

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
BHOPAL**



***MBBS Prospectus 2014***



**Saket Nagar, Bhopal 462 020**

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**Dear students,**

Congratulations for being selected for MBBS course at AIIMSBhopal. We the faculty and staff of AIIMSBhopal welcome you to the family.

Bhopal, the capital city of Madhya Pradesh, is a picturesque beautiful city of lakes and is home to various institutions and organizations of National importance. Bhopal has a moderate climate and is well connected by air, rail and road. The distance between AIIMS Bhopal and Airport is 25kms, from Bhopal railway station is 9 kms, and from Habibganj railway station is 3 kms.

The All India Institute of Medical Sciences Campus is on land area of 143 acres, in the Habibganj area next to Saket Nagar on the south eastern side of the upper lake and old Bhopal city, located on N H 12 - *Hoshangabad Road*.

You should arrive here as per the dates listed in page 3 for admission. You will report to the Admission Office located in the Ground floor of Medical College building. The area will be sign-posted. You will need to make own arrangements for you and your accompanying parents / guardians' stay in Bhopal for first few days till the time of allotment of the hostel room for you. Stay in the hostel is compulsory.

The list of original documents to be brought at the time of admission for verification is annexed to this letter. Your admission is provisional and subject to complete verification of identity and documents.

After admission you are advised to stay on for orientation to city and campus and few introductory sessions. Formal teaching is likely to begin from Monday, the 4<sup>th</sup> August 2014 with a 4 week foundation course for MBBS. You are advised to bring approximately Rs.35,000 - 40,000/- for buying books, personal belongings and mess charges etc.

Hostel accommodation is on single occupancy basis. The room is furnished with a cot, mattress, study table, chair, side table and a built-in cup-board. Bed sheets, pillow, pillow-covers and other personal and daily utility items are advised to be bought on personal basis. Anti-mosquito measures like mosquito net and repellents are strongly advised.

We wish you good luck and happy living with fruitful education at the *All India Institute of Medical Sciences, Bhopal*

Wishing you a happy arrival to AIIMS Bhopal.

**Director, AIIMS, Bhopal.**

Clarifications and enquiries may be submitted to [mbbsadmissions@aiimsbhopal.edu.in](mailto:mbbsadmissions@aiimsbhopal.edu.in)

## ABOUT AIIMS BHOPAL

AIIMS Bhopal is one of the apex healthcare institutes established by the Ministry of Health & Family Welfare, Government of India under the PradhanMantriSwasthyaSurakshaYojna (PMSSY).

The PMSSY has established six such institutes aimed at correcting regional imbalances in quality tertiary level healthcare in the country, and attaining self-sufficiency in graduate and postgraduate medical education and training in under-served areas of the country.

The institute has been established by an Act of Parliament on the lines of the original All India Institute of Medical Sciences in New Delhi. It has started imparting undergraduate medical and nursing education and is working towards postgraduate medical education in all its branches and related fields, along with paramedical training. We aim to bring together, in one place, educational facilities of the highest order for the training of personnel in all branches of health care activity.

### **Mission Statement**

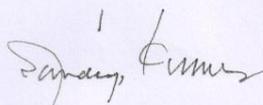
**To establish a centre of excellence in medical education, training, health care and research imbued with scientific culture, compassion for the sick and commitment to serve the underserved.**

AIIMS Bhopal has excellent facilities for teaching including adequate laboratory facilities and equipments, talented faculty drawn from various parts of India and abroad, adequate clinical material and ancillary support services like hostels, library, telemedicine center and IT support. Learn more by accessing our web site- [www.aiimsbhopal.edu](http://www.aiimsbhopal.edu)

**Key dates for Admission schedule of MBBS 2014 batch at AIIMS Bhopal**

**Commencement of Academic Session at AIIMS Bhopal: Friday the 1<sup>st</sup> August 2014**

Event	Dates of counselling	AIIMS Bhopal admission process	Last date of joining AIIMS Bhopal after 1 <sup>st</sup> counselling	Last date of joining AIIMS Bhopal after 2 <sup>nd</sup> counselling	Last date of joining AIIMS Bhopal after 3 <sup>rd</sup> counselling	Date of Spot / Open counselling at AIIMS Bhopal
1 <sup>st</sup> counselling at AIIMS New Delhi	8 <sup>th</sup> -11 <sup>th</sup> July 2014	Monday, 14 <sup>th</sup> July to Saturday, the 19 <sup>th</sup> July 2014	Monday, the 21 <sup>st</sup> July 2014			
2 <sup>nd</sup> counselling at AIIMS New Delhi	11 <sup>th</sup> August 2014			Thursday, the 14 <sup>th</sup> August 2014		
3 <sup>rd</sup> counselling at AIIMS New Delhi	9 <sup>th</sup> September 2014				Friday, the 12 <sup>th</sup> September 2014	
Open counselling	24 <sup>th</sup> September 2014					Friday, the 26 <sup>th</sup> September 2014
<b>Orientation program at AIIMS Bhopal</b>	<b>Monday, the 21<sup>st</sup> July to 28<sup>th</sup> July 2014</b>					
<b>Commencement of formal academic session at AIIMS Bhopal</b>	<b>Friday the 1<sup>st</sup> August 2014 with four weeks foundation course</b>					

  
 18.6.14

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL

### FEE STRUCTURE FOR THE SESSION 2014-15

PARTICULARS		COURSES	
A	Academic & Other Fees	MBBS	
		Amount in Rs	
1	Registration Fee	25	
2	Caution Money	100	
3	Tuition Fee	1,350	
4	Laboratory Fee	90	
5	Student Union Fee	63	
	<b>TOTAL (A)</b>	<b>1,628</b>	
B	Hostel & Other Fees	Amount in Rs	
1	Hostel Rent	990	
2	Gymkhana Fee	220	
3	Pot Fund	1,320	
4	Electricity Charges	198	
5	Mess Security (Refundable)	500	
6	Hostel Security (Refundable)	1,000	
	<b>TOTAL (B)</b>	<b>4,228</b>	
<b>GRAND TOTAL (A+B)</b>		<b>5,856</b>	

