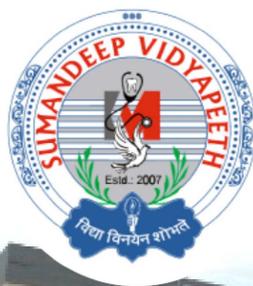


# SUMANDEEP VIDYAPEETH

Deemed to be University u/s 3 of the UGC Act 1956

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## ABRIDGED SELF STUDY REPORT

**Volume-I : Part-I and Part-II  
with Addendum and Corrigendum**



**NAAC SELF STUDY REPORT  
INDEX**

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*Preface*

## **PREFACE:**

Sumandeep Vidyapeeth deemed to be University feels honored to place its self study report before NAAC, which is the most dynamic and trusted body for assessing quality higher education in the country. A sincere attempt has been made to concisely project all the facets and dimensions of our endeavors and pursuits over the years since its inception.

This institution was started by a team of medical professionals with an aim of producing a centre of quality medical education and training, which would not only incorporate best global trends in teaching –learning processes but also provide affordable, scientific, evidence based treatment to marginalized sections of the society, and inculcate a culture of enquiry in faculty and students, leading to a life time habit of best ethical practices and hypothesis based, community oriented research.

At the very inception it recognized the importance of “authentic, validated evidence” as an emerging trend with promise of excellence, and devised a unique innovative evidence based education system as the basis of all its academic and professional activities. It was this premise, having the potential to make a paradigm shift in the field of health care management and education that led to the award of Deemed to be University status under de novo category.

Ever since then the institution has made giant strides and transformed itself as an pulsating, vibrant health care educational hub, on a piece of undeveloped arid land, and as a charitable trust stamped the presence of Gujarat on the health care educational landscape of the country.

Today with a sprawling, eco-friendly, lush green campus, it houses six institutes dedicated to education in medical, dental, nursing, pharmacy, physiotherapy and health care management. A 1360 -bedded modern multispecialty hospital, equipped with state of the art equipments, not only caters to training needs of these institutions but also provides mostly free or highly subsidized services, ranging from basic life support to super-specialty care, to patients from abroad, state of Gujarat various neighboring states .

Keeping the community in the center of all its activities, it has launched a variety of outreach programs, addressing a plethora of local health issues, and through a number of humanitarian ventures, either alone or in collaboration

with local authorities, is providing free diagnostic, therapeutic and consultancy services at the doorstep.

Giving due importance to research, be it high impact or community based, it has set in place a number of policies relating to dissemination of research related training across undergraduate and postgraduate student community, faculty enhancement, expansion of central research lab with ultra modern diagnostic facilities, research incentives to faculty and students, and insistence on quality, high impact, evidence based research. The university provides substantial research funding to faculty and students to encourage unflinching devotion to research.

The University has developed a curriculum conducive to the practice of evidence based education system, has incorporated best teaching techniques, and through an innovative continuous cumulative evaluation made it compulsory for students to be assessed daily in their theory and practical sessions. All postgraduate seminars and journal clubs are conducted in an evidence based format, and special sessions of “ role modeling ” are held in which after asking a relevant clinical question, during real time case management, the consultant demonstrates the skill of retrieving the most valid evidence from the databases, and passes on the benefit of best scientific management, to the patient.

Sumandeep Vidyapeeth, despite several roadblocks, and without any support from any funding agency, has relentlessly moved ahead in pursuit of excellence, and will continue to do so because it firmly believes that –

“The woods are lovely Dark and deep; but we have promises to keep and miles to go before we sleep”



## **Executive Summary**

## EXECUTIVE SUMMARY

SUMANDEEP VIDYAPEETH Deemed to be University is a fruition of years of sustained striving , which has turned a barren piece of land into a 65 acres lush green vibrating health care education hub, vibrating with novel ideas and marching towards it's cherished goal of providing quality health care and education . It stands as a testimony to the persistent visionary efforts of the founder President of the Sponsoring trust. With a humble beginning, the University took up a vision of establishing centre of excellence to provide need base education and patient centric health care. The foundation for this long drawn journey was laid with the establishment of K. M. Shah Dental College & Hospital in the year 1999. It was followed by establishment of College of Physiotherapy. Thereafter the Medical College multi disciplinary super specialty 1360 bedded Dhiraj General Hospital with high tech diagnostic and therapeutic equipments was established, which was followed by the establishment of Sumandeep Nursing College, Department of Pharmacy and Management.

