Microsoft windows XP/ Windows 7/ Windows 8/ Ms office/ Windows server/ Antivirus and firewall.
  - **E-enabled class rooms:** All lecture halls are E-enabled with PC/Laptops/ OHP.
  - **Video conferencing/ Tele medicine:** Video conferencing and tele medicine are in practice.
- **Capacity Building :**

All teachers have been trained in IT usages and undergo refresher courses for new software. Computer Assisted teaching now occupies centre stage in the teaching learning systems.

- **Access to knowledge resources:**  
Digital Library and computer lab with subscription to E-Journals and E-books and access to open education resources are effective tools for acquiring knowledge & enhancing quality of teaching and research.
- **ICT Assisted Hospital management, Academic programs and student progression:** Hospital Management system for efficient health care delivery, E-learning Academic programs (smarteach) and SAAKI (for student progression) are in use to assist services as well as teaching.
- **NKN and web resources:** The University avails of National knowledge network for use of ICT (NMEICT). The institution is a member of the MUHS digital library, DELNET and NFLIBNET.
- **DATA Bank:** The University has a data bank with information pertaining to all human resources including students and faculty. Knowledge Management Strategy has been formulated and evolved to create infrastructure, provide training and free access to knowledge sources for adaptation and efficient use of Information Technology in teaching learning, health care delivery and research ably supported by necessary budgetary provisions.



**6.1.11 How are the following values reflected in the functioning of the institution?**

- **Contribution to National Development**
- **Fostering global competencies among students**
- **Inculcating a sound value system among students.**
- **Promoting use of technology**
- **Quest for excellence**

- **Contribution to national Development:**

1. **Creation of Human resource Capital**

The University has successfully contributed and continues to contribute towards creating a knowledgeable & skilled work force for all aspects of health care.

2. **Provider of Health Care**

The 1125 (teaching beds) teaching hospital with all levels of health care (Primary, secondary and tertiary), critical care facility, specialties in Cardiology, Cardiothoracic Surgery, Neuro Surgery, Plastic Surgery, Oncology and Organ Transplant provides health care services predominantly for patients from adjoining rural areas encompassing a huge population base and is now one of the biggest key health care facility provider in Maharashtra.

3. **Community & Extension Activities**

A number of community & extension activities are undertaken for

- i. **Health education-**

Faculty from the university conducts a no. of health education programmes in schools, colleges, community groups & self governing organizations.

- ii. **Awareness Programmes-**

Awareness programme in the community are conducted for acquainting them with healthy practices, awareness about the ill effects of tobacco, alcohol & drug addiction, potable water supply, sanitation, nutrition, communicable & non communicable diseases.

- iii. **Diagnostic camps/ Referral /School health camps**

A no. of 'Diagnostic and Referral' camps have been held in various villages in the last 4 years and similarly many school health camps have been organized.

**Patients referred for further investigation & treatment receive 50% concession in hospital charges.**

- iv. **Free Health care:**

The '**concessional schemes**' are as follows.

<b>Concessional Schemes</b>		
<b>Sr. No.</b>	<b>Schemes</b>	<b>No. of Beneficiaries and extended benefits</b>
1.	Krishna Privilege Card	1000 card holders are beneficiaries. All the card holder families are entitled for free medical service.
2.	Indigent Patients	10% Hospital beds are reserved for Indigent families having yearly income of Rs. 50,000/- / or below (BPL Card Holders) Including free medicine and food.
3.	Weaker Section patients	10% of Hospital beds are reserved for families having yearly income below Rs. 1,00,000/-. Including medicine and food.
4.	Freedom fighters	Free treatment including medicine and food.
5.	Ex- serviceman and their families	20% Concession on all hospital expenses.
6.	Registration and Consultation	Free
7.	30% concession on investigations	On Wednesday and Saturday
8.	Concession for Family welfare program	Hospital charges are subsidized for patients undergoing family welfare program.
9.	Rehabilitation devices	Subsidized Prosthetic and Orthotics devices are given to patients.
10.	Comprehensive medical care	Comprehensive community based medical health services are offered through camps and PHCs

**v. National Health Programs**

The teaching hospital participates in all national health programs notified by Government of India from time to time.

**vi. Days of National Importance**

The university ceremoniously observes all national health days like No tobacco day, HIV/AIDS day, Blood donation day, Anti leprosy day, Anti –tuberculosis day, world breast feeding week and children’s day for creating health awareness.

**4. Research**

A no. of community research projects are undertaken by the institution with many Govt. organizations viz NARI, NIV, NRHM, DIAT, ICMR and MSACS and during internship many community based research projects are taken up by the students.

**Significant no. of research papers have been published, 42 monographs, 1 copyright obtained, 22 patents filed & 37 books published.**

**5. Industry Interface**

i) Drug trials have been initiated with the following organizations

<b>Clinical Trial Indication (Outside Agency)</b>						
<b>Trial Indication</b>	<b>Sponsor's Name</b>	<b>PI Name</b>	<b>CDA Status</b>	<b>EC Submission Status</b>	<b>DCGI Approval Status</b>	<b>Trial Status</b>
Acute Coronary Syndrome	Sanofi	Dr. Sachin Patil	Obtained	Obtained	Obtained	Ongoing
Rota Virus	ICMR	Dr. C. D. Aundhkar	Obtained	Obtained	Obtained	Ongoing
HTN	Sunpharma	Dr. Patnge Aparna	Obtained	Obtained	Obtained	Yet to Start
MMR Vaccine	Serum Institute	Dr. C. D. Aundhkar	Obtained	Obtained	awaited	
Acute Coronary Syndrome (Spizer I & II) (ACS)	Phyzer	Dr. Patnge Aparna	Obtained	Submitted	Obtained	Yet to Start in July
Nevarapine HIV	Clinsing	Dr. Aundhkar Madam	Yet to Obtain	Not Submitted	Not Submitted	
Breast Cancer	Veeda	Dr. Suresh Bhosale	Yet to Obtain	Not Submitted	Not Submitted	

ii) MOUs has been signed with VERITAS Bio-invention for implantology

- **Fostering Global Competencies among students:**

- a. The Chancellor and Vice chancellor provide a strong intellectual & managerial leadership, who understand the impact of globalization where production of new knowledge contributes to wealth generation & national development.
- b. The curriculum is designed to
  - i. **Meet global expectations in terms of content, conduct and outcomes.**
  - ii. **The global trends in curriculum which are moving from disciplinary to trans disciplinary approaches and PBL, CBL and EBL are reflected in the University curriculum.**
  - iii. **Teaching learning methods employ multiple delivery systems which include enhanced use of ICT, simulations, interactive methods, new learning methods (PBL, EBL), assessment patterns (OSCE, OSPE CSA.), e-learning, integrated teaching – evidence based medicine, one minute**

**preceptor ship, soft skills, reflective learning, self learning, research orientation and hands on training for students to groom them for competition in any national or international forum.**

**iv. Participation in research, community projects, conferences and CME's are encouraged to augment their capabilities.**

**v. The concept of nurturing a research culture, encouraging out of box thinking and innovations and providing interface with industry are practiced.**

**vi. The institution facilitates working with other knowledge producers as collaborative partners.**

• **Inculcating value systems among students :**

The University functions as a democratic entity. Students are represented on all academic and co-curricular bodies to make them equal partners in the functioning of the University. **Student participation has resulted in a more mature outlook towards being recognized as a responsible citizen churned by the University.**

The consequential logic is that participation in governance helps in instilling value systems among students.

**'In keeping with this tradition the President of the student council is notionally designated as Vice Dean (Student affairs) and is ex-officio member of the college council.**

The University has introduced value education as a part of its curriculum. Medical ethics is incorporated in the syllabus at all relevant levels. Behavioral and attitudinal training is imparted through the communication skills laboratory.

Participation in community and extension programs serves to instill students with a sense of purpose and recognition as a valued member of society, it makes them aware about societal needs, concerns and problems which helps them develop qualities of care, concern compassion and empathy.

Emphasis on culture, heritage, national identity, human rights, fostering of universal brotherhood, dignity of labour and environmental concerns serve as a medium for value inculcations.

• **Promoting use of technology:**

Today Health education and health care are technology driven. The teaching learning process involves use of technology at all levels for curriculum delivery while health care is witnessing technology up-grades on an unprecedented scale.

The management has promoted the use of technology by the following measures:

**i. The teaching learning process employs enhanced use of ICT.**

- ii. **The University is in the threshold of transition to an entirely E-enabled Virtual classroom model. All lectures halls are E-enabled with Audio Visual interactive facilities.**
  - iii. **The campus has Wi-Fi connectivity and digital library with access to open knowledge sources.**
  - iv. **E-learning resources include many interactive learning platforms.**
  - v. **Hospital management system, electronic medical records, computerization of library and an institutional data bank has been established.**
  - vi. **Technology up-grades in health care systems is ongoing with the teaching hospital adding a no. of new gadgets, equipments, specialty services including cardiology, cardiac surgery, neurosurgery, plastic and reconstructive surgery, critical care, organ transplant and includes new emerging areas.**
- **Quest for excellence:**  
**‘Excellence is an ongoing journey, and not a destination’.**  
The quest for excellence has to be continuous, ongoing, relentless and never ending. Vision development, planning priorities and strategies need review with changing patterns in education and the society. The University has a procedure of setting targets and goals, commensurate with the laid down objectives and achieving them in a time bound manner.  
Faculty and students are introduced to a culture which in the words of the Late. Jawaharlal Nehru represents “humanism, tolerance, the adventure of ideas, the search for truth and stand for the inward march of human race towards even higher objectives”.  
Innovations and continuous improvement require commitment and the quest for excellence is a result of motivation to challenge established concepts, to tread new paths, to seek new knowledge and perform better.  
The following measures are undertaken by the University-
    - i. **The University has a prescribed policy for incentives and awards for groups, departments, individuals who excel in their disciplines, innovate and provide new solutions.**
    - ii. **Participation in research projects and collaborative academic activities with national and international institutes are encouraged as harbingers for attaining excellence.**
    - iii. **IQAC cell which monitors sustenance and enhancement of quality plays a key role in the institutional goal of achieving excellence.**
    - iv. **Mid-term appraisal is carried out for ensuring adherence to all quality parameters.**
    - v. **Annual SWOT analysis of departments, colleges and University for corrective measures.**

- vi. Implementation of comprehensive management strategies.
- vii. **Academic appraisal by annual academic and administrative audits, periodic performance appraisal and clinical audits for continuing quality sustenance and enhancement.**

**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.?**

The projected budgetary provisions for revenue expenses for the financial year 2015-16 are as under.

Sr. No	Particulars	Amount(In Lakhs)
1.	Teaching	3700
2.	Health care Services	1750
3.	Research	370
4.	Academic	1800

## **6.2. 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.**

- **Vision and Mission:**

In an era of Globalization with knowledge driven economies the role of the university in regional and national development assumes great importance. The vision and mission are thus reviewed and restructured to meet the expectations of all stake holders particularly in achieving the desired educational and community expectations.

- **Teaching Learning:**

- a. The educational goals to be achieved are clearly defined.

- b. The teaching learning methods to promote student centered learning, integration, interdisciplinary and trans-disciplinary approach are incorporated.
  - c. The curriculum design includes new learning methods like CBL, PBL, EBL, small group discussions, laboratory based learning, and skills development.
  - d. International trends, national and regional requirements and community oriented teaching learning is emphasized.
  - e. Assessment to be continuing with application of newer methods like OSCE, OSPE, DOPS, and CAS.
  - f. The planning and administration to be effective and efficient directed at imparting sound knowledge and excellent professional skills, communication and ethics besides those pertaining to behavior and conduct.
- **Research and developments:**
    - a. One of the key features of the perspective plan refers to integration of research in the curriculum and the translatory mechanism from lab to land transfer. Many of these aspects have already received consideration with the practice of providing incentives, rewards, & recognition besides incorporation of dissertations, research articles/papers in national and international journals and conferences as a prerequisite for appearing at summative examinations.
    - b. However for moving forward the emphasis is now on building a scientific temper (to be achieved by teaching learning methods that invite enquiry, experimentation and arouse curiosity). Motivating every teacher and student of health science to be a researcher by promoting and patronizing inquisition.
    - c. The perspective plan aims to provide capsulated study modules and assessment methods that encourage innovations, non-mainstream thinking, self-directed and lifelong learning.
    - d. The research labs are provided with enhanced funding and the budget for research has also been significantly increased.
    - e. Impetus has been provided for Inter-pathy, Interdisciplinary and trans-disciplinary research by taking up projects on priority and patronage.
    - f. The number of training programs for research grant writing, research ethics and workshops in research methodology have been further increased.
  - **Community engagement/ outreach activities:**
    - a. Community Extension and outreach has been our strength. The instituted has engaged with the community through a no. of initiatives and projects which include Diagnostic camps, Blood donation camps, School health programs, Prevention and Detection of malnutrition, HIV AIDS, and cancer.