## ANTI- RAGGING MEASURES

### SUPREME COURT RULES REGARDING ANTI RAGGING

As per direction of the Hon'ble Supreme Court of India, the Government has banned ragging completely in any form inside and outside the campus and all the AIIMS Bhopal authorities are determined not to allow any form of ragging. Whosoever directly or indirectly commits, participates in, abets or instigates ragging within or outside any of the AIIMS Bhopal shall have an FIR lodged against him/her and he/she will be suspended or rusticated from the institution and shall also be liable to be fined which may extend to Rs. 10,000/-. In case the applicant for admission is found to have indulged in ragging in the past or if it is noticed later that he/she has indulged in ragging, admission can be refused or he/she shall be expelled from the educational institution. The punishment may also include, suspension from attending the classes, withholding/ withdrawing fellowship/ scholarship and other financial benefits or withholding the result.

### ANTI RAGGING REGISTRATION

Selected candidates shall register himself/herself in the website [www.antiragging.in](http://www.antiragging.in) / [www.amanmovement.org](http://www.amanmovement.org) and take a print out and submit the self –attested print out to Academic Section with 7 days.

### Composition of Anti-ragging committee at AIIMS Bhopal:

S No.	Name & Designation	Contact Number	Committee Position
1	<b>Prof. Sandeep Kumar</b> , Director, AIIMS Bhopal	9165533888	<b>Chairman</b>
2	<b>Mrs. Mala Goswami</b> , Principal of AIIMS Nursing College	8462002228	<b>Member</b>
3	<b>Dr. Arneet Arora</b> , Professor of FMT	9303100948	<b>Member</b>
4	<b>Dr. Debasis Biswas</b> , Additional Professor of Microbiology	9411362351	<b>Member</b>
5	<b>Dr. Deepti Joshi</b> , Associate Professor of Pathology	9425303402	<b>Member</b>
6	<b>Dr. Adesh Shrivastava</b> , Asst. Professor of TE&M	9425009545	<b>Member</b>
7	<b>Dr. Bhavna Dhingra</b> , Asst. Professor of Paediatrics	7773012600	<b>Member</b>
8	<b>Dr. Prashant Nashiket Chaware</b> , Asst. Prof. of Anatomy	8989209471	<b>Member</b>
9	<b>Shri Shrinivas Verma</b> , SSP, Bhopal (Representing the Civil Administration)	9425007920	<b>Member</b>
10	<b>Mr. S.S. Chauhan</b> , Administrative Officer	9893130064	<b>Member</b>
11	<b>Dr. Yogesh Kumar</b> , Parent	9826912943	<b>Member</b>
12	<b>Mrs. Yamuna Bhaskar</b> , Accountant	9977304984	<b>Member</b>
13	<b>Ms. Poornima</b> , Journalist and NGO worker	7566802828	<b>Member</b>

14	<b>Mr. Basant Kumar Dubey</b> , Social worker	9827315906	<b>Member</b>
15	<b>Mr. Dishant Shah</b> , Senior student	8516944808	<b>Member</b>
16	<b>Ms. Ritwa</b> , Senior student	8871070733	<b>Member</b>
17	<b>Ms. Aathira</b> , Fresher	7747017975	<b>Member</b>
18	<b>Mr. Chandan</b> , Fresher	9479522871	<b>Member</b>
19	<b>Dr Balakrishnan S</b> , Dean AIIMS, Bhopal & Professor of Pharmacology	7773002095	<b>Member Secretary</b>

***If you are a victim of ragging do not hesitate to call on any of the above members at any time of the day or night.***

# **MBBS LEARNING OUTCOMES AT AIIMS BHOPAL**

The overall Learning Outcomes for MBBS are set out below under each of the three essential elements of the competent and reflective practitioner.

These overall outcomes are useful in helping you appreciate the knowledge, skills and attitudes which the undergraduate medical programme is designed to achieve, based on the burden of disease in our country/ in our local area and the all cause mortality.

*The focus is on the core values and skills that needs to be acquired during MBBS for being a competent primary care physician and being able to work independently in rural areas, manage infections and chronic diseases, manage trauma and emergency, ante- natal care, normal delivery, contraception, managing a newborn, be able to do simple procedures, assist in autopsy, and be able to refer when needed.*

## **Clinical and Communication Skills**

### **1. Clinical Skills**

i. Take history, which:

- is patient centred,
- is sensitive, structured, and thorough in approach
- recognises and takes account of the age and state of the patient, and a range of contexts including multicultural factors
- Using skilled communication

ii. Undertake physical & mental state examination of patients, which is:

- general and systems-based
- appropriate for age, gender, culture and state
- thorough, sensitive and systematic

iii. Integrate results of history, examination & common investigative tests, so as to facilitate diagnosis

iv. Make diagnosis

- by gathering and interpreting relevant clinical information
- by recognising the patterns of presentation of core conditions

v. Record findings, such that records:

- Are accurate, legible, concise, dated and signed
- include all relevant communications with patients / relatives and colleagues / seniors

### **2. Practical Procedures**

i. Measure & record a range of common clinical parameters e.g. peripheral pulse rate, blood pressure, blood glucose

ii. Be able to perform a range of tasks commonly used in medical practice e.g. BLS, suturing, IV injection, ante natal care, normal delivery, assist in autopsy, manage trauma and emergency cases

### **3. Patient Investigation**

i. Follow general principles, by:

- making evidence-based choice of relevant investigations, with awareness of limitations
- requesting relevant investigations according to national guidelines and local protocols
- obtaining informed consent
- preparing patients practically & with adequate information

ii. Be able to request, justify and interpret appropriate and relevant laboratory-based investigations according to national guidelines and local protocols e.g. CBC, RFT, LFT etc.

iii. Be able to order, package and label appropriate and relevant samples for laboratory based investigations e.g. arterial and venous blood, urine, stool

iv. Be able to write a prescription for a range of commonly prescribed drugs e.g. antibiotics, CVS, CNS drugs

v. Be able to interpret a range of common x-rays.