In recognition of consistent pursuit of unique Evidence Base Education System, socially driven patient care and research it was conferred deemed to be University status vide Notification No. F.9-46/2004-U.3 dated 17<sup>th</sup> January, 2007 by Government of India, Ministry of Human Resource Development, Dept of Higher Education U.3 (A) Section, and NEW DELHI.

Having travelled a long distance since then, it now offers total 89 courses, these are , 6 UG, 57 PG, 5 Ph.D., 5 Super Specialty, 12 PG-Medical Dip., 1 Pharm D, 1 GNM, 1 ANM, 1 Dental Mechanics programs. Foundation courses to sensitize to national integration, constitution of India, women empowerment etc are also conducted by the University.

As a indicator of its growth , following are the programs introduced during the last Five years: In SBKSMI&RC – 2 DM and 3 MCh courses, PhD , In KMSDCH –PhD, In college of Physiotherapy PhD In Nursing college – M.Sc Nursing and P BSc Nursing , GNM and ANM ,and In Dept of Pharmacy – Pharm D (PB) ,M.Pharm ( pharmacology & clinical research , pharmaceutical Management & Regulatory affairs , and Pharmacy Practice ) and Pharm D ( six years integrated course ), PhD.

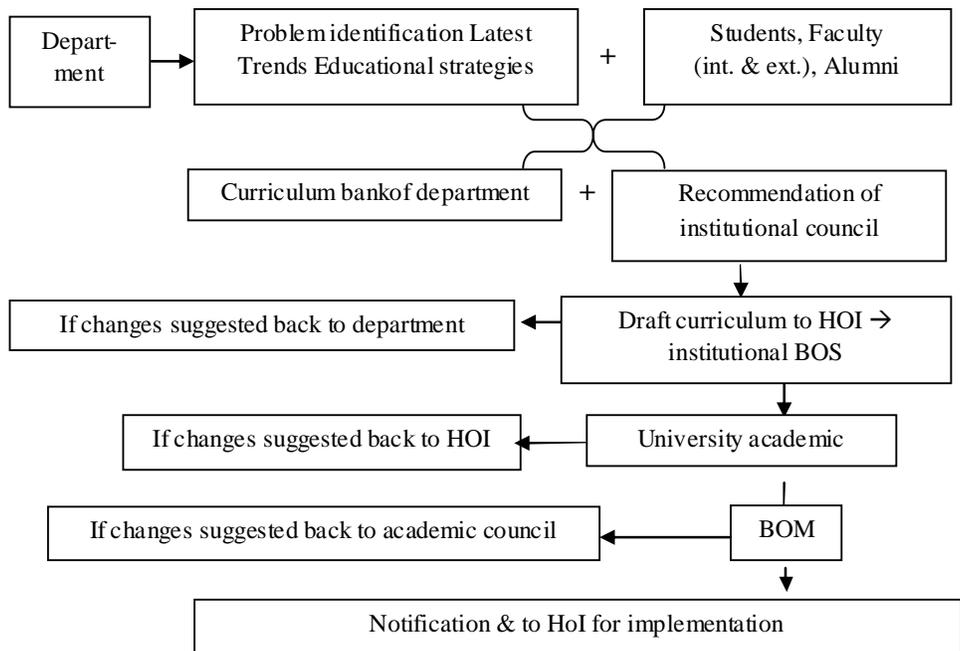
The University in all its years of existence has striven to align all the activities of its constituent colleges in such a way, that the entire process becomes harmonious in fulfilling the vision and mission enshrined by the founders. In consonance with this philosophy, effort has been made to prepare the SSR considering all parameters of assessment, and attempt has been made to

answer all questions in all their dimensions, to present a composite picture as conceived and comprehended by NAAC.

This University has believed in the ethos of quality education, patient care and research of global standards and has constantly marched towards that summit of excellence.

**CRITERIA I: CURRICULAR ASPECTS:**

University has clearly stated vision, mission, goals and objectives to achieve the quality of curricula and they are reflected in all the academic programs of the University Institutions. The curriculum given by the statute is value added by adding elements of “must to know, good to know and desirable to know”. A unique practice of “Evidence Based Education System” is built into the matrix of the curriculum of every subject taught in every constituent institution. There is great emphasis on exposing students very early on to elements of evidence search, validation and their proper utilization in patient care and research. The curriculum has research thrust, intense community orientation, and emphasis on professional skills, employability skills, ethics and code of conduct, soft skills and holistic personality development. To capture changing trends of higher health science education, a unique concepts of “Curriculum bank” has been implemented, which is constantly enriched by feedbacks from different stockholders and the information gathered there from is used in curriculum revision.



