



VINAYAKA MISSION'S  
RESEARCH FOUNDATION  
(Deemed to be University under section 3 of the UGC Act 1956)



VINAYAKA MISSION'S  
KIRUPANANDA VARIYAR  
MEDICAL COLLEGE & HOSPITALS

**VINAYAKA MISSION'S KIRUPANANDA VARIYAR  
MEDICAL COLLEGE & HOSPITALS,  
SALEM - 636308.**

**Constituent Unit of Vinayaka Mission's Research Foundation  
(Deemed to be University)**



**Academic Calendar (2022 – 2023)**

**Final MBBS Part I / Phase III – Part I MBBS**

**Syllabus & Curriculum**

**Website : [www.vmkvmc.edu.in](http://www.vmkvmc.edu.in)**



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## HISTORY OF THE COLLEGE

Vinayaka Mission's Kirupananda Variyar Medical College is located in Salem, Tamilnadu and strives for achieving academic excellence. It was started in the year 1995-96, and was affiliated to the Tamilnadu Dr. MGR Medical University. In 2005-06 it became a constituent unit of Vinayaka Mission's Research Foundation (Deemed to be University) (VMRF-DU), Salem, Tamilnadu. Eligible students are admitted by counseling after NEET examination.

The Institution has a limpid vision of providing service to the humanity at large, by making available, the best form of health care possible in the world to the local community.

**Vision:**

To provide service to the humanity at large by making available best form of health care.

**Mission:**

- To provide the student a highest quality of education in branches of medicine and to provide a perfect learning experience and atmosphere.
- To demonstrate appreciable skill and knowledge and to participate actively in professional growth of self of Institution and of country's knowledge base.
- To contribute to the development of medicine by active participation in scholarly in medical field.
- To develop team spirit and ability to work along with other health personnel.

## FACILITIES

The unitary campus houses a teaching hospital and hostels with adequate space for future expansion.

**INFRASTRUCTURE :** The infrastructure is adequate and is designed to create a learning atmosphere. All the departments specified under the MCI are available as per norms. They are spacious and well furnished. Information Communication Technology (ICT) enabled air-conditioned lecture halls with the necessary equipments and latest teaching aids are available. The pre and para-clinical departments have updated laboratories which periodically undertake Internal and External Quality Assurance evaluations.

The campus houses separate blocks for the college, hospitals and hostels. College blocks accommodate pre & para-clinical departments with Gallery type A/C lecture halls with audiovisual aids like LCD, Smart boards, etc., and well equipped labs, seminar halls & demonstration rooms in each department.

### PRECLINICAL DEPARTMENTS

Anatomy  
Physiology  
Biochemistry

### PARA-CLINICAL DEPARTMENTS

Pathology  
Microbiology  
Pharmacology

## HOSPITAL

The 630 bedded hospital with world class facilities with all innovative and sophisticated state-of-the-art equipment and technology is available. Highly qualified and experienced health personnel manage the hospital.

The student is tuned to gain indepth knowledge in medical subjects through the use of appropriate and innovative participatory teaching techniques using the latest tools and inputs.

### **CLINICAL DEPARTMENTS**

#### **Medicine & Allied Subjects**

Forensic Medicine & Toxicology  
Community Medicine  
General Medicine  
Respiratory Medicine  
Paediatrics  
Psychiatry  
Dermatology, Venereology & Leprosy  
Physical Medicine & Rehabilitation  
Emergency Medicine

#### **Surgery & Allied Subjects**

General Surgery  
Ophthalmology  
Otorhinolaryngology  
Obstetrics & Gynaecology  
Orthopaedics  
Anaesthesia  
Radiodiagnosis

### **SUPER-SPECIALTY DEPARTMENTS**

Surgical Oncology  
Cardiology  
Urology  
Nephrology

### **OTHER FACILITIES**

- A/C auditorium with a seating capacity of 750
- Separate common rooms for boys & girls.
- Printing, Scanning & Photocopying facilities are available in the library. Question bank is also available.
- The campus is wifi enabled.
- 2 cafeterias are available in the campus which provide the students with tasty & hygienic multicuisine food (Indian, Chinese etc.).
- A stationery and novelty store in the hospital and in hostel premises provide all the necessary items to students and staff.
- 2 Examination halls with 250 capacity each are available.

**LIBRARY:** Automated library with RHID is available. An upgraded library with the latest collections of books and journals in addition to internet facilities is available.

Central library with 9041 titles is open from 8 am to 12 midnight. Separate reference, journals (86 Indian & 34 Foreign) and Internet sections with 40 computers are present & easily accessible to students & faculty.

**MENTORSHIP:** Well qualified and dedicated faculty, facilitate learning and address the issues of students through a Mentorship Programme. Progress of students is monitored longitudinally by the mentors with Student Mentorship Report Card.

**RESEARCH:** The Institution provides a good research ambience for conduct of research studies and quality health surveys. National (ICMR) and International (WHO) collaborative studies are conducted by the faculty members as well as a few medical students. The faculty and students are deputed frequently to Scientific Conferences and Workshops.

**POSTGRADUATE PROGRAMMES** in Anaesthesiology, Anatomy, Biochemistry, Community Medicine, Dermatology, Venereology & Leprosy, Emergency Medicine, General Medicine, General Surgery, Microbiology, Obstetrics and Gynaecology, Ophthalmology, Orthopedics, Otorhinolaryngology, Paediatrics, Pathology, Pharmacology, Physiology, Psychiatry, Radiodiagnosis and Transfusion Medicine are being conducted.

**EXTRACURRICULAR ACTIVITIES:** Play grounds for hockey, foot-ball, volley-ball, basket-ball, cricket, badminton, throw ball, tennikoit and running track, Indoor games for table tennis & carrom and Gym facilities are available for the students. Sports kits for both outdoor and indoor games are available. Intramural, intercollegiate and interuniversity competitions provide an opportunity for physical fitness.

**STUDENT SUPPORT PROGRAMMES** like Students Council, Students Grievance Redressal Cell, Seminars, Symposia, CME, Small Group Teaching, Slow and advanced learners programme, Student Mentorship Programme are available. Meritorious students get recognition in the form of awards and medals.

**ALUMNI ASSOCIATION** of the Institution is strong and helps the students to upgrade their knowledge with scientific updates. Career Guidance counseling is provided for the students.

The Vinayaka Missions group of Institutions having reached the path of academic excellence will continue to strive for global sustenance.

#### **PLEDGE**

We, the students of Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem pledge that

- I, \_\_\_\_\_ (name), being admitted to the study of medicine – the art of healing, shall dedicate myself totally to uphold and contribute productively to the nobility of the profession.
- I shall use my education & knowledge to acquire the ability to look into the present and future health needs of our country as well as that of the world.
- I shall strengthen the core values of our national ethos, healthy living, liberty, unity in diversity, truth and common good in all my endeavours.
- I shall treat my parents, peers, teachers and elders with great respect.
- I shall show empathy and concern to the sick patients, dotards & down trodden people.
- I shall consider all men as equal and “the plurality and multiethnicity” woven India's secular fabric, shall become my ‘preferred priority’ while interacting with others.
- I shall remember the great leaders of our nation, abide by their teaching and steadfastly work hard towards the institution's mission to build a stronger nation through medical education.

## **THE COLLEGE ANTHEM**

Vinayaka thy name is the glory  
Vinayaka thy saga divine  
Vinayaka a star in the sky  
A ray of hope through troubled times

Vinayaka thy legacy unfathomed  
Vinayaka thy medicos shine  
Vinayakans they'll be there through turbid times  
Duty to them is blessing divine

Vinayakans have the heart of the winner  
They stand united together as one  
They are the winners under the sun  
Winners under the sun

## **RULES AND REGULATIONS OF THE COLLEGE**

### **I. GENERAL :**

- a) No meeting or demonstration should be held in the premises of College / Hospital and Hostels.
- b) Students are forbidden to take part in Political Agitations, Strikes and Demonstrations.
- c) Students are required to observe discipline and be punctual for all Theory & Practical / Clinical classes.

### **Code of Conduct for Students :**

Vinayaka Mission's Kirupananda Variyar Medical College and Hospitals, Salem has derived and drafted the following proposed Code of Conduct for the Students.

- The Student Code of Conduct sets out the standards of conduct expected of students. It holds individuals and groups responsible for the consequences of their actions. Failure to fulfill these responsibilities may result in the withdrawal of privileges or the imposition of sanctions.
- The Institution is a community of students, faculty and staff involved in learning, teaching, research and other activities.
- The student members of this community are expected to conduct themselves in a manner that contributes positively to an environment in which respect, civility, diversity, opportunity and inclusiveness are valued, so as to assure the success of both the individual and the community.
- The Student Code of Conduct reflects a concern for these values and tries to ensure that members of the Institution/University and the public can make use of and enjoy the activities, facilities and benefits of the Institution without undue interference from others.

### **When does the code apply?**

- The Student Code of Conduct applies to any student enrolled in UG/PG at the Institution/University, and including exchange students.

- The Code applies to conduct that occurs on the campuses or near the premises of Vinayaka Mission's Kirupananda Variyar Medical College and Hospitals, Salem.
- It also applies to conduct that occurs elsewhere if it is related to Institution sponsored programs or activities, (such as travelling athletic teams) or if it occurs in the context of a relationship between the student and a third party that involves the student's standing, status or academic record at the Institution/University.

It does not apply to conduct that is assigned to another disciplinary body at the Institution/University, allegations regarding a student's failure to meet standards of professional conduct, or conduct committed by a student solely in his or her capacity as an employee of the Institution/University.

### **Prohibited conduct**

- Assaulting, harassing, intimidating, or threatening another individual or group is a crime.
- Endangering the health or safety of others.
- Stealing, misusing, destroying, defacing or damaging Institution property or property belonging to someone else.
- Disrupting Institution activities.
- Using Institution facilities, equipment, services or computers without authorization.
- Making false accusations against any member of the Institution,
- Supplying false information to the Institution / University or forging, altering or misusing any Institution document or record.
- Using, possessing or distributing illegal drugs,
- Violating government liquor laws or Institution alcohol policies,
- Ragging of any kind,
- Encouraging, aiding, or conspiring in any prohibited conduct.
- Failing to comply will be met with a disciplinary measure or disciplinary measures imposed under the procedures of this Code.

### **Disciplinary measures**

- Disciplinary measures that may be imposed under the Code include but are not limited to: Written warning or reprimand,
- Probation, during which certain conditions must be fulfilled and good behaviour must be exhibited.
- Payment of costs or compensation for any loss, damage or injury caused by the conduct
- Issuance of an apology, made publicly or privately.
- Loss of certain privileges,
- Restriction or prohibition of access to, or use of, Institution facilities, services, activities or programs,
- Fines or loss of fees,
- Relocation or exclusion from hostel,
- Suspension,
- Expulsion.