### **4. Outcomes for Patient Management**

i. Follow general principles, recognising:

- the patient's safety at all times
- effect on patient & concordance
- age and social circumstances when determining treatment
- requirements for informed consent
- need for team work
- need for appropriate referrals to right professionals

ii. Formulate management plans:

- Which focus on patient's needs & involve patient in decision making
- Involving other health care professionals as appropriate
- Recognising one's own limitations

iii. In relation to critical care, be able to demonstrate

- effective working in the emergency care team

iv. In relation to acute and chronic care be able to formulate a management plan for

- chronic diseases
- the dying patient
- pain control

v. Be able to accurately write up a drug chart for a newly admitted patient according to information supplied in the patients notes

vi. Be able to calculate drug dosages for individual patients and work out loading and delivery rates

vii. Be able to request and justify appropriate and relevant radiological investigations according to national guidelines and local protocols

viii. Demonstrate ability to prioritise the patient's care, including the management of tasks, events and time

## **5. Communication**

i. Follow general principles of good communication, including:

- active listening
- gathering and giving information with good record keeping and correspondence skills
- mediating, negotiating & dealing with complaints
- making oral presentations & writing reports
- safeguarding confidentiality
- recognising own limitations, extent of personal knowledge

ii. In communicating with patients / relatives, be able to:

- demonstrate empathy
- elicit patient's ideas, concerns & expectations
- achieve a shared understanding
- build and maintain a relationship
- answer questions & give explanations
- deal with challenging consultations
- make requests
- obtain valid informed consent for appropriate procedures

iii. In communicating with other health professionals, be able to:

- transfer information (oral, written & electronic)

- write a good referral letter
- write good discharge summaries
- refer patients appropriately

iv. In communicating with other agencies (e.g. police), and the media/press:

- follow proper procedures without breaking rules of confidentiality
- act as a patient's advocate when appropriate
- write a death certificate

v. Be able to communicate as a teacher and mentor

## **6. Data & Information Handling Skills**

i. In relation to patient records:

- maintain high quality of recording (whether by writing or on computer)
- write up patient notes in a legible and structured format
- demonstrate an awareness of the different types of records and how they are stored and retrieved
- maintain confidentiality
- demonstrate awareness of legislation governing access to medical records and data

ii. In accessing and manipulating data, demonstrate ability to use:

- library and other information systems to access data
- information from primary sources to inform evidence-based practice
- information from secondary sources (e.g. professional guidelines)

iii. Demonstrate C&IT skills, including use of:

- E-mail
- word-processing
- on-line databases
- spreadsheets & statistical packages
- search engines and decision support tools

iv. Maintain records for personal & professional development including records that are specified in the curriculum

## **7. Health Promotion and Disease Prevention**

i. In relation to health promotion be able to

- assess the health, health care and health promotion needs of individual patients

ii. Be able to take appropriate action in communicable disease control

according to national guidelines and local protocols

iii. Implement evidence-based risk reduction strategies for individual patients

- be able to recommend appropriate vaccination regimes for individuals

iv. Plan and implement, where appropriate, health promotion taking into account barriers to disease prevention and health promotion both in the individual & population **especially among the under privileged and in rural setting**

## **Knowledge and Critical Thought**

### ***8. Understanding of basic and clinical sciences and underlying principles***

i. Demonstrate knowledge and understanding of:

- Normal structure and function of the major organ systems and how they interrelate
- The different stages of the life cycle and how these affect normal structure and function
- Behaviour and relationships between individuals and their family/partners, immediate social groups, and society at large
- Molecular, biochemical and cellular mechanisms important in maintaining homeostasis
- Causes of disease and the ways in which diseases affect the body
- Disease aetiology and relationships with risk factors and disease prevention
- Alteration in structure and function of the body & its major organ systems
- Pharmacological principles of treatment using drugs & efficacy of therapeutic measures in management and symptomatic relief of diseases
- Principles of disease surveillance and screening, disease prevention, health promotion, and health needs assessment
- Principles of healthcare planning, prioritisation of service and communicable disease control, including basic concepts of health economics
- Epidemiological principles of demography and biological variability
- Educational principles through which learning takes place (for patients, students and colleagues)

ii. Define public health problems at a population level or in clinical practice

- recognise the causes of disease & threats to health of individuals & populations at risk

iii. Appreciate that health promotion & disease prevention depend on team-working and collaboration with other professionals & agencies

iv. Demonstrate knowledge of the appropriate use of drugs:

- for all ages and with awareness of underlying chronic diseases
  - in prescribing, calculating dosages & in methods of delivery
  - their interactions & adverse effects
- v. Recognise opportunities for screening, disease prevention, health education, health promotion

## **9. Understanding of patient investigation and management**

- i. Demonstrate knowledge of the range of interventions and indications, for surgery, including the principles of pre-, peri- and post- operative care
- ii. Demonstrate knowledge of the indications for the provision of range of interventions and therapies provided by other health care professionals e.g. Occupational therapists, dieticians, complementary therapists
- iii. Demonstrate knowledge of the range of more common clinical investigations and procedures and their appropriate use e.g. echocardiography, cystoscopy, skin biopsy
- iv. In relation to acute & chronic care, demonstrate knowledge of the management of:
- conditions not immediately life threatening but requiring early treatment
  - appreciation of impact of acute illness on chronic disease and the transition between acute and chronic conditions
  - chronic diseases
  - rehabilitation in recovery from major illness
  - impairment & disability
  - pharmacological, physical and psychological interventions in pain control
  - care of the dying
- v. Demonstrate knowledge of the circumstances in which the commoner laboratory-based investigations are indicated, and procedures required to obtain the necessary material for investigation
- vi. Demonstrate knowledge of the range of more common radiological investigations available and their appropriate use in different circumstances
- vii. In relation to critical care, demonstrate knowledge of the management of:
- life threatening conditions due to trauma or disease