Health education and awareness, participation in national health programs, observing days of national importance besides taking up a no. of community oriented research projects is in vogue.

- b. The perspective plan deals with consolidating these engagements. The changing needs of the community and changing health patterns have shifted our focus to all emerging diseases, geriatrics and cancer. The objective is to provide all levels of care of the highest standard to the rural masses. The emphasis is on access, inclusion and equity.
- c. The plan also seeks to prepare the institution for greater community interface by further engaging with local bodies and groups to meet emerging challenges in health care.

- **Human resource planning and development:**

Fundamental to the higher/ tertiary education frame-work that exists in health science institutions is the necessity to build a strong human capital base.

The perspective plan envisages the training of professionals, teachers, specialists, researchers and administrators as one of the cardinal factors in our future development. The planning involves staff developmental structures which include training in medical education technology, research methodology, continuing medical education and refresher courses for updates and new skills and attitude development.

Faculty is provided with special incentives in the form of sponsorship to acquire specialized skills.

Development programs have been increased and their scope widened to include inter-disciplinary and trans-disciplinary approaches.

- **Industry interaction:**

Industry interaction is aimed at increasing the no. of drug trials, collaborating with suitable industry partners for producing commercial products particularly in the context of patents and various appliances being made by the department of orthotics and prostotics for cost effective outcomes.

To facilitate joint research projects with the industry particularly in terms of occupational hazards relating to exposure of toxic materials, air and water pollution.

To impart match able skills for employability in the Pharmaceutical Industry.

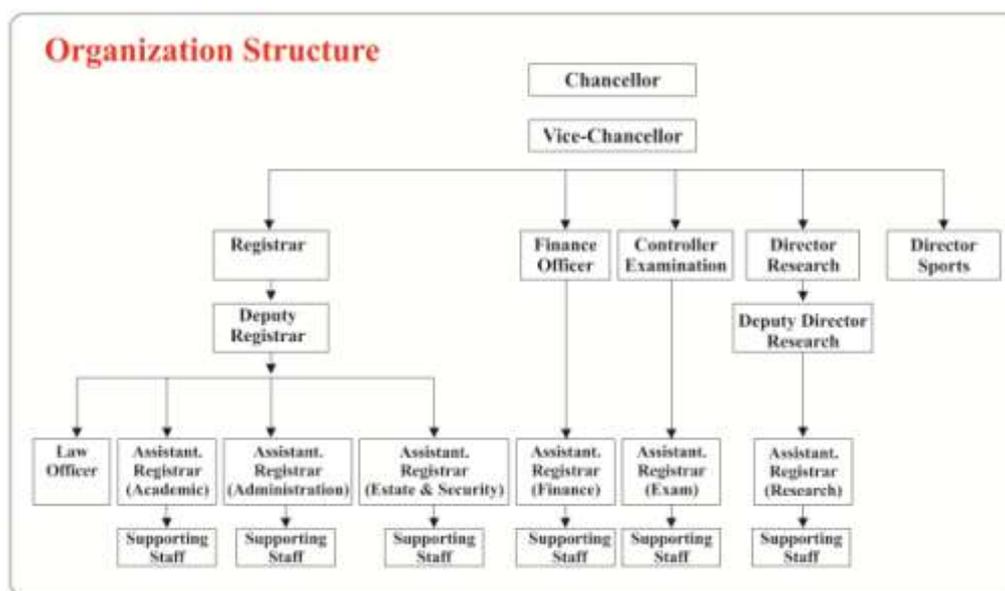
- **Internationalization:**

In addition to the achieved goals the university seeks to further consolidate internationalization objectives with regard to students, faculty development, academic programs and joint research projects in the perspective plan.

**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 there review meetings held with the administrative staff?**

The organizational set up is depicted below



- The Chancellor is an eminent educationist and a distinguished public figure.
- The Vice-Chancellor of the University is the Principal Academic and executive officer of the University. He is the ex officio chairman of all authorities viz Board of Management, Academic Council, Finance Committee, Planning and Monitoring Board.
- The following authorities are constituted as per UGC regulations 2010.
  - **Board of Management**
  - **Academic Council**
  - **Finance Committee**
  - **Planning & monitoring Board**
  - **Staff Selection committee.**
  - **Board of studies.**
- The Board of Management is the Principal authority of the University (with full autonomy to perform academic & administrative responsibilities.)

- The Academic council is the principal academic authority of the university.
  - The Board of studies is constituted for every subject.
  - The Selection Committee for appointment of Directors, Deans & teachers is constituted according to UGC rules.
  - All authorities are formed according to UGC rules.
  - The proceedings of all authorities are conducted in conformity & strictly adhering to MOA and appropriate governing byelaws.
- **Is there a system for auditing health care quality and patient safety? If yes, describe.**

**Yes.**

**Audit:**

There is an established system for '**Clinical audit**'. There audits are concurrent and retrospective in nature and they are conducted using predefined parameters so that there is no bias.

The audit encompasses all aspects of care including clinical and nursing.

Patient and staff anonymity is maintained. All audits are documented and remedial measures are timely implemented.

**Patient safety:**

Patient safety aspect and risk management issues are an integral part of patient care and hospital management.

The patient safety assessment includes medication management-

- a. Informed consent
- b. Covering issues such as patient allergies and antibiotic resistance.
- c. Equipments risks, fire/ injury from use of laser, cautery, and medical gases.
- d. Risk resulting from long term conditions.
- e. Proper aseptic precautions
- f. Autoclaving, operation theatre discipline.
- g. W.S.P.E.
- h. Errors in site, procedure, person during surgery. Avoided by following universal protocol
- i. All radiation safety measures are scrupulously followed.
- j. Good team work is emphasized as is, the lack of it which endangers patient's safety.

The institution provides resources to ensure patient safety in all aspects including safe and secure environment for patients, their families and visitors.

- **How often are there review meetings held with the administrative staff?**
  - a. The Vice-Chancellor and management meet the staff **half yearly**.
  - b. The Dean’s of the faculty have **quarterly review meeting**.
  - c. The Deans have **monthly** college council/ review meeting every month.
  - d. The HOD’s carry out **fortnightly** review every fortnight.

**6.2.3 Does the institution conduct regular meeting of its various Authorities and Statutory bodies? Provide details.**

**Yes,**  
 Schedule of meetings of the university is notified through the ‘**Comprehensive Academic Calendar**’ at the start of the concerned academic year. All Meetings are held in accordance with well laid out procedures and the minutes are well documented.

<b>Statutory Board</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Board of Management	04	05	05	06	06
Academic Council	03	03	04	04	04
Planning and Monitoring Board	01	01	01	01	01
Board of Studies (All Subjects)	13	23	23	23	23
Board of Examination	02	04	02	03	02
Finance Committee	02	03	04	02	03
Research Committee	05	03	04	04	04
Student’s Council	01	01	01	01	01
Curriculum Development Committee	01	01	01	01	01
Ethics Committee	02	03	02	03	04

**6.2.4 Does the institution have a formal policy to ensure quality? How is it designed, driven, deployed and reviewed?**

**Yes.**  
**Design:**  
 Quality assurance is defined on the basis of  

- a. **Academic standards**
- b. **Academic quality**

- c. **Administrative standards**
- d. **Administrative quality**
- e. **Quality assurance, enhancement, enforcement & enrichment.**

**IQAC has been established as on internalization of quality in all spheres of enforcement for sustenance enrichment & enhancement of quality.**

The design considers catalytic action to improve academic and administrative performance of the institution through internalization of quality culture & internalization of best practices.

It is driven & deployed by applying quality bench marks / parameters for various academic & administrative activities developed by the **IQAC.**

The salient features are creation of a learner centric environment conducive for quality education and faculty interaction through participative teaching & learning process, arrangement of feedback responses from students, parents & other stakeholders, dissemination of information of various quality parameters, organization of inter & intra institutional workshops, seminars, conferences on quality related themes & documentation of various activities & programs leading to quality improvement.

**Review**

Quality improvement & maintenance is a dynamic process. The review is carried out at periodic intervals. It involves internal audit, organizational performance indicators, analysis of predetermined key indicators for intervention to remove deficiencies & provides remedial measures for enhancement.

**6.2.5 Does the institution encourage its academic departments to function independently and autonomously and how does it ensure accountability?**

**Yes**

The scope of independence and autonomy are fairly well defined for individual departments particularly for carrying out academic activity, research and community programs while ensuring collective co-operation and co-ordination with the other departments and disciplines for consolidating their individual strengths.

Independence and autonomy also comes from budgetary support, freedom of expression and participatory management in decision making.

Accountability is ensured across a spectrum of activities by measuring against set out targets.

- a. **Timely and proper conduct of the teaching learning process.**
- b. **Student progression and grievance redressal.**

- c. **Mentorship and rehabilitation of slow learners.**
- d. **Research outcomes and publication.**
- e. **Faculty development programs.**
- f. **Community & extension activities and industry interface.**
- g. **Efficient administration of admission, examination process and declaration of results in time.**
- h. **In clinical departments for quality of services and patient safety.**
- i. **The teaching hospital with departments collectively for infection control, conforming to SOP's and antibiotic policy as laid down in hospital rules and policies.**
- j. **Academic and administrative Audit is conducted yearly and Performance appraisal is conducted for departments individually.**

**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?**

**No court cases have been filed against the institution.**

**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 stakeholders-relationship?**

**All colleges/ faculty have 'Grievance redressal cell' and there is a grievance redressal Committee at the University Level.**

For prompt attention grievances are addressed at various levels.

- a. **Department level – Head of the department**
- b. **Institutional level – Dean/ Principal**
- c. **Examinations – HOD 's for formative assessment**
- d. **Hostel – Rector and the Chief Rector**
- e. **Administration – Registrar and Assistant Registrar**
- f. **Specific to International students – International students Advisor**
- g. **Security/ Maintenance/ supportive services – Unit leader and finally Registrar**
- h. **At University level – Registrar, COE & Vice-Chancellor**

Preceptors and Mentors also play a role in forwarding grievances to respective authorities for timely disposal.

Grievances relating to ragging, sexual harassment have their own redressal mechanism by specially created committees in conformity with the guidelines set out by the UGC.

**A 24 x 7 helpline is established for the students.**

**The analysis of grievances is carried out annually to improve responses and implement appropriate measures for prompt prevention.**

**6.2.8 Does the institution have a mechanism for analyzing student feedback on institutional performance? If yes what was the institutional response?**

**Yes.**

The Institution has a mechanism for analyzing student's feedback on institutional performance.

The feedback is obtained in the form of a structured questionnaire and from suggestion boxes kept at earmarked places in the college, hospital and library.

The analysis is carried out for the following parameters.

- a. Infrastructure and services.**
- b. Information resources (including library)**
- c. Implementation of teaching learning process.**
- d. Teacher quality**
- e. Extra-curricular activities**
- f. Research**
- g. Academic program including CME's, Workshops, Conferences**
- h. Sports**
- i. Hostel Facilities**
- j. Grievance redressal**
- k. Evaluation Systems**
- l. Students Teacher Relationship**

Going by the dictum '**the student is the best teacher the client is the best informer and the customer is always right**'. Feedback received from the students is invaluable as it provides insights into deficiencies that are easily overlooked & brings out the expectations the students have from the institution. Student perspectives, priorities & outlook perhaps provide the best internal appraisal of the institution.

