

No.MCI-5(3)/2006-Med./**MEDICAL COUNCIL OF INDIA****EXECUTIVE COMMITTEE**

Minutes of the meeting of the Executive Committee held on 3rd March, 2007 at 10.00 A.M in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110 077 where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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Present:

Dr.P.C. Kesavankutty Nayar]President (Acting),]Former Dean,]Govt. Medical College,]Trivandrum
Prof. P.N.Tandon]Former Prof. & Head of Neuro-]Surgery,A.I.I.M.S,NewDelhi and]Member, Adhoc Committee]appointed by the Hon'ble Supreme Court
Dr. (Mrs.) S. Kantha]Former Vice-Chancellor,]Rajiv Gandhi University of Health]Sciences, Bangalore and]Member, Adhoc Committee]appointed by the Hon'ble Supreme]Court
Dr. K.P. Mathur]Former Medical Superintendent,]Ram Manohar Lohia Hospital,]77, Chitra Vihar,]Delhi-110092.
Dr. Mukesh Kr. Sharma]Deptt. of General Surgery,]S.M.S. Medical College,]Jaipur
Dr. G.K. Thakur]Professor & Head,]Department of Radiodiagnosis,]S.K.Medical College, Muzaffarpur
Dr. D.K. Sharma]Former Professor & Head,]Department of Paediatrics,]L.L.R.M. Medical College,]Meerut
Dr. P.K. Sur]Director,]I.P.G.M.E.R.,]Kolkatta.
Dr. B.C. Das]Director,]State Instt. of Health &]Family Welfare,]Govt. of Orissa, Nayapalli,]Bhubaneshwar
Lt.Col. (Retd.) Dr. A.R.N. Setalvad	- Secretary

The apologies for absence were received from Dr. N. Rangabashyam, member, Adhoc Committee and Dr. G.B. Gupta, member, Executive Committee.

1. Minutes of the Executive Committee Meeting held on 05/02/2007 - Confirmation of.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council confirmed the minutes of the Executive Committee meeting held on 05.02.2007.

2. Minutes of the last meeting of the Executive Committee – Action taken thereon.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the action taken by the office on the various items included in the agenda of the Executive Committee meeting held on 05/02/2007.

The Secretary informed that further action in respect of the following items may please be inserted in the action taken report sent earlier:-

Item No. 5. Kamineni Institute of Medical Sciences, Narketpally - Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-08.

The Institute has submitted the declaration forms of the new faculty of which the verification is in progress.

Item No. 7 Recognition of MBBS degree awarded by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal- u/s 12(2) of the IMC Act, 1956.

The inspection has been organized and it is kept at item No. 33 in the agenda of today's meeting.

Item No. 8. Recognition of MBBS degree awarded by Kathmandu University in respect of students being trained at Manipal College of Medical Sciences, Pokhara, Nepal u/s 12(2) of the IMC Act, 1956.

The inspection has been organized and it is kept at item No. 32 in the agenda of today's meeting.

Item No. 10. Sri Ramachandra Medical College & Research Institute (Deemed University), Chennai – Increase of seats in MBBS course from 150 to 200- Regarding.

The Sub-Committee has met on 2nd March, 2007 in the Council Office. The report of the Sub-Committee will be placed before the next meeting of the Executive Committee.

Item No. 30. Sikkim Manipal Institute of Medical Sciences, Gangtok – Recognition of medical degree to be awarded by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

The Secretary informed the Committee that a meeting had taken place in the office of Mr. Manishankar Aiyer, Hon'ble Minister for Development of North Eastern Region (DoNER) in relation to this subject on 13.02.2007 which was attended by Shri K. Ramamoorthy, Joint Secretary, Ministry of Health & Family Welfare; Shri Karma Gyatso, Principal Secretary (Health), Government of Sikkim; Dr. H. Parghen, Principal Director (Health), Government of Sikkim; Dr. Ramdas M. Pai, Pro Chancellor, Sikkim Manipal University and Dr. K. Jaya Kumar, Vice-Chancellor, Sikkim Manipal University.

The Secretary further informed that he had attended the meeting and the proceedings of the meeting were sent to the President (Acting) by him vide letter dated 22.02.2007. A copy of this communication was placed before the Adhoc Committee and the Executive Committee for its perusal. After perusing the letter & deliberating on the issue at length, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the same.

Item No. 31. Registration in Indian Medical Register requirement for State Medical Council regarding.

This item was discussed in the meeting of the State Medical Council's Registrar/DME's convened in the Office of the Council on 5.2.2007. The minutes of the said meeting will be placed before the next meeting of the Executive Committee.

Item No. 38. Alleged misconduct of Dr. K.K. Arora, Deputy Secretary.

The reply has been received from the Council Advocate. It is kept as Item No.44 in today's meeting.

3. Establishment of new medical college at Bhubaneswar by Sikshya "O" Anusandhan Charitable Educational Society, Bhubaneswar, Orissa.

Read: The Council Inspectors report (07th & 08th Feb., 2007) alongwith the letters dated 14.2.2007 and 20.2.2007 received from the college authorities for establishment of new medical college at Bhubaneswar by Sikshya "O" Anusandhan Charitable Educational Society, Bhubaneswar, Orissa.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (7th & 8th Feb.,2007) along with the letters dated 14.02.2007 and 20.02.2007 received from the college authorities and decided to verify the information submitted by the institute by way of an inspection.

4. People's College of Medical Sciences & Research Centre, Bhanpur - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (14th & 15th Feb., 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at People's College of Medical Sciences & Research Centre, Bhanpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (14th & 15th Feb.,2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 150 MBBS students at People's College of Medical Sciences & Research Centre, Bhanpur for the academic session 2007-08.

5. Recognition of Chhatisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas Univeristy – Compliance verification inspection thereof.

Read: The compliance verification inspection report (08th & 09th Feb., 2007) of Chhatisgarh Institute of Medical Sciences, Bilaspur for recognition of MBBS degree granted by Guru Ghasidas University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (8th & 9th Feb.,2007) and noted the following:-

1. The shortage of teaching faculty is as under:-
(a) Faculty 23.96% (i.e. 29 out of 121)

i) Professor : 6 (Ana. -1, Bio-1, Pharma-1, FMT-1, Ortho.-1, ENT-1)

ii) Assoc. Prof.: 6 (Ana-1, Pharma-1, FMT-1,PSM-1, Pead.-1, Dent.-1).

iii) Asstt. Prof.: 10 (Ana-3, Phy-1, Bio-1, Pharma-1, PSM-2, TB-1, Radio-1).

iv) Tutor : 6 (PSM-2, Anaes-4)

v) Pharma.Chemist – 1

(b) Resident: 29.41% (i.e. 25 out of 85)

i) Sr. Resident : 9 (Pead.-1, TB-1, Psych-1, Surg-4, O&G-2).

ii) Jr. Resident : 16 (Med-1, Pead-2, Skin-1, Psych-2, Surg-7, Ortho-1, ENT-1, O&G-1).

2. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	500-600	550
Bed occupancy%	65-80	80
Operative work	10-15	8
Number of major surgical operations	10-12	6
Number of minor surgical operations	7-8	5
Number of normal deliveries	1-2	1
Number of caesarian Sections		
<u>Radiological Investigations</u>		
X-ray	65-75	65
Ultrasonography	20-30	19
Special Investigations	1-2	1
C.T. Scan	5-10	6
<u>Laboratory Investigations</u>		
Biochemistry	120-145	137
Microbiology	15-25	20
Serology	15-25	20
Parasitology	2-5	2
Haematology	170-250	170
Histopathology	2-5	2
Cytopathology	2-5	4

The clinical material specifically in terms of OPD attendance, radiological and laboratories investigations is inadequate.

3. There is no lecture theatre in the hospital building which is not as per the regulations.
4. Residential quarters: Total of 173 quarters are available out side the campus at a distance of 5 kms in the GGD University campus. 96 quarters are earmarked for teaching faculty and 75 for non-teaching faculty. In addition there are two bungalow for Dean and Medical Superintendent. The road connecting to this residential block is kuccha and the quarters are yet to be allotted to various categories of staff. No boundary wall for this complex has been constructed. There are no residential quarters within the campus which is not as per regulations.
5. The RHTC has no regular posted medical office of Health/Lecturer with MD PSM degree. The RHTC does not have the required teaching facilities and hostel

accommodation and messing facilities for students and interns. The UHTC setup is not properly organized, there is no teaching facility and no accommodation for staff.

6. Auditorium is not available. Deficiency remains as it is.
7. The indoor registration counter is not cross linked with out door registration numbers and MRD computers. Classification of diseases is not followed for indexing.
8. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 24.07.2006 not to recognize Chhatisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University.

6. Continuance of Recognition of MBBS degree granted by Dibrugarh University in respect of students being trained at Assam Medical College, Dibrugarh. .

Read: The letter dated 17.2.2007 received from Shri J.C. Goswami, Secretary to the Govt. of Assam requesting to allow at least 6 months of time from the new financial year 2007-2008 so that the State Govt. can fulfill the deficiencies as pointed out by the Council Inspectors in the inspection report (25th & 26th Sept.) for Continuance of recognition of MBBS degree granted by Dibrugarh University in respect of students being trained at Assam Medical College, Dibrugarh.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter received from the Secretary, Govt. of Assam and observed that it is not appropriate for the Secretary, Govt. of Assam to raise the point that MCI has not informed the State Govt. about the pro-rata increase in the teachers in all the departments for 170 admissions, particularly in view of the fact that from the record, it is observed that there has never been any effort on the part of the college or the State Govt. of Assam to ascertain the staff requirement for 170 admissions. Moreover, in the absence of any specific communication regarding the applicability of the Regulations for 150 admissions from the Council, it was not open for the State Govt. to apply the Regulations for 150 admissions. However, considering the request made by the State Govt. and the efforts made by the State Govt. to rectify the deficiencies till date, the members of the Adhoc Committee and the Executive Committee decided to allow time of three months to the State Govt. of Assam to comply with the deficiencies pointed out in the inspection report and submitted the compliance report for further necessary action.

7. Appeal against the Order passed by the West Bengal Medical Council on the complaint made by Mr. Kartick Bakshi.

Read: The appeal against the Order passed by the West Bengal Medical on the complaint made by Mr. Kartick Bakshi alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that it at its meeting held on 02.12.2006 while considering the matter decided to refer the matter back to the Ethics Committee to reconsider the decision in view of the following factors:-

- i) Age of the doctor is 65 years.
- ii) Doubts have been raised regarding the postmortem report for which no satisfactory explanation is available.
- iii) Even the opinion of the expert states that even on postmortem again the tissue was not sent for histopathological examination and an element of negligence cannot be ruled out which indirectly means that the element of negligence is not conclusively proved.

It further noted that the matter was reconsidered by the Ethics Committee at its meeting held on 19.02.2007 wherein it was decided as under:-

“The Ethics Committee considered the matter with regard to appeal against the order passed by the West Bengal Medical Council on the complaint made by Mr. Kartick Bakshi and noted that this matter was considered by the Ethics Committee in its earlier meetings and in its meeting held on 5th January, 2007. The following decision was taken by the Ethics Committee:-

The Ethics Committee after detailed deliberations unanimously decided to agree with the opinion of the West Bengal Medical Council as mentioned in their chargesheet that Dr. Ila Das has shown utter negligence in treating Smt. Rina Bakshi, diagnosed by her as Uterine Tumour with pregnancy and not attending on her in time of emergency resulting in the death of the patient (Rina Bakshi).

The Ethics Committee also unanimously decided to agree with the following part of the decision of the West Bengal Medical Council which states that Dr. Ila Das has been found guilty of infamous conduct in professional respect as the charges framed against her has been substantiated.

However, the Ethics Committee was of the opinion that the degree of negligence warrants a more substantial punishment than “warning” as has been awarded by West Bengal Medical Council and unanimously decided to recommend eraser of her (Dr. Ila Das) name from I.M.R. for a period of two years.

In view of above, Ethics Committee took up the matter for reconsideration and after detailed deliberations was of the unanimous opinion that Dr. Ila Das was found guilty of infamous conduct in professional respect as the charges framed against her has been substantiated.

In view of the decision of the Executive Committee meeting held on 02.12.2006, she may be awarded “Warning” which may be recorded in the Indian Medical Register.”

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to approve the above decision of the Ethics Committee dated 19.02.2007.

8. Complaint against Dr. Pradeep Singh as alleged by Mr. B.P. Maheswari, Additional Welfare Commissioner, Bhopal.

Read: The complaint against Dr. Pradeep Singh as alleged by Mr. B.P. Maheswari, Additional Welfare Commissioner, Bhopal alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following decision of the Ethics Committee taken at its meeting held on 19.02.2007:-

“The Ethics Committee considered the complaint against Dr. Pradeep Singh as alleged by Mr. B.P. Maheshwari, Addl. Welfare Commissioner, Bhopal Gas Victims, Bhopal and noted that Dr. Pradeep Singh was requested to appear before the Ethics Committee on 19.2.2007 at 11.00 a.m. and his statement is as follows:-

STATEMENT OF DR.PRADEEP SINGH

I, Dr. Pradeep Singh did my MBBS in the 1974 from Gandhi Medical College, Bhopal. My date of Birth is 9th April, 1950. My Registration Number is 1708 from M.P. Medical Council, Bhopal.

The complaint put in by the Addl. Welfare Commissioner, Bhopal Gas Victims, Bhopal, Claim Award Court Mr.B.P. Maheshwari alleging that I have signed on prescription slips those were printed in 1998 for an earlier date is not substantiated or borne by actual facts.

As a matter of fact, Gas Claim Appellant Mr.Brij Bhusan Pandey his wife Madhu Pandey, son Ritesh & daughter Sneha Pandey did consult me on the dates mentioned on the respective prescription slips. After perusal of the Photostat copies of the prescription slips provided to me I admit that the same were written

by me and bear my signature and seal and the dates are 5.12.84, 6.12.84, 4.1.85, 5.1.85 & 3.2.85. I may state here in this connection that after the bifurcation of the State of Madhya Pradesh I was allocated with Chattisgarh cadre and I joined in the new State of Chattisgarh on 31.10.2002 where I am still working as District Family Welfare-cum-Health Officer, Rajnand Gaon.

As per my ageing memory I might have come to Bhopal to attend Court for deposition of medico-legal evidence whence Mr.Brij Bhushan Pandey approached me with despair writ large on his face and the torn distorted and disfigured original prescription slips in one hand and fresh ones duly stamped with the casualty department seal of the Hamidia Hospital, Bhopal in the other. With a broken voice he requested me that no Court on Earth is going to give cognizance to these distorted disfigured and torn prescription slips. It would be very kind of you if you will please issue me the duplicate ones. Then only he stood a slim chance of getting the award. After verifying the veracity and authenticity of the original prescription slips I issued the duplicate ones for Mr.Pandey & his family members. As a medical doctor how could have I ignored the pleas of a person and his family members who were really affected by the tragic leak of the deadly MIC Gas in Bhopal.