- intensive care, indications for intervention/monitoring

## **10. Appropriate ethical understanding and knowledge of legal responsibilities**

i. Students should be able to demonstrate an appropriate and developing understanding of:

- methods of ethical reasoning that inform decisions in medical practice
- the legal and professional frameworks within which medicine is practised in India
- the implications of the practice of medicine in a diverse multicultural society
- the importance, scope and implications of the doctor's duty of care

the influence of values, assumptions, attitudes and emotions on their decision-making and practice

ii. Students should be able to:

- identify values of different stakeholders involved in, or affected by, decision-making, including the student's own values
- Describe and adhere to legal responsibilities, with respect to: human rights
- drug prescribing
- physical and sexual abuse of children and vulnerable adults
- patients who lack capacity
- end of life issues
- death certification
- reporting of adverse medical care/standards involving other practitioners
- the need to recognise and avoid all forms of unfair discrimination in relation to patients, colleagues and other healthcare professionals

iv. Demonstrate in practice the requirements to ensure patient safety

## **11. Appropriate decision making, clinical reasoning and judgement**

i. Demonstrate proficiency in clinical reasoning, through ability to:

- recognise, define and prioritise problems
- analyse, interpret and prioritise information, recognising its limitations

ii. Make diagnosis

- describe the differential diagnosis of core conditions

iii. Demonstrate ability to think critically, by

- adopting an inquisitive and questioning attitude and applying rational processes
- recognising irrationality in oneself and in others
- recognising importance of own value judgements and those of patients

iv. Demonstrate insight into research & scientific method, through the:

- appreciation of quantitative and qualitative methodology

- choosing and applying appropriate methodologies and statistical tests with some understanding of the underlying principles
  - recognising the relationship between evidence based medicine, audit and the observed variation in clinical practice
- v. Exhibit creativity / resourcefulness, by:
- demonstrating self-reliance, initiative and pragmatism
  - demonstrating preparedness to think outwith conventional boundaries when appropriate

## **Professional Behaviour**

### ***12. Professional Development and Attitudes***

- Recognise and contribute to meeting patients' needs within the health care system
- Behave in such a way as to maintain patient safety at all times
- Demonstrate acceptance of the professional responsibilities and role of the doctor, through:
  - commitment to the "Duties of a Doctor" as defined by the MEDICAL COUNCIL OF INDIA and local codes including clinical governance
  - participation in clinical governance and valuing professional self-reflection
  - contributing to and outlining the roles, contributions of and benefits from other health care professionals and the, the multi professional team
  - appreciating the value of, and opportunities for medical research and its role in career progression
  - participation in teaching and mentoring students, colleagues and other health care professionals
  - fostering a culture of life-long learning in the health service
  - appreciating the role of the doctor as manager both in one's own practice and in the health care system
  - appreciating the medical profession as a voice in society and an agent of change

## Hostel rules and regulations

Overall management of the hostel is by a “Hostel committee” which comprises of the following members:

a) Director AIIMSB	Chairperson
b) Honorary Chief Superintendent(s)	Member(s)
c) Honorary Associate Superintendent (s)	Member(s)
d) President ABSA	Member
e) General Secretary ABSA	Member
f) Dean (Student Welfare)	Member
g) Vice-Dean (Student Welfare) Secretary	Member

### Allotment of Room

- a. At the time of admission of a student into the hostel and at the beginning of every year, each resident is required to submit a duly completed **Personal Data Form**. Local Guardian's address and phone number is optional. Email of the student and parent should also be provided. Any change of address / telephone number of the parent / local guardian, at any point of time, has to be intimated to the hostel office in writing.
- b. The Hostel administration will generally provide for each occupant one cot with mattress, table, chair and almirah. On arrival a student will report to the assistant warden and will take possession of the room after signing the inventory of the furniture, electrical and other items in the room.
- c. Room once allotted to a student for an academic year will not be changed, except on special situations with the permission of Warden.
- d. The Hostel administration, in case of shortage of rooms, can allot more than the capacity of the room.
- e. If the status of any student changes during the period of stay in the hostel, he/she is required to inform the assistant warden/Superintendent immediately and should vacate the hostel. If the Hostel administration finds that any hostel resident is not eligible for hostel accommodation and is residing in the hostel without due permission from the Warden, disciplinary action will be taken against such illegal occupants.
- f. Before vacating the rooms, all the installations should be handed over intact, in addition to the furniture to the assistant warden. The student should fill up the Room Vacating Slip in duplicate and take no dues slip from assistant warden.

### Code of conduct (for students)

- a. Ragging is strictly prohibited as per the relevant directives of the Hon'ble Supreme Court. Any Student found involved in ragging shall be suitably punished including FIR with the Police and expulsion from the Hostel and Institute.
- b. Every student shall maintain a high standard of discipline, have respect for the Institute and conduct himself in a dignified manner.
- c. Student shall not do any such thing which may cause disturbance in studies or may be deemed vulgar in any way.
- d. All residents are required to always carry their valid Identity Cards issued to them by the Institute.