The institution response is positive and constructive with a forthcoming considered view of all suggestions which would lead to better institutional performance.

**6.2.9 Does the institution conduct performance audit of the various departments?**

**Yes.**

- All departments have a well structured system and their own SOPs for various tasks.**
- Performance audit is carried out for appraisal of the conduct of the teaching learning process in terms of mechanisms of**

**delivery, evaluation, integration of disciplines, research orientation and following of best practices.**

- In clinical departments ‘**clinical audits**’ are carried out as peer review of health care through retrospective and concurrent analysis of medical records. The criteria are based on objective measures and targets are set at realistic levels.
- ‘**Hospital Audit**’ includes infection control and death audit.
- ‘**Finance Audit**’ is conducted at both internal and external levels.
- ‘**Academic administrative Audit**’ to cover all departments is held annually.

**6.2.10 What mechanisms have been evolved by the institution to identify the developmental need of its affiliated / constituent institutions?**

The university has evolved a mechanism to identify the ‘**Developmental needs**’ of the constituent faculties based on the ‘**Developmental perspective plan**’. The plan has to go through Planning and Monitoring Board.

Academic developmental plan goes through Department Curriculum Committee, College Curriculum Committee, Board of Studies, Standing Committee of the Deans of the faculties to Academic Council.

Proposals for developmental plans, with regard to infrastructural and equipment requirements, are prepared at the department level by the Heads of Department through onsite analysis and considering the perspective plan as proposed by the Planning and Monitoring Board.

The Finance committee considers all infrastructural and equipment requirements, submitted by the Deans of faculties, in the annual budget under the head “**Development Budget**”, in consultation with Deans of faculties, which are considered and approved by the Board of Management. The approved proposals are executed through the ‘**Purchase committee and Building Works committee**’ respectively.

**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, day of availability, timings, and consultation charges available on the website?**

**Yes**

The University has its own Website and every function, event and process including mandatory disclosures is put up on the website for all relevant stake holders.

The information regarding faculty, their specialization and days is also available on the website.

**6.2.12 What are the feed-back mechanism and documentation to evaluate the out-comes of these exercises?**

Feed-back from all relevant stake-holders both formal and informal are obtained.

**Formal:** Formal feed-back is obtained from all stakeholders by utilizing a structured questionnaire.

**Informal:** Informal feedbacks come from observations of experts, examiners, parents and alumni.

**Voluntary:** Suggestion boxes kept in earmarked places in the college, library, and hospital.

**E-mails & SMS:** These new methods are now being employed by a no. of stakeholders for pointing out deficiencies, suggesting improvements and remedies.

**Mentors/ counselors/ Guides:** Feedback received from students by mentors and guides.

**Documentation:** Documentation takes place at various levels. IAQC documents feedback received through their structured questionnaire. Department documents feedback from informal sources viz experts, examiners, parents, and alumni. Feedback from suggestion boxes and mails is reviewed by the college councils.

Evaluation is carried out by IAQC, college council, curriculum committee and HOD's by carrying out a detailed analysis of Pros & Cons, constructive utility, negative features, short and long term impact with due consideration of availing this feedback to improve the working and performance of the institution in their respective areas of operation.

### **6.3 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 program in enhancing the competencies of the University faculty?**

Professional development of teaching and non teaching staff is freely promoted and supported by the University.

**Conduct of professional development program:**

- The University conducts Basic & Advanced courses in health profession education technology regularly.
- Conferences, CMEs, Workshops, Seminars, Guest lectures are organized as per comprehensive academic calendar.
- Soft skills development: The University conducts programs for personality development, communication skills and computer training for teaching and non-teaching staff.

- Faculty is deputed for attending national and international conferences as per the notified institution policy.
- Research grants are given for conducting intramural research activities.
- Publication in national and international journals is rewarded.
- Staff members who desire to pursue higher education, acquire special skills or professional updates are granted special paid leave.

The impact of the program of Professional Development for enhancing competencies is profound. The result is an adaptation of new methods and technology, utilization of new information for further improving the quality of teaching and the standards of health care.

Professional Development also helps in enhancing the quality of the teacher and promotes collaboration and sharing of intellectual and professional resources.

### 6.3.2 What is the outcome of review of various appraisal methods used by the institution? List the important decisions.

The various appraisal methods used by the institution are:

- a. **Feed-back analysis:** The information generated from the structured feedback obtained from all stake holders has its purpose in decision making with respect to up-gradation of facilities, infrastructure, learning resources, services and improving overall performance of all departments.
- b. **Faculty appraisal:** Teacher/ faculty appraisal is carried along out a no. of parameters which include **learner's feedback**, measurable performances like no. of publications, awards, recognition, research funding, satisfactory completion of assigned tasks, income generated for the institute on account of service provided or consultation.

Appraisal also includes contributing to intellectual resources by monographs, publishing of books or contributing to chapters in books and patents. ACR, Students and peer feedback are also considered.

- c. **Academic & Administrative Audit:** Conducted annually is external in nature and it covers all academic & administrative activities of the institution.
- d. **Clinical Audit:** for evaluation of health care services rendered to the patients.

Other appraisal methods are 'Self appraisal for faculty, Infection control and Death audit' in the hospital. The review of these appraisal methods bring to light defects and inadequacies which call for correction and need based measures.

Some of the important decisions are listed below:

- i. Increase in professional development programs particularly competency enhancement clinics.**
- ii. Deputation of faculty for skills enhancement.**
- iii. Rewards, incentives and appreciation for research to be augmented by new incentives schemes and research awards including best paper, best faculty and best student researcher awards.**
- iv. Enrichment and new methods employed in the teaching learning process.**
- v. Correction of deficiencies in infrastructure and administrative procedures resulting in better working conditions.**
- vi. Value inculcation for non-teaching staff.**
- vii. Decentralization and participatory decision making process.**
- viii. Conduction of seminars and CME's along pre-determined themes.**
- ix. Addition of sports' infrastructure and increase in no. of sports and cultural activities.**

**6.3.3 What are the welfare scheme available for teaching non teaching staff? What percentage of staff have benefitted from these schemes in the last four years? Give details.**

Welfare Schemes for teaching and nonteaching staff are listed below:

- a. Free health services for staff and dependent family members.**
- b. Fee concession for wards in all courses of the University.**
- c. Subsidized/ free residential facilities.**
- d. Research incentives.**
- e. Sabbatical leave/ duty leave for enhancing professional skills.**
- f. Deputation to conferences and conference leave with all conference charges including travel/ stay. covered for one national and one state conference.**
- g. Special initiatives and support for professional development activities.**
- h. Career advancement scheme to prevent stagnation in attaining higher positions.**
- i. Insurance coverage provided for all non-teaching staff under the Prime Minister insurance scheme.**
- j. Recognition and rewards for academic, research, community or any other institutional activities.**

The welfare schemes and working conditions have resulted in a faculty stability index for senior staff members at well over 90% and non-teaching staff almost 100%.

The number of staff who have benefitted from these schemes is more than 70%.

**6.3.4 What are the measures taken by the institution for attracting and retaining eminent faculty?**

Appointments/ recruitment is on the basis of requirements as prescribed by the Apex councils.

For the attracting eminent faculty the following steps are taken:

- a. **Salary as per 6<sup>th</sup> pay commission recommendations with additional incentives based on a no. of performance indicators e.g. generating additional revenue for the institution, representation of the institute on state and national academic bodies and research output.**
- b. **Special consideration for appointment on University decision making bodies.**
- c. **Spacious, well furnished residential accommodation.**
- d. **Incentive for travel, special/ conference leave with reimbursement of all expenses for attending scientific programs and conferences.**
- e. **Free health service for the family including dependents .**
- f. **Deputation to higher centers and study leave.**
- g. **Concession in tuition fees for wards in all courses run by the University.**
- h. **Subsidized membership of the sports club and co-operative stores.**
- i. **Green and Eco-friendly campus with bank/ATM, sports complex, cafeteria, co-operative store, free wi-fi internet access, access to digital library and online journals.**
- j. **Awards and prizes for publishing books, manuscripts and institutional support for patents.**
- k. **Faculty to be extended free health care even after retirement.**

**6.3.5 Has the institute conducted gender audit during the last four years? If yes, mention a few salient findings.**

Yes,

The institution has conducted a '**Gender Audit**'.

The findings of the Gender audit indicate:

- a. **Overall academic preference in all disciplines of health science.**
- b. **The overall academic performance of women surpasses their male counterparts.**
- c. **No. of slow learners are very few as compared to the general average.**

- d. There is a need for gender sensitization by creating awareness about the rights and privileges of women.
- e. **The audit did not reveal any serious gender related bias.**
- f. Many areas frequented by women need additional installation of CCTV cameras and there is a necessity of increasing the no. of female security guards.
- g. Action taken in response to this was that more CCTV's cameras were installed at strategic points and female security guards increased.
- h. Few women particularly students used personal transport as compared to men.
- i. Mentorship, guidance, emotional support needs to be enhanced.
- j. Action taken in response to this was that mentorship, guidance, emotional support needs were augmented.
- k. Safety, security and working environment of women was found to be of the highest standard and no sexual harassment or misdemeanor reported in the last 4 years.

**6.3.6 Does the institution conduct any gender sensitization programs for its faculty?**

**Yes,**

Gender sensitization is conducted for the faculty.

The University has established a 'Women's empowerment cell' for creating awareness about their rights and to safeguard their interests.

Gender sensitization program is carried out in form of lectures, rallies and community activities to highlight burning issues.

- 1. Female foeticide**
- 2. Prenatal diagnostic test and its implication**
- 3. Women's empowerment**
- 4. Education and awareness regarding beliefs of the unwanted child "Nakoshi."**
- 5. Measures to improve sex ratio.**

**The 'women's empowerment cell' also regularly conducts programs for the faculty on women's health and safety, legal rights of women, workplace harassment, victimization and domestic violence.**

The University has introduced a training course in self defense for all teaching and non teaching staff.

The University observes International Women's Day on 8<sup>th</sup> March and the Florence Nightingale Day on 12<sup>th</sup> May.

**6.3.7 How does the institution train its support staff in better communication skills with patients?**

The training support staff is done at various levels-

- **Nursing staff:** The nurses undergo training in all modules of nursing care which include 'Communication Skills' in relation to patients.

In contemporary practice nurses are now called upon to serve as mediators between the treating doctor and patient. Their training includes development of soft skills, language skills and communication skills. In many instances they are required to take up counseling roles & undergo CNEs and workshops for developing these skills.

- The **hospital support staffs** are specially trained to improve their communication skills with patients. They are sensitized to patient and family rights and their responsibilities during care. These rights include protection from physical abuse or neglect, respecting spiritual and cultural needs, treating patient information as confidential and their access to a transparent grievance redressal mechanism.

In case there is an infringement of the patient's right the management keeps record of such violations with a mechanism to capture the same. The organization develops a deficiency in service list which is subsequently utilized for training the staff.

**6.3.8 Whether the research interests of teaching faculty are displayed in the respective departments?**

Yes,

**The research interests of teaching faculty are displayed in respective departments, in the departmental information brochure and on the college website which is regularly updated.**

**6.3.9 Do faculty members mentor junior faculty and students?**

Yes.

The Mentorship program has been in practice since the inception of the University.

The ancient Indian Gurukul System was the first to initiate the mentorship system which has stood the test of time. The role of the mentor today is as demanding for he is not only called upon to impart knowledge, skills and competencies but to guide, to instill moral and ethical values, to counsel and groom his subjects to take up leadership roles.

The senior teacher assumes the role of mentor for junior faculty and under the preceptor-ship program they are allotted 10 students each for each phase. They provide Academic, Social and Emotional support. The senior students are designated as mentors for fresher's for induction in the institution by providing academic and personal support leading to better understanding and interpersonal relationship with other students thereby giving rise to a good social order and a conducive teaching learning environment.