The subjects are integrated over the entire length of respective courses with their clinical applications. The public health approach ensures priority of interface with the public through compulsory Community Medicine, Public Health Dentistry, Community Physiotherapy, Community Pharmacy, Community Nursing, National Health programs, multi diagnostic camps, social welfare programs etc.

Revisions in curriculum have been done as follows –

- a) Medical college –UG (MBBS ) MCI regulation 1997 amended up to 2012 , University EBES added modification done in 2014 ,
- b) PG –regulation 2000 amended up to 2013, EBES modification in 2014.
- c) Dental college –DCI revision in
- d) BDS and MDS in 2007, EBES modification in 2014.
- e) Physiotherapy –BPT was done in 12- 13and again in 2014.
- f) MPT revision was done in 2012 and again in 2013.
- g) Nursing – in 2009, and EBES modification in 2014,
- h) Pharmacy – last revision in 2012.
- i) Department Of Management: was done in 2014 and 2015

Bridge courses are conducted for English and local language. University is in collaboration with nine international University/Institutions. The patient safety, confidentiality rights are addressed by adopting hospital charter, patient rights & responsibilities. A comprehensive feedback of students, interns and alumni are taken, analyzed and actions taken.

## **CRITERIA II: TEACHING LEARNING EVALUATION**

- The University publishes information brochure on admission and conducts admission process through (AICET) ALL INDIA COMMON ENTRANCE TEST separately for PG & UG programs. The University maintains transparency in all the admission process. Based on the merit scoring, the admissions are offered to the eligible candidates. The student grievances are also redressed at every stage of admission process.

In the present academic year total 831 students have been admitted, of whom 294 are males and 537 are girls. Out of these 144 students are from outside states.

- The Institution identifies advanced and slow learners by implementing & practicing Bridge, Remedial & Enrichment policy. Bridge programs are given to educationally disadvantage students. Remedial programs are

given to educationally weak students and enrichment programs are conducted for educationally advanced students.

In the constituent colleges, bridge courses have been conducted on 421 topics benefitting 3998 students, in the remedial courses 372 topics have been covered benefitting 4648 students and in the enrichment course 235 topics have been covered benefitting 2100 students.

The components of national integrations, Constitution of India, art & culture, empathy, women empowerment, life style modification, physical health, yoga & meditation are conducted through various programs throughout the year. The Institution uses academic calendar, calendar of events, master plan, teaching plan, rotation plan, Hospital unit plan, evaluation blue print, out-patient, in-patient clinical & community teaching time table to organize Teaching Learning Evaluation. Apart from large numbers of collection of books & journals, University has provided e-learning process including e-data bases. To meet the extensive academic planning, University has pool of highly qualified experienced teaching and non-teaching staff to meet the requirements of curriculum development and implementation.

- The University has implemented mechanism for evaluation of teachers by students as well as by alumni to improve the quality of teaching learning process. The innovations such as ICT enabled teaching, reflective learning, simulation, Evidence Based Medicine, emphasis on development of required skills, knowledge, and attitude to practice health profession, Problem Based Learning, student assisted teaching, self directed learning, and medical humanities are practiced. The pharmaco-vigilance program monitors Adverse Drug Reaction and is in constant consultation with Drug information centre. The drug and toxicology information centre provides information about newer drugs, banned drugs, special precaution in geriatric, pediatric and pregnant ladies. The adequate numbers of laboratories and central clinical lab, rich clinical patient flow and hospital services ensure uniformity in exposure of students to practical, clinical requirement, surgeries, procedures etc. The UG/PG students maintains logbook of teaching and learning in the form of comprehensive log book, practical log book, clinical records journals & intern log books.
- The faculty retention policy has ensured less than 5% of annual attrition. The examination blue print is provided before the academic year. An

examination transparency & confidentiality measures are strictly implemented and monitored. The grievances redressal mechanism exists for internal as well as University examinations. The unfair means committee monitors mal practices, by students, faculties & non teaching staff. The comprehensive examination manual guides the examination activities. Component of Continuous Cumulative Evaluation System (CCES) is added in the present evaluation system within the present frame work of statutory council's prescribed curriculum. The University facilitates and monitors implementation of graduate attributes such as self attributes, knowledge attributes, patient attributes health care professional attributes & social attributes etc.