- e. The rooms, common areas and surroundings of the hostel should be kept clean and hygienic. Notices shall not be pasted on walls and walls shall not be scribbled on.
- f. Rooms are allotted to each student on his/her personal responsibility. He/she should see to the upkeep of his/her room, hostel and its environment.
- g. Students should bring to the notice of the assistant warden any pending maintenance work (Civil, Carpentry, Electrical, Sanitation) to be carried out in rooms, corridors, toilets or other areas in hostel premises.
- h. Students should co-operate in carrying out maintenance work and vacate their rooms completely when the Hostel administration requires the rooms for this purpose. On such occasions, the management will try to provide alternate accommodation. If any maintenance work is to be carried out when the room is under occupation, it is the occupant's responsibility to make the room available for the maintenance work.
- i. The students should not carry unauthorized/illegal movies in their rooms. Any violation will be dealt as per the legal provisions of the country.
- j. Students are not permitted to keep any fire arm (even licensed).
- k. Students are not allowed to leave station without prior permission of warden.
- l. Students are required to vacate their rooms while proceeding for summer vacation and also as and when required.
- m. Warden is authorized to open any locked room in case of an emergency.
- n. The resident of a room is responsible for any damage to the property in the room during his / her occupancy of that room and will be required to replace/repair at their own cost the damage, if any.
- o. In case of damage to or loss of hostel property the cost will be recovered from the students responsible for such damage or loss, if identified, or from all the students of the wing/hostel, as decided by the appropriate authority.
- p. The resident shall not move any furniture from its proper allotted place and also not damage them in anyway. If there are any additional items other than the above belonging to the hostel in a room, the occupant of the room shall hand over them to the Assistant warden, failing which he/she will be charged a penal rent as decided by the appropriate authority.
- q. The resident shall not remove any fittings from any other room or common area and get them fitted in his/her room.
- r. In the hostel premises following are strictly prohibited –
  - a. **Smoking**
  - b. Consumption of **alcoholic drinks/drugs**.
  - c. Gambling
  - d. Intimidation or violence
  - e. Willful damage to property
  - f. Entering the hostel premises in intoxicated state.
  - g. Shouting and using abusive language in their own hostel or in other hostelpremises and campus.
  - h. Employing unauthorized persons for personal work such as washing clothes, etc.
  - i. Cooking in room.
- s. Room services are strictly prohibited. However, sick diet may be served in room after taking permission from Warden.
- t. Residents should not participate in any anti-national, antisocial or undesirable activity in or outside the campus.

- u. The use of electrical appliances such as immersion heaters, electric stove /heaters are not allowed in the rooms. Such appliances, if found a fine will be imposed. The use of audio systems which may cause inconvenience to other occupants are not allowed. The students should not view objectionable videos.
- v. When the students go out of their room they should switch off all the electrical / electronic appliances, and keep it locked. Violation will attract suitable penalty and punishment as decided by authorities.
- w. In case any student has to stay out of hostel for a day or more for any reason, he/she has to inform the warden and take his permission.
- x. All residents of hostels must be back in the hostel by 9.00 PM. if late he/she has to give written explanation. Residential warden will maintain the records of such events and report such events to the honorary superintendent for further action.If a student needs to stay out of the hostel after 9.00 pm due to any reason, s/he has to apply for and take prior written permission from the Warden. Violation of this rule may lead to disciplinary action including expulsion from the hostel.
- y. Water should be conserved,any leakage should be reported to hostel authorities.
- z. In case of a medical emergency,the residential warden needs to be informed urgently.

## **Additional Rules for Girls Hostel**

The Following rules in addition to the rules given above will be in force in girls' hostels:

- a. If any girl student has to go to the town for any work, she must write the purpose, place, time of leaving and time of return in the register with the security guard on duty. She must return to the hostel latest by 9:00 p.m. In case a further delay is anticipated, She must seek prior permission from the Honorary Superintendent.
- b. A girl student must enter all the columns in the register regarding participation in curricular activities and extracurricular beyond the working hours of the Institute.
- c. A girl Student must submit the names and addresses of the local guardians with their signature, if any, duly authorized by the parents (or authorized guardian as per declaration in the admission form) in the prescribed form available with the warden.
- d. For late night stay at local guardians' residence or night halt, prior written permission of the Superintendent must be obtained. In addition, the local guardian must submit a letter stating that the student had stayed with them.
- e. Prior permission of the warden must be taken by the girl student for leaving to their homes. If she has to board a train/flight at odd hours, she needs to coordinate with the residential warden to facilitate for the same.
- f. No male person will be allowed inside the Girl's Hostel. Close family relatives (family, brother) can meet their ward in the visitor's room upto 7:30 p.m
- g. Other visitors may meet the Girl student outside the gate of the girls hostel up to 7:30 PM. with the permission of the Hostel Warden
- h. Permission must be taken from the warden regarding stay of a female relative in the Girls' Hostel.
- i. For visiting library after 9:00 p.m, the students shall move in a group (not less than four students) and co-ordinate with the residential warden regarding a security guard to facilitate their movement.
- j. Modification or addition of rules may be made and communicated as and when necessary.

## **Guests and Vistors**

- a. Subject to availability of proper accommodation facility, the guest of a resident may be permitted, with the prior written approval by the Superintendent to stay in hostel for not more than two days on payment of the necessary charges, as fixed by the Hostel administration from time to time.
- b. No overnight guests are allowed in a student's room without permission of the Warden.
- c. In boys' hostels, the parents of students and other male guests may visit the student in his room after due permission from senior warden/warden and after making proper entry at the hostel gate.
- d. Male students/visitors are not allowed inside the girls' hostel, Immediate male family members can meet the female students in the visitor's room after seeking warden's permission and making proper entry at the hostel gate.
- e. Female visitors are not allowed in boys' hostels, however, lady family members may be allowed to visit a student in the visitors' room in the

hostel between 9.00 a.m. to 7.00 p.m. with prior permission from the Warden.

- f. Violation of any of the above rules regarding stay in the hostels will lead to disciplinary action including expulsion from the hostel.

### **Disciplinary Measures**

Any breach of the conduct rules or any act of indiscipline will invite an enquiry that will be conducted by the Hostel Administration. If the student is found guilty, then the Hostel Administration will take disciplinary action that it deems fit. Depending on the case, the administration reserves the right to take direct disciplinary action, amounting to even expulsion at short notice from the hostel/rustication from the institute.