#### **6.3.10 Does the institution offer incentives for faculty empowerment?**

Yes,

- Faculty is empowered by:
  - a. **Inclusion in various decision making bodies.**
  - b. **Promotion to positions of importance unit head, HOD, Asst. Registrar, Dean and Director.**
  - c. **Deputation to other institutes in leadership sharing roles.**
  - d. **Representing the institution in state, national and international forums.**
  - e. **Performance based incentives in terms of financial accurement, scholaristic rewards and recognition, privileged membership of the governing bodies and position of influence as member of the Vice-Chancellors' Coffee club.**
  - f. **Incentives are offered in accordance with the set out policy for significant contributions to academic activities, income generation, research output, innovations exemplary service and serving as a catalyst for developing fruitful partnerships with other institutes.**

### **6.4 Financial Management and Resource Mobilization**

#### **6.4.1 What is the institutional mechanism available to monitor the effective and efficient use of financial resources?**

The Finance Officer, Assistant Registrar Finance, Accountants co-ordinate the maintenance of accounts and internal monitoring.

The Finance officer in consultation with the Deans and Head of the departments and considering the '**past utilization experience and cost escalations**' prepare the Budget of the deemed University and present it before the Finance Committee.

On approval by the Finance Committee, the Budget is submitted to the Board of Management for its approval.

**‘Mid-term appraisal’** of the Budget is carried out and the deviations are incorporated in the **‘Revised Budget’**. The revised budget is presented to the finance Committee and Board of Management for its approval.

The Finance Officer closely monitors the yearlong Income and expenditure of the Institution in terms of the set out **‘budgetary limits’** in terms of **‘expected receipts’** and **‘committed expenditure’**. The Finance Officer ensures that expenditures are made strictly in accordance and within the **‘budgetary limits’** of provisions and allocations.

**All purchases are made through the ‘Purchase Committee’ by following the standard purchase procedures.**

**All Constructions, major repairs and renovation are made through ‘Building and works committee’ following the procedures within the sanctioned budgetary provision.**

**Minutes of Purchase Committee, Building and Works Committee are presented to the Board of Management for approval.**

The **‘Internal auditing system’** facilitates smooth and speedy decision making and approvals. For better control and optimum utilization of resources, computerised centralised accounting system is developed and followed.

**The annual accounts are audited regularly. The Audited Accounts statement are presented before the Finance Committee and Board of Management for it’s approval.**

**6.4.2 Does the institution have a mechanism for internal and external audit? Give details.**

**Yes.**

**The Deemed University has mechanism for Internal and external audit.** The Board of Management appoints a Chartered Accountant firm as Statutory (external) Auditors and another Chartered Accountant firm as Internal Auditors on set out terms and conditions.

The Internal auditors assesses whether governance, financial management and control process are operating effectively and efficiently. The Institutions accounts are audited by internal auditors quarterly and discuss the details with the Vice-Chancellor, Finance Officer and rectify the variations if any.

**Independent Auditing by statutory external auditors has helped to maintain the accounts of the Institution as per proper accounting standards.**

**The Institutions statutory external audit is carried out half yearly. Yearly audited statements (Income and Expenditure Accounts and**

**Balance Sheets) and Audit report are presented to the Finance Committee and Board of Management for approval.**

**6.4.3 Are the institution's accounts audited regularly? Have there been any audit objections, if so, how were they addressed?**

**Yes.**

**The Institutions accounts are audited regularly. So far there have been no Audit objections.**

The Institution follows generally accepted accounting practices and all applicable Accounting Standards issued by the Institute of Chartered Accounts of India and established rules and guidelines of statutory authorities.

**6.4.4 Provide the audited statement of accounts with details of expenses for academic, research and administrative activities of the last four years.**

Details of Expenses as per Audited statements of last 4 years are as under.

Amounts in Lakhs

<b>PARTICULARS</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
A. Staff Payment and Benefits	3158.48	3717.68	5081.45	5508.62
B. Academic Expenses	473.77	637.96	1305.87	1525.84
C. Research Expenses	69.77	132.94	212.67	225.09
D. Administrative & General Expenses	509.27	547.01	626.96	852.21
E. Transportation Exp	17.29	12.45	15.90	21.47
F. Repairs & Maintenance	495.67	710.58	804.49	1088.36
G. Finance Costs	258.19	273.69	226.00	133.80
H. Other Expenses	511.41	1047.48	647.80	1589.96
<b>TOTAL</b>	<b>5493.85</b>	<b>7079.79</b>	<b>8921.14</b>	<b>10945.35</b>

In addition to above an amount of about 1 crore has been expended on research capital expenditure during last 3 years.

**6.4.5 Narrate the efforts taken by the institution for resource mobilization.**

Being a self finance institution, tuition fees is the major source of funds for operational and maintenance expenses.

**Tuition fees are decided on the recommendation of the Fee Fixation Committee, under the chairmanship of Retired High**

**Court Judge, appointed as per the provisions of the Judgement of the Hon. Supreme Court of India. Last “Fee Fixation Committee” was appointed under the Chairmanship of Hon’ble Justice (Retired) Vijay C Daga.**

Another major source of income is collection from the patients. The institute makes efforts to optimize the income from hospital by providing specialized health care services.

In addition to this, funds are generated from other sources like consultancies, sale of books, contributions from alumni, health Insurance schemes, research organisations and N.G.O’s.

Funds are also mobilized through loans, for major developmental expenses as and when required.

**6.4.6 Is there any provision for the institution to create a corpus fund? If yes give details.**

**The sponsoring Trust has contributed initially an amount of Rs.5,00,00,000/- towards corpus fund which is Deposited in a Term Deposit with State Bank of India. The Corpus fund has been enhanced to Rs.6,58,48,959/- till 31.03.2015 by crediting the Interest on the Term Deposit in Corpus Fund.**

**6.4.7 What are free/ subsidized services provided to patients in the hospital?**

**Charity to patients**

Krishna Hospital and Medical Research Centre, was established with the philanthropic objects of providing Modern Medical Aid to the rural public at their doorsteps at an affordable cost / or free for poor and needy patients. **All services are subsidized by the hospital.**

**A. Hospital Charges.**

**The charges of Krishna Hospital are significantly subsidized.**

**B. Free treatment and reservation of beds for Indigent and Weaker section Patients;**

**The Hospital has reserved 10% of the beds for Indigent patients and another 10% of the beds to weaker section patients. The patients admitted under the indigent beds are treated completely free of cost including medicine, consumables and food. Weaker section patients are also treated free of cost except for 50% of the charges of Drugs and consumable.**

**Cost of Medicine and consumables given free of cost to Indigent & weaker section patients for last five years are as under.**

Sr. No	Year	Amount
1.	2010-11	24,61,877/-
2	2011-12	31,92,665/-
3	2012-13	40,71,825/-
4	2013-14	42,73,720/-
5	2014-15	61,72,475/-

**C. Free Treatment to Patients from families with hospital free card.**

The hospital has issued free cards to about 1000 poor families who are below poverty Line and slum dwellers. All the members of these families are treated entirely free in the hospital both in OPD and IPD with all medicines, consumables and food.

**D. Free Treatment to Freedom Fighters**

The Hospital provides free treatment to all Freedom Fighters both in OPD and IPD.

**E. Free Treatment Under Rajiv Gandhi Jeevandayi Arogya Yojana**

All members of the families, holders of BPL or APL (orange) ration cards having yearly income up to **Rs.1,50,000/-** are eligible under this scheme for free of cost treatment including medicines, consumables and food.

**F. Free Treatment to Deaf & Dumb school Children**

The students from Deaf & Dumb School receive free treatment in OPD and IPD

**G. Free Treatment to Inmates of Remand Home**

Inmates of the Karad Remand home are also given free treatment both in IPD and OPD.

**H. Concession in hospital bills for other needy patients.**

Even though the hospital charges are very minimal and subsidised, patients who do not fall under the free category but are poor and in need of concession, substantial concession is given in the treatment bills. The needy patients approach the Medical Director who is the designated officer authorised to give concession/charity in the bills. The year wise amount of charity provided to patients who are not covered under any of the free category for the last four years are as under.

Sr.No	Year	Amount
1	2011-12	1,82,08,225/-
2	2012-13	1,94,07,436/-
3	2013-14	2,55,50,988/-
4	2014-15	3,60,87,219/-

**I. Concession in Hospital Bills of Defence personal, Ex-servicemen and their families.**

All defence personnel, Ex-Servicemen and their dependents are provided with a concession of 20% in their hospital bills.

**J. Free Treatment to patients who undergo Family Planning operation.**

As a policy the hospital is providing free treatment to the patients who undergo family planning operation.

**K. Referral Cases from Cottage Hospital, Primary Health Centres at Kale, Rethare, Vadgaon (H) and Masoor;**

There is no Government hospital that has modern Medical Treatment facilities in and around Karad. The Government hospital at Karad and Primary Health Centres at Kale, Rethare, Vadgaon (H) and Masoor; therefore refer their patients who need hospitalisation with recommendation of charity treatment. All such patients are treated at our hospital free of cost.

**L. Concession to Anganwadi Workers, and Patients referred by Anganwadi Workers.**

Anganwadi workers under Integrated Child Development Programme work in slums and rural areas. They refer patients to the hospital for treatment. 50% concession is given to these patients by our hospital. The Anganwadi workers and their families are also given 50 % concession in their hospital bills.

**M. Cataract Operations on charity**

Hospital Conducts Eye Camps for treatment of patients suffering from Cataract. All the patients who require cataract Operation are admitted at the Hospital and the operation with intra Ocular lense implant is done free of cost.

**6.4.8 Does the institutions receive fund from philanthropic organizations/ individuals towards patient care? If yes, give details.**  
**Yes.**

The Institution receives funds from philanthropic organizations, persons and Chief Minister's relief fund.

The institution receive funds from philanthropic organizations like The Sai Baba Charitable Trust, Shirdi, Sidhivinayak Ganpati Trust, Mumbai, Chief Minister's relief fund and other organizations and individuals towards patients care.

**6.4.9 Do patients from other states / abroad come for treatment, reflecting the unique quality health care provided by the institution?**

**Yes.**

Patients from other neighboring states of Karnataka and Goa come for treatment in the hospital attached to the Institution.

## 6.5 Internal Quality Assurance System

### 6.5.1 Does the institution conduct regular academic and administrative audits? If yes, give details.

Yes,

The AAA is conducted ‘**annually**’ as an evaluator exercise to assess the performance of the institution is ‘**Teaching Learning Evaluation, Research & Extension, Governance, Student progression & Innovative practices**’.

It was conducted by a team of external examiners pertaining to all faculties viz **Medical, Dental, Physiotherapy, Nursing and Biotechnology**.

#### External Academic Audit Panel

Sr. No.	Members	Signature
1	Chairman (Medical) Dr. (Mrs.) Usha S. Udgaonkar Ex. Professor & Head GMC, Kolhapur Ex. Professor, Bharati Vidyapeeth Medical College Sangli.	
2	Coordinator (Physiotherapy) Dr. Satyanarayana S. Professor, SDM College of Physiotherapy Dharwad - 580 009	
3.	Members	
	1. Dental Dr. Rahul S. Deshpande Professor, Vasant Dada Patil Dental College Sangli	
	2. Nursing Dr. T. Sivabalan Professor PIMS (du), College of Nsg. Loni.	

	3.	Biotechnology Dr. (Mrs.) M. M. Pillai Prof. and Head, Dept. of Biotechnology Kolhapur Institute of Technology (KIT), Kolhapur.	
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The salient features of the report are stated below:

- a. All faculties have dedicated full time staff as per norms of the regulatory bodies.
- b. The university has good infrastructure for learning, residential facilities for staff, students with Wi-Fi connectivity and excellent secure campus.
- c. It provides modern medical facilities to the needy at affordable cost.
- d. The university promotes research activities to the under graduates of all disciplines by giving short term fellowship of Rs. 10,000 per student on satisfactorily completing their approved research projects. Financial grant is given to the post graduates, research scholars and teaching staff up to Rs. 2,50,000 (Two Lakhs Fifty Thousand only).
- e. The university is actively implementing government health beneficiary schemes for the needy.
- f. All modern medical facilities are provided under single roof.
- g. All students from different faculty have good job opportunities after passing.
- h. Overall result of students from all faculties is excellent.
- i. Innovative teaching facilities like Micro Teaching, OSPE, OSCE, PBL are used by the university.
- j. The number of publications in indexed journal with high impact factor is appreciable. More over the university has its own peer reviewed indexed journal.
- k. The committee also visited the examination section of the university and found the confidentiality and records keeping being satisfactory.
- l. The MET cell of the university is very active and regularly updates and conducts workshop for the staff.