### **CRITERIA III RESEARCH CONSULTANCY AND EXTENSION**

- Promotion of research, publication & extension, activities are one of the core values of University. To monitor research activities, there is University Central Research Committee supported by the HRRP, Institutional Ethical Committee, and Institutional Animal Ethical Committee.
- University has implemented CDSCO guideline & CPCSEA guideline which are used for ethical & animal ethical Research.
- For conducting extensive and high end research, the central research lab has been established with sophisticated gadgets and equipments which are available to all constituent institutions. CPCSEA approved animal house, latest information augmented LRC including database, fully wi-fi enable campus, well equipped state of the art, multidisciplinary, super specialty, 1360 bedded hospital with hi-tech central clinical laboratory are also available for research activities.
- University has implemented comprehensive policy for publication of research, collaboration, publication, FDP's and Plagiarism. Further to this the standard operating procedure are implemented for all the related activities.

The number of publications have been increasing progressively . In 2015 so far there have been 177 publications and total of 1047 publications of last 5 years.

- **The budget outlay for research is as below:**

The institution is committed to research, and every year a substantial amount of money is given for research activities, and the utilization is more than 90%. In 2015 the budget allocated for research is Rs 11,57,08,000/- which is 10.5% of the annual budget outlay compared to 2014 which was Rs 8,70,75,000/- and out of this 8,12,75,825/- (93.5%) was utilized.

It is pertinent to note that the university has not received any Governmental funding (due to non –availability of SIRO certification due to erroneous remark by SIRO that this University is not recognized by UGC, contradictory to the truth. This remark might be due to misinterpretation of the pending court case which is not related to the recognition of the University per se.) Nor has it been able to establish research collaboration and receive research funding from International Universities (due to absence of NAAC certification, which was not done despite application in 2010, because of the pending court case).

- University has 138 multidisciplinary researches, 98 interdisciplinary researches, 28 transdisciplinary researches.
- University has 9 international collaborations with universities and agencies, 24 industrial collaborations, 15 collaborations with NGOs and 8 collaborations with government, to perform activities related to research, student exchange, faculty exchange, patient care and social services.
- During the last 4 years 490 numbers of papers have been presented at various scientific forums by the students and faculty. There have been 1047 publications in indexed journals. The impact factor for these publications is in the range of 0 to 55.88. There are 123 publications having more than 10 citations. The maximum citations received by one article are 280. The h-index of Google scholar ranges between 1-23. The highest Scopus h index is 20.
- In addition faculty have written 9 books, contributed 18 chapters in different books and 27 books on evidence based protocols have been published by the university.

- University periodically publishes “**Journals Of Integrated Health Sciences**” since 2013, which is peer, reviewed open access and indexed. ( Copernicus and Directory of open access Journal )
- 1363 Research projects have been completed and 627 research projects are ongoing including faculty research projects, faculty guided student research projects and faculty guided dissertations.
- To encourage research, incentives are given for publishing articles in indexed journals, making presentations in conferences, contributing to chapters in books, and working on patents.
- The faculty & the consultants provide consultancy to several pharmaceutical industries, community health centers, Primary health centers, govt. & non govt. organizations. The university has generated Rs. 3, 34, 79,290/ over the last three years through consultancy.
- The institutional social responsibility is delivered by implementing community services in the form of health camps, school health programs, health awareness programs, national health program, subsidized patient services in Medical/Dental and other allied fields.
- As a part of this ISR the hospital investigation/surgical charges are either completely free or have been fixed at 50-60 percent lesser compared to existing charges in all hospitals in the vicinity. Over and above this, special discounts are given to OPD & IPD patients which over the last four years has been RS.14,59,10,442/. In addition the charges are completely waved off in certain cases where the patients are not capable of any payment. Such waivers have been Rs.18, 97,627/ over the last 4 years.
- To date the University & its constituent institutes have conducted more than 1981 diagnostic and therapeutic camps for the community. The university has incurred an expense of Rs.24384300
- Educational scholarship to underprivileged school children of vadodara with objective to promote quality education to them - During last three years, more than 2304 have benefited from it and University has spent 1,88,15,707 INR for the holistic development of children.
- Student Community Activity carried out in last 3 Years.