### **Mess Rules**

- a. Students should sign the Mess Joining Register kept in the messes at the time of their joining the mess.
- b. Students should sign the Mess Leaving Register kept in the mess whenever they leave the mess. Otherwise they will be deemed to be present and charged accordingly.
- c. Students are not permitted to dine in the mess without signing the Joining Register or after signing the Leaving Register.
- d. Lunch/Dinner will be served on buffet basis.
- e. The quantity of food will be unlimited except in the case of special items.
- f. Non-vegetarian items will be served as extra on specified days of the week.
- g. Mess rebate is admissible to the residents of Hostels on the following grounds:
  - a. Approved Study Holidays and Semester Vacation declared by the Institute.
  - b. Periods duly recommended by the Head of the Department and availed by the students for purposes such as participation in sports, competitions, seminars, educational tours, etc.
  - c. Period of absence due to serious illness requiring hospitalization, subject to the production of medical certificate, in genuine cases.
  - d. Any other valid reason with prior permission of HonorarySupdtt
- h. Application for mess rebate should be made in the prescribed form and it should be submitted three days in advance. The application should be forwarded by the Warden. An acknowledgement may be obtained from the Mess Supervisor for having applied for mess rebate.
- i. In addition, students applying for mess rebate should also sign the Mess Leaving Register kept in the messes at the time of their leaving the mess.
- j. Minimum fixed charges will be applicable to the students applying for mess rebate. Such permission should be obtained from the senior warden and the Mess Supervisor be intimated well in advance of the absence.
- k. Students proceeding on medical Leave from the campus should produce the Medical Certificate issued by the concerned specialist at the time of their leaving.
- l. In case of sudden illness, information on leaving the mess should be made available to the Hostel Office immediately and the application for mess rebate should be submitted within the next 3 days.
- m. No student can claim mess rebate unless he/ she had intimated his / her absence in advance by applying for mess rebate in the prescribed form

and signed the Mess Leaving Register at the time of his/ her leaving the mess.

- n. At the time of joining the mess after availing mess rebate, the students should sign the Joining Register kept in the mess.
- o. Students other than the Mess Committee Members are not permitted to enter the kitchen or store room of the mess on any account.
- p. Students are not permitted to cook any food on their own accord in the mess or in their rooms.
- q. Students on no account whatsoever will be permitted to take food outside the mess unless arranged by appropriate authority. Nor can they take mess utensils such as plate, spoon, tumblers, etc, to their rooms.
- r. No food will be served in the rooms of the hostel for any student unless a permission from the assistant warden to the effect that the students' condition requires the food to be served in their rooms.
- s. No diner shall waste food. Paying mess bill does not entitle a diner to waste food.
- t. Assist in maintaining the mess and surroundings neat and clean. No notices shall be pasted on walls. Notices put up on the notice boards should not be removed by the diners. A separate bill board would be available for the residents to stick their bills.
- u. All diners shall interact with the mess staff in the dining hall in a courteous manner.
  - a. After eating food, diners shall leave the cup, plate, waste food etc. in the designated bins.
  - b. If any diner is medically ill and requires a special diet (eg. Oil-less food) he / she can request the assistant warden/mess supervisor to arrange for the same at the mess.
  - c. The guest rates for the hostel mess will be decided by the Mess sub-committee and are subject to revision from time to time.
  - d. Mess Timings
    - i. The mess timings are as follows and the students should adhere to these
      - timings:
      - Breakfast : 7:00 AM to 8:00 AM
      - Lunch : 12:30 PM to 2:00 PM
      - Tea time : 5:00 PM to 6:00 PM
      - Dinner : 8:00 PM to 9:30 PMSubject to variations, if timing of classes change due to any reason.

## ACADEMICS

### Marks Distribution in various subjects

Subject	Total marks (50% from theory performance and 50% from performance in practicals)	Number of Theory papers	Internal assessment (50% from theory performance and 50% from performance in practicals)
Anatomy	400	2	200
Biochemistry	400	2	200
Physiology	400	2	200
Community & Family Medicine including Ophthalmology	600	2	300
Forensic Medicine & Toxicology	200	1	100
Microbiology	400	2	200
Pathology	400	2	200
Pharmacology	400	2	200
Medicine including Psychiatry & Dermatology	400	2	200
Paediatrics	200	1	100
ObsGynae	400	2	200
Surgery including Orthopaedics & ENT	600	2	300

- There shall be at least one end semester examination at the end of each semester and one preliminary / pre-final exam (as the last end semester examination) before final professional examination for the purpose of calculating internal assessment marks.
- The conducts of mid-semester examinations are optional and may be conducted by respective departments. Internal assessment at AIIMS Bhopal is envisaged as continuous process and shall include performance in performances in activities like seminars, tutorials, inter-departmental teaching, ward-leaving etc and assessed objectively.