**6.5.2 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?**

The recommendations and follow-up measures are as follow:

**Recommendations:**

1. Death audit should be conducted at the institutional level.
2. There is scope for systemic and structural record keeping.
3. Formative and summative evaluation of academic activities like seminars, journals, presentation may be incorporated.

4. Involvement of major stake holders like patients, parents, students, faculty in terms of feedback of services should be included.
5. Student exchange programme may be introduced for all P.G. students which will enhance the clinical exposure and enrich learning experiences in the respective specialties.

**Follow-up Action:**

1. **Death audit is now being regularly conducted.**
2. **The record keeping has seen major transformation with the installation of Hospital Management System and EMR.**
3. **Formative and summative assessment for seminars and presentations is introduced with specific weight ages.**
4. **All stakeholders are involved in giving feedback for academic activities, infrastructure, extracurricular activities, research, student amenities, learning resources, evaluation systems, services and health care.**

The parents, students, faculty alumni are provided with structured questionnaire, the patients with suggestion boxes and the feedback undergoes dissection and analysis for removing deficiencies, correction of infirmities and necessary action for improving academic and administrative performance.

5. **Extension modules have been worked up.**

**6.5.3 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**

- a. **Establishment of the ‘Internal Quality Assurance cells’ with predetermined bench-marks with reference to teaching-learning process are responsible for the ongoing appraisal of the academic programmes.**
- b. The IQAC considers all the aspects of the curricula, methods of delivery, the learning resources, research and evaluation.
- c. **The university has instituted a “Joint college Council” under the chairmanship of the Vice-Chancellor to review the teaching-learning process in an ongoing manner.**
- d. The joint college council meets every 3 months for reviewing the college council appraisals conducted every month for the teaching-learning process & the inputs provided by the college-level Internal Quality Assurance Cell to generate an annual report that is placed before the academic council for necessary action.

The structure of the Joint College Council is as follows:

- |                                |          |
|--------------------------------|----------|
| a. Vice-Chancellor             | Chairman |
| b. Director of Health sciences | Member   |

- |  |           |
|--|-----------|
| c. Director of Research                  | Member    |
| d. Dean, faculty of Medical Sciences     | Member    |
| e. Dean, faculty of Dental Sciences      | Member    |
| f. Dean, faculty of Physiotherapy        | Member    |
| g. Dean, faculty of Nursing Sciences     | Member    |
| h. Dean, faculty of Allied of Sciences   | Member    |
| i. Heads of Departments of all Faculties | Member    |
| j. Registrar                             | Secretary |

The outcome of the exercise is the involvement of the administration throughout the year resulting is a number of initiatives that lead to an effective & efficient transaction of the teaching-learning process.

#### **6.5.4 How has IQAC contributed to institutionalizing quality assurance strategies and processes?**

The IQAC is empowered to act autonomously. The policy & planning are a result of feedback, discussion & recommendations from statutory & non-statutory bodies. Quality enhancement takes into consideration:

- a. The national health policy**
- b. Global trends in health science education**
- c. The regional / local / society needs**
- d. Opinion of peers**

The strategies availed were

- a. Development of quality benchmarks / parameters for various academic & administrative activities
- b. Create a learner centric environment.
- c. To adopt newer & suitable technologies for participatory teaching & learning process.
- d. To collect feedback from all stake-holders on quality related institutional processes & analyze them for further improvement.
- e. Organizing inter & intra institutional workshops on quality enhancement methods.
- f. The assessment of quality to be carried out professionally by
- g. Self-appraisal reports from teaching faculty.
- h. Biannual development of quality radars.
- i. Preparation of Annual Quality Assurance reports.
- j. The IQAC has established a professional & internal self evaluation with institutional support from the management. The decentralization of power & authority coupled with provision of financial & human resources has resulted in a quality conscious institutional culture.
- k. The teaching hospital has a quality improvement & continuous monitoring program that identifies key indicators to monitor the clinical structures, processes & out comes & has an established system for clinical audit.

**6.5.5 How many decisions of the IQAC have been placed before the statutory authorities of the institution for implementation?**

The minutes of IQAC meetings with the recommendation & decision thereof are placed before the Academic council (through the college council) & BOM for consideration & implementation. Some of the important decisions are:

- a. **Establishment of an advanced Sim lab to complement the basic Sim lab.**
- b. **To take up accreditation of blood bank, Neonatal ICU, clinical laboratory & the teaching hospital.**
- c. **To conduct Academic, administrative, clinical, fire, energy, Green & Gender Audits.**
- d. **To establish an Internal Audit mechanism for continuous & concurrent quality monitoring.**
- e. **To start a FM radio station & an educational TV channel for creating awareness, dissemination of knowledge & encouraging quality consciousness.**
- f. **To arrange medical exhibitions on the lines of medical science exhibitions.**
- g. **To conduct written & spoken English classes for those not well versed with the language.**
- h. **To conduct one minute preceptor-ship PBL & prepare modules for crisis intervention.**
- i. **To introduce the specially designed program on special skills for budding medical professionals.**

**6.5.6 Are external members represented in the IQAC? If so, mention the significant contribution made by such members.**

**Yes**

The external members who are experts in their own field of work have made significant contribution for quality assurance. Some of them are stated below:

**I. Curriculum planning**

The curriculum design, planning & update to involve a broad consultative committee for providing feedback involving all stakeholders. This has resulted in a shift from centralized curriculum planning to involve a wider group of interdisciplinary teachers, students, future employers, community leaders & social organizations.

**II. Increase in faculty Development programmes with emphasis on special skills**

**a. Training teachers in feedback and listening skills**

One of the important contributions has been to introduce feedback practices for the faculty in professional development programs. It involves giving & receiving positive & negative feedback in a skillful & diplomatic manner which increases trust & respect between the teacher & learner with a certain degree of openness for exchange of ideas. Listening skills involves observance of patience perseverance.

**b. Transition from knowledge providers to learning facilitators**

The role of the teacher to be conceptualized as not just a “**knowledge provider**” but a ‘**facilitator for learning by using new technology, tools, methods & approaches like PBL, EBL, project based learning, community based learning & efficient use of ICT**’.

**III. “Students in the role of teachers” ‘Peer-Assisted learning’**

The many methods employed in teaching overlook one of the most effective but underutilized method of training the student to become a teacher. Preparing a student to teach is now considered as one of the best approaches for understanding, & applying knowledge.

**IV. Audits**

**Assessment of a various activities by internal & external appraisal has resulted in conduct of Academic audit, Administrative audit, clinical audit, death audit, Green audit & Energy audit.**

A no. of other suggestions & inputs have been provided including learning through assessment, the necessity to undertake locally relevant joint research projects, industry-academic collaborations & environment concerns likely to impact community health.

**6.5.7 Has the IQAC conducted any study on the incremental academic growth of students from disadvantaged sections of the society?**

**Yes.**

The process of assessing incremental academic growth focusing on the student’s academic achievement levels and future academic growth was conducted.

**The study carried out by the IQAC. It revealed an increased passing percentage (67% to 100%) in the final year UG students. PG’s study showed 100% passing percentage indicating definitive incremental growth in academic performances.**

**6.5.8 Are there effective mechanism to conduct regular clinical audit of the teaching hospital? Give details.**

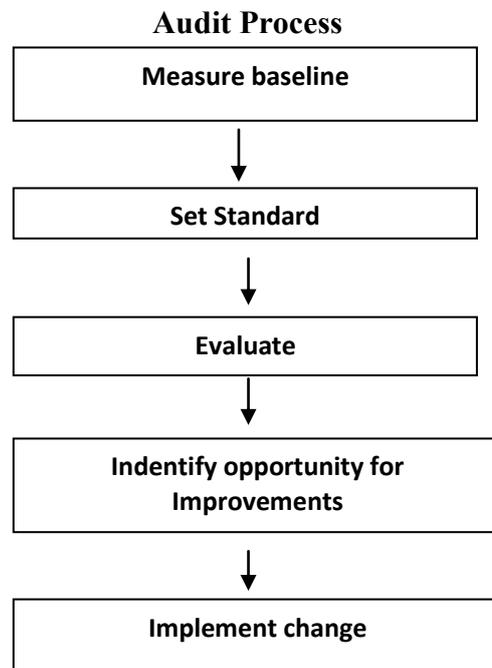
**Yes.**

The '**Clinical Audit**' is carried out by a '**Clinical Audit Committee**' which consist of

- a. Medical Director / Medical Administrator – Chairman
- b. Representatives of all disciplines
- c. Nursing representatives
- d. In-charge Medical Record Section – Member Secretary

The pre requisites are

- a. Good housekeeping
- b. To be carried out in a fair & impartial manner
- c. Clinicians, nursing and other staff including patient anonymity to be maintained.
- d. Purpose to be simple & clearly stated.
- e. Intention should be to effect change for better services.



The audit realizes the objectives of identifying inadequacies and proposes specific solutions. All staff is involved, active feedback is solicited and the audit also undergoes evaluation.

**The 'Auditing mechanisms' are fully supported by strong management commitment and a conducive organizational environment process.**

**6.5.9 Has the institution or hospital been accredited by any other national / international body?**

**Yes**

The institution has been examined for and accredited with

- a. **The university is ISO 9001:2008 certified.**
- b. **Blood bank is accredited by NABH & Health care providers.**
- c. **NICU accredited by National Neonatology Forum (India)**
- d. **The Clinical laboratory 'KIMS Diagnostic' by NABL**
- e. **The hospital is graded 'A' for Rajiv Gandhi Jeevandayi Yojana of Govt. of Maharashtra.**

**6.5.10 Does the hospital have institutional and individual insurance schemes to cover indemnity claims?**

**Yes**

**Professional indemnity policy is provided in the hospital to take care of any claims against the hospital and individuals.**

The institution has an arrangement of insurance coverage with New India assurance Company Ltd, indemnifying all Individuals working in the hospital and the hospital against all possible professional liability claims arise.

## **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 University conducts an ‘**Annual Green Audit**’ of the campus.

- 1. Aim of the Audit:** The aim of the Audit is-
  - a. To review the impact of measures taken by the University to combat pollution.
  - b. To examine the compliance of National environmental laws, rules and regulations.
- 2. Features of the Audit:**
  - a. Area under green cover and open spaces in the campus
  - b. The proportion of buildings which uses less artificial light, less energy, less water.
  - c. The disposal of solid waste and hazardous biomedical waste.
  - d. Effluent and sewage treatment.
  - e. Recycling measures
  - f. Use of renewable energy
  - g. Any other measures to reduce carbon footprint.
- 3. Findings:**
  - a. **The University has a good green cover with ample open spaces and native trees of sesame, peepal, neem, tamarind, gulmohar, some of them more than 100 years old. The ratio of constructed area to open spaces is adequate providing healthy lung spaces for residents.**
  - b. Buildings construction has utilized natural light to a great extent, thereby reducing the need for artificial lighting in day time.
  - c. The disposal of solid waste after segregation by bio-composting and biomedical waste by incineration conforms to Maharashtra pollution control board standards.
  - d. Non-biodegradable waste is supplied to the Government authorized agents for disposal.
  - e. **EPT & STP function efficiently to achieve required environmental standards. Water from the STP is recycled and used for gardening.**
  - f. **Rule, Regulations and standards set by the MPCB are strictly adhered to.**

**4. Observations:**

- a. The certification of authorized agents for non-biodegradable waste should be checked periodically particularly for expiry dates.
- b. Roof tops provide large spaces to set up solar panels. The potential to harness solar energy is immense. Adequate financial out lay in a phased manner will help in improving the green status.
- c. Efforts to use less paper and less plastic have been initiated but stricter measures and more commitment is necessary from the management.