- School health programs – 24
- Various health day observation-87
- Health awareness activities18
- Breast feeding week – every year
- Immunization awareness programs – 6
- ASHA worker sensitization-5
- Blood donation camps -24

**New community extension programs started in last one year only.**

- I. Under “**Healthy Chhotaudepur Programme**”, started in March 15, with an Endeavour to provide health care facilities at a rural set up, 2846 people were screened and of these 785 referred to Dhiraj hospital for further management.
- II. Under “**Swastha Vatsalaya Programme**” started in August 15, to evaluate high risk of ante natal cases at primary health centers, 1251 pregnant ladies were screened and all of them referred to the hospital for management.
- III. University has started “**Healthy Mother To Healthy Baby**” project in waghodia taluka which provides free services starting from Antenatal to Post Natal phase of mother till the age of 5 yr of child; including consultation, lab services, sonography, nutrition, Delivery, Medication, Transportation, Immunization to all pregnant women and New born starting from waghodia taluka and also including all needy pregnant women coming to the Hospital. Under thisprogram, started in March 15, with an aim to determine baseline sociodemographic profile of pregnant mothers in waghodia taluk ,and to follow them through delivery to the stage of child becoming 5 yrs,4044 antenatal and 1252post natal mothers were attended. From May to September 4595 USG screening carried out and from March to September, 621 babies were delivered under this project. Rs. 1, 60, 12,680/ have been spent by the university on this program so far.
- IV. We have adopted district **Chota Udepur for Malnutrition** elimination among children less than 5 years of age and providing expert health services to the tribal community In this outreach program of malnutrition free chhota udepur, a team of paediatricians and community medicine specialists screened 1436 children from Jan to may 15, and found that 33% had MAM (moderate acute malnutrition) and 26% had SAM (severe acute

malnutrition). Children with SAM were given protein dense food for 10 weeks, and on review 39% were found to have gained weight between 5 to 15 %.

The constituent Institutions of the University conduct all the important health days and participate in all national health programs. The university has collaboration with 8 international Universities (student and faculty exchange programs), 1 international organization for community research, 24 industries, 15 NGOs and 8 collaborations with government on PPP model.

**Under the public private participation activity:**following different activities are going on: Mukhya Mantri Amrutam Yojana, Rashtriya Swasthya Bima Yojana, Chiranjivi Yojana, Balsakha Yojana, Nutrition and Rehabilitation Centre, Sickle Cell Clinic, IMNCI, and swasth Vatsalya Yojna for PHC in Vadodara district.

#### **CRITERIA IV: INFRASTRUCTURE & LEARNING RESOURCES**

University is spread over 65 acres of land and has ensured adequate availability of physical infrastructure in the form of academic, IT and wifi supported laboratories, hospitals, research infrastructure, library, mess and dining facility, separate 3 hostels for UG and PG boys with 752 inmates, 4 hostels for UG and PG girls with 1012 inmates with separate multi gym, 20 quarters for married postgraduate students. International standards sports complex with facilities for Cricket, basketball, lawn tennis, football, and volley ball, outdoor gym with jogging track amphitheater, transportation, 24 hour electricity supply, campus wide RO system, health hygiene and waste disposal facilities, water recycling STP plant, landscaped garden and parks, 24 hour maintenance services, and safety & security installation.

1360 bedded, multidiscipline, super specialty Dhiraj general hospital, well equipped dental hospital with all specialties, mobile clinics are provided for teaching, learning and clinical training.

Effective complaint redressal mechanism for patient complains. Hospital acquired hospital infection protection measure have been implemented and monitor in the hospital. The hospital operates on good clinical practices guideline and standard operating procedures. The waste disposal & biohazards is done as per the statutory guideline. The hospital has 9 committees, 21

policies and 12 audits to cover the entire range of activity, to monitor their efficacy and assure their quality.

The learning resource center is spread over an area of 5674 sq. Meters, with a seating capacity of more than 1000, the reading room is air conditioned. It has 28 individual reading carrels and 50 nodes for accessing data resources. With 35781 books, 316 journals, 12561 e-journals, 30637 e-books and 8 subscribed databases; it provides a rich source of material for academic enhancement and research.

### **CRITERIA V STUDENT SUPPORT & PROGRESS**

- The students once admitted after due process of selection are put through a number of orientation and supportive programs, so that they adapt to the rigor of a professional course in a very productive manner.
- The implementation of mentor system is one of the important activities for student support and progression. Institute provides scholarships to financially weak students. The career & competitive examination cell guide the student appearing for competitive examination such as USMLE, FLAB, GPAT, NCLEX, CGFNS, IELTS, etc in which 187 students have qualified. The centre also provides student placement services for MBA students.
- To enhance student participation in sports and extra-curricular activities, an International standard sports complex with all sports facilities has been established.
- To cater to the cultural and artistic urges of the student an amphitheater with sitting capacity of more than 2500 has also been created. These have resulted in 21 sports and 7 cultural awards at state/national/international levels.
- There is a grievance redressal cell in the campus to take care of student complaints and address them. There is also an anti ragging and anti sexual harassment cell established in the campus.
- Depending on the needs of students, scholarship is also given. In 2014-15, a sum of Rs 71,60,346/- was spent under this provision.
- Institution has registered alumni association and thus the program of alumni association like present and past student interface activities are