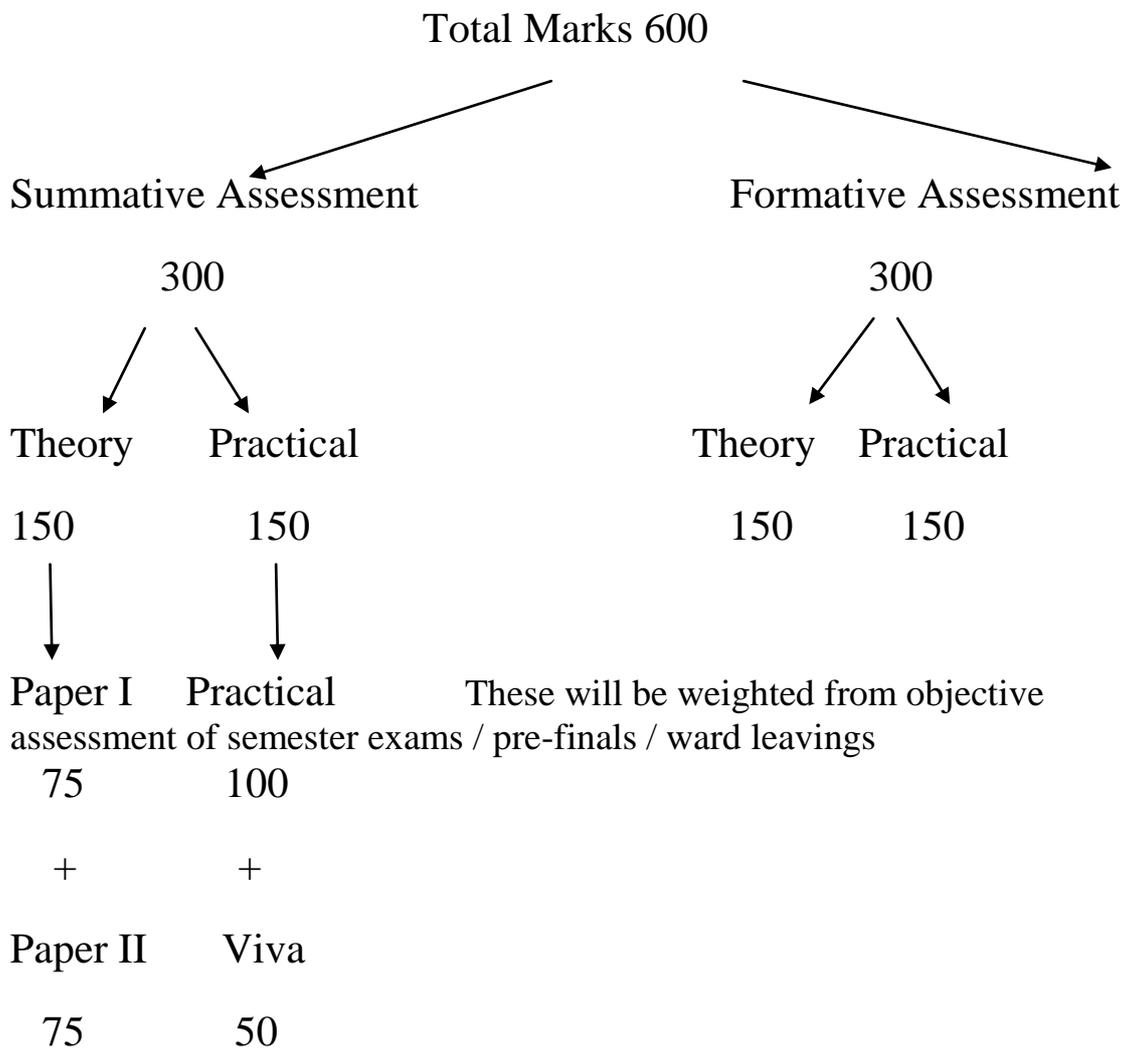
**MBBS course at AIIMS Bhopal will have 3 examinations:**

**1<sup>st</sup> Professional:** At the end of year one (2 Semesters) with Anatomy, Physiology and Biochemistry as the subjects.

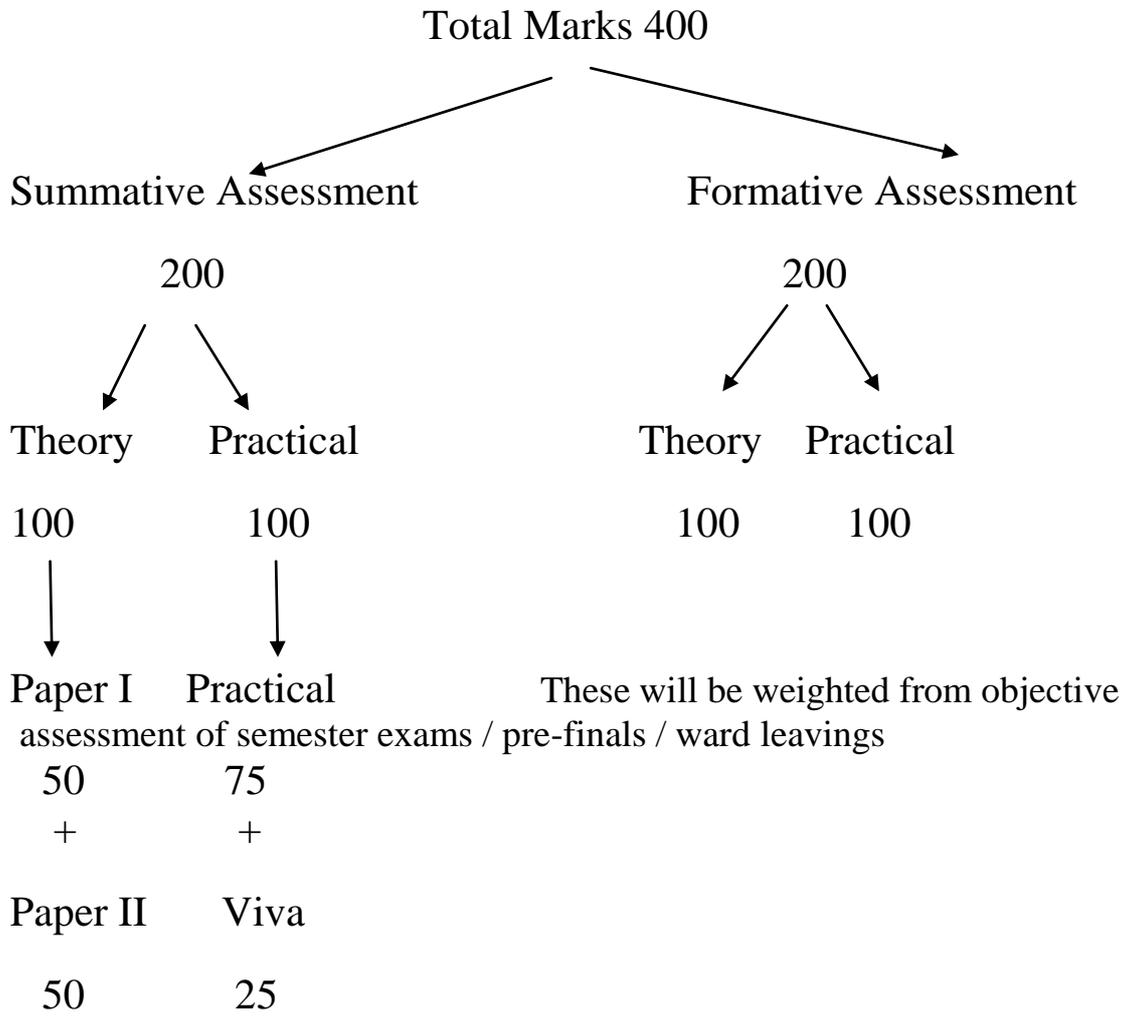
**2<sup>nd</sup> Professional:** At the end of 2 1/2 years of course (3 Semesters) with Pharmacology, Pathology, Microbiology and Forensic Medicine & Toxicology as the subjects.