The Ethics Committee put some questions to Dr. Pradeep Singh which are as follows:-

- 6
- (a) Q. Do you feel Dr.Singh issuing the prescription slips in a back date which are more than 13 years after his ethical?
 - (1) A. Respected Sir, very humbly I want to submit for your kind consideration that only after verifying the veracity and authenticity of the original slips the duplicate ones were issued by me.
 - Q. Where are those original prescriptions which has been stated by you?
 - A. Retained by Mr.Pandey.
 - (1) Q. Why did not you write duplicate in writing in his prescription, which you have issued in a back date or you have written in lieu of the original ones?
 - (1) A. Sir, as my recollections go I was approached by Mr.Brij Bhushan Pandey in a Court of Law where I was about to deposit medico-legal evidence obviously I was greatly hurried and anxious to go to the Court and deposit evidence so probably I just forgot to put in the word duplicate on the slips issued by me which I admit as a minor lapse on my part.
 1. Q. When did you actually issue the certificates?
 - 1 A. The originals were issued on the dates mentioned on them.
 2. Q. When did you actually sign these prescriptions, which have been provided by Mr.B.P. Maheshwari, you must have signed after 1998 or 1999?
 - i) A. Probably in late 2003 or early 2004 when I had gone to Bhopal for court attendance.
 1. Q. When did you join the Chattisgarh Cadre?
 2. A. As earlier stated on 31.10.2002.
 2. Q. These prescriptions bear the stamp of Hamidia Hospital, Bhopal as well as seal of yours, as Asstt. Surgeon, Hamidia Hospital, Bhopal. How in these papers you could get the seal of both yours and Hamidia Hospital after the year October, 2002?
 2. A. The seal of my designation is my personal seal which I retained with me even after my transfer from Hamidia Hospital. As far the stamp of the casualty department of Hamidia Hospital it was as such when brought in by Mr.Pandey. Fully convinced I agreed to write the duplicate ones.
 1. Q. How Mr.Brij Bhushan brought the seal of Hamidia Hospital?
 - 7 A. Everybody was sympathetic towards Gas affected people and the staff of Hamidia Hospital is no exception.

To the Hon'ble members of the esteemed Committee, I beg to request that my case be considered sympathetically. My wife is ailing with malignancy of a later stage. In view of the circumstances I request that the minor lapse on my part may kindly be over looked.

Sd/-
(Dr.Pradeep Singh)

After detailed deliberation and taking into consideration the judgement of Hon'ble Welfare Commissioner, Bhopal Gas Victim, Bhopal, the deposition of Dr. Pradeep Singh, the complaint of Shri B.P. Maheshwari, Additional Welfare Commissioner, Bhopal Gas Victim, Bhopal and all other relevant documents, the Ethics Committee was of the unanimous opinion that the name of Dr. Pradeep Singh may be erased from the Indian Medical Register for a period of six months for unethical act."

This may be placed before the Executive Committee & General Body of the Council for approval."

9. **Complaint against Dr. M.K. Khanna as alleged by Mr. B.P. Maheswari, Additional Welfare Commissioner, Bhopal Gas Victims, Bhopal.**

Read: The complaint against Dr. M.K. Khanna as alleged by Mr. B.P. Maheswari, Additional Welfare Commissioner, Bhopal Gas Victims, Bhopal alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following decision of the Ethics Committee taken at its meeting held on 15.12.2006 :-

“Dr. M.K. Khanna appeared before the Ethics Committee on 5.1.2007 and his statement is as follows:

STATEMENT OF DR.M.K. KHANNA

I, Dr. M.K. Khanna residing at 169, Green park Colony, Berasia Road, Bhopal(M.P) did my MBBS from Indore Medical College, Indore in the year 1979. My date of birth is 25th May, 1951. My registration number is 3166, dated 1.7.1980 of Madhya Pradesh Medical Council.

I am submitting herewith my detailed reply of the complaint lodged against me, which is self explanatory to do me a favour.

Detailed reply of Dr.M.K. Khanna

“On perusal of the document it appeared that a doubt has been raised by Hon’ble Revisional Court of Bhopal Gas victim about the prescription issued by me, alleging that they are made in one sitting stating therein different dates there by facilitating claimants to get compensation.

I humbly submit that the findings foresaid and suspicion so raised about prescriptions by the Hon’ble Revisional Court of Bhopal Gas victim is not acceptable to me, nor did I ever tendered apology by making admission of any wrong. I became the victim of annoyance of Hon’ble Court, perhaps the annoyance of Hon’ble Court was to wards the lawyer who filed several appeals and in these appeals the claimants have placed my prescriptions and X-ray report which were issued by me after proper examination of the patients on those dates as mentioned in prescriptions.

Therefore, I submit explanation to the allegations leveled in the said order. But before making explanations, I am constrained to place antecedents events of ethical services rendered to Gas victims of Bhopal in medical profession during the tenure of about 25 years of practice.

- (a) I was registered as practitioner with Medical Council of India in the year 1981 started clinic in Berasia Road near DIG Bunglow, Bhopal which is located hardly on 600 meter distance form UNION CARBIDE which was heavily effected area due to Gas leakage in 1984.*
- (b) Hitesh X ray and pathology laboratory is also run by me, X-ray facilities were started in the year 1987 having 20 ma portable X-ray machine.*
- (c) My services were appreciated for rendering free medical services in a camp organized b y Lions’ club sendhwa (M.P) _ document No.1.*
- (d) I worked in the organization UNION CARBIDE during Feb. 81 to Dec.84 for rendering emergency services Document No.2.*
- (e) Worked in A.G.A.P.E. for working ina relief team for Gas victims Document No.3.*
- (f) Certificate of merit issued by PRIEMIER FORGINGS.*
- (g) Appointed by Chief Medical Officer (Gas Relief) for Documentation work for Gas victims.*
- (h) Nominated by central govt. employees welfare coordination committee Bhopal during the year 1998 (Renewed every three years).*
I am rendering free services to Gas victims even on today as social service to them. I alongwith my family members was also residing in the heavily Gas effected area and we were also very badly effected, but we received minimum compensation only as I did not have lust of earning money by malpractice and unfair means.

Now I categorically submit the explanation to doubts and findings complained by Hon’ble Revisional Court hereunder:-

- (1) It is undisputed fact that lacs of people were affected of Gas tragedy and till date the victims are suffering from some or other problems. The photocopies received by me are definitely written b y me but it is unfair to raise suspicion about those prescriptions. It is a direct attack on my character and profession and totally*

baseless and purely imaginative as the prescriptions mentioned here, are in different ink. These are issued on respective dates as mentioned in the prescriptions after carefully examining the patients.

- (2) *It is also important to mention the hon'ble revisional court could have borne in mind that the victims were also examined by the designated hospitals where in all tests were conducted. Based on the findings of designated hospital the categories A,B,C,D, were fixed for compensation to the claimant. The prescriptions so made available to me and as issued by me, do not even mentioned the patient as gas victim. Even if the patient uses such prescriptions for his claim purposes, it may or may not be considerate as gas claim. Courts do have on record examination reports of designated hospital for considering the genuineness of the claim. Therefore, the prescription and x-ray reports of my clinic could be of no value to facilitate claimant to get compensation.*
- (3) *Further doubt has been raised that all prescriptions are accompanied with x-ray report. After the gas tragedy, I have rendered my services to hundreds and thousands of the needy. I was one of the doctors residing closely to the worst affected area (Union carbide is within 5 hundred meters distance from my clinic). It is customary to advise x-ray chest to the patient suffering from breathlessness, chest pain, dysnea etc. as MIC Gas mainly affect the lungs leading to consolidation of lungs and majority of deaths have occurred due to respiratory failure and not cardiac arrest. Since the x-ray facility lies in my clinic, therefore I hand over the report with x-ray plate to the patient. It is not possible to ascertain by me, that the patient shall produce the same, in his/her claim cases. It the x-ray plate is not placed by claimant in record of the claims. It does not become my liability in any way. It is not possible for me to explain even after lapse of more than 15 years.*
- (4) *As mentioned in the order regarding issuing of certificates to a dead person, I was not shown any such certificate or prescription on my repeated requests. Therefore, the obligation lodged on me, to examine a dead person is merely an imagination but not true.*
- (5) *The most important point is that the Hon'ble revisional court has made a finding that I tendered apology of doing some wrong. This is not true as perceived by the Hon'ble revisional court. I was just proving my innocence and trying to keep my ground. Unfortunately due to some unpleasant behaviour of one lawyer appearing in some appeals where in the prescriptions written by me were produced, the Hon'ble Revisional Court expressed annoyance, I became the victim of the same.*

I have always remained ethical towards my profession & have always believed in rendering honest services to my patients, even free of cost in some matters. There is not even a single complaint against me, during my long tenure of 26 years.

It is therefore, most humbly prayed before the Hon'ble Ethics Committee to do justice to me. I shall ever remain obliged.

Yours faithfully,

*Sd/-
(Dr.Mahesh Kumar Khanna)*

The matter was again considered by the Ethics Committee at its meeting held on 19.02.2007 and it was decided as under:-

"The Ethics Committee considered the matter with regard to complaint against Dr. M.K. Khanna as alleged by Mr. B.P. Maheshwari, Additional Welfare Commissioner, Bhopal Gas Victims, Bhopal. After detailed deliberations and considering the judgement of the Hon'ble Welfare Commissioner, Bhopal Gas Victims, Bhopal, the Ethics Committee was of the unanimous opinion that his name be erased for a period of 6 months for unethical act. The matter may be placed before the next meeting of Executive Committee & General Body of the Council for approval".

10. Supply of information under Right to Information Act, 2005.

Read: The letter dated 24.1.2007 received from CMO, DGHS, New Delhi alongwith a copy of letter of Mr. M.C. Karan addressed to the Deputy Secretary, Commissioner Right to Information, New Delhi alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 24.1.2007 received from CMO, DGHS, New Delhi alongwith a copy of letter of Mr. M.C. Karan, New Delhi addressed to the Deputy Secretary, Commissioner Right to Information, New Delhi alongwith the recommendation of the Ethics Committee and decided to approve the following recommendation of the Ethics Committee dated 19.02.2007:-

"The Ethics Committee considered the letter dated 24.01.2007 from CMO, DGHS, New Delhi along with a copy of letter of Mr. M.C. Karan addressed to the Deputy Secretary, Commissioner Right to Information Act,2005 and opined that the management of respiratory failure secondary to pneumonia requiring a ventilator is always a multi disciplinary team approach. It is managed by a team of specialists comprising of Anaesthetist & Physician (Gen.Medicine & Chest Medicine). Usually the Anaesthetist is incharge of the ICU. Ideally intensivist (physician with training in critical care) should be incharge of ICU. At present there are no guidelines of MCI in this matter."

11. Chettinad Hospital & Research Institute, Kanchiuram - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (21st & 22nd Feb., 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at Chettinad Hospital & Research Institute, Kanchipuram.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (21st & 22nd Feb.,2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 150 MBBS students at Chettinad Hospital & Research Institute, Kanchipuram for the academic session 2007-08.

12. Recognition of Amrita Institute of Medical Sciences, Kochi for the award of MBBS degree granted by Amrita Vishwa Vidhyapeetham(Deemed University).

Read: The Council Inspectors report (23rd & 24th February, 2007) for recognition of Amrita Institute of Medical Sciences, Kochi for the award of MBBS degree granted by Amrita Vishwa Vidhyapeetham(Deemed University).

The members of the Adhoc. Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection reports(23rd & 24th Feb. & 2nd March, 2007) and decided to recommend that Amrita Institute of Medical Sciences, Kochi be recognized for the award of MBBS degree granted by Amrita Vishwa Vidhyapeetham(Deemed University) with an annual intake of 100 students.

13. Shadan Institute of Medical Sciences, Teaching Hospital & Research Centre, Hyderabad - Inspection to verify the teaching faculty, residents, clinical material and hostel facilities.

Read: The Council Inspectors report (9th Feb., 2007) to verify the teaching faculty, residents, clinical material and hostel facilities available at Shadan Instituite of Medical Sciences, Teaching Hospital & Research Cetnre, Hyderabd.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (9th Feb.,2007)and noted the following:-

- 1). (a) The shortage of teaching faculty is 27.13%
 - i) Professor Nil
 - ii) Associate Professor 06 (Anatomy-2, Physiology-1, Forensic Medicine-1, TB & Chest-1, Radiology-1)

- iii) Assistant Professor 10 (Anatomy-2, Lecturer in Bio-Physics-1, Pathology-1, Pharma-chemist-1, Forensic Medicine-1, TB & Chest-1, OBG & Gyn-1, ANMO-1, MWO-1)
- iv) Tutor 19 (Anatomy-2, Pathology-8, Pharmacology-6, Forensic Medicine-2, Community Medicine-1)
- (b) The shortage of Residents is 28.94% as under :-
 - i) Sr. Resident 11 (Medicine-3, Surgery-6, Obg & Gyn-1, Radiology-1)
 - ii) Jr. Resident 11 (Skin & VD-1, Surgery-2, Ortho-1, Obg & Gyn-4, Pediatrics-3)

2. Clinical material is inadequate as under :-

	Day of Inspection	
O.P.D. attendance	698	
Bed occupancy%	57%	
<u>Radiological Investigations</u>	O.P.	I.P.
X-ray	23	12
Ultrasonography	25	12
Special Investigation	02	02
C.T. Scan	01	01

- 3. Nurses Hostel :- There is no separate Hostel for Nurses. At present 24 Nurses are staying in the under-graduate girls hostel.
- 4. Resident Hostel :-

Female Resident Doctors:- There is no separate hostel for the female resident doctors. They are accommodated in the girls hostel as per verbal statement of the warden. There is no record.

Male Resident Doctors:- On the second floor of the hospital there are 12 double seated rooms, in which 14 residents are staying. No record is available.
- 5. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the admissions for the academic session 2007-2008 should not be stopped. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

14. **Mahatma Gandhi National Institute of Medical Sciences, Jaipur - Inspection to verify the teaching faculty, residents, clinical material and hostel facilities.**

Read: The Council Inspectors report (9th Feb., 2007) to verify the teaching faculty, residents, clinical material and hostel facilities available at Mahatma Gandhi National Institute of Medical Sciences, Jaipur.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (9th Feb.,2007) and noted the following:-

1. The shortage of teaching faculty is as under:-
- (a) The shortage of teaching faculty is 26.05% as under:-

i) Professor - 2 (Anatomy –1 & Physiology –1)

ii) Associate Professor - 9 (Anatomy –2, Physiology –2, Pathology –2, Community Medicine –1, TB & Chest –1 & General Surgery –1)

iii) Assistant Professor - 8 (Anatomy –2, Physiology –1, Pharmacology –1, Community Medicine –2, Psychiatry –1, Radio Diagnosis -1)

iv) Tutor - 12(Anatomy –1, Pharmacology –2, Pathology –5, Microbiology –2, Forensic Medicine –1, Community Medicine –1)
- (b) The shortage of Residents is 60.7% as under :-

i) Sr. Resident - 19 (General Medicine –4, TB & Chest –1, Dermatology –1, Psychiatry –1, General Surgery –3, Orthopaedics –2, ENT –1, Obst. & Gyane. – 1, Anaesthesia –3 & Radio Diagnosis - 2)

ii) Jr. Resident - 32(General Medicine –1, Paediatrics –4, TB & Chest –3, Dermatology – 2, Psychiatry –3, General Surgery –10, ENT –2, Ophthalmology –1, Obst. & Gynae. -6)
2. Clinical material is grossly inadequate as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	600 -650		356	
Casualty attendance	35-40		16	
Number of admissions / discharge	60 / 52		22	
Bed occupancy%	65		22	
Operative work				
Number of major surgical operations	16		04	
Number of minor surgical operations	31		08	
Number of normal deliveries	0.5		Nil	
Number of caesarian Sections	1 in 4 days		Nil	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	58	24	37	09
Ultrasonography	35	11	21	07
Special Investigations	Nil	Nil	Nil	Nil
C.T. Scan	3	2	02	02
<u>Laboratory Investigations</u>				
Biochemistry	132	62	167	22
Microbiology	22	10	32	08
Serology	42	11	07	02
Parasitology	Nil	Nil	Nil	Nil
Haematology	250	97	96	19
Histopathology	1	4	Nil	01
Cytopathology	3	1	03	01
Others	Nil	Nil	Nil	Nil

Remarks:

- Clinical material is grossly inadequate in terms of OPD attendance, beds occupancy, number of deliveries and laboratory investigations.
- Total number of deliveries conducted in the Months of November, 2006 to 9th February, 2007.