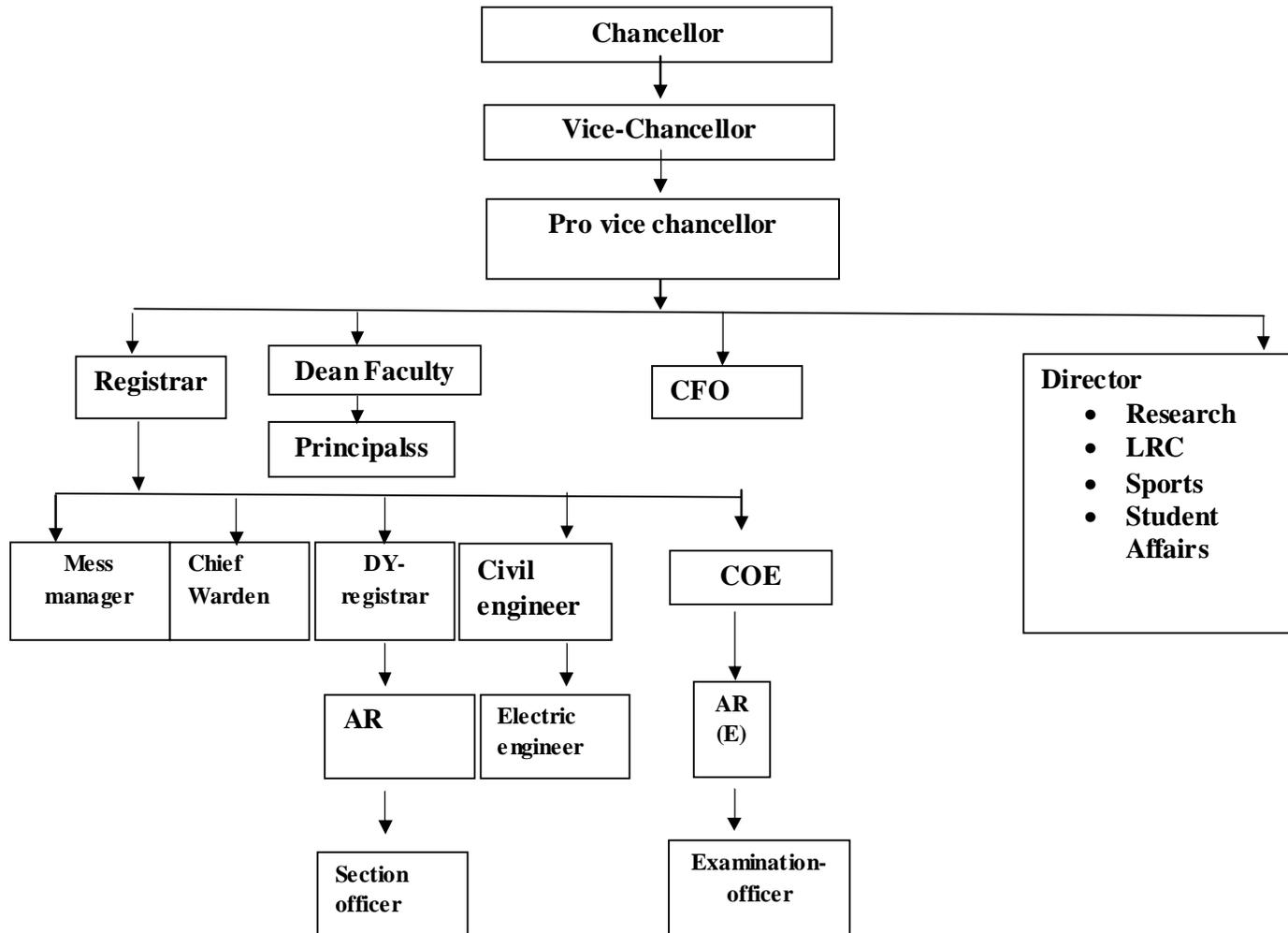
conducted periodically. Anti ragging and anti sexual harassment committee is implemented and monitored as per the statutory guidelines. The University facilitates the student participation in sports and cultural activities throughout the year and promotes participation of students at regional, state & national level competition. Our students have been bringing laurels to the university.