**7.1.2 What are the initiatives taken by the institution to make the campus eco-friendly?**

- **Energy conservation**
- **Use of renewable energy**
- **Water harvesting**
- **Solar panels**
- **Efforts for carbon neutrality**
- **Plantation - Botanical or Medicinal significance**
- **Bio-hazardous waste management**
- **E-waste management**
- **Effluent treatment and recycling plant**
- **Recognition / certification for environment friendliness**
- **Any other (specify)**

- **Energy Conservation:**

The University has conducted an 'Energy Audit' to identify areas of energy saving and has setup an action plan for its implementation in a phased manner.

- a. **Indoor lighting:** The institution has replaced conventional lighting with CLF and FTL fittings thereby controlling excessive losses taking place in conventional ballasts. The next step involves switching over to LED lights.
- b. **Outdoor lighting:** Solar panels are proposed in specific areas.
- c. **Centralised water heating:** Hostels equipped with geysers are high energy consumption units. Installation of central heaters is estimated to reduce energy consumption significantly.
- d. **Air conditioning:** conventional A/C are being replaced gradually to star rated A/C units.
- e. **Compressors:** Thermal mass dryers to be replaced by cycling dryers.

- **Use of Renewable Energy:**  
The University has installed a solar water heating system on the women's hostel and the nurses hostel. The women's hostel system has a capacity of 5000 LPD, it is being modified for producing heated water of 1000 LPD. Similarly a small solar water heating system is proposed for the laundry to reduce diesel consumption. The next ongoing phase involves off-grid solar photovoltaic power plant by utilizing vacant roof top areas of office buildings.
- **Water Harvesting:**  
Water harvesting is now being carried out at the new college annexure building. The harvested water is used for gardening.
- **Carbon Neutrality:**  
All efforts are being made by the University to make its campus carbon-neutral. Everyone staying on the campus is encouraged to make their practices environmentally sustainable. **'The Motto is Reduce, Reuse and Recycle'**.  
The efforts under taken are:
  - a. Observance of no vehicle day.
  - b. Plastic free zone on the campus and all efforts to reduce plastic carry bags and bottles.
  - c. Sewage is recycled and used for gardening.
  - d. All food waste from mess, hostels, cafeteria and hospital kitchen along with the garden trash is taken up for composting in a newly installed organic waste processing plant. The compost so generated is utilized for gardening.
  - e. The University has adopted E-governance strategies with the target of achieving paperless governance.
  - f. Solar panels have been installed in the women's and nurses hostel for water heating.
  - g. The campus has an enviable green cover with a no. of native trees and open green spaces.
- **Plantation – Botanical or medicinal significance:**  
Tree Plantation campaign over the years has resulted in plantation of many trees which are native and have botanical significance e.g. Tamarind, Gulmohar, Jackeranda, Sandle-wood, Banayan, Rubber, Peepal, Jambul, Bel and Sesam. The department of Ayurveda and Pharmacology have developed a herbal garden which has 40 different medicinal plants.
- **Bio-hazardous waste management:**  
Waste disposal in the hospital is based on the guidelines of MPCB and NABH/ NABL.  
The rules, regulations and methods employed comply with their directions-

- a. **Segregation of waste:** Biomedical waste from all patient care areas is segregated and collected in different colour coded bags and containers monitored by the infection control team.

Colour Code	Type of Container	Waste category
Yellow	Plastic Bags	Human anatomical waste, animal waste, microbiological waste, solid waste
Red	Disinfected container Plastic bags Plastic bags / puncture	Microbiological, solid, solid waste (e.g. waste IV tubes catheters.)
Blue/ White	Plastic bags / puncture Proof containers	Discarded medicine, incineration ash, chemical waste.
Black	Plastic bags / puncture Proof containers	Discarded medicines, incineration ash, chemical waste.

- b. **Transport:** The waste is transported by proper designated waste-trolleys to the incinerator.
- c. **Incineration:** The waste is incinerated in two chambers at 800°C and 1000°C. The ash generated is send to Maharashtra Enviro Power Ltd. (MEPL) which is the authorized state Government Agency for land filling of ash.

• **E-Waste management:**

- a. **Inventory Control:** The inventory management program reviews purchases and strict inventory control is exercised, so that reducing quantity results in reduced waste.
- b. **Maintenance and upgrade:** Regular maintenance and timely up-gradation results in minimizing purchase of new products eventually leading to less generation of waste.
- c. **Purchase of products that are environment friendly:** Products with environment friendly design and features are preferred over products with more hazardous material.
- d. **Disposal to Authorized E-waste vendor:** The Recycling is carried out at special centers and hence E-waste is supplied to vendors who supply to E-waste processing organizations.

• **Effluent treatment and Recycling plant:**

The effluent treatment plant receives effluent from all the laboratories of the medical college and hospital, laundry and blood bank. It has a bar screen chamber, equalization tank, flocculator tank and tube settler. The ETP has a capacity of 100 KLPD. After treatment the clean effluent is transferred to the STP and the sludge to the sludge drying bed with the help of special sludge transfer pumps.

- **Sewage Treatment Plant:**  
Sewage coming from all water drainage systems (hospital, hostels, staff quarters, office building & from the ETP) is processed through a bar screen chamber, equalization tank & then transferred to the aeration tank which consists of a diffuser & MBBR media. The diffuser is connected to air blowers which helps bacteria to decompose organic matter present in the sewage & hereby reduces the BOD & COD. The sewage is now sent to the tube settler tank & then to the chlorine contact tank. Online dosing of sodium hypochlorite is carried out as the water enters the PSF pipeline. PSF & ACF (Activated carbon filters & pressure sand filters) are used to remove any remaining suspended particles, color & odour. **COD / BOD of <10 is achieved. The plant has capacity of 500 KLPD.**
- **Recognition / Certification:**
  - a. **Maharashtra Pollution Control Board**
  - b. NABL / NABH accreditation certifies:
    - **Environmental friendliness & ensures standard protocols & procedures for waste-disposal & Effluent treatment.**
    - **ISO 2008 also entails conformity with all environment friendly procedures.**
- **Any other initiatives:**
  - a. **Swacch Bharat Abhiyan**
  - b. **Ban on use of Tobacco & Tobacco products in the campus.**

### 7.1.3 How does the institution ensure that robust infection control and radiation safety measures are effectively implemented on campus?

- The institute has well-designed, comprehensive and co-ordinated infection prevention and control program based on current scientific knowledge & in accordance with the guidelines stipulated by WHO, APCI and CDC.
- The hospital has an infection control team which co-ordinates implementation of all infection prevention & control activities.
- A uniform policy based on CDC guidelines is followed for all cleaning, disinfection & sterilization practices as laid down in the infection control manual which includes fumigation of operation theatres & other high risk areas of the hospital.
- **Universal safety precautions are followed in the laboratories, blood bank and all patient treatment areas.**
- PPE (Personal protective equipment) is used wherever necessary & hand hygiene guidelines are adhered to.
- An appropriate 'antibiotic policy' is formulated & implemented.

- House-keeping, laundry & linen management processes are standardized.
- Kitchen sanitation & food-handling with strict adherence to FDA norms.
- The organization has appropriate engineering control measures to prevent infections (water supply, maintenance of AC'S, drainage / sewer lines).
- Pest control measures are carried out at the hospital, hostels & staff quarters.
- Appropriate vaccination and drug prophylaxis is carried out post exposure.
- HBV vaccination for all staff working in high risk areas.

**Radiation safety measures:**

- The conventional X-ray rooms, CT, MRI, and Cobalt are designed, approved & certified by BARC.
- The Radio diagnosis & Radiotherapy departments follow the guidelines set out by the AERB.
- Standard safety precautions are observed by Radiologists, Radiotherapists, technicians & other personnel working in radiation zones.
- Other safety measures to protect the visitors & patient include adequate insulation of area adjacent to the RD & RT department.
- Thermo illuminant dosimeter badges are used by all staff and PG's to monitor radiation exposure.
- **No case of over dosage has been reported in the last 5 years.**

**7.1.4 Has the institution been audited / accredited by any other agency such as NABL, NABH, etc.?**

**Yes.**

- **Krishna Institute of Medical Sciences Deemed University is an ISO 9001: 2008 certified University.**
- **Neonatal ICU is accredited by National Neonatology Forum (India).**
- **Blood Bank is accredited by National Accreditation Board for Hospitals (NABH).**
- **KIMS Diagnostics (Laboratory) is accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL).**

## 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.

### 1. Curriculum

- a. **Reform:** The university has reformed the curriculum based on the principles that it should be able to respond to the changing needs of the society, to new knowledge and technologies. It should be dynamic and outcome based. The reform entails a shift from a curriculum that is '**knowledge based**' to one that is '**competency based**'.
- b. **Educational Goals:**
  - The educational goals called for integration, early clinical exposure and developing a culture for life long learning.
  - The curriculum must act as a powerful catalyst for fostering a knowledge society.
  - The curriculum must reflect international trends.
- c. **The innovative practices** that are followed include:
  - **Shift from teacher centric to student centric education.**
  - **Special study modules and new courses elements.**
  - **Academic programs in emerging areas of health sciences.**

Sr. No.	Emerging Area	Program introduced by KIMSDU
1.	Molecular medicine	<b>Certificate course in Molecular and Cellular Medicine</b>
2.	Human Genetics and Genomics	<b>MSc in Molecular and Human Genetics</b>
3.	Geriatric medicine	<b>Fellowship in Geriatric Medicine</b>
4.	Emergency medicine and Critical care	<b>Fellowship in Emergency medicine and Critical care</b>
5.	Environmental medicine	<b>Modules incorporated in all courses like MBBS, BDS, B.PTh, BSc Nursing in Environmental Sciences</b>
6.	Sport medicine	<b>Fellowship in Sports Medicine</b>
7.	Spine Medicine	<b>Fellowship in Spine</b>

8.	Reproductive Sciences including developmental biology, assisted reproduction technology	<b>Fellowship in Assisted Reproduction Technology</b>
9.	IT for medical education and health care	<b>Modules incorporated in all courses like MBBS, BDS, BPTTh, BSc Nursing in Information Technology</b>
10.	Public health sciences including demography, molecular epidemiology, health economics and nutritional sciences	<b>MSc in Epidemiology</b>
11.	Behavioural Sciences	<b>Modules incorporated in all courses like MBBS, BDS, BPTTh, BSc Nursing</b>
12.	Cardiac Sciences	<b>Fellowship in Echo cardiography</b>

- Innovative courses like ‘**Medico Legal Systems**’ attracting students from different vocations.
- Community practices that involve collaborative partnership leading to a symbiotic relationship and community institution bond for achieving our goals in health care and health education.
- Utilization of multiple and innovative delivery systems.
- Active participation of all stakeholders in curriculum planning and designing.
- Introduction of new assessment methods. OSCE, OSPE, DOPS and CAS.
- Preparation and effective implementation of the ‘**Comprehensive Academic Calendar**’.
- **Increase in no. of days from 240 (MCI guideline) to 270.**

## 2. **Teaching –Learning Evaluation**

The traditional methods of conduct & delivery of curriculum lead to knowledge overload, they were based on passive acquisition of knowledge and emphasis is on recall rather than on application.

The whole process was teacher-centric with assessment patterns determining the requirements of study.

The university has developed an educational strategy for

- a. **Transition from passive learning to active student-centred learning.**
- b. **Integration of various disciplines.**

- c. **Integration of research as an essential component of Teaching-learning.**
- d. **Outcome based Teaching-learning & evaluation.**
- e. **faculty development programs to improve teaching quality.**
- f. **The use of technology to assist teaching-learning & access open knowledge resources.**
- g. **Continuing quality management measures for quality sustenance & enhancement.**

**Student –centric teaching:**

- **Small Group discussions:**

Social interactions give rise to an enjoyable educational experience. It encourages participation and improves their reasoning, interpersonal and presentation skill.