	November, 2006	December, 2006	January, 2007.	1 st to 9 th February
Number of normal deliveries	10	12	8	5
Number of caesarian Sections	6	3	9	2

- No proper records of Birth Registration was maintained.

Bed Occupancy on the Day of Inspection:-

Ward	Bed Available	Beds Occupied
Male Medical	60	15
Female Medical	60	07
Female Surgical I	36	07
Female Surgical II	24	14
Male Surgical I	52	18
Male Surgical II	08	03
Pediatrics	60	05
Ortho. Male	30	15
Ortho. Female	30	04
Obst. Ward	35	05
Gyane Ward	25	05
Male ENT	10	04
Female ENT	10	02
Male Ophthalmology	10	04
Female Ophthalmology	10	03
Psychiatry	10	Nil
Dermatology	10	Nil
T.B. & Chest	20	Nil
	500	111

- Bed Occupancy on the day of Inspection was found to be 22%.
3. Hostels: Both boys and girls hostel are inadequate as it is combined for other courses including medical students. The total capacity of accommodation for students is 664 as against the requirement of 500. It is inadequate as the hostels are combined for other courses like Physiotherapy, BDS, B.Sc. Nursing & GNM etc.
4. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the I.M.C. Act,1956 and further decided to direct the institute not to admit any further batch of students for academic year 2007-2008 till then. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

15. National Institute of Medical Sciences, Jaipur - Inspection to verify the teaching faculty, residents, clinical material and hostel facilities.

Read: The Council Inspectors report (9th Feb., 2007) to verify the teaching faculty, residents, clinical material and hostel facilities available at National Institute of Medical Sciences, Jaipur.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (9th Feb.,2007)and noted the following:-

1. The shortage of teaching faculty:-

(a) The shortage of teaching faculty is 62% as under:-

(i)	Professor -5	(Bio-Chemistry –1, Pathology –1, Community Medicine –1, General Medicine –1, & Obst. & Gynae. –1)
(ii)	Associate Professor - 17	(Anatomy –1, Physiology –3, Biochemistry –1, Pharmacology –1, Pathology –2, Microbiology –1, Forensic Medicine –1, Community Medicine –1, General Medicine –3, Paediatrics –1, General Surgery –1, Obst. & Gynae. –1).
(iii)	Assistant Professor - 22	(Physiology –1, Pathology –2, Community Medicine –5, General Medicine –1, TB & Chest –1, Dermatology –1, General Surgery –3, Orthopaedics –1, Obst. & Gynae. –2, Anaesthesia –2, Radio Diagnosis – 2 & Dentistry –1).
(iv)	Tutor –28	(Anatomy –3, Physiology –1, Biochemistry –1, Pharmacology –1, Pathology –6, Microbiology –2, Forensic Medicine –1, Community Medicine –4, Anaesthesia –5, Radio Diagnosis –3 & Dentistry –1).

(b) The shortage of Residents is 100%.

2. Clinical Material - Available clinical material is as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	875		96	
Casualty attendance	55		5	
Bed occupancy%	85%		20%	
Operative work	25		-	
Number of major surgical operations	15		3	
Number of minor surgical operations	5		1	
Number of normal deliveries	2		-	
Number of caesarian Sections				
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
	126	39	6	4
X-ray	54	19	3	2
Ultrasonography	16	6	-	-
Special Investigations	1	2	-	-
C.T. Scan				
<u>Laboratory Investigations</u>	O.P.	I.P.	O.P.	I.P.
	130	20	10	05
Biochemistry	37	8	13	12
Microbiology	49	13	02	01
Serology	9	3	-	-
Parasitology	130	22	22	12
Haematology	8	1	-	-
Histopathology	10	1	-	-
Cytopathology	-	-		
Others				

Remarks :

- The clinical material was grossly inadequate on the day of the inspection, as is reflected in the OPD attendance, bed occupancy and Radiological and Laboratory workload.
- The daily average of the clinical material provided by the Medical Superintendent could not be verified from the Medical Record Section, Hospital Records & individual departmental records, as they were not available.

3. There is no clear cut demarcation of units which is not as per Regulations.
4. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the admissions for the academic session 2007-2008 should not be stopped. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

16. Shri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun – Inspection to verify the teaching faculty, residents, clinical material and hostel facilities.

Read: The Council Inspectors report(15th Feb., 2007) to verify the teaching faculty, residents, clinical material and hostel facilities available at Shri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th Feb.,2007) and noted the following:-

1. The shortage of teaching faculty:-

The shortage of Residents is 69.04% as under:-

- i) Sr.Resident -12 (Medicine-3, Paediatrics-1, Slurgery-2, Orthopaedic-1, (ENT-1, Ophthal-1, Obst. & Gynae.-1, Radiology-2).
- ii) Jr.Resident – 17 (Medicine-8, Paediatric-2, Surgery-4, Ortho.-1, Ophthal-1 (Obst. & Gynae.-1).

2. Clinical material is inadequate as under:-

	Day of Inspection 15.2.2007	
Bed occupancy%	76.3%	
Operative work	9	
Number of major surgical operations	6	
Number of minor surgical operations	-	
Number of normal deliveries	-	
Number of caesarian Sections		
<u>Radiological Investigations</u>	O.P.	I.P.
	34	10
X-ray	12	6
Ultrasonography	1	-
Special Investigations	1	-
C.T. Scan		
<u>Laboratory Investigations</u>		
	90	32
Biochemistry	5	3
Microbiology	7	5
Serology	5	3
Parasitology	83	36
Clinical Pathology / Haematology	-	1
Histopathology	16	7
Cytopathology	16	7
Others(Body fluid)		

On the day of inspection OPD attendance was 684 and bed occupancy was 76.3%. Normally with high OPD and bed occupancy corresponding increase in the other clinical material like operative work deliveries, radiological investigations, laboratory investigations is expected. Above table shows no delivery/caesarian on the day of inspection. Only 44 X-rays, 18 Ultrasound, 1 CT Scan and 1 special investigation were done in Radiology Deptt. Same is observed in laboratory investigations.

3. On rounds in the wards at 7.30 p.m., the following inpatients status was observed:-

Ward	Bed strength	Beds occupied	No. of operated patients
Surgery Male	17	11	9
Surgery Female	27	12	4
Surgery Male	36	32	8
Ortho. Male	22	17	10
Ortho. Female	16	4	3
Obstetrics	30	8	1
Gynaecology	20	18	1
Total	168	102(60.71%)	36(35.29%)

The above figures indicate – that the bed occupancy which was 76% at 10.30 a.m. had drop down to 60.71%.

It was also noted that the majority of inpatients were shown to be admitted on 13.2.2007. The non-operated cases were of little or no clinical importance. No indoor papers of these patients were available for scrutiny. They were admitted with only OPD papers.

Also the severe deficiency of Junior/Senior Residents has resulted in inadequate management of patients in the wards. And on rounds in the Residents’ quarters only a Junior Resident of Deptt. of Paediatrics was available for interrogation. There was no Register of allotment of rooms to Residents.

Deficiency of Resident Doctors is 69.04%. When round was taken at 7.30 p.m. Resident Doctors were not seen in any ward. In Resident Hostel only one Junior Resident of Paediatrics. This shows that the Hospital is managed between 5 p.m. to 9 a.m. by nurses. Doctors are not available during this period.

4. On scrutiny of Operative Registers the No. of major and minor cases operated were as follows:-

Date	16.10.06	15.11.06	15.12.06	15.1.07	15.2.07
Gen.Surg.	3	-	3	5	6
Ortho.	3	1	-	1	4
ENT	-	2	-	2	3
Opthal.	-	7	4	1	1
Gynae.	-	-	1	-	-
Obst. (LSCS)	1	1	3	1	-

There were 13 normal deliveries and 6 Caesarean Sections in the month of January, 2007, 3 normal vaginal deliveries from 1.2.2007 to 15.2.2007.

5. Resident Hostel - There is no record of the allotment the rooms to the Residents. There is no Warden room visitor room, recreation room, kitchen and Mess. Except one all the rooms were locked when the round was taken at 7.30 p.m.

6. Nurses Hostel - There is one block having 20 double seated rooms. Capacity is 40. At present 40 students are staying in the hostel. There is warden room, visitor room, recreation room, kitchen and Mess. Furniture is adequate.

7. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the admissions for the academic session 2007-2008 should not be stopped. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

17. **Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly – Inspection to verify the teaching faculty, residents, clinical material and hostel facilities.**

Read: The Council Inspectors report(15th Feb., 2007) to verify the teaching faculty, residents, clinical material and hostel facilities available at Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th Feb.,2007) and noted the following:-

- (a) The shortage of teaching faculty is 47.42%
 - i) Professor -11 (1-Biochem.,1-Pharma,1-Patho.,1-Micro,1-For.Med.,1-Com.Med.,1-Pead.,1-Ortho., 1-OBG, 1-Anaes.,1-Radio)
 - ii) Assoc. Prof. -15 (2-Anatomy,1-Physio,1-Pharma,3-Patho,1-Micro,1-For. Med.,1-Med.,1-Pead.,1-Ortho,1-OBG, 1-Anaest.1-Radiology)
 - iii) Asstt. Prof. -7 (2-Anatomy, 1-Lecturer-Bio, 1-Pharma Chemist, 1-For.Med.1-PSM (UHC), 1-Dentistry)
 - iv) Tutor -13 (2-Anatomy,3-Physio,1-Biochem,3-Pharma,1-Patho,2-For.Med., 1-Comm.Med.)
- (b) The shortage of Residents is 64.91% as under:-
 - i) Sr. Resident -16 (1-Med.,2-Pead.,3-Surg.,2-Ortho.,1-Ophthal,2-OBG,3,Anaest.,2-Radio)
 - ii) Jr.Resident -21 (5-Med.,2-Pead.,1-TB Chest, 1-Derm, 1-Psy,5-Surg.3-Ortho.,2-ENT, 1-OBG)

2. Clinical Material:

	Day of Inspection	
O.P.D. attendance	OPD is closed No patient.	
Casualty attendance	14	
Number of admissions / discharge	14/17	
Bed occupancy%	38.30%	
Operative work Number of major surgical operations Number of minor surgical operations Number of normal deliveries Number of caesarian Sections	One major surgery performed today as hospital has been closed today.	
<u>Radiological Investigations</u>	O.P.	I.P.
X-ray	Nil	Nil
Ultrasonography	5(OP)	Nil
Special Investigations	Nil	Nil
C.T. Scan	Nil	Nil

<u>Laboratory Investigations</u>		
Biochemistry	1	Nil
Microbiology	3	Nil
Serology	Nil	Nil
Parasitology	Nil	Nil
Clinical Pathology / Haematology	1	Nil
Histopathology	1	Nil
Cytopathology	1	Nil
Others		

3. Male and Female patients are kept in the same ward in Medicine and TB Chest.
4. The beds in respective subjects are not distributed properly as per MCI norms.
5. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the admissions for the academic session 2007-2008 should not be stopped. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

18. Konaseema Institute of Medical Sciences, Amalapuram – Inspection to verify the teaching faculty, residents, clinical material and hostel facilities.

Read: The Council Inspectors report (15th Feb., 2007) to verify the teaching faculty, residents, clinical material and hostel facilities available at Konaseema Institute of Medical Sciences, Amalapuram.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th Feb., 2007) and noted the following:-

1. Shortage of teaching staff is as under:-
 - (a) The shortage of teaching faculty is 52% (67 out of 129)
 - i) Professor -5 (Bio-chem., Pharmacology, For.Med., Paed. & Radio-Diag.-1 each)
 - ii) Assoc. Prof.-14 (Anatomy-3, Physio-2, Pharma-2, Pathol-1, FM-2, GM-1, TB & Chest-1, Skin & VD-1 & Anaest.-1).
 - iii) Asstt.Prof. – 20 (Anatomy-3, Physio-1, Bio-Physics-1, Biochem-1, Pharma-2, Patho-4, PSM-2, Med.-1, Psy-1, Anaest.-2, Radio-Diag.-1 & Dental-1).
 - iv) Tutor -28 (Anatomy-2, Physio-6, Biochem-1, Pharma-5, Patho-8, Micro-3 For.Med.-3).
 - (b) The shortage of Residents is 47% as under (36 out of 76)
 - (i) Sr. Resident – 12 (Med-4, Surg.-3, Ophthal-1, Anaest.-4)
 - iii) Jr.Resident - 24 (Med.-6, Skin & VD-2, Paed.-2, Surg-8, Ortho.-2, Ophthal-2 OBG-2).