#### **CRITERIA VI GOVERNANCE LEADERSHIP AND MANAGEMENT**

- University has hierarchy of leadership and functions through various authorities and officers. The leadership is involved in developing e-governance strategies, management system development and continuous improvement. The leadership also interacts with stakeholder regularly. It reinforces cultural excellence through inclusive, participatory, delegated system of governance. The governance of the University reflects efforts towards national development, fostering global competency, induction of sound value system among the students, promoting use of evolving technology and has a system for excellence in all policies through discussion and reviews.
- Institution has internal organizational organogram. The University has implemented dynamic quality policy and has established University internal quality assurance committee, institutional internal quality assurance committee, Hospital internal quality assurance committee and services internal quality assurance committee to ensure quality initiative, quality sustenance and quality enhancement.
- University ensures periodic academic audit, examination audit, hospital audit, and quality audit, facility audit to facilitate and review.
- The governance lays emphasis on collection of feedback, its analysis, taking corrective and preventive action. For this purpose comprehensive feedback evaluation policy has been implemented.
- The management has implemented mechanism for internal and external financial audit.

All the above activities are conducted through a well laid out system of command and control, as depicted in the organogram .

**University Organization Chart**



## **CRITERIA VII INNOVATION AND BEST PRACTICES**

The institution runs a number of innovative programs both in academic and non-academic spheres.

### **The academic innovations and best practices are: -**

#### **A. Evidence based education system:**

**Evidence-based education** is an approach to all aspects of education—from policy-making to classroom practice—where the methods used are based on significant and reliable evidence derived from experiments.

It shares with evidence-based medicine the aim: to apply the best available evidence, gained from the scientific method, to educational decision making.

#### **B. Continuous cumulative evaluation system**

The main aim of CCES is to evaluate every aspect of the student during their presence at the College. The assessment is done on a daily basis in theory as well as practical. We have made it mandatory and included in our system and it forms a part of internal assessment. This is believed to help reduce the pressure on the student during/before examinations as the student will undergo continuous evaluation on a daily basis; helping them to identify and rectify their weakness on a day to day basis.

#### **C. Comprehensive feedback mechanism.**

We have created an elaborate system by which feedbacks either on specified formats or in any other form are obtained from various stakeholders from time to time, the important stakeholders being students, parents, peers, patients, visiting faculty, representatives of the industry and alumni. Feedbacks are obtained ranging from content of the curriculum to infrastructure facilities, to futuristic needs. All these feedbacks are analyzed and the suggestions, if accepted by the reviewing authorities, are implemented depending on the immediacy of the requirements.

#### **D. Culture of audit.**

All activities, be they in the field of administration, academics, patient management or service related, are scrupulously audited through a well devised method of questionnaire, for their implementation and efficacy. If any, aberration /deviance are noted by the auditing authority, and then adequate corrective measures are put in place. We have put in place a HIQAC, SIQAC, IIQAC which in turn report their findings to UIQAC. This process of auditing started over the last few years, has contributed to our continued betterment.

#### **E. Emphasis on protocol based management**

One of the important aspects of evidence based management is the capacity to offer the best possible option in a given situation. This is often practiced through universally accepted guidelines and protocols. Over the last few years, there has been a surfeit of such guidelines emerging from various sources and bodies. We have made a concerted effort to select the most evidence based guidelines and protocols and formulate them to address our management problems. To this effect we have published evidence based protocols for some of the most common management issues encountered in our daily practice. These protocols are meticulously followed and local effects/consequences are also noted, with an aim to factor in the local requirements in preparation of future evidence based management protocols.

#### **F. Hypothesis based community oriented research**

Being a university having EBES as its core value we encourage research at every level to be hypothesis based, so that evidences can be validated/negated or generated. In addition, being located at the interface of urban and rural regions we have also made our research community centric so that local existing and emerging problems can be identified through research and necessary interventions initiated either at our own level or in collaboration with other governmental/non-governmental agencies.

#### **G. Curriculum bank.**

The university has imbibed a unique practice of curriculum bank in which it takes inputs from faculty, adjunct faculty, students, alumni and examiners on a regular basis. During periodic meetings in respect of

curricular revision, at departmental and institutional levels, these feedbacks are debated on along with emerging latest trends in teaching and management, with an idea to provide the best of the curriculum to our students; so that their competency is accepted and respected globally among their peers.

#### **H. Bridge Remedial and Enrichment Program**

Catering to the needs diversity of students; the university conducts a BRE program, which categorizes the students in three groups, based on their academic performance into academically disadvantaged, weak and advanced, and make them go through various programs conducted especially under BRE, so that there is continuous improvement and enrichment in their academic performance.