- **Problem-based learning:**

PBL invites intense interaction among students groups as they are stimulated to seek knowledge, understand its co-relation and apply their mind for intervention. It helps the students in developing communication skills, critical thinking and decision making.

- **Evidence-based medicine:**

It involves seeking new knowledge and conducting an appraisal which is being followed in journal clubs and on the other hand there is a different perspective that takes into consideration successful established practices that have improved clinical outcomes.

- **Team-based learning:**

Team based learning particularly used in community situations is useful for understanding & constructing management processes after a team is formed.

- **Self-directed learning**

The university has provided abundant knowledge resources & IT infrastructure for students to access. It results in prior preparation when facilitated by assignments, tasks & presentation.

- **One-minute preceptor ship**

It is a framework for teaching in the office or emergency room. The structure encourages students to think critically regarding the case and given insight into reasoning skills.

- **Reflective learning :**

- It involves stepping back from an event or experience to analyse it from different perspectives with a view to improve future performance. These skills are learned through practice based arraignments/ projects.

- Experiences of senior teachers are shared during ‘**Grand rounds, Clinical meetings, and in the One minute preceptor mode**’. All courses conducted by the university use reflective learning for continuing professional developments.
- **Narrative learning** : Narratives are a part of our clinical teaching program that encourages holistic approach to management. **It is possible to empathize and be objective while still not letting the pain of the patient wound the physician.**
- **Simulation based learning:**  
The University has established ‘**Basic and Advanced simulation labs**’ for simulation based learning and skills development. The labs provide training on mannequins and on advanced laproscopic simulators. The advantage is the learning poses no risk of injury to the patient of any type.
- **Special Study modules**  
Special study modules are introduced for Research Methodology, soft-skills, IT skills, Environmental Sciences & health economics.
- **Integrated Teaching**  
Horizontal and vertical integration is practiced by teaching-learning process in specific conditions and through an approach which provides unification of teaching resources.
- **Community oriented teaching:**  
A number of community based service & research programs are undertaken by the university which are invaluable community learning experiences. They serve to inculcate values, improve problem-solving & decision making abilities.
- **Integration of Research**  
The attempt to integrate research has its beginning in the necessity of completing a research project that leads to publishing of a paper in an indexed journal or presentation in regional, national or international conferences as a pre-requisite for post-graduates.  
Appropriate weightage in internal assessment is granted for UG’s who participate in research projects.  
**Dissertation are made mandatory for all the Post graduate diplomas and the M.Sc. courses.**
- **Use of Information Communication Technology :**  
The university has created a comprehensive IT infrastructure for computer Assisted Teaching, E-learning platform with animations (smarteach), Students Academic and Administrative web portal (SAAKI) and digital library

with access to e-resources. Teleconferencing with John Hopkins' School of Medicine, Telemedicine and MFCME mediated through the Department of Science and Technology, Government of India are other innovative programs that are conducted by the University.

- **Assessment Patterns:**

**OSCE, OSPE, DOPS, CAS** are the newer assessment methods employed by the University which evaluate the development of skills and are outcome based.

- **Staff Development program:**

Staff development program are conducted for

- a. Mentorship skills
- b. Feedback and listening skills
- c. IT usage
- d. Micro-teaching

- **Others**

Many other innovative practices like protocol finalization before external experts for PG's, student's seminars, quizzes, debates and evaluation of dissertation by external experts three month before submission are in practice.

**3. Research Consultancy Extension**

**Research:**

- a. **Well defined IPR policy.**
- b. **SOP for Copyright and Patent**
- c. **Creation of an Innovation Room**
- d. **Diligent emphasis on Interdisciplinary and Trans-disciplinary research.**
- e. **Capsulated course on Translational research.**
- f. **Establishment of Research Guidance Clinic**
- g. **Conferred doctoral Degree thesis adopted as 'University publications'.**

**Consultancy:**

**'Integrated Consultative Group'** as against **'Stand alone consultation'**

**Extension:**

- Notification of **Annual schedule** of extension activities and total adherence there to.
- Utilization of **'Demographic Research'** findings for enrichment of **extension pursuits.**

**4. Infrastructure and Learning Resources**

**a. Eco-friendly green campus:**

The University has taken all efforts to attain the Green status. The measures undertaken are-

- Reducing the use of energy, waste and paper. The motto is ‘**Reduce, Reuse and Recycle**’.
- **Energy Conservation:**
- Management strategies to reduce energy consumption by training workers and employees for optimum use and best practices of switching off lights, fans and appliances when not required.
- Conventional lighting replaced by CFL fittings and LED’s proposed in all future installations.
- Use of solar energy for water heating.
- Transition to paper less Governance.
- Efficient EPT/ STP and recycled water used for gardening.
- Organic waste processing plant and production of man use for gardening.
- Incineration of hazardous bio-waste and disposal of end products to authorized handlers.
- No plastic/ tobacco free/ No vehicle zone.
- No vehicle day observed.
- Maintenance of a healthy Green cover and quality of air.

The University has initiated environment management practices for obtaining ISO 2014 accreditation.

**b. Environmental Awareness :**

The University has well laid out walking tracks, **10 acres** of well maintained lawns and in now in the process of creating a park for healthy life practices of walking and exercise. Cleanliness, personal hygiene with penalty for spitting is already enforced within the hospital premises and is now under consideration for the entire campus. The Swachh Bharat Abhiyan is being emphasized.

**c. Learning Resources:**

- Extensive use of IT in the teaching learning process.
- Constant up gradation of the library, which is now digitalized is provided with two internet enabled computer labs and access to a large no. of **e-resources**.
- The Library is provided with a media room for presentation and teleconferencing.
- Encouraging students to take up **self directed learning** and the staff to prepare standardized didactic interactive lectures protected by copyright and IPT.

**5. Student support Progression:**

**a. Mentorship Program:**

The mentorship program involves following the student through the course by counseling, guiding and providing the

support in difficult times. The role of the mentor is multi-faceted as he called upon to develop friendly relationship between peers., guide them in their career paths, inculcate values, improve self esteem, help them in developing communication and interpersonal skills.

It involves rehabilitation of ‘slow learners’ and further advancement of ‘rapid learners’.

- b. **Participatory student practices:** Students are represented on different 34 committees and at all levels in decision making statutory bodies. A vice-dean student affairs has been notionally designated and students are motivated to take part in academic, sports, cultural and co-curricular activities.
- c. **Women’s Empowerment Cell:** A ‘**Women’s Empowerment Cell**’ has been established for preventing discrimination and bias. The University conducts a no. of gender sensitization programs for creating awareness conducive to the esteem, honour and dignity of women.
- d. **24 x 7 helpline has been established for women students.**
- e. **Self – Defense Training:** All women (Students & Staff) are imparted training in self-defense.
- f. **Inculcation of values** by mentoring, by observing days of national importance, by taking part in community services and by spiritual and moral discourses.
- g. **Student in the Role of a Teacher:** Students are encouraged to take up teaching assignments for juniors, take part in seminars and give presentations. It is now recognized that the best assimilation and analysis of knowledge comes from teaching. Student progress in future will have a measure in assessing the ‘**teacher in the student**’.

**6. Leadership and Governance:**

The Chancellor and Vice-Chancellor provide the institution with strong leadership dedicated to the **principles of performance, participation and priority**. Their governance strategies have resulted in a **culture of mutual trust, respect and creativity**.

The innovative practices practices introduced are:

- a. **Participatory Management System** that incorporates democratic participation at all levels of management (Individual- Unit-Department- College and University). Participation in management processes has resulted in improved efficiency, accountability and maintenance of quality standards.

The participation of students, faculty, HOD’s, principals and member of statutory and non-statutory committee has provided

the desired impetus to participatory decision making in a real sense.

- b. **Staff Development Structures:** The planning involves staff development structures which includes training in Research Methodology, Medical Education Technology, CME's, Refresher Courses, Updates and new skills and attitudinal development. Development programs have been designed to include interdisciplinary and trans-disciplinary approaches. The development of special skills pertain to training teachers in 'feedback skills' and 'transition from knowledge providers to learning facilitators'.
- c. **Good practices of Students Representation:**
- The Student council and student representatives are the most important governing structures to represent student interests.
  - **Representation is independent of caste, creed, religion, gender or socio-economic background.**
  - Administrative and financial freedom is provided for utilizing resources concerned with sports, cultural and extracurricular student activities.
  - **The president of the students' council is notionally designated as Vice-Dean Student affairs and ex officio member of the College Council.**
  - Students are represented on 34 different non-statutory committees.
  - Student feedback on teachers and Teaching Learning Evaluation system are given due weightage for formulating future educational strategies.
  - Student Grievances and issues of immediate concern are addressed promptly and efficiently.
  - Students are encouraged to publish student magazines and newsletter.
  - **Meritorious students are provided the privilege and honor of unfurling the national flag on Independence Day.**
  - **Students are encouraged to take part in tree plantation driven on 15<sup>th</sup> August and 26<sup>th</sup> January.**

### 7.3 Best Practices

7.3.1 Give details of any two best practices that have contributed to better academic and administrative functioning of the institution.

#### 1. Villages adoption

The Concept: India still lives in villages. As we move in to the 21<sup>st</sup> century with great hope we must not lose light of ground realities.

Villages still do not have access to safe drinking water, most households do not have toilets and there are no facilities for sewage treatment and waste disposal. Public amenities like parks, libraries, walking tracks, sports facilities are nonexistent. Education and health care fares no better. The quality and standard of the schools is wanting in all respects and even proper primary health care is not available.

It is in this context that the Krishna Institute of Medical Sciences Deemed University whose traditions and values are reflected in imparting health care and education as “**Public Good**” decided to take up 2 villages for overall development realizing that imparting health education and health care cannot be carried out in isolation. The involvement of the local community and co-operation of the village elders was necessary for the success of this project.

**Objective of the Practices:**

- a. The project is designed with the vision that by creating awareness, educating, providing health care, supporting the local community by liasoning with the Government and local self-body organization for gaining access to funds and welfare schemes would ensure community participation in improving civic amenities and result in a collaborative effort for comprehensive overall development of the village.
- b. The project would build a strong community bond for the University in the adjoining areas.
- c. It would provide the work place for community based, community oriented educational activities.

**The Practice:**

- a. **Social Awareness:** Age old traditions, customs and beliefs are still being followed. Social and gender discrimination exists.

The University therefore addressed there issues by creating social awareness with no. of programs in the form of lectures, street plays, rallies and video presentation. The issues dealt with were:

- Child labour
- Female foeticide
- Occupation and career classification by sex
- Women’s empowerment
- Family planning
- Education and career opportunities
- Scientific presentations to overcome superstitions and age old beliefs.

2. **Health Education**: The emphasis was on preventive measures as the best practice for ensuring community health. Safe drinking water, sanitation, personal hygiene, proper sewage and waste disposal as the most reliable and cost effective methods to reduce disease burden.  
Health education is carried out with the objective of providing basic/ elementary knowledge about prevalent health issues.
  - a. Malnutrition
  - b. Anemia in pregnancy and the need for antenatal care.
  - c. The importance of hospital deliveries for the safety of mother and child.
  - d. Changing life-styles relating to the higher incidence of diabetes, hypertension, heart disease and obesity.
  - e. Non-communicable diseases like cancer and the need for early detection.
  - f. The harmful effects of tobacco in any form (tobacco chewing, Gutkha, mishri) and alcohol.
  - g. Healthy sexual behavior and the HIV/ AIDS control measures to be adopted.
  - h. Other emerging diseases like HBV, HCV, Dengue, Swine flu and Avian flu.
3. **Health care**: The health problems of the community are to be addressed by the preventive, promotive and curative health practices that also provide for rehabilitation.
  - a. **Diagnosis and OPD treatment**: The University conducts a daily OPD and patients are sent for further investigations and treatment to the teaching hospital.
  - b. **Indoor treatment**: Free indoor treatment including medicine and food is provided for patients who are economically backward and 50% concession is given to all others. Follow up and rehabilitation services are provided wherever necessary.
4. **Health Exhibition**: A health exhibition is organized every year to spread the message of healthy practices as the best insurance for good health. Various aspects of disease prevalence, emerging diseases, life-style diseases, cancer, other communicable and non-communicable diseases are displayed with help of posters, charts, and video presentation are carried out. The objective of information, Education, communication (IEC) is to provide for intervention and compliance.
5. **Training of Local work-force**: The key to the success of any program is building and training a local work-force who in the long term will sustain all educational and health related activities. They will also serve as the bridge for carrying out community activities in future.