## II. COLLEGE RULES :

- a. **ATTENDANCE:** Students should be punctual to the hospital and college and should have a minimum attendance of 75% in theory and 80% in practical in each subject to appear for University Examination. Students who lack the minimum prescribed attendance in any one subject will not be permitted to write the examination. However, the Vice-Chancellor has the discretionary power to allow a condonation of shortage of attendance upto a maximum of 10% in the prescribed minimum attendance for admission to an examination. A candidate lacking in attendance should submit an application in the prescribed form, endorsed by the Head of the Department / the Head of the Institution to the Vice Chancellor for approval for admission to the examination. Every student must have cleared all the arrears of fees in Hostel, Mess and College and must get a “No Due” certificate from the Deputy warden of the Hostel and Deputy Dean before submitting the application for University Examination.
- b. **LEAVE :** Students should avail leave only with the previous sanction of the Head of the Department. When leave is availed for unforeseen causes the application must be made available soon after availing the leave. Leave letter on medical grounds should always accompany a medical certificate by a medical officer. The copy of the leave letter will be sent to the parent for endorsement if needed.
- c. **DAMAGES:** Students should pay for any breakage / loss in the laboratories.
- d. **FEES :** The Examination application of students will not be forwarded to the University in case of any dues with regard to Tuition Fees, Mess Fees and Hostel Fees or any other arrears.
- e. **EXAMS:** In each department 3 Internal Assessment examinations will be conducted out of which the best of 2 Internal Assessment exam marks will be considered for University Examinations.
- f. **RECORDS:** Practical record note books, log books and books for SDL & ECE should be completed & submitted in time.
- g. **CELL PHONE** usage is prohibited during class hours (theory/practicals). If cell phones were to be found being used during class hours, they would be confiscated.

## III. DRESS CODE :

- Formal wear for both girls and boys (avoid fluorescent and flashy colored pants/ Jeans/Shorts/T-shirts).
- Girls should tie their hair up & wear cut shoes; avoid bracelets, finger rings, anklets & flowers.
- Nails should be trimmed & not painted.
- Students are expected to wear decent footwear, preferably shoes while attending class, practicals, wards, OPDs and other sections of college and hospital.
- Hair should be trimmed & boys should be clean shaven (face).
- Half sleeved white coat should be worn inside the college campus.



#### **IV. ANTI RAGGING REGULATIONS :**

##### **INTRODUCTION**

This Regulation has been brought forth by the University Grants Commission in consultation with the Councils to prohibit, prevent and eliminate the scourge of ragging.

UGC REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS, 2009.

(under Section 26 (1)(g) of the University Grants Commission Act, 1956)

##### **OBJECTIVES**

To eliminate the Attitude of Ragging, the following understanding of the term “Ragging” is of prime importance. Ragging is inclusive of any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness a fresher or any other student or indulging in rowdy or indisciplined activities by any student or students which causes or is likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in any fresher or any other student or asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student, with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student, in all higher education institutions in the country and thereby, to provide for the healthy development, physically and psychologically, of all students.

##### **WHAT CONSTITUTES RAGGING**

Ragging constitutes one or more of any of the following acts carried out in any area inside or outside the College Campus.

- A. Any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness a fresher or any other student;
- B. Indulging in rowdy or indiscipline activities by any student or students which causes or is likely to cause annoyance, hardship, physical or psychological harm or to raise fear or apprehension thereof in any fresher or any other student;
- C. Asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student;
- D. Any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher;
- E. Exploiting the services of a fresher or any other student for completing the academic tasks assigned to an individual or a group of students.
- F. Any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students;
- G. Any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person;

- H. Any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student;
- I. Any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student.

#### **ADMINISTRATIVE ACTION IN THE EVENT OF RAGGING**

Anyone found guilty of ragging and/or abetting ragging, whether actively or passively, or being a part of a conspiracy to promote ragging, is liable to be punished in accordance with these Regulations as well as under the provisions of any penal law for the time being in force.

The institution shall punish a student found guilty of ragging after following the procedure and in the manner prescribed herein under:

- A. The Anti-Ragging Committee of the institution shall take an appropriate decision, in regard to punishment or otherwise, depending on the facts of each incident of ragging and nature and gravity of the incident of ragging established in the recommendations of the Anti-Ragging Squad.
- B. The Anti-Ragging Committee may, depending on the nature and gravity of the guilt established by the Anti-Ragging Squad, award, to those found guilty, one or more of the following punishments :-
  - i. Suspension from attending classes and academic privileges.
  - ii. Withholding/ withdrawing scholarship/ fellowship and other benefits.
  - iii. Debarring from appearing in any test/ examination or other evaluation process.
  - iv. Withholding results.
  - v. Debarring from representing the institution in any regional, national or international meet, tournament, youth festival, etc.
  - vi. Suspension/ expulsion from the hostel.
  - vii. Cancellation of admission.
  - viii. Rustication from the institution for period ranging from one to four semesters.
  - ix. Expulsion from the institution and consequent debarring from admission to any other institution for a specified period.

**Mobile inspection squads have been formed to carry out surprise checks in hostels and transport.**

**Website: <https://antiragging.in>**

## **LIBRARY RULES & REGULATIONS**

### **1. Working Hours:**

a. The library is kept open from 8.00 a.m. to 12 midnight on all working days.

### **2. Membership:**

1. The Library is open to all students and members of the staff of the college and hospitals.
2. Outsiders and students who have left the college, dismissed or under suspension cannot have the privilege of using the library except with the special permission of the Dean.

### **3. Issue and Return of books:**

No student will be allowed to take books or journals outside the library.

### **4. Do's & Don'ts:**

1. Students must use only the allotted space for studying
2. Strict silence must be maintained inside the library
3. Students wishing to use the computer terminals should obtain permission of the librarian. Use of computers must be for academic purpose only and not for entertainment.

### **5. Photocopier Facility:**

Students can use the photocopying facility for the required academic materials after permission and payment to the Librarian.

### **6. Mobile phones:**

Use of mobile phones in the library is not permitted.

***“The capacity to learn is a gift;  
the ability to learn is a skill;  
the willingness to learn is a choice.”***

***Brian Herbert***

## **Vinayaka Mission's Research Foundation (Deemed to be University)**

### **Administrators**

- **CHANCELLOR** : Dr. A.S. Ganesan
- **PRO-CHANCELLOR** : Dato' Seri. Dr. S. Sharavanan
- **VICE PRESIDENTS** : Mr. J. S. Sathish Kumar  
Mr. N. V. Chandrasekar
- **DIRECTORS** : Mr. K. Jaganathan  
Mr. N. Ramaswamy
- **VICE CHANCELLOR** : Prof. Dr. P.K. Sudhir
- **REGISTRAR** : Prof. Dr. B. Jaykar
- **DIRECTOR (ACADEMICS)** : Prof. Dr. J. Sabarinathan
- **CONTROLLER OF  
EXAMINATIONS** : Dr. C.L. Prabhavathi
- **DIRECTOR (STUDENTS WELFARE)** : Prof. Dr. R.S. Shanmuga Sundaram
- **DIRECTOR (ADMISSIONS)** : Mrs S. Santhana Lakshmi @ Shanthi

### **Hospital & College Administrators**

- **DEAN** : Prof. Dr. K. Ezhil Vendhan, M.S.,
- **MEDICAL SUPERINTENDENT** : Prof. Dr. S.R. Ranga Bashyam, M.D.,
- **DEPUTY DEAN** : Prof. Dr. Deepti Shastri, M.S., MNAMS,
- **DIRECTOR, HOSPITAL DEVELOPMENT COMMITTEE** : Prof. Dr. E.M.J.Karthikeyan, M.S.,
- **DEPUTY MEDICAL SUPERINTENDENT** : Prof. Dr. S. Senthil Priya, M.D.,
- **RMO (Residential Medical Officer)** : Dr. K. Soundararajan, M.S.,

### **Supporting Staff**

- **LIBRARIAN** : Mr. R. Kathirvel, MSc., MLIS, MPhil, PhD.,
- **DEPUTY WARDEN (MALE) (Vikram Sarabhai Hostel)** : Mr. S. Syed Liyakath Ali, M.Sc.(Med. Phy)
- **DEPUTY WARDEN (MALE)** : Dr.M.Mukesh MBBS
- **DEPUTY WARDEN (FEMALE) – Kirupa Hostel** : Dr. Reena Rajan, MSc., (Med Micro), Ph.D.,
- **ASSISTANT WARDEN (FEMALE)** : Mrs Geetha  
Ms. Twinkle Sara David

***“Cultivation of mind  
should be the  
ultimate aim of  
human existence”***

***Babasaheb Ambedkar***

**Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals,  
Seeragapadi, Salem - 636308.**

VINAYAKA MISSION'S RESEARCH FOUNDATION (Deemed to be University)

**ANTI-RAGGING COMMITTEE 2022 – 2023**

Sl. No	Name of the Member	Role in the Committee	Contact No / Mail ID
1.	Prof. Dr. K. Ezhil Vendhan, Dean	Chairperson	96552 18468 dean.vmkvmc@vmu.edu.in
2.	Mr. Rajini Kanth, Civil (Advocate)	Members	93608 38477
3.	Mrs. Thayilnayagi, IPS Rural DSP	Police Administration (SP / Inspector)	74491 00717 dspriralsalem@yahoo.com
4.	Mrs. Amsavalli, Rural –Inspector of Police	Police Administration	94981 68410 a.pattysalem@yhoo.com
5.	Mr. Murugasan, Sub-Inspector of Police (Attayampatti)	Police Administration	94981 03324
6.	Mr. Senthil	Local Media	94981 00980
7.	Mr. Yuvaraj, Blessing Youth Mission	Non –Govt Organization	99437 56835 yuvaraj.bym@gmail.com
8.	Mrs. Devika, Bharathiyar Malaival Makkal Nalvalu Sangam	Non –Govt Organization	97870 88088 devikafaith@gmail.com
9.	Dr. S. R. Ranga Bashyam, Medical Superintendent	Convenor	98941 87784 rangabashyamsr@yahoo.in
10.	Prof. Dr. Deepti Shastri, Deputy Dean	Representative of Faculty	98427 24197 deeptishastrimukherjee@g mail.com
11.	Dr. Karthikeyan E.M.J. Director, Hospital Development Committee Professor of General Surgery	Representative of Faculty	98422 56564 emjkarthik@yahoo.co.in
12.	Dr. S. Senthil Priya, Dy. Medical Superintendent Professor of Obs. & Gyn.	Representative of Faculty	83001 42244 senthilpriya2000@gmail.co m
13.	Dr. J. Sridhar, Prof. & HOD of Surgery	Representative of Faculty	98430 96700 drsridhar2002@yahoo.com
14.	Dr. B. Vignesh, Asst. Professor of Immuno Haematology and Blood Transfusion Red Cross, Coordinator	Youth activities (Red Cross, NSS & Red Ribbon Club)	8838333966 dr.vignesh07@gmail.com
15.	Dr. R. Shankar, Professor of Community Medicine Red Ribbon Club	Youth activities (Red Cross, NSS & Red Ribbon Club)	96553 68498 shnkr_radhakrishnan@yaho o.com
16.	Dr. Gowri Sankar R, Asso. Professor of Pathology NSS Coordinator	Youth activities (Red Cross, NSS & Red Ribbon Club)	98949 57670 gowrishines@gmail.com
17.	Dr. R. Sudha Asso. Professor of Biochemistry	Academic Coordinator I-MBBS	9894401792 sudhabharani76@yahoo.in