2. Clinical Material:

	Day of Inspection 15.2.2007
O.P.D. attendance	244
Casualty attendance	-
Number of admissions / discharge	08
Bed occupancy%	24%
Operative work	3
Number of major surgical operations	1
Number of minor surgical operations	0
Number of normal deliveries	0
Number of caesarian Sections	
<u>Radiological Investigations</u>	
X-ray	13
Ultrasonography	0
Special Investigations	0
C.T. Scan	-
<u>Laboratory Investigations</u>	
	19
Biochemistry	5
Microbiology	0
Serology	0
Parasitology	26
Clinical Pathology / Haematology	0
Histopathology	0
Cytopathology	-
Others	

3. Teaching beds are 401. Distribution of teaching beds in different specialities is not as per Council norms.

- One ward of 32 beds inclusive of 15 beds of TB & CD and 6 beds of Skin & VD is totally empty of cots and mattresses.
 - 25 beds in Medical Ward and 5 beds in TB & CD and 6 beds in Skin & VD and Psychiatry have no mattress and bed side lockers.
 - In Gynae. Ward out of 30 beds only 12 cots are available and the rest are reported to have been sent for repair.
 - Paediatric Ward (2 wards) comprising of 30 beds each consist of only 21 cots and no patients. The remaining cots are reported to have been sent for repair.)
- CC TV with camera attachment is not available.
 - No Surgery has been conducted in Ophthalmology. OT since 6th Feb.,2007. No Surgery has been done in the emergency. OT located near the casualty since 31.1.07.
 - The kitchen is common for hospital and canteen and it is maintained very unhygienically.
 - Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the admissions for the academic session 2007-2008 should not be stopped. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

19. S.V.S. Medical College, Mahboobnagar - Inspection to verify the teaching faculty, residents and clinical material.

Read: The Council Inspectors report (9th Feb., 2007) to verify the teaching faculty, residents and clinical material available at S.V.S. Medical College, Mahboobnagar.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (9th Feb.,2007) and noted the following:-

1. The shortage of teaching staff is as under:-
- (a) The shortage of teaching faculty is 57.24%

i) Professor3 (1 Microbiology, 1FM, 1 TB&Chest)

ii) Associate Professor20 (3 Anatomy, 1Physiology,1 Biochemistry, 1 Pharmacology,3 Pathology, 2 Microbiology, 1 FM,1 Gen. Med., 1 Paed., 1 TB, 3 Gen.Surgery, 1 ENT and 1 Anaesthesia)

iii) Assistant Professor38 (4 Anatomy, 2 Physiology, 1 LecturerBiochemistry, 1 Biochemistry, 2 Pharmacology,1 Pharm Chemist, 2 Pathology, 1 Micro., 1 FM,1 Community Medicine, 1 Epidiomologist,1 Statistician, 1 RHTC, 1 UHC, 6 Gen. Med.,1 TB, 1 Psychiatry, 4 Gen. Surgery, 2 OBG,1 ANMO, 1 MWO, 1 Anaesthesia, 1 RadioDiagnostic)

iv) Tutor22 (3 Anatomy, 3 Physiology,1 Biochemistry, 4 Pharmacology,4 Pathology, 3 Micro., 1 FM,3 Community Medicine)

(b) The shortage of Residents is 51.19% as under :-

i) Sr. Resident21 (3 Gen. Med., 2 Paediatrics,1 Dermatology, 1 Psychiatry, 4 Gen.Surgery, 2 Ortho, 2 OBG,4 Anaesthesia, 2 Radio Diagnosis)

ii) Jr. Resident22 (3 Gen. Med., 2 Paediatrics,3 Dermatology, 1 Gen. Surgery,6 Ortho., 3 ENT, 2 Ophthalmology,2 OBG)

2. Clinical material is inadequate in terms of Radiological Investigations as under:-

	Daily Average		Day of Inspection	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
	108	41	45	38
X-ray	25	16	22	10
Ultrasonography	3	3	2	2
Special Investigations	7	5	4	2
C.T. Scan				

OPD & Casualty Attendance

Date	OPD New cases					OPD Old Cases	Total	Casualty Admissions including MLC
	M	S	G	O	P			
9-2-07	38	24	25	28	33	35	183	6
6-2-07	140	128	63	98	62	283	774	13
25-1-07	140	116	65	75	67	249	716	17
16-1-07	77	68	41	35	28	131	380	23
29-12-06	127	111	78	96	51	254	717	22
15-12-06	136	109	60	76	55	232	668	9

M- Medicine, S- Surgery, G- OBG, O-Orthopaedics, P-Paediatrics

Investigations shows no. of Patients

Date	Radiology				Lab Investigations				
	CT Scan	X-ray	USG	Doppler & Special Procedure	Pathology	Biochemistry	Microbiology		
							Serology	Culture/Sensitivity	Mycology
9-2-07	2	8	1	Nil	55	12	40	20	8
6-2-07	5	53	35	Nil	132	92	120	40	20
25-1-07	4	59	39	2	129	76	118	42	18
16-1-07	15	59	39	1	109	80	110	45	20
29-12-06	15	60	40	2	106	74	122	38	10
15-12-06	13	58	26	3	97	75	124	30	12

Number of Surgeries & Normal Deliveries

Date	Surgery		Ortho		OBG		Normal Deliveries
	Major	Minor	Major	Minor	Major	Minor	
6-2-07	6	7	2	2	6	2	8
25-1-07	10	2	4	Nil	5	2	3
16-1-07	Nil	1	1	Nil	2	Nil	5
29-12-06	6	5	2	1	4	3	4
15-12-06	8	2	2	1	5	3	6

Bed Occupancy on the day of inspection in clinical departments

Department	No. of Beds	No. of Patients	Occupancy %
Medicine	120	24	20%
Surgery	120	47	39%
OBG	60	20	33%
Paediatrics	60	7	11.6%
Orthopaedics	60	27	45%
Ophthalmology	30	13	43.3%
ENT	30	7	23.3%
TB & Chest	30	4	13.3%
Dermatology	30	5	16.6%
Psychiatry	10	3	30%
Total	550	157	28.5%

3. Bed occupancy is 28.5%
4. Number of x-ray & laboratory investigations are not commensurate with the number of patients claimed by the institute attending outdoor & IPD.

5. Dr.S. Ramachandra Reddy is not qualified to hold the post of Superintendent. He does not possess 10 years administrative experience required as per Regulations.
6. The following units cannot be considered for postgraduate seats because of the reasons indicated below:-

Deptt. of Gen. Med. –

Unit -I

Unit is not qualified for PG, due to shortage of one Asstt. Professor.

Unit-II

Unit is not qualified for PG as there is only one Asstt. Professor, who cannot head the unit.

Unit-III

Unit is not qualified for PG as there is only one Assoc. Professor and no senior resident and only two Junior residents.

Unit-IV

Unit is not qualified for PG as there is only one Assoc. Professor and one Junior Resident in the unit.

Deptt. of Gen. Surgery

Unit-I

Unit is not qualified for PG as there is no Assoc. Professor (as per MCI norms I Unit requires one Assoc. Professor) and no senior resident in the unit.

Unit-II

Unit is not qualified for PG as there is only one Asstt. Professor who cannot head the unit.

Unit-III

Unit is not qualified for PG as there is only one Asstt. Prof. and no senior resident in the unit.

Unit-IV

Unit is not qualified.

Deptt. of OBG

Unit-I

First Unit is not qualified for PG as there is no Professor. No Senior Resident and only two junior resident in the unit.

Unit-II

Unit is not qualified for PG as there is no Asstt. Prof. and only one Junior resident in the unit.

Deptt. of Orthopaedics

Unit-I

Unit is not qualified for PG as there are no Junior & Senior resident in the unit.

Unit II

Unit is not qualified for PG as there are no Junior & Senior Resident in the unit.

5. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the I.M.C. Act, 1956 and further decided to place the inspection report before the Postgraduate Committee and further decided to direct the institute not to admit any further batch of students for academic year 2007-2008 till then. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

20. Issue of NOC to NRI/Foreign students admitted in MBBS/BDS course at Manipal Academy of Higher Education, Manipal, Karnataka during 2006-2007-Reg.

Read: The Central Govt. letter dated 19.2.2007 with regard to issue of NOC to NRI/Foreign students admitted in MBBS/BDS course at Manipal Academy of Higher Education, Manipal, Karnataka during 2006-2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt.'s letter dated 19.02.2007 and observed that issue of NOC in respect of NRI/Foreign students involves many parameters like verification of antecedents, their past history, activities in India after they have entered the country etc. for which the Council neither have the authority nor the resources to carry out due diligence and investigations. It would also not be possible for the Council to filter the entry of undesirable elements who may secure admission to medical institutions in India with mala fide intentions.

It was also observed that by various pronouncements the Hon'ble Supreme Court has directed that a maximum of 15% seats may be earmarked for NRI/Foreign students. Hence, it is not permissible for any authority to relax the permissible limit of 15% of total intake capacity and to allow any institute more number of NRI students than 15% which is the maximum permitted by various pronouncements of Hon'ble Supreme Court.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that it would not be possible for the Council to take up the work related to issue of NOC to NRI/Foreign students, further requesting Central Govt. to advise the institutes to restrict admission under NRI category to maximum 15% as directed by the Hon'ble Supreme Court.

21. Recognition of medical qualifications granted by the Universities of Nepal under section 12 of IMC Act, 1956 as per scheme of reciprocity and to include the degrees in the second schedule after its amendment.

Read: The letter dated 26.2.2007 received from the Registrar, Nepal Medical Council with regard to recognition of medical qualifications granted by the Universities of Nepal under section 12 of IMC Act, 1956 as per scheme of reciprocity and to include the degrees in the second schedule after its amendment.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 26.2.2007 received from the Registrar, Nepal Medical Council. The Committee also perused Section 12(2) & 12(3) of the Indian Medical Council Act, 1956 pertaining to recognition of medical qualifications granted by medical institutions abroad which reads as under:-

Section 12(2)& (3)

- “(2) *The Council may enter into negotiations with the Authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications and in pursuance of any such scheme, the Central Government may, by notification in the official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognised and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.*

- (3) *The Central Government, after consultation with the Council, may, by notification in the Official Gazette, amend the Second Schedule by directing that an entry be made therein in respect of any medical qualification declaring that it shall be recognised medical qualification only when granted before a specified date.”*

The perusal of the sub clause 2 of Section 12 of the Act envisages as under:-

- i) The Council is required to enter into negotiations with the authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of the medical qualification.
- ii) The Council is required to take a decision, after holding the negotiations, whether the medical qualification should be recognised or not under Section 12 of the Act.
- iii) On taking a decision that the medical qualification should be recognised under Section 12 of the Act, the MCI is required to forward its recommendations to the Govt. of India for notification in the Official Gazette amending the 2nd Schedule so as to include therein the said medical qualification.

The negotiations by the Council with the authority in the other country having similar jurisdiction, would relate to all such aspects for ensuring the minimum standards of medical education to be maintained in those medical institutions abroad so as to ensure that candidates securing medical qualifications from those institutions abroad are adequately exposed to proper teaching and training in the field of medicine. It is required to be ensured that the minimum required infrastructural, teaching and other facilities and the minimum eligibility conditions for teaching and training of MBBS students have been provided in the college. The Council would be required to get fully satisfied in relation to minimum norms towards eligibility conditions for admissions, minimum laid down norms for teaching faculty, well-equipped teaching hospital with the minimum required infrastructural and other facilities.

This aspect is to be viewed in the light of the fact that the reciprocity under Section 12 of the Act would mean that the citizens of that country with medical qualification from those medical institutions/colleges abroad would be entitled to get registered and practice in the territory of India and vice versa.

It is reiterated that since the students passing out from a college recognized u/s 12 can practice medicine in India without any further restriction or limitation or without undergoing the screening test, it has to be necessarily ensured that all the required facilities are available in such colleges and they would produce the quality doctors. If the students are being trained in an institution which does not have adequate clinical material even after being in existence for a period of 6 years it would lead to a situation in which they would not be properly and adequately trained and taught in the practice of clinical medicine. Exposing the population at large to treatment by such students who have not been adequately trained because of paucity of clinical material in the affiliated teaching hospital and qualified teaching faculty is not conducive for good quality medical education. It has been the consistent stand of the Council that adequacy of clinical material and qualified teaching faculty is of paramount importance in recognizing the degree awarded by any medical institution. It is also reiterated that as the inspection report itself had shown gross deficiencies of teaching faculty, residents, teaching beds, clinical material, library facilities, health centers, para medical & nursing staff and other infrastructural facilities in almost all the departments, the quality of the education provided in such an institute wherein there are gross deficiencies as outlined above, would not only be substandard but such an institute would be producing doctors who would not have received education as per the standards to be applied to an institute in India and yet because of the recognition u/s 12 would be entitled to practice in India without any restriction or limitation or without the necessity of having to pass the screening test.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the request of Nepal Medical Council to recognize the degree on the basis of reciprocity without conducting the inspection by the Council cannot be accepted and further directed the office to communicate to the Central Government accordingly.

22. U.P. Rural Institute of Medical Sciences & Research, Saifai, Etawah - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report(23rd & 24th Feb., 2007) for renewal of permission for admission of 2nd batch of students for the academic session 2007-2008 at U.P. Rural Institute of Medical Sciences & Research, Saifai, Etawah.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (23rd & 24th Feb., 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100 MBBS students at U.P. Rural Institute of Medical Sciences & Research, Saifai, Etawah for the academic session 2007-08.

23. Approval of A.J. Institute of Medical Sciences, Mangalore for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

Read: The Council Inspectors report(26th & 27th Feb., 2007) for approval of A.J. Institute of Medical Sciences, Mangalore for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th Feb., 2007) and decided to recommend that A.J. Institute of Medical Sciences, Mangalore be approved for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore with an annual intake of 100 students.

24. Approval of Navodaya Medical College, Raichur for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

Read: The Council Inspectors report(26th & 27th Feb., 2007) for approval of Navodaya Medical College, Raichur for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th Feb., 2007) and decided to recommend that Navodaya Medical College, Raichur be approved for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore with an annual intake of 100 students.

25. Approval of K.V.G. Medical College & Hospital, Sullia for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

Read: The Council Inspectors report (26th & 27th Feb., 2007) for approval of K.V.G. Medical College & Hospital, Sullia for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th Feb., 2007) and noted the following:-

1.(a) The shortage of teaching faculty is 7.56% as under:

- (i) Professor-1 (Biophysics-1)
- (ii) Assoc.Professors-4 (Physiology-1, Paediatrics-1, Orthopaedic-1, Radiology-1)
- (iii) Asstt.Profs.-2 (Lecturer Biophysics-1, Epidemiologist/Lecturer-1)

- (iv) Tutors-2 (Pathology-2)
- (b) The shortage of Residents is 10.71% as under:-
 - (i) Sr.Resident-4 (Tuberculosis-1, Dermatology-1, Psychiatry-1, ENT-1)
 - (ii) Jr.Resident-5 (Paediatric-1, TB-2, Dermatology-2)
- 2. Clinical material is inadequate. The following observations are observed in the inspection report:-
 - (a) OPD attendance on the day of inspection was 580 to 600. Randomly the patients were interrogated about their illness.
 - (b) Bed occupancy is 67%. In Orthopaedic ward, the 50% indoor patients were not for clinical teaching and did not need admission.
 - © From 21, Feb. 2007 till date, no Gynaecological operations were performed.
 - (d) On an average only 8 major surgical operations and 6 minor operations were performed as per OT records.
 - (e) Whole blood transfusions for the hospital is on an average 4 per day which is not commensurate with the surgical workload claimed by the institute.
 - (f) The laboratory investigations and radiological work is inadequate.
- 3. CCTV is not available in the operation theatre.
- 4. The receiving and distribution points are not separate. There is no ETO and instrument washing machine in the CSSD.
- 5. Facilities for experimental workload are not available in the animal house. No Technician is provided. There are no large animal in the animal house.
- 6. The capacity of auditorium is 450 against the requirement of 500.
- 7. The RHTC , Sampaje belongs to Government of Karnataka and the college utilizes its services which is not as per norms. No other clinical departments like Medicine, Paediatrics, Obst. & Gynaecology participate in the outreach teaching programme.
- 8. Dr. T.M. Kariappa shown as Medical Superintendent has only 5½ years administrative experience which is not as per norms and he is not qualified to hold the post of Medical Superintendent.
- 9. In the Anatomy department, there is no embalming machine.
- 10. The department of Physiology is not headed by a medical person. The Professor & Head of the Department is M.Sc., Ph.D. which is not as per Regulations.
- 11. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to approve K.V.G. Medical College & Hospital, Sullia for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

26. Approval of Dr. S. Nijalingappa Medical College & Hospital, Bagalkot for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

Read: The Council Inspectors report (26th & 27th Feb., 2007) for approval of Dr. S. Nijalingappa Medical College & Hospital, Bagalkot for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th Feb., 2007) and noted the following:-

- 1. Clinical material is inadequate in terms of OPD attendance, bed occupancy, number of deliveries, x-ray investigations as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	876		447	
Bed occupancy%	81%		60%	
Operative work				
Number of normal deliveries	02		01	
Number of caesarian Sections	01		00	
<u>Radiological Investigations</u>	<u>O.P.</u>	<u>IP</u>	<u>O.P.</u>	<u>I.P.</u>
X-ray	63	42	33	21
Ultrasonography	25	17	14	12
Special Investigations	04	02	04	03
	03	02	02	02
C.T. Scan				

2. TV with camera attachment is not available in the operation theatre.
3. 800 mA x-ray machine is not available.
4. RHTC, Kaladagi is under the control of Government of Karnataka and the college is allowed to use its facilities for teaching purposes which is not as per norms.
5. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to approve Dr. S. Nijalingappa Medical College & Hospital, Bagalkot for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

27. Approval of Vydehi Instt. of Medical Sciences & Research Centre, Bangalore for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

Read: The Council Inspectors report(26th & 27th Feb., 2007) for approval of Vydehi Institute of Medical Sciences & Research Centre, Bangalore for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th February, 2007) and decided to recommend that Vydehi Institute of Medical Sciences & Research Centre, Bangalore be approved for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore with an annual intake of 100 students.