6. **Statistical Information:** The practice entails collecting information about:
  - a. Population
  - b. Gender status
  - c. Demographic Statistics
  - d. Occupation
  - e. Employment
  - f. Economic Status
  - g. Infant mortality
  - h. Birth statistics
  - i. School going children & drop outs.
7. **Introduction to National Programs:** Swacch Bharat Abhiyan, Yoga-Day, Children's Day, were all observed in the community for the purpose of National Integration.
8. **Health surveys:**

Health surveys give an insight into disease prevalence and the effectiveness of control measures.

**Evidence of Success:** The outcome is the creation of Good-Will in the community. The bond so created has its implications in co-operation for community research projects and community oriented teaching activities. The statistical data and the efforts taken for overall development has resulted in uniting people for the purpose of better health care, education, sanitation and has resulted in a strong community- institution bonding.

  1. The coming together of medical education and health services brought quality to the service. Students benefited by learning to establish relationship with local and support staff.
  2. Health awareness, sanitation, personal hygiene has shown improvement.
  3. The health surveys have provided information on the incidence of HIV/ AIDS, tuberculosis ( their progress and effects of control measures) and incidence of cancer, diabetes and hypertension.
  4. A symbiotic relationship has developed between the village community and the institution for promotion, prevention and delivery of health care.
  5. The statistical data on school going children and drop-outs have resulted in collective & corrective community measures.
  6. Immunization practices have improved with the comprehensive cover provided by the institution and compliance for ante-natal check-ups and hospital deliveries has increased.
  7. The celebration of days of national importance and national programs like swacch Bharat Abhiyan has spread the message of peace and harmony and served to ignite national pride and identity.

**Problem Encountered :**

1. Initially the village leaders and local self bodies were sceptical of the intentions and the benefits. Discussion, Convincing and mediation by influential groups within the community helped the institution in resolving this issue.
2. There was resistance in some sections of the society for dispensing with age old traditions and beliefs. The collective wisdom of the village elders and the driving force of newly educated village youth carried the decision in favour of the institution.
3. The co-operation of local self body officers and Government officials were key to successful developmental schemes. The Government official through reluctant in the beginning when provided with facts and figures co-operated constructively for achieving the desired results.

**Resources**

To successfully implement the concept of health care and education in the villages the University has used a no. of resources. The idea was to involve the local community and co-operation of the village elders and buildup a strong community bond for the University in the adjoining areas lead to good health education and health care.

The responsibility was assign to the department of Community Medicine, which monitor the nature of activities related towards this goals. Community Medicine has a rural and urban health centres which caters mainly as a extension unit for these activities. Camps are conducted with the involvement of consultants, interns and nurses from the University. Special camps with specific objectives are also held that is referral cams where is patient are referred to Krishna Hospital and Medical Research Center the teaching hospital for further management. Health camps are held regularly to develop awareness about hygiene, health concerns both mental and physical, dental problems and social problems.

The University supports all these activities financially and technically.

**2. Mentoring**

The mentoring has its origin in the ancient system of the Gurukul that was practiced in the ancient Indian Universities of Nalanda & Takshashila. The Guru or teacher would take up students who would stay, learn & carry out everyday chores with the teacher. It was self-sustaining and besides the special training, skills & knowledge imparted it made the students self-reliant. In modern day education & particularly in health sciences education the value of mentoring has gained recognition.

The students who enter the health science courses come from different backgrounds of communities, states, religions & from foreign countries. The rigors of the program coupled with new surroundings & the fact that most students have left home for the first time calls for special attention on behalf of the institution for smooth induction & acclimatization.

**Mentoring is an established practice with measurable outcomes.** It is now considered as one of the most important ingredient of student support.

### **Objectives**

- a. Smooth induction
- b. Support: Mentees need support from mentors when facing failures, conflicts & emotional turmoil following souring of relationships.
- c. Career development: A mentor can guide his students in choosing career paths & in the approach for achieving his academic goals.
- d. Feed back: The mentor can provide feedback on the strength & weaknesses of the mentees. He can also elicit feedback from his students on the working of the institution.

### **The Practice**

Each Mentor is allotted 10 students. Each student is allotted a mentor during all the 3 phases of the academic programme.

The mentor assumes the role of '**Friend, philosopher & Guide**', '**Teacher, advisor & coach**'. He follows the student through the course providing professional guidance, helping students navigate through difficult interpersonal relationships & helps them in identifying future career paths.

The mentorship methods employ

- a. **Formal mentoring** - wherein a teacher is assigned as the mentor.
- b. **Peer mentoring** – wherein a senior can assume the role of a mentor for the junior student or a senior faculty mentors his juniors or trainees.

The mentor monitors the attendance, academic activities, performance in formative & summative assessments, providing support by counseling, advising & initiating remedial measures. He develops a personal & professional relationship with the mentees who by engaging them in educational, social and co-curricular activities enables them to improve self-esteem, behavior & attitude towards other students & faculty.

The mentor is expected to steer the mentees in realizing the vision & mission of the institute, while working towards their career goals. He is trusted for maintaining confidentiality.

### **The Benefits of Mentoring**

1. The identification of slow learners results in timely support for rehabilitation & mainstreaming.
2. Rapid learners are provided with avenues for further academic advancement.
3. Mentoring provides the medium for receiving feedback on strength & weaknesses.
4. Personality Development: The mentor in the process of guiding encourages academic & social interactions thereby improving their life skills, behavioral attitude & respect for other students & faculty.
5. The benefits of the mentoring are visible for the mentor & as he sees accomplishment in the success of his mentee while the mentee may take up the role of mentor in his future career.
6. Inculcation of values

**The Pitfalls (Challenges)**

1. In the planned mentoring program the relationship may not acquire the desired level in all cases which could lead to a negative attitude among those who are not capable of responding to the demands & stress of health science education.
2. There is always a risk of the relation crossing the boundaries of professional conduct.
3. If the mentors are not properly trained & experienced in their roles particularly when dealing with psychological & interpersonal relationships the very benefit of support is lost. Similarly when there is a question mark over their reliability & trust worthiness the program is destined to fail.

**The Result (Evidence of Success)**

1. The result is an improved academic performance with effective rehabilitation of slow learners.
2. Increase in research initiatives and in the no. of publications & presentation.
3. The increase in confidence, presentation & self esteem together with the learning of communication skills, leadership roles and responding to responsibilities realizes the goal of a competent & reliable health science graduate.
4. Mentoring has assured better participation in sports, extra-curricular activities and in conferences, CME's and workshops.
5. Value inculcation has helped in creating a sense of national pride & involvement in all national events.

**The Resources**

1. Trained & sensitized staff
  - a. The staff who is required to take up mentorship roles needs to be trained in mentorship skills. This has led us to design a special staff development program for mentors.

- b. Program to support communication between the mentors & learners. The increase no. of social events, scientific session, workshops, skills training, sports & extracurricular activities to provide support for mentoring.
- c. Awards & recognition instituted for mentorship roles.



## KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

(Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India.)  
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#### 4. Declaration by the Head of the Institution

I certify that the data included in this Self-Study Report (SSR) are true to the best of my knowledge.

This SSR is prepared by the institution after internal discussions, and no part thereof has been outsourced.

I am aware that the Peer team will validate the information provided in this SSR during the peer team visit.

Dr. A. V. Nadkarni

**Vice - Chancellor**  
**Krishna Institute of Medical Sciences-**  
**Deemed University**

**Place :** KIMSDU, Karad.

**Date :** 17.08.2015

### List of Abbreviations

AC	Academic Council
ADR	Adverse Drug Reactions
AERB	Atomic Energy Review Board
AICTE	All India Council For Technical Education
AIDS	Acquired Immuno Deficiency Syndrome
ALS	Advanced Life Support
AQAR	Annual Quality Assurance Report
ASU	Ayurveda, Siddha And Unani
AYUSH	Ayurveda, Yoga And Naturopathy, Unani, Siddha And Homoeopathy
BARC	Bhabha Atomic Research Centre
BOE	Board Of Examinations
BOM	Board Of Management
BOS	Board Of Studies
CAP	Central Assessment Programme
CAS	Career Advancement Scheme
CLIP	Community Level Interventions For Pre-Eclampsia
CME	Continuous Medical Education
CPC	Clinico-Pathological Conferences
CPCSEA	Committee For The Purpose Of Control And Supervision Of Experiments On Animals
CPR	Cardio Pulmonary Rescution
CRF	Central Research Facility
CSIR	Council Of Scientific And Industrial Research
CTRI	Clinical Trials Research Of India
CBL	Case Base Learning
CT	Computerized Tomography
CME	Continuing Medical Education
CFL	Compact Fluorescent Lamp
DCGI	Drug Controller General Of India
DCI	Dental Council Of India
DRDO	Department Research & Development Organization
DST	Department Of Science And Technology
ECG	Elector Cardio Gram
ECHS	Ex-Servicemen Contributory Health Scheme
EEG	Electroencephalograph
EMR	Electronic Medical Records System

ESI	Employee's State Insurance
EBL	Evidence Based Learning
FC	Finance Committee
FDA	Food And Drug Administration
GATS	General Agreement On Trade In Service
GCP	Good Clinical Practices
GLP	Good Laboratory Practices
HISS	Hospital Information System Software
HIV	Human Immuno Deficiency Virus
HMIS	Hospital Management Information System
IAP	Indian Association Of Physiotherapy
IAS	Indian Administrative Services
ICMR	Indian Council Of Medical Research
ICCR	Indian Council Cultural Relations
ICT	Information And Communication Technologies
IMR	Infant Mortality Rate
INC	Indian Nursing Council
INR	International Normalized Ratio
IPASF	Indian Pharmaceutical Association Students Federation
IPD	Inpatient Department
IPR	Intellectual Property Rights
IQAC	Internal Quality Assurance Cell
KAIET	Krishna All India Entrance Test
KH & MRC	Krishna Hospital & Medical Research Center
KIMSDU	Krishna Institute of Medical Sciences Deemed University
LRM	Learning Recourse Material
LCME	Liaison Committee on Medical Education
M.CH	Master Of Chirurgical
MCI	Medical Council Of India
MCQ	Multiple Choice Questions
MD	Doctor Of Medicine
MET	Medical Education Technology
MHRD	Ministry Of Human Resource Development
MMR	Maternal Mortality Rate
MOU	Memorandum Of Understanding
MPH	Master Of Public Health
MPT	Master Of Physiotherapy
MRI	Magnetic Resonance Imaging

NABH	National Accreditation Board For Hospitals & Healthcare Providers
NABL	National Accreditation Board For Testing And Calibration Laboratories
NBA	National Board Of Accreditation
NCL	National Chemical Laboratory
NMEICT	National Mission Of Education Through Information & Communication Technologies
NRHM	National Rural Health Mission
NRI	Non Resident Indian
NSS	National Service Scheme
NSSK	National Shishu Suraksha Karyakrama
NUHM	National Urban Health Mission
OBG	Obstetrics And Gynaecology
OPAC	Online Public Access Catalogue
OPD	Outpatient Department
OSCE	Objective Structured Clinical Examination
OSPE	Objective Structured Practical Examination
OT	Operation Theatre
PACS	Digital diagnostic and imaging systems including
PBL	Problem Based Learning
PG	Postgraduate
PHC	Primary Health Center
PROF.	Professor
PPE	Personal Protective Equipment
RNTCP	Revised Of National Tuberculosis Control Programs
SOPS	Standard Operative Procedures
UG	Undergraduate
WFME	World Federation for Medical Education
YRCW	Youth Red Cross Wing