**Final Professional:** At the end of 4 1/2 years of course (4 Semesters) with Community & Family Medicine including Ophthalmology, Medicine including Psychiatry and Dermatology, Surgery including Orthopaedics & ENT, Paediatrics and Obstetrics and Gynaecology as the subjects.

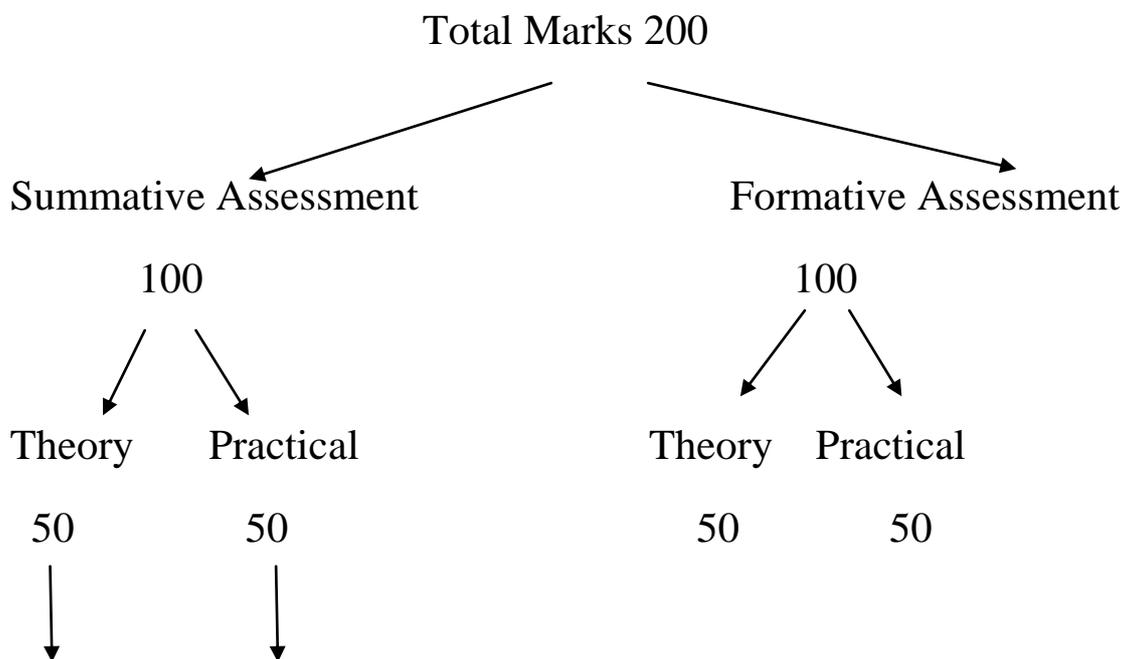
**For a subject with 600 marks the distribution of marks is as follows:**



**For a subject with 400 marks the distribution of marks is as follows:**



**For a subject with 200 marks the distribution of marks is as follows:**



These will be weighted from objective assessment of semester exams / pre-finals / ward leavings

Paper I    Practical  
50        30

+

Viva

20

The conduct of Mid Semester Exam List is optional and may be conducted by respective departments. Internal Assessment at AIIMS Bhopal is envisaged as continues process and shall include performances in activities like seminar, tutorials, inter departmental teaching, ward-leaving etc and their objective assessment.

**Rules of Attendance:**

Attendance of 75% in each subject and 80% aggregate is necessary to appear for 1<sup>st</sup>, 2<sup>nd</sup> and final professional examinations. 5% condonation in deserving cases can be done at the discretion of Director/Dean. Students with less than 70% in individual subject and 75% aggregate will not be allowed to appear for the examinations.

**Rules for Internal Assessment:**

A minimum of 40% (separately in theory and practical) is necessary in each subject to appear for the Professional examinations.

**Supplementary Examinations:**

Supplementary exams will be conducted every 6 monthly for all the professionals. Students need to clear all the 3 subjects in the I Professional examinations in order to be promoted to II Professional.

Students can carry over one or all subjects in II Professional, provided they clear all the subjects of II professional 6 months before the final exams in order to appear for final Professional exams.

**COMPULSORY ROTATORY INTERNSHIP TRAINING**

After passing the Final M.B.B.S. examination, all the candidates will be required to do compulsory internship for a period of one calendar year (12 months) in the hospital and rural health centers recognized by the AIIMS. During the internship period, the interns are allowed a total of 15 days leave in full term of one year. The degree of M.B.B.S. shall be awarded to them after satisfactory completion of one year's internship.