28. Establishment of a new medical college at Azamgarh, U.P. by All India Children Care & Educational Development Society.

Read: The Central Govt. letter dated 12.02.2007 alongwith the letter dated 23.1.2007 received from the Trust authorities for establishment of a new medical college at Azamgarh, U.P. by All India Children Care & Educational Development Society.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter of the Central Government dated 12.02.2007 alongwith the letter dated 23.1.2007 received from the Trust authorities for establishment of a new medical college at Azamgarh, U.P. by All India Children Care & Educational Development Society and observed that the legal infirmities pointed out in its earlier decision dated 14th/15th June,2006 & 30.12.2006 are not resolved as yet. Hence, members of the Adhoc Committee and of the Executive Committee decided to reiterate its earlier decision taken at its meetings held on 14/15th June, 2006 & 30.12.2006 which reads as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the legal opinion was received by the Council on 7th Oct., 2005 in respect of the application for the previous academic year and the operative part of which reads as under:-

“One of the relevant facts in relation to the application u/s 10A of this applicant is that reliance has been placed by the applicant on a lease deed dated 29.3.1996 pertaining to 22 acres of land for satisfying the statutory requirement of ownership and possession of 25 acres of land for establishing a new medical college. In addition to the claim for the above mentioned lease deed for land ad-measuring 22.493 acres, the applicant has claimed ownership of further land ad-measuring 6.454 acres.

The lease deed for the substantial portion of the land constituting 22.493 acres dated 29.3.1996 is stated to have been executed in favour of the applicant by Shri Durgaji Mandir Trust, Chandesar, Azamgarh.

With reference to the above-mentioned lease deed dated 29.3.1996, the Council, inter-alia, had been earlier advised that there is a judgement of the Id. Additional District Judge dated 24.5.1997 wherein a finding has been given by the Id. ADJ that lease deed dated 29.3.1996 is void. Some of the relevant observations made in the judgement of the Id. ADJ are as under:-

- “(a) That there was a clear admission on the part of the respondents therein that the lease deed dated 29.3.1996 is null and void ab initio, even though it was the respondent’s contention that the appellant Sh. Ram Patal Chaturvedi could not have challenged the same.
- (b) That the lease deed dated 29.3.1996 was in violation of the Zamindari Abolition and Land Reforms Act.
- (c) That the lease deed dated 29.3.1996 is void for want of prior permission of the Directorate of Education in terms of the relevant laws applicable to the State of U.P. in this respect.
- (d) That the facts clearly indicate that there was insufficient consideration for the transfer/execution of lease deed dated 29.3.1996 and the transfer has not taken place for the purpose of establishment of a medical college...”

It is also significant to notice that the said Shri Durgaji Mandir Trust, from whom the applicant is claiming to have a lease deed for more than 22 acres of land, has addressed a letter to the MCI received in the office of the Council on 11.11.2004, copy whereof is enclosed herewith for ready reference. Through this communication, Shri Durgaji Mandir Trust has informed the council that the land in question belongs to Shri Durgaji Mandir Trust, Chandesar, Azamgarh. Shri Bajrang Tripathy of All India Children Medicare & Educational Development Society, Azamgarh by concealing the fact that the lease deed dated 29.3.1996 has been declared to be null and void by the Id. ADJ, has fraudulently obtained a letter from the District Officer, Azamgarh and for nullification whereof shri Durgaji Mandir Trust has already submitted an application with the District Officer, Azamgarh. The said Trust has accordingly requested the MCI to initiate legal proceedings against Shri Bajrang Tripathy.

It is further to be seen that even earlier, this college had applied for permission u/s 10A of the Act. It admitted students without obtaining the permission of the Central Govt. u/s 10A of the Act, on the recommendations of the MCI. It claimed the benefit of deemed permission. Students were admitted. Subsequently, the Hon’ble Supreme Court set aside the judgement of the Hon’ble High Court.(UOI & Ors. Vs. All India Children Care & Educational Development society, Azamgarh & Anr.. – (2002) 3 SCC 649). The students who were admitted pursuant to the orders of the Hon’ble Supreme Court were then required to be adjusted in other medical colleges(Asheesh Pratap Sing & Ors. Vs. UOI & Ors. – (2002) 4 SCC 216).

As such, in my opinion, with such disputed documents on ownership of the land in question, it would not be permissible for the querist Council to entertain this application u/s 10A of the Act till documents establishing clear title/ownership and possession with regard to 25 acres of contiguous piece of land are furnished by the applicant, as required by the statutory regulations of the Council.

Under these circumstances, I am of the opinion that in the light of the above-mentioned communication of Shri Durgaji Mandir Trust received by the office of Council on 11.11.2004, the applicant cannot claim the ownership and possession of this 22 acres of land. In my view the applicant therefore, does not fulfil the statutory pre-condition of ownership of 25 acres of unitary piece of land. The querist Council is advised to take appropriate steps for return of the application of the applicant, to the Central Govt.”

The Central Govt. vide letter dated 13.11.2006 had forwarded the detailed compliance report submitted by the college authorities requesting to inspect the proposed college in the second week of April, 2007 for LOI and LOP both in this connection.

The Committee further observed the legal opinion of the Council Advocate dated 29.11.2006, the operative part which reads as under :-

“After perusing the various land documents/certificates as well as the application moved on behalf of Smt. Shyama Devi w/o late Ram Palat Chaturvedi, it has been observed by me that the certificate dated 3.11.2006 issued by the Tehsildar Sadar in which it has been certified by him that the said society is owning one consolidated piece of land measuring 28.947 acres situated at Village – itaura-Khemaupur, P.O. Chandeshwar Distt. Azamgarh.

Besides this, the certificate has also been issued by Chairperson Gram Sabha of District Azamgarh in which it has been certified that the lease deed executed by late Chandrabali bramchari Founder Manager of Shree Durga Ji Mandir Trust, Chandeshwar, Azamgarh (U.P.) in favour of All India Children Care & Educational Development Society, Azamgarh is duly registered in Book No. 1, Volume 5977, Page 149 to 168 Sr. No. 1259 dated 29.3.1996 for land area measuring 4.161 Acres. It also described Khasra No. 7,8 & 9 Khatauni No. 81 Village Itaura which come in Gram Panchayat of the said village, The Tehsildar of Sadar, Dist. Azamgarh U.P., has also certified the said certificate issued by Gram Panchayat.

It has been further observed by me that in both the certificates, the signature of the Tehsildar varies and there is no reference nos. in the certificates issued by the Chairperson, Gram Sabha of District Azamgarh U.P. and both the certificates have been signed by different heads of Gram Panchayat i.e. Teukher & Khemaupur. Besides this the application moved by Smt. Shyama Devi W/o Late Ram Palat Chaturvedi in Second Appeal No. 474 of 1997 for withdrawing the case is yet to be decided by the Hon'ble Court of Allahabad; as no order has been placed on record by the Founder Manager Sh. Bajrang Tripathi.”

The Committee noted that the applicant authority has failed to provide the required documents pertaining to owning and possessing of 25 acres of land and hence not fulfilled the qualifying criteria laid down in the “Establishment Medical College, Regulations, 1999”.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend disapproval of scheme for establishment of new medical college at Azamgarh u/s 10A of the IMC Act, 1956 and to return the file to the Central Government.”

29. Sikkim Manipal Institute of Medical Sciences, Gangtok – Recognition of medical degree to be awarded by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

Read: The letters dated 19.2.2007 received from K. Jayakumar, Vice Chancellor, Sikkim Manipal University of Health Medical and Technological Sciences, Gangtok and 26.2.2007 from the Chief Minister of Sikkim with regard to recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letters dated 19.2.2007 received from K. Jayakumar, Vice Chancellor, Sikkim Manipal University of Health Medical and Technological Sciences, Gangtok and 26.2.2007 from the Chief Minister of Sikkim with regard to recognition of Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical and Technological Sciences, Tadong, Gangtok and observed that the infirmities pointed out in its earlier decision dated 05.02.2007 are not resolved as yet and are still continuing. Further, it also deserves to be appreciated that there is no provision under the scheme of the Act or any Regulation that temporary recognition for any batch or for the first two batches, as desired by the Institute in its letter dated 26.1.2007 & 19.2.2007, particularly in view of the fact that no recognition of the MBBS degree has been granted to this institute so far, till date. Hence, the members of the Adhoc Committee and of the Executive Committee decided to reiterate its earlier decision taken at its meetings held on 24.4.2006, 14/15th June, 2006, 2.12.2006 & 5.2.2007 which reads as under:-

“ The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance received from the college dated 19.1.2007 and 26.1.2007 and the letters of the Council dated 22.1.2007 and 30.10.2006 and letter from the Central Government dated 11.10.2006. The members of the Adhoc Committee and of the Executive Committee of the Council noted the discussion which transpired during the meeting chaired by Sh. K. Raamamoorthy, Joint Secretary, Ministry of Health & F.W. where Dr. K. Jayakumar, Vice Chancellor, SMIMS, Sh. K. Gyatso, Principal-Secretary (Health), Govt. of Sikkim, Sh. Amardeep S. Bhatia, Deputy Secretary (NE), Ministry of Health & F.W. and the Secretary, MCI were also present. The members of the Adhoc Committee and of the Executive Committee of the Council after going through the previous letters of the Central Government, the institute and the replies by the Council and taking note of the discussions during the meeting dated 22.1.2007 observed as under:-

1. It is not correct that each and every observation of the MCI pointed out in the nature of deficiency in the inspection report of September, 2006 has been rectified by the institute. It is stated that the scheme as provided under Section 10A of the IMC Act, 1956 itself states that *“adequate hospital facilities, having regard to the number of students likely to attend such medical college or course of study or training or as a result of the increased admission capacity, have been provided or would be provided within the time limit specified in the scheme”*. The qualifying criteria at number 2(5) of Establishment of New Medical College Regulations, 1999 also state that the applicant should own and manage a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college. Part –3 of the form to be submitted by the applicant includes the details about the expansion of the hospital including phasing and scheduling of the expansion of scheme, as per the Regulations of Minimum Standard Requirements for the medical college for 100 admissions annually.
2. As per the present Regulations, the applicant college for having annual intake 100 students should have a teaching affiliated hospital of 500 beds with adequate clinical material within the campus of the Medical College. It may be noted that Regulations B pertaining to the teaching hospital of Minimum Standard Requirements for the Medical college for 100 Admissions Annually Regulations, 1999 reads as under:-
B.1. 1 (1) All the teaching hospitals shall be under the academic, administrative and disciplinary control of the Dean/Principal of the medical college.
B.1.7 There shall be a minimum OPD attendance of 8 patients per day (old and new) per student intake.
B.1.8 Indoor beds occupancy-Average occupancy of indoor beds shall be a minimum of 80% per annum.

There is no provision under the scheme of the act or any other Regulations that any facility or any hospital other than owned or managed by the applicant college itself or any hospital owned and managed by the applicant but outside the campus can be considered for the purpose of recognition of the college under Section 11(2) of the IMC Act, 1956. As STNM Hospital is not owned and managed by the applicant college, it cannot be counted towards the fulfillment of requirements under the Act or the Regulations. It is further reiterated that it is also stipulated in the Regulations that *in toto* 100 percent infrastructure *in toto* has to be provided within the campus. Any such tie-up arrangement with any organization is not provided under the scheme of Act or in the Regulations.

3. None of these deficiencies have admittedly been rectified even in the letters of institute dt. 19.01.2007 and 26.1.2007. No data of improvement in the clinical material is provided by the college. The College itself has admitted in its letters dt. 19.01.2007 & 26.1.2007 that the shortage of teaching faculty was 11.5%. At this point it may kindly be noted that the relaxation of 10% deficiency in the teaching faculty is considered by the Council only in respect of the Government Medical Colleges on the suggestion made by the Central Govt. vide its letter dated 15.07.2004. Further, even those Govt. colleges which had deficiency of teaching faculty of more than 10% have not been considered for recommending grant of Letter of Permission/Renewal of Permission or recognition. It is also to be noted that SMIMS continues to remain a private medical college even today.
4. The institute itself has admitted that the shortage of Senior Resident is not rectified. In its letter dt. 19.01.2007, it is merely stated that *“efforts have already been taken to fill in these positions by SMIMS”*. Even in letter dated 26.1.2007, it is only stated that *“strategic measures are being implemented which includes aggressive measures to fill the marginal gap in faculty and that of residents.”* It is not correct for the institute to claim that the shortage of 27 Junior Residents - i.e. 47%- would not sufficiently impact on quality of medical education. The Residents - i.e. both Senior & Junior – have an important role to play in providing round the clock to health care services essential for the teaching hospital. They have a big supportive role to play in providing adequate clinical material for teaching of medical students. The institute has not stated whether they have rectified the deficiency of 27 Junior Residents or not. Hence, the fact remains with the deficiency of residents is more than permissible limits under the Regulations. It is further stated that it is not correct for the applicant institute to claim whether a particular component required under the Regulations is necessary or not. Any institute/medical college established in India under the scheme as prescribed under Section 10A of the Indian Medical Council Act, 1956 has to follow the Minimum Standard Requirements Regulations and has to create facilities as per the Regulations *in toto*.
5. It would also be noted that the above said circular of the Govt. of India, dt. 04.05.2000 clearly mentioned that during the period in which it is permitted to utilize the facilities of a Govt. Hospital, the concerned medical college should take necessary steps to make the clinical material available in its own hospital. In the present case, SMIMS over a period of 6 years has consistently failed to have sufficient and adequate clinical material available in its own hospital. On perusal of the inspection report for the last 4 years, it is observed that SMIMS has consistently failed to achieve bed occupancy of more than 40% (as against the prescribed minimum requirement of 80% bed occupancy) and OPD attendance more than 300 per day (as against the prescribed minimum requirement of 800 patients per day) and has consistently grossly inadequate clinical material through out these years.
6. The claim that any new hospital in Sikkim with its peculiar terrain and residential patterns, unique morbidity profiles and socio-cultural practices needs time to develop towards a patient level easily achievable in towns in other parts of the country is not tenable particularly in view of the fact that the CRH which is the main affiliating hospital of SMIMS is now over 6 years old and further particularly in view of the fact that STNM hospital which is a general non-teaching hospital and located only a few km. away from CHR is able to attract clinical material in a great abundance. It would be relevant in this context to mention that since the enforcement of minimum prescribed requirements is an imperative for each medical college/institution that in similar circumstances, the MCI and the Ministry of Health had insisted for compliance in the case of Dr. Rajendra Prasad Medical College, Tanda which had been established by the State of Himachal Pradesh. On similar pleas raised by the State of Himachal Pradesh, when the Hon'ble Himachal Pradesh High Court had granted permission for admissions to the State Govt. for this new

medical college, in the appeals filed by the MCI and the Govt. of India, the Hon'ble Supreme Court had stayed the judgement of the Hon'ble High Court. It was on the State of H.P. subsequently providing the minimum prescribed infrastructural, teaching and other facilities that the permission u/s 10A had been granted.