18.	Dr. C.K. Vijayasamundeeswari, Professor of Biochemistry	Mentorship Coordinator I-MBBS	9894894445 drvijimani@gmail.com
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21.	Dr. Naveena P, Asso. Prof., Anaesthesia Mentorship Programme	Mentorship Coordinator Final MBBS Part -II	9486198407 naveenasen@gmail.com
22.	Dr. Reena Rajan, Asst. Professor of Microbiology	Dy. Warden, Girls Hostel	98949 90961 <a href="mailto:reenarajan83@gmail.com">reenarajan83@gmail.com</a>
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25.	Ms. Twinkle Sara David Tutor of Anatomy	Dy. Warden, Girls Hostel	8157831729 <a href="mailto:twinklesarah123@gmail.com">twinklesarah123@gmail.com</a>
26.	Mr.Nandana A Raj I MBBS(2021-22)	Representative of Students	94959 69910 <a href="mailto:randanaaraj@gmail.com">randanaaraj@gmail.com</a>
27.	Mr.Naveen Bala.B I MBBS(2021-22)	Representative of Students	93425 52412 <a href="mailto:naveenbala1905@gmail.com">naveenbala1905@gmail.com</a>
28.	Mr. Manoj Kumar Anandan II MBBS (2020 – 2021)	Representative of Students	8148834597 <a href="mailto:rajanand42@gmail.com">rajanand42@gmail.com</a>
29.	Ms. Prithi Nivethitha, II MBBS (2020 – 2021)	Representative of Students	82962 87562 <a href="mailto:prithinivethitha@gmail.com">prithinivethitha@gmail.com</a>
30.	Ms. Lekhana Raj T, III MBBS (2019 – 2020)	Representative of Students	78925 13690 <a href="mailto:lekhanarajthyagaraj@gmail.com">lekhanarajthyagaraj@gmail.com</a>
31.	Mr. Aswin Kumar A, III MBBS (2019 – 2020)	Representative of Students	93607 05946 <a href="mailto:aswinkumarcpt666@gmail.com">aswinkumarcpt666@gmail.com</a>
32.	Ms. Sushma S, Final MBBS Part II	Representative of Students	63692 97877 <a href="mailto:sushmask5106@gmail.com">sushmask5106@gmail.com</a>
33.	Mr. Parthasarathy B. Hariharan, Final MBBS Part II	Representative of Students	97471 56210 <a href="mailto:hariharanpartha@gmail.com">hariharanpartha@gmail.com</a>
34.	Mr. Akash H.R, CRMI	Representative of Students	74115 62800 <a href="mailto:hrakash2@gmail.com">hrakash2@gmail.com</a>
35.	Ms. Sree Kutty, CRMI	Representative of Students	74038 62677,8943903329 <a href="mailto:star7miracle@gmail.com">star7miracle@gmail.com</a>
35.	Mr. K. Arun Kumar, Chief Computer Programmer	Non-teaching Staff	94438 48613 <a href="mailto:karunhari@gmail.com">karunhari@gmail.com</a>
36.	Mr. P. Dhanasekaran, Office Superintendent	Non-teaching Staff	99424 06667 <a href="mailto:dhanabalaji25@gmail.com">dhanabalaji25@gmail.com</a>

**Vinayaka Mission's**  
**Kirupananda Variyar Medical College & Hospitals,**  
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**VINAYAKA MISSION'S RESEARCH FOUNDATION**  
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**ANTI-RAGGING SQUAD (2022 – 2023)**

Sl. No	Name of the Member	Role in the Committee	Contact No / Mail ID
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**Vinayaka Mission's**  
**Kirupananda Variyar Medical College & Hospitals,**  
**Seeragapadi, Salem - 636308.**

**VINAYAKA MISSION'S RESEARCH FOUNDATION**  
**(Deemed to be University)**

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**PREVENTION OF SEXUAL HARASSMENT IN WORK PLACE 2022-23**

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## **COURSE DESCRIPTION**

Every MBBS student shall undergo a period of certified study extending over 4½ academic years followed by one year of compulsory Rotatory internship.

The period of 4½ years is divided into three phases as follows:

### **I.1. Phase I (I MBBS):**

1. Phase I (I MBBS) (11 months) consisting of Foundation Course and Preclinical subjects (Human Anatomy, Physiology, Bio-Chemistry) & introduction to Community Medicine including humanities.

### **I.2. Phase II (II MBBS):**

Phase II (II MBBS) (10 months) consisting of Para-clinical / Clinical subjects.

During this phase teaching of Para-clinical and Clinical subjects shall be done concurrently.

The Para-clinical subjects shall consist of Microbiology, Pathology, Pharmacology and part of Community Medicine.

The clinical subjects shall consist of all those detailed below in Phase III.

### **I.3. Phase III (III MBBS):**

**Part I:** At the end of 11 months of study in Phase III the candidate shall be examined in four subjects namely Forensic Medicine including Toxicology, Ophthalmology, Otorhinolaryngology and Community Medicine in the Part I examination of III M.B.B.S.

**Part II:** At the end of 13 months of study in Phase III the candidate shall be examined in four subjects namely Medicine, Surgery, Obstetrics and Gynaecology and Pediatrics in the Part II examination of III M.B.B.S.

## **II . Record Note books / Log Books :**

Every student must maintain a record of the Practical / Clinical work assigned to him / her in the record note books.

Students should also maintain log books for :

1. Academic activities
2. AETCOM

These shall be submitted periodically to the respective Professors. At the end of the course the Practical / Clinical case record note books shall be submitted to the Heads of the departments who shall evaluate and include the marks in the Internal assessment.

At the time of Practical / Clinical examination each candidate shall submit to the Examiner his / her Clinical / Laboratory record note books duly certified by the Head of the department as a bonafide record of the work done by the candidate.

In respect of failed candidates the marks awarded for records at the first attempt may be carried over to the next examination attempt. If a candidate desires he/she may be permitted to improve on the performance by submission of fresh record note books.

**Integration:** Each of the departments shall provide integrated teaching with pre-clinical, para-clinical and clinical departments to expose the students to the full range of disciplines relevant to each area of study. Problem Based Learning (PBL) shall be emphasized.

## **III. Internal Assessment:**

- a. A minimum of three written examinations shall be conducted in each subject during an academic year and the average marks of the two best performances shall be taken into consideration for the award of internal assessment marks. Assignments completed by candidates as home work or vacation work may also be considered.
- b. A minimum of three practical / clinical examinations shall be conducted in each subject during an academic year and the average marks of the two best performances shall be taken into consideration for the award of internal assessment marks. Mark awarded for maintenance of records & log books shall be included in the internal assessment of practical / clinical performance.
- c. A failed candidate in any subject shall be provided an opportunity to improve his / her internal assessment marks by conducting retests in theory and practical separately and the average of theory and practical shall be considered for improvement.
- d. The internal assessment marks awarded both in written and practical / clinical separately shall be submitted to the University endorsed by the head of the institution atleast fifteen days prior to the commencement of the theory examinations.
- e. A candidate should obtain a minimum of 50 % of marks in internal assessment in a subject to be permitted to appear for the University examination in that subject. For this purpose the candidate has to obtain a minimum of 40 % of marks in theory and practical / clinical separately.

## **IV. Competitive Prize Exams:**

Students who pass all the internal assessment examinations with more than 60% marks are eligible to appear for competitive prize exams in the subjects concerned conducted by the respective departments.

**V. Advanced Learners** in each subject are encouraged and trained to participate in scientific conferences, dissertation competitions and quizzes.

## **VI. University Examinations**

### **1. University exam marking pattern**

<b>Phase of Course</b>	<b>Written – Theory Total</b>	<b>Practicals / Orals / Clinicals</b>	<b>Pass Criteria</b>
<b>First Professional</b>			<b><u>Internal Assessment</u></b> 50% combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations <b><u>University Examination</u></b> Mandatory 50% marks in theory and practical (practical = Practical/Clinical + Viva) (theory = theory paper(s) only)  Internal assessment marks are not to be added to marks of the University examinations and should be shown separately in the grade card.
Human Anatomy – 2 papers	200	100	
Physiology- 2 papers	200	100	
Biochemistry – 2 papers	200	100	
<b>Second Professional</b>			
Pharmacology- 2 papers	200	100	
Pathology – 2 papers	200	100	
Microbiology – 2 papers	200	100	
<b>Third Professional Part -I</b>			
Forensic Medicine & Toxicology – 1 paper	100	100	
Ophthalmology -1 paper	100	100	
Otorhinolaryngology – 1 paper	100	100	
Community Medicine – 2 papers	200	100	
<b>Third Professional Part -II</b>			
General Medicine – 2 papers	200	200	
General Surgery – 2 papers	200	200	
Pediatrics – 1 paper	100	100	
Obstetrics & Gynaecology -2 papers	200	200	

### **2. Exemption in passed subjects:**

Candidates who fail in an examination but obtain pass mark in any subject shall be exempted from re-examination in that subject.

### **3. Criteria for Progression to Phase II:**

1. Examination pattern will include theory examination, practical / clinical examination and viva / oral examination.
2. There shall be one main examination in an academic year and a supplementary to be held not later than 90 days, after the declaration of the results of the main examination.
3. Passing in First MBBS Professional examination is compulsory before proceeding to Phase II training.
4. A maximum number of four permissible attempts would be available to clear the first professional university examination, whereby the first professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any university examination shall be counted as an availed attempt.
5. A learner shall not be entitled to graduate after 10 years of his/her joining of the first year of the MBBS course.