7. It also deserves to be noted that the fundamental parameter of good quality medical education is availability of the minimum required clinical material and qualified teaching faculty. To achieve this purpose it has been the practice of all the medical institutions all over the world including India that the treatment of the patients who are being utilized as a source of clinical material by the medical teachers has to be undertaken by the teachers themselves at the teaching institution, because they have to demonstrate and train the medical students on all aspects of clinical practice including examination, investigation and treatment. Such an arrangement as indicated in the revised MoU would never secure this objective for the training of the medical students effectively as the clinical control of the patients would not remain with the faculty of SMIMS. Further, whenever there is difference of opinion in the arrangement as indicated in the MoU so far as the patients in STNM Hospital are concerned the view of the doctors of STNM Hospital would be final which is not at all permissible/desirable for proper medical teaching of the students. ***This defect pointed out earlier is not rectified by the institute even in its last letter dt. 26.01.2007.***
8. It is further to be appreciated that incidental factors like high literacy rate, small family norms, excellent climatic conditions etc. cannot be a ground for not providing and fulfilling the minimum prescribed clinical material, other infrastructural and teaching requirements in a teaching hospital. The most crucial and significant aspect which cannot be ignored by anyone is that the function of a teaching hospital is not only to provide health services but also to teach medical students and in the absence of adequate clinical material, practical training which is very vital and important in medical curriculum is likely to lag behind and the students when they complete their course may not be fully conversant with all the aspects of clinical medicine. This scenario is not desirable in a teaching hospital. It is in this context, the Hon'ble Supreme Court was pleased to recognize and enforce the following crucial and significant aspects of medical education by observing in its judgement in the case of MCI –Vs. State of Karnataka – (1998) 6 SCC 131, as under:-

“.....A medical student requires grueling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study.....”
9. As per the MOU, the ownership and management of the STNM hospital as well as the employees of the STNM hospital including medical doctors still remains with the State Government and not with the college authorities. Moreover, it is pertinent to note that in this circular dt. 04.05.2000 of the Govt. of India, it was never intended that the employees of the State Govt. who are on non-teaching cadre can ever be permitted to be considered as medical teachers who shall be full time employees of the medical college. The institute has not appointed teachers on regular basis as stipulated in the said circular and has thus failed to comply with the minimum requirements of the teaching staff prescribed by the statutory regulations. ***This observation also has not been replied by the institute even in its last letter dt. 26.01.2007.***
10. It is reiterated that an MoU, even if entered into by the State Govt., cannot be accepted if the said MoU is contrary to the Regulations which being statutory Regulations are mandatory and binding in character. Such an MoU therefore cannot fulfill the requirements laid down in the Minimum Standard Requirements Regulations unless a hospital owned and managed by the applicant in the same premises of the medical college with adequate clinical material as prescribed under the Regulations is available.
11. Perusal of the letter dated 26.1.2007 gives an impression as if the suggestion that SMIMS should refrain from admitting students to the MBBS course for the year 2007-08 did not emanate from the SMIMS. However, it has been brought to the notice of the Executive Committee and Adhoc Committee appointed by the Hon'ble Supreme Court that this was a specific suggestion made by the Vice-Chancellor of the Sikkim Manipal University of Health Sciences in the meeting. It has further been brought to the notice of Executive Committee and Adhoc Committee appointed by the Hon'ble Supreme Court that during the said meeting of 22.1.2007, it was vehemently and specifically pleaded by the Vice-Chancellor, Sikkim Manipal University of Health Sciences that the first two batches – i.e. one that has already passed out and one which will be appearing in March, 2007- may be granted temporary recognition for a period of one year till the institute rectifies the deficiencies pointed out in the inspection report and till such period the institute would not admit any student. In view of this specific pleading by the Vice-Chancellor during the said meeting that it is not correct for the Vice-Chancellor now to plead for admitting 50 students for the year 2007-08 at this juncture in view of the pleadings made by him and endorsed by the Principal-Secretary, Govt. of Sikkim during the meeting. It is not correct for the SMIMS to refer to the points emerging from the discussion in the meeting as the decisions taken at the meeting. It may also please be noted that the institute is admitting the students from other States and the North East State also and is admitting NRI students to the extent of 15% of its permitted capacity. There is no legal bar that the students who have passed from SMIMS would not practice anywhere in India except in the State of Sikkim. It would also not be appropriate for the population of the State of Sikkim to be exposed to the health care being provided by the doctors coming out of an institute which does not have adequate teaching faculty and clinical material which are the two most important parameters of medical education.

12. **It also deserves to be appreciated that there is no provision under the scheme of the Act or any Regulation that temporary recognition for any batch or for the first two batches, as desired by the Institute in its letter dated 26.1.2007, particularly in view of the fact that no recognition of the MBBS degree has been granted to this institute so far, till date.**

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council concluded that the compliance submitted by the institute is not satisfactory as the deficiencies of teaching faculty and clinical material which are the two most important parameters of medical education have not been rectified and in view of the persisting deficiencies of teaching faculty, clinical material and other deficiencies, the members of the Adhoc Committee and of the Executive Committee of the Council decided to recommend not to recognize Sikkim Manipal Institute of Medical Sciences, Gangtok for the award of MBBS degree granted by Sikkim Manipal University of Health, Medical & Technological Sciences, Gangtok.”

30. **Continuance of Recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Dr. B.R. Ambedkar Medical College, Bangalore.**

Read: The compliance verification inspection report (23rd & 24th Feb., 2007) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Dr. B.R. Ambedkar Medical College, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (23rd & 24th Feb., 2007) and noted the following:-

1. The shortage of teaching faculty is as under:
- (a) Faculty: 33.54 % (i.e. 55 out of 164)
 - (i) Professor: 2 (P.S.M. 1, Radiodiagnosis 1)
 - (ii) Asso. Professor: 16 (Anatomy 3, Physiology 2, Biochemistry 1, Pharmacology 2, F.M. 1, Tb & Chest 1, Skin & V.D. 1, Paediatrics 1, Radiodiagnosis 3 & Anaesthesia 1)
 - (iii) Asst. Professor: 29 (Physiology 3, Biophysics – 1, F.M.-2, P.S.M.-5, Gen. Medicine 4, Tb & Chest 1, Psychiatry 1, Surgery 4, O.G.-5 & Anaesthesia 3)
 - (iv) Tutor: 8 (Anatomy 3, Phy.- 2, Pharmaceutical Chemist 1, F.M.-1, Comm.Med.-1)
 - (b) Resident: 31.30% (i.e. 36 out of 115)
 - (i) Sr. Resident: 12 (Medicine 2, Surgery 3, Ortho.- 2,Radiodiagnosis 4, Anaes.-1))
 - (ii) Jr. Resident: 24 (Medicine 4, Tb & Chest 1, Skin & V.D. 2, Psychiatry 3, Paediatrics 1, Surgery 8, Orthopaedics 4 & O.G. 1)
 - © Dr. M. Narayan, shown as Medical Superintendent, is not qualified to hold the post as he has only 4 years of administrative experience against 10 years required as per Regulations.
 - (d) In Biochemistry department, ratio of nonmedical teachers is > 50 % which is not as per Regulations.
 - (e) Tb & Chest department does not have any teaching faculty.
2. Clinical material at the college hospital is grossly inadequate as under:

	Daily Average	Day of inspection
O.P.D. attendance	275	318
Bed occupancy	70%	70%
Operative workload (a) Major operations	6	8

(b) Minor operations	5	15
Radiological investigations		
(a) X-ray	43	25
(b) Ultrasonography	25	15
©) Special Investigations	02	-
(d) C.T. Scan	-	-
Laboratory Investigations		
(a) Biochemistry	162	181
(b) Microbiology	26	23
©) Serology	20	15
(d) Parasitology	15	10
(e) Haematology	196	173

3. The college hospital has 410 beds out of which 350 are teaching beds which are inadequate. Additional 150 beds - 30 each in Gen. Medicine, Paediatrics, Gen. Surgery, Orthopaedics & O.G. - have been provided by Govt. of Karnataka for 20 years from 01.01.1988. Such an arrangement is not as per Regulations. There is no separate teaching area available in the OPD & wards in th General Hospital.
4. There is no unit of TB & Chest Diseases. In addition, the teaching beds after considering the requirements of undergraduate and postgraduate courses are deficient as under:-

Speciality	Required Beds/Units	Present Beds/Units		Deficiency if any
		AMCH	KCGH	
Skin & VD	30/1	10/1		20
Ophthalmology	20/1	30/1		10
ENT	20/1	30/1		10
Total				40

5. Only 4 O.T.s are available against the requirement of 10. No TV with camera attachment is available. Resuscitation & monitoring equipment is shared by different O.T.s.
6. ICCU, Burns ICU & PICU are not available. Casualty is ill equipped. Ventilator & pulse oxymeter are not available. Only 10 beds are available in the casualty against the requirement of 20. Central monitoring facilities are not available in ICU. Central Oxygen or suction are not available in ICU.
7. Number of static & mobile X-ray units is not as per norms. C.T. scan is not available.
8. No CSSD is available. Sterilization is done in the respective O.T.s with 2 horizontal & 1 vertical autoclaves which is inadequate.
9. Nursing staff is inadequate. Only 103 nurses are available against requirement of 159.
10. Hostel accommodation is available only for 279 students against the requirement of 500.
11. There is no hostel for interns & PGs. They are accommodated in boys & girls' hostels.
12. Only 4 staff quarters are available in the campus which is not as per Regulations.
13. Medical education unit is poorly equipped. No computer is available. No medical education programme has been conducted in last 1 year.
14. Auditorium has capacity of 400 against the requirement of 500.

15. Veterinary officer is part time.
16. No foreign journals are available against the requirement of 70. Total journals available are 72 against the requirement of 100.
17. UHC is under the control of Municipal Corporation & not under the control of the Dean which is not as per Regulations.
18. Dietician is not available. There is no provision to supply special diet as recommended by the physician.
19. In the Physiology department, no separate mammalian laboratory is available. Two demonstration rooms have capacity of 25 each which is not as per regulations.
20. Departmental libraries are inadequate in P.S.M., Tb & Chest, Psychiatry, Paediatrics, Gen. Surgery, E.N.T., Orthopaedics, Ophthalmology, O.G. & Anaesthesia.
21. Lecture theater at the hospital is of flat type with capacity of 70 which is not as per Regulations.
22. There is no canteen available except 1 stall located on the roadside. It has no sitting arrangement for doctors & staff.
23. In Pharmacology department, experimental Pharmacology has 30 seats & clinical Pharmacology has 25 seats which is not as per Regulations.
24. Other deficiencies pointed out in the inspection report.

In view of above and as the deficiencies of teaching faculty, teaching beds, distribution of units, availability of paramedical staff and other infrastructure are still persisting, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the General Body of the Council for withdrawal of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Dr. B.R. Ambedkar Medical College, Bangalore u/s 19 of the I.M.C. Act, 1956 and further decided that the Central Govt. be requested to direct the institute not to admit any further batch of students for academic year 2007-2008.

It was observed that as per the time schedule prescribed for admissions in postgraduate courses, the first round of counselling/admissions has to be over by 15th April and the last date to join the allotted college and course is 20th April.

In view of above urgency of adhering to the time schedule, the members of the Adhoc Committee and of the Executive Committee further decided to recommend to the General Body of the Council that the authorities of Dr. B.R. Ambedkar Medical College, Bangalore be directed to henceforth stop admissions in MD(Anaesthesia) & D.A., MD(Dermatology) & D.V.D., MD (Forensic Medicine), MD(Microbiology), MD(Obst. & Gynae.) & D.G.O. , MS(ENT), MS(Ophthalmology), DCH, DCP, DOMS, D.Ortho., MD (Anatomy), MD (Physiology), MD (Biochemistry), MD (Pharmacology), MD (Pathology), MD (Comm. Medicine), MD (General Medicine), MD (Paediatrics), MS (General Surgery), MD (Radiology), MS (Orthopaedics) courses being run at the college from the ensuing academic session 2007-2008.

31. Change in the name of Degree awarding institution – Sri Ramachandra Medical College and Research Institute(Deemed University) now named as Sri Ramachandra University, Porur, Chennai.

Read: The letter dated 22.02.2007 received from the Dean, Sri Ramachandra University, Porur, Chennai with regard to Change in the name of Degree awarding institution – Sri Ramachandra Medical College and Research Institute (Deemed University) now named as Sri Ramachandra University, Porur, Chennai as notified by the U.G.C.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 22.02.2007 received from the Dean, Sri Ramachandra University, Porur, Chennai and noted the changed name as “Sri

Ramachandra University, Porur, Chennai” which was previously known as “Sri Ramachandra Medical College & Research Institute (Deemed University)”.

32. Recognition of MBBS degree awarded by Kathmandu University in respect of students being trained at Manipal College of Medical Sciences, Pokhara, Nepal u/s 12(2) of the IMC Act, 1956.

Read: The inspection report (21st & 22nd Feb., 2007) to reassess the facilities available at Manipal College of Medical Sciences, Pokhara, Nepal along with the letter dated 19.02.2007 and 21.02.2007 from the institute.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the inspection report (21st & 22nd February, 2007) and observed the following in the inspection report:-

“Dr. O.P. Talwar, the Principal (Acting), Manipal College of Medical Sciences, Pokhara did not allow the inspection and gave a letter dated 21st February, 2007 which states that :-

“there has been no communication to this college either from MCI or Ministry of Health, Govt. of India, regarding the issues raised in our earlier letters of January & Feb., 2007. In the absence of this, the situation remains unchanged with regards to the previous visit of MCI.

Currently the Dean, Dr. S.K. Dham is in the USA. In the capacity of Acting Principal I am not in a position to take a stand contrary to the earlier decision of the permanent incumbent.

Further, we need to respect the position of the Nepal Medical Council and Kathmandu University regarding the protocols for such inspections. Though a copy of your letter has been addressed to them, we have not received any communication from the regulatory bodies, concerned with medical education in Nepal.

During the past 12 years, we have always been sensitive to the expectations of the Nepal Medical Council and Kathmandu University with regards to observance of standards, protocols and procedures stipulated by them. While working in a foreign country, these imperatives must be honoured by the college.

Under the above circumstances the inspection will not be feasible at this juncture.”