**1. Classification of successful candidates**

- a) A successful candidate securing 75 % or above of the marks in the aggregate in any subject in the first appearance will be declared to have passed the examination in that subject with distinction.
- b) First class may be awarded to such candidates who have passed all the subjects at the first appearance and obtained 60 % of marks and above in the aggregate of all the subjects he/she had appeared in the particular phase of the MBBS course.
- c) Candidates who have passed all the subjects at the first appearance and obtained 75 % of marks and above in all the subjects he/she had appeared shall be awarded first class with distinction.
- d) All other successful candidates shall be declared to have passed in second class.

**2. Attendance required for admission to examination:**

- a) No candidate shall be permitted to any one of the parts of MBBS Examinations unless he / she has attended the course in the subject for the prescribed period in an affiliated institution recognised by this University and produces the necessary certificate of study, attendance and progress from the Head of the Institution.
- b) A candidate is required to put in minimum attendance of 75% in theory and 80% in practical in each subject before admission to the examination.
- c) A candidate lacking in the prescribed attendance and progress in any one subject in the first appearance shall be denied admission to the entire examinations.
- d) Failed candidates who are not promoted to the next phase of study are required to put in minimum attendance of 75% in theory and 80% in practical during the extended period of study before appearing for the next examination. Students who fail in the supplementary examination will take up exams with next academic year batch.

**VII. Awards:**

- a) Certificates of Merit are awarded to the students securing the overall highest marks in all the internal assessment exams.
- b) Prizes are awarded to students scoring the highest marks in the competitive prize exams conducted by various departments.
- c) Proficiency certificates are awarded to the students securing the highest marks in each subject in the University examinations.
- d) The student securing the highest overall marks throughout the course of MBBS study (regular students) in the University exams - institution as well as university ranking, is presented with the Dr. A. Shanmugasundaram - The Founder Chancellor, VMRF(DU)'s, Gold Medal for the BEST OUTGOING STUDENT award.

**VIII. Working Days:**

Each academic year consists of approximately 240 teaching days. Each day comprises of 8 working hours including an hour's interval for lunch. The teaching hours are divided between didactic lectures, practicals, demonstrations, seminars, symposia, Small Group Teaching (SGT), Self Directed Learning (SDL), Early Clinical Exposure (ECE), Integrated Learning (IGL) in various subjects and AETCOM.

**Parents-Teachers Face – To – Face and Virtual Communication :**

Parents are encouraged to communicate with the faculty regarding the progress of their wards. Parents-Teachers Meetings are arranged by the departments including Face-To –Face as well as by virtual communication.

**Rural Health Centre:**

The VMKV Medical College & Hospitals runs a Rural Health Centre by the Community Medicine Department. In addition, two Government Primary Health Centres are also attached to the institution.

**III MBBS Part I - Teaching Hours Distribution is as follows :**

Subjects	Teaching Hours	Tutorials/ Seminars /Integrated Teaching (hours)	Self- Directed Learning (hours)	Total (hours)
General Medicine	25	35	5	65
General Surgery	25	35	5	65
Obstetrics and Gynecology	25	35	5	65
Pediatrics	20	30	5	55
Orthopaedics	15	20	5	40
Forensic Medicine and Toxicology	25	45	5	75
Community Medicine	40	60	5	105
Dermatology	20	5	5	30
Psychiatry	25	10	5	40
Respiratory Medicine	10	8	2	20
Otorhinolaryngology	25	40	5	70
Ophthalmology	30	60	10	100
Radiodiagnosis and Radiotherapy	10	8	2	20
Anesthesiology	8	10	2	20
Clinical Postings*	-	-	-	756
Attitude, Ethics & Communication Module (AETCOM)		19	06	25
Total	303	401	66	1551

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

*“Education is not preparation for life;  
education is life itself.*

***John Dewey***

### Time Table - Final MBBS Part I / Phase III – Part I MBBS

	8.30 -11.30 AM	11.30-12.30 PM	12.30 - 1.15 PM	1.15 – 2.15 PM	2.15 – 3.15 PM	3.15 – 4.15 PM
MONDAY	CLINICAL POSTINGS / SKILL LABS	GENERAL MEDICINE (Tutorial & SDL) / Psychiatry (Theory / SGT)	LUNCH	O & G Theory / Paediatrics (Theory / SDL)	COMMUNITY MEDICINE (Theory / SGT)	Radiology (Theory / SGT / SDL) & Anaesthesiology (Theory / SGT / SDL)
TUESDAY		General Surgery (Tutorial & SDL) / Psychiatry (Theory / SGT)		ENT (Theory / SDL) / Ortho (SGT / SDL)	OPHTHALMOLOGY (Theory / SGT) till July 2023 GENERAL MEDICINE (Theory) from August 2023	Psychiatry (Theory / SGT / SDL)
WEDNESDAY		Paediatric (SGT / SDL) / Ortho (Theory)		OPHTHALMOLOGY (SGT & SDL)	FORENSIC MEDICINE PRACTICALS / SGT, Library 1 hr	
THURSDAY		Forensic Medicine (Theory / SDL)		ENT (Theory / SGT)	COMMUNITY MEDICINE (Theory / SGT) (Till June 2023)/ General Surgery (Theory) (from July 2023)	Dermatology (Theory / SGT / SDL)/ Ortho (Theory / SGT)
FRIDAY		O & G (SGT / SDL)		OPHTHALMOLOGY (Theory / SGT)	COMMUNITY MEDICINE – (SGT / SDL)	*3rd Friday Mentorship
1 <sup>ST</sup> & 3 <sup>RD</sup> SATURDAY		Respiratory Medicine (Theory / SGT / SDL)		AETCOM – (March, April) 3 hrs IA – May to November 2023 (ENT/OPHTHAL/CM) on rotation		
5 <sup>TH</sup> SATURDAY		IA – Forensic Medicine				

**\* Friday 3.15 to 4.15 PM: 1st & 4th Fri – Sports / Extra curricular activities, 3rd Fri – Mentorship program**

**\*Saturdays:**

**1st & 3rd SATURDAY - AETCOM (March, April) & IA – May to November (ENT/OPHTHAL/CM) on rotation**

**5th SATURDAY - IA – Forensic Medicine (Morning session) 9.30 – 12.30 PM**

**2nd SATURDAY - AETCOM in March (9 am to 2 pm)**

**4th SATURDAY - Clinical postings in the morning 8.30 – 11.30 AM, AETCOM in February & April (11.30 am to 05.00 pm)**

**Vinayaka Mission's**  
**Kirupananda Variyar Medical College & Hospital,**  
**Seeragapadi, Salem- 636 308.**  
**VINAYAKA MISSION'S RESEARCH FOUNDATION**  
**(Deemed To Be University)**

**Final MBBS Part I MBBS Degree Exam pattern for Community Medicine**

<b>Theory Paper I</b>	<b>-</b>	<b>100 Marks</b>
<b>Theory Paper II</b>	<b>-</b>	<b>100 Marks</b>
<b>Practicals</b>	<b>-</b>	<b>80 Marks</b>
<b>Viva</b>	<b>-</b>	<b>20 Marks</b>

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**300 Marks**  
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**Theory Question pattern - 100 Marks**

Type of question	Numbers X Marks	Total marks
<b><u>Section – A</u></b>		
Multiple Choice Questions	20 X 1	20
<b><u>Section – B</u></b>		
Long Answer Questions	2 X 15	30
Short Answer Questions	6 X 5	30
Brief Answer Questions	10 X 2	20
<b>Total</b>		<b>100</b>

**Eligibility to appear for university exams**

Internal Assessment (Theory + Practicals)	50% [Theory - minimum 40% Practicals- minimum 40%]
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**INTERNAL ASSESSMENT**  
**100 marks**

<b>Theory (50 marks)</b>	<b>Practicals (50 marks)</b>
Theory (IA Marks+ Model exam marks) <b>40 Marks</b>	Practicals (IA Marks+ Model exam marks) <b>30 Marks</b>
Log Book – Theory  Seminar – 2 marks SDL – 3 marks AETCOM – 3 marks Assignments – 2 marks <b>10 Marks</b>	Log Book – Practicals Certifiable competencies – 8 marks Research projects (ICMR / Conferences) – 2 marks <b>10 Marks</b>
	Records <b>10 Marks</b>
<b>Total = 50 marks</b>	<b>Total = 50 marks</b>

**Criteria for pass in University exams**

Theory	50% (Each Paper minimum 40%)
Practicals + Viva	50 %

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**VINAYAKA MISSION'S RESEARCH FOUNDATION**  
**(Deemed To Be University)**

**Final MBBS Part I MBBS Degree Exam pattern for Forensic Medicine, Ophthalmology & ENT**

<b>Theory Paper I</b>	<b>-</b>	<b>100 Marks</b>
<b>Practicals</b>	<b>-</b>	<b>80 Marks</b>
<b>Viva</b>	<b>-</b>	<b>20 Marks</b>

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**200 Marks**  
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**Theory Question pattern - 100 Marks**

<b>Type of question</b>	<b>Numbers X Marks</b>	<b>Total marks</b>
<b><u>Section – A</u></b>		
Multiple Choice Questions	20 X 1	20
<b><u>Section – B</u></b>		
Long Answer Questions	2 X 15	30
Short Answer Questions	6 X 5	30
Brief Answer Questions	10 X 2	20
<b>Total</b>		<b>100</b>

**Eligibility to appear for university exams**

Internal Assessment (Theory + Practicals)	50% [Theory - minimum 40% Practicals- minimum 40%]
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**INTERNAL ASSESSMENT**  
**100 marks**

<b>Theory (50 marks)</b>	<b>Practicals (50 marks)</b>
Theory (IA Marks+ Model exam marks) <b>40 Marks</b>	Practicals (IA Marks+ Model exam marks) <b>30 Marks</b>
Log Book – Theory  Seminar – 2 marks SDL – 3 marks AETCOM – 3 marks Assignments – 2 marks <b>10 Marks</b>	Log Book – Practicals Certifiable competencies – 8 marks Research projects (ICMR / Conferences) – 2 marks <b>10 Marks</b>  Records <b>10 Marks</b>
<b>Total = 50 marks</b>	<b>Total = 50 marks</b>

**Criteria for pass in University exams**

Theory	50% (Each Paper minimum 40%)
Practicals + Viva	50 %

# **Academic Plan**

## **I. Forensic Medicine & Toxicology**

### **1. Goal :**

Well informed about medicolegal responsibilities in practice of medicine .  
Acquire knowledge of law in relation to medical practice , medical negligence and respect for codes of medical ethics .