The Acting Principal, Manipal College of Medical Sciences, Pokhara, Nepal did not permit inspection of either the college or the Hospital on the first day. On the subsequent day, there was Gandaki Bandh in Pokhara. We requested the Acting Principal to provide an ambulance for visit to the college, which he refused. Subsequently, despite repeated requests on telephone, the Principal did not permit the inspection. There was no further interaction with the college authorities and inspection was not possible.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also perused the letter dated 19.02.2007 written by Dr. O.P. Talwar, Acting Dean, Manipal College of Medical Sciences, Pokhara, Nepal stating as under:-

“.....We are not entirely clear about the following and seek your indulgence for clarification on them:

- (i) We are a foreign institution permanently affiliated to Kathmandu University and under the aegis of the Nepal Medical Council under a statutory reciprocity scheme recognized by the Union of India. As far as we understand this scheme, and assuming that there is a power to do so, it is for the Central Government of India to reciprocally re-work the statutory arrangement with the Nepal authorities in the event of the need and power to do so.*
- (ii) On two occasions in January 2007 and February, 2007, you have now suggested inspection suo moto rather than on the instruction of the Central Government of India. No less surprising, is the request of such inspection out of the blue which in January, 2007 seemed to have been added as an addendum to an inspection of another college.*
- (iii) While we are seeking legal advice on the terms of the extra-territorial operation of the Act as between the various authorities, we would like to know (a) what has necessitated these emergency requests and (b) whether they are routine; and if so on what periodicity or cause.*

- (iv) *Since there are a large number of institutions and universities listed under the Second Schedule, we are constrained to ask whether the MCI follows a practice of visiting other institutions whether in the UK, Australia, Burma, Canada, Ceylon, Hong Kong, Italy, Japan, Malta, New Zealand, South Africa, Pakistan, Singapore, Ireland and Nepal. If this is so, is it done routinely under conditions of reciprocal complementarity. If not under what circumstances, is such a cause of action based. It would also be useful to know when and where these inspections have been made in the past.*
4. *We would also request that Prof. S.K. Dham, the Dean, is currently abroad on a study visit, keeping in mind the unusual nature of the request made by MCI, we request that a visit if any, by a team from MCI be deferred till his return.*
5. *We assure you that we comply with the standards in accordance with the regulations applicable to us but would like to know to whom and in what way we are directly accountable to councils in other jurisdictions. Since our degree is recognized elsewhere, it is important to know if we are open to inspection globally by you and by councils of other countries.....”*

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council also perused the letter dated 21.02.2007 written by Dr. O.P. Talwar, Acting Dean, Manipal College of Medical Sciences, Pokhara, Nepal stating as under:-

“.....In the absence of this, the situation remains unchanged with regards to the previous visit of MCI.

Currently the Dean, Dr. S.K. Dham is in the USA. In the capacity of Acting Principal I am not in a position to take a stand contrary to the earlier decision of the permanent incumbent.

Further, we need to respect the position of the Nepal Medical Council and Kathmandu University regarding the protocols for such inspections. Though a copy of your letter has been addressed to them, we have not received any communication from the regulatory bodies, concerned with medical education in Nepal.

During the past 12 years, we have always been sensitive to the expectations of the Nepal Medical Council and Kathmandu University with regards to observance of standards, protocols and procedures stipulated by them. While working in a foreign country, these imperatives must be honoured by the college.

Under the above circumstances the inspection will not be feasible at this juncture.”

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council while perusing the inspection report of the inspection carried out by the Council Inspectors on 19th & 20th January, 2007 also observed as under:-

1. The College admits 75 students every 6 months i.e. 150 students per year in 2 batches. The details of admissions were not provided.
2. Auditorium: Not available. An open-air theatre with stage is available. No seating arrangements are provided.
3. Examination Hall : Not available in the college building.
4. Common room for boys and girls: Not Available.
5. Animal House: Not seen in the college building.
6. There is no lecture theatre in the hospital.
7. Central Library: Total area available is 600sq.mt. approx. which is inadequate The number of seats available for the reading rooms are as under:-

		Rooms	Capacity
a.	Students	2 Halls	100 & 150
b.	Interns & Residents	Nil	-
c.	Staff	1 reading room	15
	Total	3	265

The staff available in the library:

Librarian: Nil

Deputy/Assistant Librarian: 1

Others: 3

Total numbers of journals subscribed are 30 Indian and 50 Foreign which is not as per norms.

8. Central photography cum audio-visual units are not available.
9. There is no separate hostel for interns, residents & PGs. They are accommodated in the girls and boys hostel respectively. Accommodation is available for only 146 students which is grossly inadequate.
10. Nurses are residing on the top floor of the hospital building, which was not shown to the inspection team.
11. Sports and recreation facilities are not available.
12. The following deficiencies were observed during the visit to the college:-
 - [i] There were a total of 8 faculty members, 6 non-teaching staff & 6 ancillary staff present in the entire college. Boys hostel has 53 rooms, which accommodated 106 boys and girls hostel has 20 rooms with accommodation for 40 girls. One of the girls hostel in under renovation. There is no separate hostel for interns, residents & nurses. The nurses are accommodated on the top floor of the hospital building & the interns & residents are accommodated in the girls & boys hostel respectively.
 - [ii] There are no demonstration rooms in any department. However, arrangements for teaching 10 to 15 students are made in each department either in the museum or in the laboratories.
 - [iii] There are no seminar rooms.
 - [iv] The departmental libraries need to be upgraded.
 - [v] There are no research labs in any department.
13. Distribution of beds: Not provided. However, the observations made by the inspection team on visiting the hospital are as under:-
 - (A) OPD:-
 - [i] On the day of inspection, there were not more than 100 patients in the OPD.
 - [ii] There are no display boards showing units & unit-wise distribution of faculty. No teaching designations have been given to doctors. Only the names of the doctors with their degrees are displayed.
 - [B] Wards:-
 1. All hospital wards are in 5 bedded cubicles, each with 1 toilet and bath. Many cubicles had "private ward" written outside the room.
 2. There were no side laboratories, doctors and nurses duty rooms, teaching areas in any of the wards.
 3. There was no display of units & beds.
 4. No teaching designations have been given to the faculty.
 5. The bed occupancy was less than 20% on the day of inspection.
 6. The inspection team met a total of 5 doctors both in the hospital. Almost all doctors were retired service officers whose Army/Air Force experience could not be verified. Most of them were above the age of 65 years.
 7. No Senior & Junior Residents were available in the OPD and Wards. Only one intern was on duty. Very few nurses were seen to be present on duty.
 8. There are only 10 beds in casualty. One casualty Medical Officer & two staff nurses are on 12 hourly rotation duty. Average casualty patients range from 10 to 17 per day.
 9. On an average 3 to 4 major & 5 to 7 minor surgeries are done per day. 20 to 25 deliveries are conducted per month including one caesarian section every 3 to 4 days.
 10. There were 7 OTs, of which 2 were not in use.
 11. There is a Central Sample Collection Centre. On an average, 70 sample are received per day from OPD, emergency and in patients combined.
 12. The radiology department had 2 static (300 mA & 500 mA) 3 mobile units, 2 colour Doppler's & 1 CT Scan. One ultrasound machine is in Obst. & Gynae.

13. ICU with 8 beds, NICU with 16 beds and PICU with 3 beds is available. There is no ICCU, separate medical and surgical ICU, Obstetrics ICU or Burns ICU.
14. There was a central paid pharmacy with paid sub-stores on each floor.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also perused Section 12 (2) & (3) of the I.M.C. Act, 1956 pertaining to Recognition of medical qualifications granted by medical institutions in countries with which there is a scheme of reciprocity, which reads as under:-

.....12(2) "The Council may enter into negotiations with the authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications, and in pursuance of any such scheme, the Central Govt. may, by notification in the Official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognized, and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognized medical qualification only when granted after a specified date.

12(3) The Central Government, after consultation with the Council, may, by notification in the Official Gazette, amend the Second Schedule by direction that an entry be made therein in respect of any medical qualification declaring that it shall be a recognized medical qualification only when granted before a specified date....."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also perused the opinion of the Ld. ASG Shri R. Mohan. Para 8 of the opinion reads as under:-

"8.....Sub-section 3 of Section 12, even though does not specifically state about the withdrawal of recognition of medical degrees of foreign countries, it confers power on the Central Government after consultation with the Council, amend the Second Schedule and this amounts to withdrawal. If such a direction to amend the Second Schedule is given, it tantamounts to remove that particular medical qualification from the recognized degrees mentioned in the Second Schedule. Of course, such an amendment can be given only prospectively. The relevant phrases in the last sentence of the sub-section (2) and (3) respectively is worth to mention (i) "after a specified date" (ii) "before a specified date". Under sub-section (2) recognition would take effect after a specified date. For example, if a degree of a foreign country is recognized it would take effect only from the specified date mentioned in the notification. On the other hand, sub-section (3) which contemplates withdrawal of recognition or amendment of recognition would not have retrospective effect. Any degree that has been withdrawn from the Second Schedule would cease to be recognized only from that date. This would give the benefit to the holders of that degree prior to that date.

Section 19 contemplates withdrawal of recognition within the country. It specifies the ground on which such recognition can be withdrawn. Further, it also contains specific provision for the State Government to play its role in regard to the institutions situated in the State and they have to offer their remarks. So, the procedure contemplated in Section 19 would not apply to the provisions contain in Section 12(3).

To sum up in the background of what I had discussed in the preceding paragraphs, I am of the opinion that unless the requirements contained in paragraph six, the application forwarded by a foreign medical institution seeking recognition cannot be entertained. Section 12(3) is also very clear that it relates to withdrawal of recognition or de-recognition as detailed in paragraph eight."

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Council the withdrawal of recognition granted to Manipal College of Medical Sciences, Pokhara, Nepal for the award of MBBS degree granted by Kathmandu University u/s 12(3) of the I.M.C. Act, 1956 and further decided not to grant provisional/final registration u/s 12(2) of the I.M.C. Act, 1956 to any student passing from this institute and who has not passed the screening test.

33. Recognition of MBBS degree awarded by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal-u/s 12(2) of the IMC Act, 1956.

Read: The letter dated 19.2.2007 received from the Chairman, Universal College of Medical Sciences Bhairahawa, Nepal with regard to recognition of MBBS degree awarded by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal u/s 12(2) of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered letter dated 19.2.2007 received from the Chairman, Universal College of Medical Sciences Bhairahawa, Nepal stating as under:-

"I received today morning a message from the Dean, UCMS, Nepal that he received telephonic call and fax message from the Council office informing him that an inspection team of the Council is visiting our college in Nepal for an inspection. Previously also an inspection of our college was sought to be conducted on the directions of the Ministry of Health & F.W., Govt. of India. When the Council Inspectors visited our college in the month of January they saw for themselves the disturbed conditions in that part of Nepal due to the prevailing state of unrest. There was a strike going on. We may inform you that even as on date the situation is far from normal. A strike in the region has again been called from 21st to 27th February, 2007 (copy of paper cuttings are attached). Therefore, an inspection at this stage is not feasible and will only help in conveying a distorted version.

2. *Notwithstanding what has been submitted above, we are also at a loss to understand as to why the Ministry of Health & FW, Govt. of India, has directed the Council to conduct an inspection of our college at this stage when the Govt. of India by a notification in the Gazette of India had granted our college recognition under the scheme of reciprocity under section 12 of IMC Act, 1956 only very recently, i.e. on 23.10.06. To the best of our belief, the Govt. of India would have taken into consideration all the relevant factors, including consultation with the Nepal Medical Council, Govt. of Nepal, the Ministry of External Affairs, Govt. of India and the various legal aspects involved therein, before arriving at the decision to grant our College the recognition Under Section 12 of the Act. Therefore, getting one more inspection conducted by the Council so soon after the Govt. of India has granted the necessary recognition does not appear to be legally tenable.*
3. *In our view the matters relating to recognition of medical courses under the reciprocity scheme with another sovereign country or conducting of an inspection in a College already recognized under section 12 cannot be dealt with in the same manner as in respect of a College within India. When the initial recognition itself was granted after consultation with the Govt. of Nepal and the Indian Ministry of External Affairs, it does not appear to be proper to force another inspection so soon. It is also doubtful as to whether an inspection can be got conducted without consulting the Ministry of External Affairs, G.O.I., the Govt. of Nepal and the Nepal Medical Council, as ours is a recognized College under the reciprocity scheme. Another issue that needs to be addressed is as to whether the Council could judge our college vis-à-vis the yardstick being adopted by it in respect of the Indian Colleges. This is because we are required to conform to the standards prescribed by the Nepal Medical Council.*
4. *In these circumstances, we appeal to your goodself to call off the proposed inspection of our College for the reasons that the area around the College continues to be disturbed with a strike already announced from 21-27, February, 2007. Further, in our view, such an inspection can be considered again only after the legal issues pointed out above are sorted out. We are also simultaneously taking up the matter with the Ministry of Health & Family Welfare, Govt. of India, for appropriate clarification in this regard."*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that the inspection of Universal College of Medical Sciences, Bhairahawa, Nepal was being carried out at the behest of the Central Govt. which had requested the Council to carry out the inspection of the colleges in Nepal vide its letter dated 16.01.2007.

Further the medical college authorities did not co-operate for carrying out the inspection on both the occasions – i.e. 19th & 20th January, 2007 and on 20th & 21st Feb., 2007 under the pretext of law and order problem and therefore, the inspection of the institute by the Council Inspectors could not be carried out.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision recommending to the Central Govt. to withdraw the recognition of MBBS degree

granted by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal taken at its meeting held on 02.12.2006 and further decided not to grant provisional/final registration u/s 12(2) of the I.M.C. Act, 1956 to any student passing from this institute and who has not passed the screening test.

34. Departmental Promotion to the post of Assistant in the office of the Medical Council of India.

Read: The recommendations of the Departmental Promotion to the post of Assistant in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendation of the Departmental Promotion Committee meeting held on 01.03.2007 for the post of Assistant in the office of the Medical Council of India as under:-

"A list of 3 departmental candidates in the Grade of U.D.C. was put before the Committee. It has been observed that there is one post of Assistant (General) lying vacant in the Council. After perusal of the records/data submitted before the Committee, the Committee noted that the Annual Confidential Reports of the employees do not contain any adverse remarks and no vigilance case is pending against them.

The Committee recommends the following for promotion to the post of Assistant:-

<i>Sl.No.</i>	<i>Name</i>	<i>Category</i>
<i>1.</i>	<i>Mrs. Deepa Sachdeva</i>	<i>General</i>

35. Probation period of Dr. P. Prasannaraj, Joint Secretary.

Read: The matter with regard to Probation period of Dr. P. Prasannaraj, Joint Secretary.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the probation period of Dr. P. Prasannaraj, Joint Secretary for a period of 6 months w.e.f. 6th January, 2007.

36. Approval of Minutes of the Grievance Redressal Committee held on 09th February, 2007.

Read: The minutes of the Grievance Redressal Committee held on 9.2.2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Grievance Redressal Committee held on 9.2.2007.

37. Mediciti Institute of Medical Sciences, Ghanpur – Inspection to verify the teaching faculty, residents, clinical material and hostel facilities.