### **II. Competencies :**

The learner must demonstrate :

1. undergoing of medicolegal responsibilities of physician in primary and secondary care settings.
2. Understanding of the rational approach to the investigation of crime , based on scientific and legal principles.
3. Ability to manage medical and legal issues in cases of poisoning /overdose.
4. Understanding of code of conduct and medical ethics.

### **III. Objectives :**

#### **A. Knowledge :**

At the end of the course student shall be able to:

1. Identify the basic medico legal aspects of hospital & general practice.
2. Define the medico legal responsibilities of a general physician while rendering community service either in a rural primary health center or an urban health center.

#### **B. Skills**

At the end of the course the student shall be able to:

1. Make observations & inferences in order to initiate enquiries in criminal matters & Medicolegal problems.
2. Diagnose & treat common emergencies in poisoning & manage chronic toxicity.
3. Make observations & interpret findings @ postmortem examination.
4. Observe the principles of medical ethics in the practice of his profession

#### **C. Affective Domain**

1. Should be able to function as a part of a team, develop an attitude of cooperation with colleagues, and interact with the clinician or other colleagues to provide the best possible opinion.
2. Should be able to follow ethical principles in dealings with patients, police personnel, relatives and other health personnel and to respect their rights.
3. Follow medical etiquettes in dealing with each other.
4. Develop communication skills to word reports and professional opinion as well as to interact with patients, relatives, peers and paramedical staff, and for effective teaching.

#### **D. Integration**

Integrated approach towards allied disciplines like Pathology, Radiology. Forensic Sciences, hospital Administration etc, to impart training regarding medico legal responsibilities of physicians @ all levels of health care. Integration with relevant disciplines will provide scientific basis of clinical toxicology, eg. medicine, pharmacology, etc.

University Examination Pattern, Theory & Practical	
THEORY	100
PRACTICAL	80
VIVA	20
<b>TOTAL</b>	<b>200</b>

INTERNAL ASSESMENT	
Theory (50 marks)	Practical (50 marks)
Theory (model exam marks +IA marks) <b>40 marks</b>	Practical (IA marks +model exam marks) <b>30 marks</b>
Log book (Theory, SDL, vertical integration) <b>5 marks</b>	Log book (Skill certification)+Record Note Book <b>10+5 marks</b>
Attitude, Discipline & Behavior <b>5 marks</b>	Participation in Quiz, Podium/Poster presentation/ Research activities <b>5 marks</b>
Total <b>50 marks</b>	Total <b>50 marks</b>

## BLUE PRINT OF QUESTION PAPER

### THEORY EXAMINATION PATTERN:

Marks distribution:

Type of question	Number x marks	Total marks
Multiple choice questions	20x 1	20
Long answer questions	2x15	30
Short answer questions	6x5	30
Brief answer questions	10x2	20

**Total**

**100 marks**

### Note to exam paper setters:

- Multiple Choice Questions (MCQs)** (20X1=20 Marks) - Any 5 MCQs out of 20 in each paper should be case scenario based.
- Long Answer Question (LAQ)** (2X10=20 Marks) - One Long Answer Question (LAQ) must be a problem based structured question and the second LAQ must be a structured question
- Short answer questions (SAQ)** 6X5=30 - Various levels of cognitive domain must be considered as follows

Level of cognitive domain	Number of questions	Marks
Knowledge	2	2x5=10
Comprehension	1	1x5=5
Application	1	1x5=5
Analysis	2	2x5=10



**D. Brief answer questions (VSAQ) 10X2=20** - Various levels of cognitive domain must be considered as follows

Level of cognitive domain	Number of questions	Marks
Knowledge	4	4x2=8
Comprehension	2	2x2=4
Application	2	2x2=4
Analysis	2	2x2=4

**Percentage of marks allotted to various levels of cognitive domains: (SAQ&VSAQ)**

Level of cognitive domain	Marks	Percentage
Knowledge	18	36
Comprehension	09	18
Application	09	18
Analysis	14	28

**Percentage of questions from various standards of the syllabus**

Standard	Percentage
Must know	60
Desirable to know	30
Nice to know	10

**Distribution of marks:**

Section	chapters	Total Marks allotted
1	<b>Medical Jurisprudence with AETCOM</b>	15
2.	<b>Forensic Pathology</b>	25
3	<b>Sexual Jurisprudence</b>	20
4	<b>Forensic science &amp; Recent advancements</b>	5
5	<b>Forensic Psychiatry</b>	5
6	<b>Toxicology</b>	30
	Total	100

### Blue Print of the Question Paper

S. NO	TOPIC	LEVEL *	MCQ	LAQ	SAQ	VSAQ
1	Legal Procedure	K/C	✓		✓	✓
2	Medical Law & Ethics	E/AS/AP	✓	✓	✓	✓
3	Identification	K/C/AP	✓	✓	✓	✓
4	Medico Legal Autopsy	K/C			✓	✓
5	Death & its causes	K/C	✓		✓	✓
6	Post Mortem Changes	K/C/AP	✓	✓	✓	✓
7	Mechanical Injuries	K/C	✓	✓	✓	✓
8	Regional Injuries	K/C	✓	✓	✓	✓
9	Medico legal aspects of wounds	K/C	✓		✓	✓
10	Thermal Deaths	K/C/AP	✓	✓	✓	✓
11	Starvation	K/C	✓		✓	
12	Mechanical Asphyxia	K/C/AP	✓	✓	✓	✓
13	Anaesthetic & Operative deaths	K/C				✓
14	Impotence & Sterility	K/C	✓	✓	✓	✓
15	Virginity, Pregnancy & Delivery	K/C/AP	✓		✓	✓
16	Abortion	K/C/AP	✓	✓	✓	✓
17	Sexual offences	AS/AP/K/C	✓	✓	✓	✓
18	Infant Deaths	K/C/AP	✓		✓	✓
19	Blood stains	K/C			✓	✓
20	Artefacts	K/C			✓	✓
21	Forensic Science Laboratory	K/C/AP			✓	✓
22	Forensic Psychiatry	K/C/AP	✓		✓	✓
23	General Toxicology	K/C	✓	✓	✓	✓
24	Agricultural Poisons	K/C/AP	✓	✓	✓	✓
25	Corrosive Poisons	K/C/AP	✓		✓	✓
26	Metallic Poisons	K/C/AP	✓	✓	✓	✓
27	Inorganic Irritant Poisons	K/C	✓		✓	✓
28	Organic irritant Poisons	K/C/AP	✓	✓	✓	✓
29	CNS depressants	K/C/AP/AS	✓	✓	✓	✓
30	Psychotropic Drugs	K/C	✓		✓	✓
31	Deliriant Poisons	K/C/AP	✓	✓	✓	✓
32	Drug dependence	K/C/AP	✓		✓	✓
33	Spinal poisons	K/C/AP	✓		✓	✓
34	Cardiac Poisons	K/C/AP	✓		✓	✓
35	Asphyxiants	K/C/AP/AS	✓	✓	✓	✓
36	Miscellaneous Poisons	K/C			✓	✓
37	Food poisoning	K/C			✓	✓

\*

<b>LEVEL</b>	<b>SUGGESTED VERBS</b>
Knowledge (K)	Define, describe, Draw, Find, Enumerate, Cite, Name, Identify, List, label, Match, Sequence, Write, State
Comprehension (C)	Discuss, Conclude, Articulate, Associate, Estimate, Rearrange, Demonstrate understanding, Explain, Generalize, Identify, Illustrate, Interpret, Review, Summarize
Application (AP)	Apply, Choose, Compute, Modify, Solve, Prepare, Produce, Select, Show, Transfer, Use
Analysis (AS)	Analyze, Characterize, Classify, Compare, Contrast, Debate, Diagram, Differentiate, Distinguish, Relate, Categorize
Synthesis (S)	Compose, Construct, Create, Verify, Determine, Design, Develop, Integrate, Organize, Plan, Produce, Propose, Rewrite
Evaluation (E)	Appraise, Assess, Conclude, Critic, Decide, Evaluate, Judge, Justify, Predict, Prioritize, Prove, Rank

## PRACTICAL EXAMINATION PATTERN:

### Major exercises 2x15 =30

1. Drunkenness certificate
2. Age & Sex Determination from bones & X rays and dental examination

### Minor exercises 3x5=15

1. Fetus examination
2. Examination of sexual assault victim/potency
4. MCCD

### Objective Structured Practical Examination (OSPE): 3X5 = 15 marks

1. Viscera packing – Manned station	5 marks
2. Trace evidence collection, packing & forwarding – Manned station	5 marks
3. wound certificate-unmanned station	5 marks
<b>Total</b>	<b>15 marks</b>

### Spotters 10x2=20

Photo	Wet Specimen
Photo	Wet Specimen
photo	Poisonous Plants
Weapon	Poisonous Plants
Weapon	Poisonous seeds

### VIVA VOCE EXAMINATION

<b>TOTAL MARKS</b>	<b>20 marks</b>
<b>Forensic Pathology</b>	5
<b>Sexual Jurisprudence</b>	5
<b>Medical Jurisprudence with AETCOM , Forensic science &amp; Recent advancements , Forensic Psychiatry</b>	5
<b>Toxicology</b>	5

### Books Recommended

#### Recommended

1. The Essentials of Forensic Medicine and Toxicology - Narayan Reddy
2. Textbook of Forensic Medicine and Toxicology – Krishan Vij
3. Textbook of Forensic Medicine – V V Pillay

#### References

1. Forensic Medicine and Toxicology – Anil Aggarwal
2. Principles and Practice of Forensic Medicine – B Umadethan

## **II. Ophthalmology**

### **I. Goal :**

The broad goal of the teaching of students in Ophthalmology is to provide such knowledge and skills to the students that shall enable him/her to practice as a clinical and as a primary eye care physician and also to function effectively as a community health leader to assist in the implementation of National Programme for the prevention of blindness and rehabilitation of the visually impaired.

### **II. Competencies :**

The student must demonstrate:

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

### **III. Objectives :**

#### **A. Knowledge :**

At the end of the course student will have knowledge of:

- a. Common problems affecting the eye
- b. Principles of management of major ophthalmic emergencies
- c. Main systemic diseases affecting the eye
- d. Effects of local and systemic diseases on patient's vision and the necessary action required to minimize the sequelae of such diseases
- e. Adverse drug reactions with special reference to ophthalmic manifestations
- f. Magnitude of blindness in India and its main causes
- g. National Programme of control of blindness and its implementation at various levels
- h. Eye care education for prevention of eye problems
- i. Role of primary health centre in organization of eye camps
- j. Organisation of primary health care and the functioning of the ophthalmic assistant
- k. Integration of the national programme for control of blindness with the other national health programmes
- l. Eye bank organization

#### **B. Skills**

At the end of the course the student will be able to:

- a. Elicit a history pertinent to general health and ocular status
- b. Assist in diagnostic procedure such as visual acuity testing, examination of eye, Schiotz tonometry, staining for corneal pathology, confrontation perimetry, subjective refraction including correction of various refractive errors presbyopia and aphakia, direct ophthalmoscopy and conjunctival smear examination and cover test
- c. Diagnose and treat common problems affecting the eye

- d. Interpret ophthalmic signs in relation to common systemic disorders
- e. Assist/observe therapeutic procedures such as sub-conjunctival injection, corneal/conjunctival foreign body removal, povidone iodine cautery for corneal ulcers, nasolacrimal duct syringing and tarsorrhaphy
- f. Provide first aid in major ophthalmic emergencies
- g. Assist to organize community surveys for visual checkup
- h. Assist to organize primary eye care service through primary health centres
- i. Use effective means of communication with the public and individual to motivate for surgery in cataract and for eye donation
- j. Establish rapport with his/her seniors, colleagues and paramedical workers, so as to effectively function as a member of the eye care team

### **C. Affective Domain**

At the end of the course the student shall be able to:

- a. Communicate effectively
- b. Work as a member of a team
- c. Complete and submit assignments in time
- d. Solve clinical problems with Ophthalmological basis
- e. Follow work ethics

### **D. Integration**

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

**DEPARTMENT OF OPHTHALMOLOGY**  
**UNIVERSITY EXAMINATION PATTERN**  
**III MBBS- OPHTHALMOLOGY**

<b>Theory paper</b>	100 marks
<b>Practicals</b>	80 marks
<b>Viva</b>	20 marks
<b>Total</b>	200 marks

**BLUEPRINT OF QUESTION PAPER**

**1. THEORY EXAMINATION PATTERN**

1.1 General theory question paper pattern:

One paper of 3 hours duration and carrying 100 marks.

1.2 Marks distribution:

Type of question	Number X Marks	Total marks
<b>Multiple choice questions (MCQ)</b>	20 X 1	20
<b>Long answer questions (LAQ)</b>	2 X 15	30
<b>Short answer questions (SAQ)</b>	6 X 5	30
<b>Brief answer questions (BAQ)</b>	10 X 2	20
<b>Total</b>		100

Question Paper Blueprint

S. No.	Topic	LAQ (15)	SA Q (5)	BAQ (2)	MCQ (1)	Weightage (%)	Total mark (100 )
1.	Visual acuity assessment		✓	✓	✓	10.17	

2.	<b>Lids, adnexa &amp; orbit</b>		✓	✓	✓	6.78	
3.	<b>Conjunctiva</b>		✓	✓	✓	10.17	
4.	<b>Cornea</b>	✓	✓	✓	✓	15.26	
5.	<b>Sclera</b>		✓	✓	✓	1.69	
6.	<b>Iris &amp; anterior chamber (Glaucoma, uvea)</b>	✓	✓	✓	✓	15.26	
7.	<b>Lens</b>	✓	✓	✓	✓	15.26	
8.	<b>Retina &amp; optic nerve</b>	✓	✓	✓	✓	15.26	
9.	<b>Miscellaneous (community ophthalmology, strabismus, ocular injury)</b>		✓	✓	✓	3.39	
10.	<b>Integration (Anatomy, Physiology, Biochemistry, Pathology, Community medicine, General medicine)</b>			✓	✓	1.69	
11.	<b>AETCOM (5 MARKS)</b>		✓			5	

\*Total marks allocation is for 100



**LAQs, SAQs, BAQs & MCQs marks allocation is as shown below: (Total- 100 marks)**

- 2 LAQs of 15 marks each from S. No. 4,6,7,8
- 6 SAQs of 5 marks each from S.No. 1 to 9 & 11
- 10 BAQs of 2 marks each from S.No. 1 to 10
- 20 MCQs of 1 mark each from S. No. 1 to 10

**Note to exam paper setters: (Ref.: GMER 2019 – Assessment)**

**Multiple choice questions (MCQs)** (20 x 1 = 20 marks), (PB MCQ – 6 Questions)

**Long answer questions(LAQs)** (2 x 15 = 30 marks)

One LAQ must be a problem based structured question and the second LAQ must be a structured question.

**Short answer questions (SAQ) (6 x 5 = 30 marks)**

Various levels of cognitive domain must be considered as follows:

Level of cognitive domain	Number of questions	Marks
Knowledge	2	2x5=10
Comprehension	1	1x5=5
Application	1	1x5=5
Analysis	2	2x5=10

**Brief answer questions (BAQ) (10 x 2 = 20 marks)**

Various levels of cognitive domain must be considered as follows:

Level of cognitive domain	Number of questions	Marks
Knowledge	4	4x2=8
Comprehension	2	2x2=4
Application	2	2x2=4
Analysis	2	2x2=4

**Percentage of questions from various standards of the syllabus:**

Standard	Percentage (%)
Must know	60
Desirable to know	30
Nice to know	10

**UNIVERSITY PRACTICAL EXAMINATION PATTERN – 100 MARKS**  
**( Practicals – 80 marks & Viva voce – 20 marks )**

**PRACTICALS – 80 MARKS**

1. 1 Long case – 30 marks
- 2 . 2 Short cases- 30 marks ( 15+ 15 )
3. OSCE – 10 marks
4. Log book – 10 marks

**VIVA VOCE – 20 marks:-**

<b>Total marks</b>	<b>20 marks</b>
Refraction	5 marks
Instruments	5 marks
Systemic ophthalmology	5 marks
Community ophthalmology	5 marks

**Eligibility to appear for university exams**

Internal assessment ( theory + practicals )	50% combined in theory & practical ( not less than 40 % in each )
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**Criteria for pass in university exams**

Theory – mandatory 50 % marks in theory & practicals  
 (practical = practical / clinical + viva )  
 (theory = theory paper only)

**7.7. Books Recommended**

- 1) Parson's diseases of the eye
- 2) Comprehensive Ophthalmology- AK Khurana
- 3) Essentials of Ophthalmology- Samar K Basak
- 4) Basic Ophthalmology- Renu Jogi
- 5) Principles and Practice of Ophthalmology - Albert and Jakobiec's

### **III.. Otorhinolaryngology (ENT)**

#### **I. Goal :**

The Broad Goal of the teaching of Undergraduate students in otorhinolaryngology is that the undergraduate students have acquired adequate knowledge and skills for optimally dealing with common disorders and emergencies and principles of rehabilitation of impaired hearing.

#### **II. Competencies :**

The Learner must demonstrate;

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

#### **III. Objectives :**

##### **A. Knowledge :**

At the end of the course student shall be able to:

- a. Describe the basic patho-physiology of common ENT diseases and emergencies.
- b. Adopt the rational use of commonly used drugs, Keeping in mind their adverse reactions.
- c. Suggest Common investigative procedures and their interpretation.

##### **B. Skills**

At the end of the course the student shall be able to:

- a. Examine and Diagnose common ENT problems including the Pre – Malignant and Malignant Disorders of the Head and Neck.
- b. Manage the ENT problems at the first level of care and be able to refer whenever necessary.
- c. Assist/ Carry out minor surgical procedures like Ear Syringing, Ear Dressing, Nasal packing and removal of Foreign Bodies.
- d. Assist in certain Procedures such as tracheotomy, Endoscopies and removal of foreign Bodies.

##### **C. Affective Domain:-** At the end of the course the students shall be able to

- a) Communicate effectively as an individual and in a team.
- b) Obtain informed consent from patients.
- c) Solve clinical problems with scientific medical basis.
- d) Demonstrate professionalism, care for the patients with sound ethical behaviour.
- e) Interact with patients, diagnose and manage patients in a socially responsive manner.
- f) Break bad news to patient's, relatives/ attenders in a calm composed manner.
- g) Respect patients values and decisions.

**D. Integration**

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

**UNIVERSITY EXAMINATION PATTERN  
ENT**

Theory Paper	100 Marks
Clinicals	100 Marks
<b>Total</b>	<b>100 Marks</b>

<b>INTERNAL ASSESSMENT 100 marks</b>	
<b>Theory (50 marks)</b>	<b>Practicals (50 marks)</b>
Theory (IA Marks+ Model exam marks) <b>40 Marks</b>	Practicals (IA Marks+ Model exam marks) <b>30 Marks</b>
Log Book – Theory (Seminar, Vertical Integration, SDL,) <b>10 Marks</b>	Log Book – Clinicals (Certifiable competencies, research projects, conferences) <b>10 Marks</b>
	Record <b>10 Marks</b>
<b>Total = 50 marks</b>	<b>Total = 50 marks</b>

## **BLUEPRINT OF QUESTION PAPER I.**

### **THEORY EXAMINATION PATTERN**

#### **I. 1. General Theory Question Paper Pattern:**

One paper of 3 hours duration and carrying 100 marks each.

#### **I.2. Marks distribution for each paper:**

Type of question	Numbers X Marks	Total marks
Multiple Choice Questions	20 X 1	20
Long Answer Questions (LAQ)	2 X 15	30
Short Answer Questions (SAQ)	6 X 5	30
Brief Answer Questions (BAQ)	10 X 2	20
<b>Total</b>		<b>100</b>

#### **I.3. Note to exam paper setters (Ref.: GMER 2019- Assessment)**

I.4.A Multiple Choice Questions (MCQs) (20X1=20 Marks)
Any 5 MCQs out of 20 in each paper to be case scenario based.
I.4.B Long Answer Question (LAQ) (2X15=30 Marks)
One Long Answer Question (LAQ) must be a problem based structured question and the second LAQ must be a structured question.