Read: The Council Inspectors report (23rd Feb., 2007) to verify the teaching faculty, residents, clinical material and hostel facilities available at Mediciti Institute of Medical Sciences, Ghanpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors Report (23rd February, 2007) and noted the following:-

1.(a) The shortage of teaching faculty is 38.01% as under:-

Professors-4	(Pharmacology-1, PSM-1, ENT-1, Radio-Diagnosis-1)
Assoc.Profs.-14	(Anatomy-2, Physiology-2, Pharmacology-1, Pathology-1, PSM-1, Medicine-1, Paediatric-1, Dermatology-1, General Surgery-2, OBG-1, Dentistry-1)
Asstt.Profs.-16	(Anatomy-3, PSM-3, General Medicine-2, TB& Chest-1, General Surgery-1, Orthopaedics-2, Anaesthesiology-3, Dentistry-1)

Tutors-12 (Anatomy-1, Physiology-1, Biochemistry-1, Pharmacology-1, Pathology-3, PSM-4, Forensic Medicine-1)

(b) The shortage of Residents is 64.7% as under:-

Sr.Residents-12 (General Medicine-3, TB & Chest-1, General Surgery-1, Ortho.-1, ENT-1, Anaesthesia-4, Radio-Diagnosis-1)

Jr.Residents-43 (General Medicine-6, Paediatrics-5, TB & Chest-3, Dermatology-3 Psychiatry-3, General Surgery-11, Ortho.-4, ENT-3, Ophthalmology-3 OBG-2)

2. Clinical material is grossly inadequate on the day of inspection as under:-

	Day of Inspection	
O.P.D. attendance	360	
Casualty attendance	26	
Number of admissions/discharge	31/45	
Bed occupancy%	23.4%	
<u>Operative work</u>		
Number of major surgical operations	01	
Number of minor surgical operations	18	
Number of normal deliveries	01	
Number of caesarian Sections	02	
<u>Radiological Investigations</u>	O.P.	I.P.
X-ray	58	15
Ultrasonography	37	08
Special Investigations	--	--
C.T. Scan	Not available	
<u>Laboratory Investigations</u>		
Biochemistry	154	98
Microbiology	28	15
Serology	55	18
Parasitology	Nil	
Haematology	234	127
Histopathology	05	03
Cytopathology	03	02
Others	--	

- The OPD data submitted by the Medical Superintendent is escalated as evidenced by the number of prescriptions catered by the hospital pharmacy. The investigations in the Radiology and Central laboratory are also not supported by the requisition slips. The number of blood units issued per day from the blood bank also evidently shows the paucity of surgical work.
- There is no OPD on Saturdays and Sundays.

3. The distribution of beds is as under which is not as per norms:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
<u>Medicine & Allied Specialities</u>			
General Medicine	120/4	80/4	40/2
Paediatrics	60/2	60/2	--
TB & Chest	20/1	--	20/1
Skin & VD	10/1	--	10/1
Psychiatry	10/1	--	10/1
Total	220/9	140/6	80

<u>Surgery & Allied Specialities</u>			
General Surgery	120/4	120/4	--
Orthopaedics	60/2	40/2	20/1
Ophthalmology	20/1	--	20/1
ENT	20/1	--	20/1
Total	220/8	160/6	60
<u>Obst. & Gynae.</u>			
Obstetrics & ANC	36	36	
Gynaecology	24	24	
Total	60/2	60	

The distribution of teaching beds and the bed occupancy in various wards on the day of inspection as observed by the inspecting team and duly signed by the Medical Superintendent is as follows:-

Department	Beds available	Beds Occupied
Male Medical	40	17
Female Medical	40	15
Paediatrics	60	02
Male Surgical	80	21
Female Surgical	40	05
Male Orthopaedics	40	13
Obstetrics	36	26
Gynaecology	24	18
Total	360	117
Bed occupancy	117/500	23.4%

- 4. Teaching beds are 360. Distribution of teaching beds in different specialities is not as per Council requirements.
- 5. Number of teaching units is 14. Distribution of clinical units in different specialities is not as per Council recommendations. Composition of clinical units is also not as per Council requirements.
- 6. There is no separate casualty available.
- 7. Accommodation is available only for 154 students which is inadequate.
- 8. One wing of the boys’ hostel with 65 rooms is non-functional without power supply and furniture. The second wing of the boys’ hostel with 65 rooms has only 45 rooms which are functional and the remaining 20 are non-functional with no power supply and furniture. The sanitary conditions in the toilets of the boys’ hostel are very poor and provided with scare water supply and broken toilet seats and blocked drainages. There is no separate residents’ hostel for the required residents as per Council norms. Some rooms in the hospital have allotted for the residents.
- 9. There is no separate resident hostel. 7 rooms with a total capacity of 14 have been allotted for residents which is grossly inadequate.
- 10. The college was not functional due to the declaration of a holiday on 23.2.07 due to some trivial local disturbance. The decision to close the college was said to have been taken by the administration at 8.00 p.m. on 22.2.07. There was no notice displayed on the notice board for the students. No notice regarding the closure the Institution was submitted to the inspecting team till 2.00 p.m., inspite of the repeated requests. At last the copy of the circular was handed over to the Inspecting team after 2.00 p.m.
- 11. As stated by the Dean, the college vehicle was not available to fetch the faculty staying outside the campus. The Dean also stated that the faculty could not come to the college on their own, as there was local disturbance in the institution. However, the faculty started coming to the college on their own between 11.00 a.m. to 1.45 p.m. for physical verification, which was completed by 2.00 p.m. The inspection team observed that there

were no law & order problems warranting closure of the college and non-availability of the teaching faculty. This was also ascertained by the inspection team from the local police station. The complaint was about certain trivial damages and was submitted to the Police 24 hrs. after the incident. There was no written or oral request for Police protection in view of any law & order problems in the campus. The Inspection team moved in and out of the college campus several times freely without any hindrance or noticing any sign of disturbance.

12. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the institute why the admissions for the academic session 2007-2008 should not be stopped. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

38. Approval of Maharaja Agarsen Medical College, Agroha for the award of MBBS degree granted by Maharishi Dayanand University, Rohtak.

Read: The compliance verification inspection report(2nd March, 2007) for approval of Maharaja Agarsen Medical College, Agroha for the award of MBBS degree granted by Maharishi Dayanand University, Rohtak.

The members of the Adhoc. Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report(2nd March, 2007) alongwith the inspection report(8th & 9th Dec., 2006) and decided to recommend that Maharaja Agarsen Medical College, Agroha be approved for the award of MBBS degree granted by Maharishi Dayanand University, Rohtak with an annual intake of 50 students.

39. Selection for the post of Zonal Inspector in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of Zonal Inspector in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendations of the Selection Committee which met in the Council office on 02.03.2007 that no candidate was found suitable for the post of Zonal Inspector and therefore none was selected.

40. Selection for the post of Whole Time Inspector in the office of the Medical Council of India.

Read: The recommendation of the Selection Committee for the post of Whole Inspector in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee approved the recommendations of the Selection Committee for appointment of Dr. S.B. Siwach as Whole Time Inspector in the Council office.

The Committee directed the Secretary of the Council to issue appointment orders for the above Whole Time Inspector immediately.

41. Election of one member u/s. 3(1)(c) of IMC Act, 1956 in the RMG Constituency, Delhi registered.

Read: The letter dated 22/02/2007 received from the Dr. R.N. Baishya, Returning Officer-cum-Registrar, Delhi with regard to sanction additional funds.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 22/02/2007 received from Dr. R.N. Baishya, Returning Officer-cum-Registrar, Delhi and observed that rule 16 of the Indian Medical Council Rules, 1957 pertaining to conduct of election to the Council under clause [C] of Section 3[1] reads as under:-

“.....(3) If a poll is found necessary, the Returning Officer shall, two weeks before the date appointed therefore, send by post to each elector a letter of intimation in Form No. IV together with a numbered declaration paper in Form No. III, a voting paper in Form II, containing the names of the candidates in alphabetical order and bearing the Returning Officer's initials or facsimile signature, a voting paper cover addressed to him (the Returning Officer) and an outer cover also addressed to him. A certificate of posting shall be obtained in respect of each such letter of intimation sent to an elector.

Provided that the voting paper and other connected papers may also be sent to any elector on his applying to the Returning Officer for the same before the date appointed for the poll, if the Returning Officer is satisfied that the papers have not been sent to him.

An elector who has not received the voting and other connected papers sent to him by post or who has lost them or in whose case the papers before their return to the Returning Officer have been inadvertently spoilt, may transmit a declaration to the effect signed by himself and request the Returning Officer to send him fresh papers and if the papers have been spoilt, the spoilt papers shall be cancel them on receipt. In every case in which fresh papers are issued, a mark shall be placed against the number relating to the elector's name in a copy of the State Medical Register to denote that fresh papers have been issued.

(5) No election shall be invalid by reason of the non-receipt by an elector of his voting paper.”

In view of above, the members of the Executive Committee and of the Adhoc Committee decided that the Returning Officer appointed by the Ministry of Health & F.W., Govt. of India be advised to conduct the election for RMG Constituency of Delhi u/s 3[1][C] in accordance with the provisions of Indian Medical Council Act, 1956 and Indian Medical Council Rules, 1957.

It was further observed by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that the Hon'ble High Court during the course of hearing in Suit No. 13/2007 – Dr. Anil Bansal & Ors. Versus Dr. R.N. Baishya had observed that fee shall be fixed by the Hon'ble Judge herself and having regard to the fact that this is election of the MCI, fee may be paid by the MCI itself.

In view of observations made by the Hon'ble Delhi High Court, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the payment to Hon'ble Justice Ms. Usha Mehra (Retd.) appointed by Hon'ble High Court for conducting of the election u/s 3(1)(c) of R.M.G. Constituency of Delhi amounting to Rs. 1,25,000/- as submitted in the revised budget estimate by the Delhi Medical Council vide its letter dated 22nd February, 2007 be reimbursed by the Council.

42. SLP (C) No. 19242/2006 – Payment of the bill of Sr. Advocate.

Read: The bill of Sh. K.K. Venugopal, Sr. Advocate for Rs. 1, 32, 000/- against the SLP No. (C) No. 19242/2006 before the Hon'ble Supreme Court of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the issue for which the opinion of Shri K.K. Venugopal was sought as Senior Counsel was very important as it related to matters pertaining to interpretation of Section 3 of the I.M.C. Act, 1956 pertaining to membership of the Council from various constituencies.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that it was very important for the Council to defend its stand of following the directives of the Hon'ble Supreme Court and therefore it was essential for the Council to obtain the opinion of Shri K.K. Venugopal, Senior Advocate and his appearance as Sr. Advocate in the matter.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the payment of Shri K.K. Venugopal, Senior Advocate for his opinion and his appearance in the matter.

43. Approval of MNR Medical College, Sangareddy for the award of MBBS degree granted by NTR University of Health Sciences, Vijayawada.

Read: The compliance verification inspection report(2nd March, 2007) for approval of M.N.R. Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada

The members of the Adhoc. Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report(2nd March, 2007) alongwith the inspection report(24th & 25th Nov., 2006) and decided to recommend that M.N.R. Medical College, Sangareddy be approved for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada with an annual intake of 100 students.

44. Alleged misconduct of Dr. K.K. Arora, Deputy Secretary.

Read: The matter with regard to alleged misconduct of Dr. K.K. Arora, Deputy Secretary.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that as per the decision of the Executive Committee taken at its meeting held on 12.11.2005, Mr. P.C. Rawal, IAS (Retd.) was appointed as an Enquiry Officer in the matter pertaining to alleged misconduct of Dr. K.K. Arora, Deputy Secretary.

Subsequently vide letter dated 5.2.2007, he had expressed his inability to continue as an Enquiry Officer. This matter was placed before the Executive Committee at its meeting held on 5.2.2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present wherein it was decided as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 05.02.2007 received from Mr. P.C. Rawal, IAS (Retd.), Enquiry Officer and decided to relieve him as Enquiry Officer in view of conveying his inability to continue as Enquiry Officer and further decided that the office of the Council should try if a retired Hon'ble Judge be preferably requested to conduct this enquiry and for this purpose the office of the Council should coordinate with the Council Advocate.”

In this regard, Mr. Maninder Singh, Council Advocate, vide his letter dated February 21,2007 has informed that he has obtained the consent of Hon'ble Mr. Justice S.K. Mahajan, Retired Judge of the Hon'ble Delhi High Court for conduct of enquiry in relation to this subject. He has proposed Rs. 20,000/- per sitting and secretarial assistance to be reimbursed by the Council.

In view of above and further taking cognizance of the fact that the Hon'ble High Court of Delhi vide its order dated 26.5.2006 has directed that the enquiry be completed within one year; decided that Hon'ble Mr. Justice S.K. Mahajan, Retired Judge of Hon'ble Delhi High Court be appointed as the Enquiry Officer to conduct the above enquiry as per terms & conditions proposed by Hon'ble Mr. Justice S.K. Mahajan and further decided to request Hon'ble Mr. Justice S.K. Mahajan to complete the enquiry within the time limit prescribed by the Hon'ble Delhi High Court in the matter.

45. Alleged incident of indiscipline, using abusive language and misconduct in the office.

Read : Complaints received from some officials of the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the contentions of complaints received from some officials of the Council on which the observations of senior officers were obtained.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the issue and taking into account the complaints and the observations of senior officers observed that prima-facie the complaint was found to be genuine regarding the use of abusive language by Mr. Vinod Kumar Prasad, Assistant; Mr. Lakhan Singh, Assistant; Mr. Gajender Kumar, UDC and Mr. Amarjit Singh, LDC in presence of several officials of the Council including ladies and observed that such an act amounts to gross misconduct and indiscipline which also disturbs the normal functioning of the office.

In view of the serious nature of the alleged offence, the members of the Adhoc Committee and of the Executive Committee decided to hold an enquiry into the incident and pending the enquiry decided to place them under suspension with immediate effect as the alleged incident is of serious nature. The office was further directed to serve the suspension orders immediately.

46. Resignation of Mr. Laxmi Narain from the post of L.D.C. – Consideration of.

Read : The enquiry report received from Mr. A.K. Harit, Deputy Secretary (Administration).

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that this item was discussed at its meeting held on 14/15.6.2006 wherein it was decided as under:

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to obtain a preliminary enquiry report from Mr. A.K. Harit, Deputy Secretary (Administration) on the matter and further decided to defer the consideration till the report is received."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further approved the findings recorded by the Enquiry Officer in his preliminary enquiry report that consideration of case of Mr. Laxmi Narain, for the post of L.D.C. is an administrative lapse and further that with the efflux of time at this juncture it is not feasible to affix the responsibility on a particular individual for the lapse.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further considered the statements of Mrs. S. Savitha, Section Officer and Mr. Manoj Kumar, L.D.C. as recorded by the preliminary enquiry officer that this lapse was due to pressure and over burdening of processing of a large number of applications in a short time and there was no dishonest motive behind the same.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council after due deliberations decided that warning be issued to Mrs. S. Savitha, Section Officer and Mr. Manoj Kumar, L.D.C. for this administrative lapse.

47. Mutual transfer of 12 (twelve) candidates from Govt. Medical College, Jammu to Govt. Medical College, Srinagar.

Read : Letter dated 15.2.2007 from the Secretary, Health & Medical Education, Jammu & Kashmir alongwith the previous correspondence on the matter with regard to transfer of 12 candidates from the Govt. Medical College, Jammu to Govt. Medical College, Srinagar and vice-versa.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 15.2.2007 from the Secretary Health & Medical Education, Govt. of Jammu & Kashmir alongwith the previous correspondence from the Registrar, University of Kashmir and noted that Regulation 6 pertaining to migration permitted migration only on the extreme compassionate grounds after he has passed the first professional MBBS examination.

In view of above, and, in view of the Regulations being statutory Regulations are mandatory and binding in character, the members of the Adhoc Committee and the Executive Committee decided to reiterate its earlier decision taken at its meeting held on 2nd December, 2006 that the mutual transfer of student is not permissible as per Regulations on Graduate Medical Education, 1997.

(Lt. Col. (Retd.) Dr. A.R.N. Setalvad)
Secretary

New Delhi, dated the
3rd March.,2007

A P P R O V E D

(Dr. P.C. Kesavankutty Nayar)
President (Acting)