**I.4.C Short Answer Question (SAQ) (6X5=30 Marks)**

Various Levels of Cognitive Domain must be considered as follows:

<b>Level of cognitive domain</b>	<b>Number of questions</b>	<b>Marks</b>
Knowledge	2	2X5=10
Comprehension	1	1X5=5
Application	1	1X5=5
Analysis	2	2X5=10

**I.4.D Brief Answer Question (BAQ) (10X2=20 Marks)**

Various Levels of Cognitive Domain must be considered as follows:

<b>Level of cognitive domain</b>	<b>Number of questions</b>	<b>Marks</b>
Knowledge	4	4X2=8
Comprehension	2	2X2=4
Application	2	2X2=4
Analysis	2	2X2=4

**I.4.E Percentage of marks allotted to various levels of cognitive domains:**

<b>Level of cognitive domain</b>	<b>Marks (Total=50)</b>	<b>Percentage (%)</b>
Knowledge	18	36
Comprehension	09	18
Application	09	18
Analysis	14	28

1.4.F Percentage of questions from various standards of the syllabus:

<b>Standard</b>	<b>Percentage (%)</b>
Must Know	60
Desirable to Know	30
Nice to Know	10

**2. Question Paper Blue Print**

<b>S. No.</b>	<b>Topics</b>	<b>Long Answer Question (LAQ) (2x15=30 marks)</b>	<b>Short Answer Question (SAQ) (6x5=30 marks)</b>	<b>MCQ (20x1=20 marks)</b>	<b>Brief Answer Question (BAQ) (10x2=20 marks)</b>	<b>Total Marks</b>
1.	EAR	Two Questions from the 4 systems.	1X5=5	4X1=4	2X2=4	13-28
2.	NOSE		1X5=5	4X1=4	2X2=4	13-28
3.	PHARYNX		1X5=5	4X1=4	2X2=4	13-28
4.	LARYNX		1X5=5	4X1=4	2X2=4	13-28
5.	ORAL CAVITY , SALIVARY GLANDS	-	1X5=5	2X1=2	1X2=2	9
6.	NECK , OESOPHAGUS	-	1X5=5	2X1=2	1X2=2	9
	<b>Total</b>	<b>30</b>	<b>30</b>	<b>20</b>	<b>20</b>	<b>100</b>

### **3. CLINICAL EXAMINATION PATTERN    Total-100 Marks**

#### **3.1                      Clinical Examination Marks: 100 marks**

<b>3.1   Clinical Examination Marks: 100 marks</b>	
<b>Clinical Cases</b>	<b>60 marks</b>
<b>Objective Structured Clinical Examination (OSCE)</b>	<b>20 marks</b>
<b>VIVA VOCE</b>	<b>20 marks</b>
<b>Total</b>	<b>100 marks</b>

#### **3.2**

<b>Clinical Cases</b>	
LONG CASE-1	1X30 =30 marks
SHORT CASE-2	2X15 =30 marks
<b>Total</b>	<b>60 marks</b>

<b>3.3   Objective Structured Clinical Examination (OSCE)</b>	
History Taking	05 marks
Clinical Examination	05 marks
Investigations	05 marks
Audiogram	05 marks
<b>Total</b>	<b>20 marks</b>



## 2. VIVA VOCE PATTERN -20 Marks

Osteology	5 marks
Radiology	5 marks
Instruments	5 marks
Clinical Viva- Voce	5 marks
<b>Total Marks</b>	<b>20 marks</b>

Eligibility to appear for university exams	
Internal Assessment (Theory + Practicals)	50% ( Theory + Practicals) [Theory - minimum 40% Practicals- minimum 40%]
Criteria for pass in university exams	
Theory	50%
Practicals + Viva	50%

### Books Recommended

- 1) Diseases of Ear, Nose and Throat & Head and Neck Surgery- 8<sup>th</sup> edition – PL Dhingra
- 2) A Short practice of Otorhinolaryngology- 5<sup>th</sup> edition – Prof K.K Ramalingam

## **IV. Community Medicine**

### **I. Goal:**

The broad goal of the teaching of undergraduate students in Community Medicine is to prepare them to function as community and first level physicians in accordance with the institutional goals.

### **II. Competencies:**

Aim of teaching by the department is directed towards achievement of the goal of “Health for All” and millennium development towards this end, by the completion of his training, the M.B.B.S. student should be:

- Aware of the physical, social, psychological, economic and environment aspect of health and disease.
- Able to apply the clinical skills to recognize and manage common health problems including their physical, emotional and social aspects at the individual and family levels and deal with medical emergencies at the community level.
- Able to define and manage the health problems of the community he / she serves. To achieve this, he / she shall learn to:
  - Organize elementary epidemiological studies to assess the health problems in the area. For this he should be able to design a study, collect data, analyze it with statistical tests, make a report and be able to participate in a health information system.
  - Prioritize the most important problems and help formulate a plan of action to manage them under National Health Programme guidelines including population control and family welfare programme. He should be able to assess and allocate resources, implement and evaluate the programmes.
  - Demonstrate knowledge of principles of organising prevention and control of communicable and non-communicable diseases.
  - Organize health care services for special groups like mothers, infants, under-five children and school children.
  - Organize health care in case of calamities.
- Able to work as an effective member of the health team.
- Able to coordinate with and supervise other members of the health team and maintain liaison with other agencies.
- Able to plan and implement health education programmes.
- Able to perform administrative functions of health centres.
- Able to promote community participation especially in areas of disease control, health education and implementation of national programmes.
- Aware of the national priorities and the goals to be achieved to implement comprehensive health care.

### **III. Objectives:**

#### **A. Knowledge:**

At the end of the course, the student should be able to:

- Describe the health care delivery system including rehabilitation of the disabled in the country;
- Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.

- List epidemiological methods and describe their application to communicable and non-communicable diseases in the community or hospital situation.
- Apply bio statistical methods and techniques;
- Outline the demographic pattern of the country and appreciate the roles of the individual, family, community and socio-cultural milieu in health and disease.
- Describe the health information systems.
- Enunciate the principles and components of primary health care and the national health policies to achieve the goal of 'Health for All'.
- Identify the environmental and occupational hazards and their control.
- Describe the importance of water and sanitation in human health.
- To understand the principles of health economics, health administration, health education in relation to community.

#### **B. Skills**

At the end of the course, the student should be able to:

- Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.
- Collect, analyze, interpret and present simple community and hospital based data.
- Diagnose and manage common health problems and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-cultural beliefs.
- Diagnose and manage maternal and child health problems and advise a couple and the community on the family planning methods available in the context of the national priorities.
- Diagnose and manage common nutritional problems at the individual and community level.
- Plan, implement and evaluate a health education programme with the skill to use simple audio-visual aids.
- Interact with other members of the health care team and participate in the organization of health care services and implementations of national health programmes.

#### **C. Affective Domain**

The student should be able to:

- Demonstrate ability to communicate to patients in a most, respectful, nonthreatening, non-judgmental and empathetic manner.

#### **D. Integration**

Develop capabilities of synthesis between cause of illness in the environment or community and individual health and respond with leadership qualities to institute remedial measures for this.

## UNIVERSITY EXAMINATION PATTERN

### COMMUNITY MEDICINE

Theory Paper I	100 Marks
Theory Paper II	100 Marks
Practicals	80 Marks
Viva	20 Marks
<b>Total</b>	<b>300 Marks</b>

### INTERNAL ASSESSMENT (100 Marks)

Theory ( <b>50 Marks</b> )	Practicals( <b>50 Marks</b> )
Theory (IA Marks+ Model exam Marks) <b>40 Marks</b>	Practicals (IA Marks+ Model exam Marks) <b>30 Marks</b>
Log Book – Theory (Seminar, Vertical Integration, SDL, co-curricular competitions) <b>10 Marks</b>	Log Book – Practicals (Participation in Health programmes, Field visits, Conferences and Research activities) <b>10 Marks</b>
	Records <b>10 Marks</b>
<b>Total = 50 Marks</b>	<b>Total = 50 Marks</b>

## BLUEPRINT OF QUESTION PAPER

### I.THEORY EXAMINATION PATTERN

#### I. 1. General Theory Question Paper Pattern:

Two papers each of 3 hours duration and carrying 100 Marks each.

#### I.2. Marks distribution for each paper:

Type of question	Numbers X Marks	Total Marks
Multiple Choice Questions	20 X 1	20
Long Answer Questions (LAQ)	2 X 15	30
Short Answer Questions (SAQ)	6 X 5	30
Brief Answer Questions (BAQ)	10 X 2	20
<b>Total</b>		<b>100</b>

### **I.3.Paper I & Paper II Contents**

#### **I.3.a. Paper I**

1. General Epidemiology
2. Concepts in health, disease and prevention including history of medicine
3. Population science including contraception & Demography
4. Nutrition
5. Environmental sanitation
6. Medical Entomology
7. Biostatistics & Research methodology
8. Social and behavioural sciences, Health Education, & Communication

#### **I.3.b. Paper II**

1. Communicable diseases
2. Non Communicable diseases
3. Occupational Health, Genetics and Mental Health
4. Maternal and Child Health & Special groups including school health
5. Public health administration, Health planning and management and biomedical waste management
6. Health care of the community and Disaster management
7. International Health
8. Health Legislation &Recent advances

#### **I.4. Note to exam paper setters (Ref.: GMER 2019- Assessment)**

I.4.A Multiple Choice Questions (MCQs) (20 X 1 = 20 Marks)

Any 5 MCQs out of 20 in each paper to be case scenario based.

I.4.B Long Answer Question (LAQ) (2 X 15 = 30 Marks)

One Long Answer Question (LAQ) in both Paper I & Paper II must be a problem based structured question and the second LAQ must be a structured question.

I.4.C Short Answer Question (SAQ) (6 X 5=30 Marks)

Various Levels of Cognitive Domain must be considered as follows:

<b>Level of cognitive domain</b>	<b>Number of questions</b>	<b>Marks</b>
Knowledge	2	2 X 5 = 10
Comprehension	1	1 X 5 = 5
Application	1	1 X 5 = 5
Analysis	2	2 X 5 = 10

**I.4.D Brief Answer Question (BAQ) (10 X2= 20 Marks)**

Various Levels of Cognitive Domain must be considered as follows:

<b>Level of cognitive domain</b>	<b>Number of questions</b>	<b>Marks</b>
Knowledge	4	4 X 2 = 8
Comprehension	2	2 X 2 = 4
Application	2	2 X 2 = 4
Analysis	2	2 X 2 = 4

**1.4.F Percentage of questions from various standards of the syllabus:**

<b>Standard</b>	<b>Percentage (%)</b>
Must Know	60
Desirable to Know	30
Nice to Know	10

**II. PRACTICAL EXAMINATION PATTERN****II.1. Total Practical Marks = 100(Including Viva Voce)**

1. Case	30
2. Problems	20
3. OSPE	20
4. Spotters	10
5. Viva	20
<b>TOTAL</b>	<b>100</b>

**II.1. a. Case (1 X 30 = 30 Marks)**

History & Examination	10Marks
Discussion	20Marks
<b>Total</b>	<b>30Marks</b>

**II.1.b.Problems (2 X 10 = 20 Marks)**

Problem 1	10Marks
Problem 2	10 Marks
<b>Total</b>	<b>20Marks</b>

**II.1.c. Objective Structured Practical Examination (OSPE) (4 X 5 = 20 Marks)**

Communicable diseases + National Health Programmes	05 Marks
Non communicable diseases + National Health Programmes	05 Marks
Maternal & Child Care	
Nutrition	05 Marks
<b>Total</b>	<b>10 Marks</b>

<b>II.1.d. Spotters distribution (10 X 1 = 10 Marks)</b>	
<b>Topic</b>	<b>Marks</b>
Nutrition	2
Vaccines	1
Entomology	2
Family welfare	1
Environment models & instruments	2
Drugs	1
Disinfectants & Insecticides	1
<b>Total</b>	<b>10 Marks</b>

## **II.2. VIVA VOCE EXAMINATION PATTERN**

<b>Total Marks</b>	<b>20 Marks</b>
1. Man and Medicine: Towards Health for All 2. Concepts of Health and Disease 3. Demography and Family Planning 4. Principles of Epidemiology & Epidemiological methods 5. Screening for Diseases	5 Marks
1. Communicable diseases 2. Non-communicable diseases 3. Health Programmes in India 4. Millennium development goals to sustainable 5. Tribal health in India	5 Marks
1. Preventive medicine in Obstetrics, Pediatrics and Geriatrics 2. Nutrition 3. Medicine & Social sciences 4. Genetics & Health 5. Mental health	5 Marks
1. Environment & health 2. Hospital waste management 3. Disaster management 4. Occupational health 5. Health information & basic medical statistics 6. Communication for health education 7. Health planning & management 8. Health care of the community 9. International health 10. Recent advances	5 Marks

Eligibility to appear for university exams						
Internal Assessment (Theory + Practicals)			50% [Theory - minimum 40%, Practicals- minimum 40%]			
Criteria for pass in university exams						
Theory			50% (Each Paper minimum 40%)			
Practicals + Viva			50%			
COMMUNITY MEDICINE - PAPER - I						
Module - 1						
S.No	Topics	LAQ	SAQ	BAQ	MCQ	TOTAL
1	General Epidemiology	1	1	1	3	25
2	Concepts of Health		1	1	2	9
3	Demography & Family Planning		1	1	2	9
4	Nutrition	1	1	1	2	24
5	Environment		1	2	3	12
6	Entemology			2	2	6
7	Biostatistics			2	2	6
8	Sociology & Behavioral Science and Health Education & Communication		1	1	2	9
Module - 2						
S.No	Topics	LAQ	SAQ	BAQ	MCQ	TOTAL
1	General Epidemiology	1	1	1	3	25
2	Concepts of Health		1	2	2	11
3	Demography & Family Planning		1	1	1	8
4	Nutrition		2	3	4	20
5	Environment	1			1	16
6	Entemology		1	1	4	11
7	Biostatistics			1	3	5
8	Sociology & Behavioral Science and Health Education & Communication			1	2	4
Module - 3						
S.No	Topics	LAQ	SAQ	BAQ	MCQ	TOTAL
1	General Epidemiology		2	3	5	21
2	Concepts of Health	1			1	16
3	Demography & Family Planning	1			1	16
4	Nutrition		2	2	5	19
5	Environment			3	4	10
6	Entemology		1	1		7
7	Biostatistics			1	3	5
8	Sociology & Behavioral Science and Health Education & Communication		1		1	6

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Module - 4						
S.No	Topics	LAQ	SAQ	BAQ	MCQ	TOTAL
1	General Epidemiology		3	2	5	24
2	Concepts of Health		1	1	4	11
3	Demography & Family Planning		1	1	3	10
4	Nutrition	1		2	2	21
5	Environment		1		2	7
6	Entomology			1	3	5
7	Biostatistics			3		6
8	Sociology & Behavioral Science and Health Education & Communication	1			1	16

  

COMMUNITY MEDICINE - PAPER - II						
Module - 1						
S.No	Topics	LAQ	SAQ	BAQ	MCQ	TOTAL
1	Communicable	1			3	18
2	Non-communicable		1	1		7
3	Occupational Health Genetics & Mental Health		2	1	3	15
4	MCH	1	1	1	3	25
5	Health Planning , BMW		1	2	3	12
6	Health Care / Disaster		1	1	2	9
7	International Health			2	3	7
8	Health Legislation			2	3	7

  

Module - 2						
S.No	Topics	LAQ	SAQ	BAQ	MCQ	TOTAL
1	Communicable	1		1	2	19
2	Non-communicable		1	2	3	12
3	Occupational Health Genetics & Mental Health	1		1	2	19
4	MCH		1	2	3	12
5	Health Planning , BMW		1	2	3	12
6	Health Care / Disaster		2	1	2	14
7	International Health		1	1	3	10
8	Health Legislation				2	2

  

Module - 3						
S.No	Topics	LAQ	SAQ	BAQ	MCQ	TOTAL
1	Communicable		2	2	3	17
2	Non-communicable	1		1	2	19

3	Occupational Health Genetics & Mental Health		1	2	3	12
4	MCH		1	1	3	10
5	Health Planning , BMW	1		1	2	19
6	Health Care / Disaster		1	1	2	9
7	International Health		1	1	3	10
8	Health Legislation			1	2	4
<b>Module - 4</b>						
<b>S.No</b>	<b>Topics</b>	<b>LAQ</b>	<b>SAQ</b>	<b>BA Q</b>	<b>MCQ</b>	<b>TOTAL</b>
1	Communicable		1	1	2	9
2	Non-communicable	1			2	17
3	Occupational Health Genetics & Mental Health	1		1	2	19
4	MCH		2	2	3	17
5	Health Planning , BMW		1	1	3	10
6	Health Care / Disaster		1	2	3	12
7	International Health		1	2	3	12
8	Health Legislation			1	2	4

#### **Books Recommended**

- 1) Park's Textbook of Preventive and Social Medicine, by K.Park.
- 2) Oxford Textbook of Public Health, by Holland W Detel R, Know G.
- 3) Epidemiology and Management for Health Care, by Sathe PV and Doke PP.
- 4) National Health Programs of India, by J Kishore.
- 5) Community Medicine with Recent Advances, by AH Suryakantha.
- 6) IAPSM's text book of Community Medicine, by AM Kadri.
- 7) Review of Preventive & Social Medicine (Including Biostatistics), by Vivek Jain.
- 8) Essentials of Community Medicine Practicals by Mahabalaraju.

**Vinayaka Mission's Kirupananda Variyar Medical College & Hospitals, Salem – 636308.**  
**ACADEMIC CALENDER 2022 – 2023**

Date	Events for March 2023	Events for April 2023	Events for May 2023
1			<b>Holiday – May Day</b>
2		Sunday World Autism awareness day	
3			
4	World Obesity day		
5	Sunday		
6			
7		World Health day	Sunday
8		II Saturday	World Thalassemia day World Youth red cross day
9		Sunday	Mother's day
10			
11	II Saturday World Kidney day	National Safe Motherhood day A day for Parkinson	
12	Sunday		International Nurses day
13			II Saturday
14		Tamil New Year's Day Dr. Ambedkar Birthday	Sunday
15			
16		Sunday	
17		World Haemophilia day	
18			
19	Sunday		
20	World Oral health day World Head injury day		

21	International day of Forest World Down's syndrome day		Sunday
22	World Water day	IV Saturday Earth day Holiday - Ramzan	
23		Sunday	
24	World Tuberculosis day National Doctor's day		
25	IV Saturday	World Malaria day	World Thyroid day
26	Sunday		
27			IV Saturday
28			Sunday
29			
30		Sunday	
31		-	World No Tobacco day

Date	Events for June 2023	Events for July 2023	Events for August 2023
1			Breast feeding week
2		Sunday	Breast feeding week
3			Breast feeding week
4	Sunday		Breast feeding week
5	World Environment day		Breast feeding week
6			Sunday Breast feeding week
7			Breast feeding week
8		II Saturday	
9		Sunday	
10	II Saturday		
11	Sunday	World Population day	
12			<b>II Saturday</b> International Youth day
13			<b>Sunday</b>
14	World Blood donor day	II Parent Teacher Meeting	
15		II Parent Teacher Meeting	<b>Holiday - Independence Day</b>
16		Sunday	
17			
18	Sunday		
19	National Public Health Dentistry day		
20		World Anesthesia and OTT day	<b>Sunday</b>
21	International Yoga day		
22		IV Saturday	
23		Sunday	
24	IV Saturday		

25	Sunday		National Eye donation week
26			<b>IV Saturday</b>
27			<b>Sunday</b>
28			
29			
30		Sunday	
31	-		

Date	Events for September 2023	Events for October 2023	Events for November 2023
1	National Nutrition week	<b>Sunday</b>	
2		World Wildlife week <b>Holiday - Gandhi Jayanthi</b>	
3	<b>Sunday</b>		
4			
5	Teacher's day		<b>Sunday</b>
6			
7			
8	International Literacy day	<b>Sunday</b>	
9	<b>II Saturday</b>	World Hospice and Palliative day	
10	<b>Sunday</b> World Suicide prevention day	World Mental Health day	
11			<b>II Saturday</b>
12			<b>Sunday</b>
13			
14		<b>II Saturday</b>	
15	Engineer's day	Hand washing day <b>Sunday</b>	
16			
17	<b>Sunday</b> <b>Holiday – Vinayagar Chaturthi</b>		
18			
19			<b>Sunday</b>
20			
21	International day of Peace		
22		<b>Sunday</b>	
23	<b>IV Saturday</b>	<b>Holiday Saraswathi &amp; Ayuda Pooja</b>	
24	<b>Sunday</b>	World Polio day	

		<b>Holiday - Vijaya Dasami</b>	
25			<b>IV Saturday</b>
26			<b>Sunday</b>
27			
28		<b>IV Saturday</b>	
29		<b>Sunday</b>	
30			
31		National Unity day	



Date	Events for December 2023	Events for January 2024	Events for February 2024
1		New year	
2			
3	Sunday		
4			Sunday World Cancer day International Dentist day
5			
6			
7		Sunday	
8			
9	II Saturday		
10	Sunday		II Saturday National Deworming day
11			Sunday
12			
13		II Saturday	
14		Sunday	
15		Pongal Holiday	
16		Pongal Holiday	
17	Sunday	Pongal Holiday	
18			Sunday
19			
20			
21		Sunday	
22			
23	IV Saturday		
24	Sunday		IV Saturday
25	Christmas - Holiday		Sunday
26		Republic Day	

27		IV Saturday	
28		<b>Sunday</b>	National Science day
29			
30			
31	<b>Sunday</b>		

*Medicine is only for those  
who cannot imagine  
doing anything else*

*Dr. Luanda Grazette*

Medical Education is not just a program for building  
knowledge and skills in its recipients...  
it is also an experience which creates attitudes and expectations.

**--- Abraham Flexner ---**