#### **I. Mentorship Program**

Mentorship program was implemented few years back and has evolved to an advanced stage at present moment. The students are allotted to the faculty in the very first year of their admission and the same faculty observes and guides them through their whole course in respect of all their academic, personal and psycho social matters which are either noticed by the mentors or brought forth by students themselves or by their friends. The entire process makes sure that the students have a holistic growth.

#### **J. Career and Competitive Examination Forum**

The career and competitive forum was envisioned to help the students throughout their professional life. Support is provided through language proficiency classes, soft skill development and provision of information regarding variety of career options and their eligibility/training information and assisting them to secure a professional place in the society to the best of their abilities.

#### **K. Education Unit in each institution.**

There is mandatory requirement of MEU for faculty development by MCI so that there is constant improvement in the quality of teaching learning process. Considering the fact that the final year residents are intimately related with under graduate teaching, they too were made to go through this program which is an innovation in itself.

Having seen the benefit of this program, though not mandated by their respective councils, the other institutions were also encouraged to establish their own education units and train their faculty accordingly.

**The non –academic best practices are:-**

- Water audit
- Waste Management audit
- Energy conservation audit
- Renewable alternate source of energy audit
- Plantation and garden audit
- E-waste audit and animal experiment audit.

University has implemented campus wide hospital acquired infection control and prevention policy, insects and rodents control measures, vector control measures, water testing and water purification measure, food and hygiene.

**SWOC**

## **STRENGTH, WEAKNESS, OPPORTUNITIES AND CHALLENGES (SWOC): ANALYSIS**

All the programs offered by all the constituent institution are recognized by Medical Council of India, Dental Council of India, Indian Nursing Council, Indian Association of Physiotherapy and Pharmacy Council of India.

### **STRENGTH:**

- Periodic curriculum revision, value addition by practice of curriculum bank, components of Evidence Based Education System, inbuilt community need, professional skill and competency, Research thrust, innovation and employability are all inbuilt into the matrix of the curriculum.
- Presently 6 UG, 57 PG, 5 Ph.D., 5 Super Specialty, 12 PG-Medical Dip., 1 Pharm D, 1 GNM, 1 ANM, 1 Dental Mechanics programs. Foundation courses to sensitize to national integration, constitution of India, women empowerment etc are also conducted by the University.
- Transparency in admission process, catering to student diversity, comprehensive induction and orientation program for UG and PG students, practice of bridge remedial and enrichment program for educationally disadvantage, weak and advanced group of students is practiced.
- Campus wide IT support, wifi and e-learning resources including databases.
- Continuous cumulative Evaluation system that ensure evaluation of student's performance in all their activities.
- Comprehensive feedback system – student feedback on faculty performance, alumni feedback, feedback on campus experience, examination feedback, hospital patient feedback. The analysis and taking corrective and preventive action for continual improvement.
- Focused research policy, Ethics policy, HRRP, institutional ethical animal committee.
- Number of publication: 1047 Number of projects: 264, Teacher awards: 89, rich intense community out-rich activities and international collaborations.
- Fully IT supported class room, campus-wide wifi, auditorium, e-resource, Learning Resource Centre; Databases are all provided in the campus. Highly sophisticated equipments, central clinical laboratory facilities, 1360 bedded

multidiscipline Dhiraj General Hospital, Mobile clinic, CPCSEA, authorized animal house.

- Hostel for girls and boys, mess and canteen facilities, RO system, Sewage treatment plant are all provided in the campus, round the clock safety and security measures are all provided in the campus.
- Students mentor system, counseling centre, career and competitive examination forum, international standard sport complex, multi-gym, grievance redressal cell.
- Proactive inclusive participatory governance, feedback culture, delegation of function in the forum, various committees, provision of rich hierarchy of leadership, steer the organization and governance, quality policy, audits, staff employee performance evaluation.
- Green audit of the campus, eco friendly measures, infection control, radiation safety of the hospital and residence of the campus, culture of creativity and innovation has made this organization truly vigilant.

#### **WEAKNESS:**

- Lack of patents.
- Lack of external funding due to delay in the governmental procedure, and restriction on international collaboration for mobility and reciprocal recognition of degrees due to absence of accreditation which could not be done despite our application because of impending court procedures.
- Absence of rich potable water resource.
- Restriction in curriculum designing to incorporate emerging trends due to restrictions by regulations of statutory councils.

#### **OPPORTUNITIES:**

- Presence of high quality infrastructure and facilities for teaching and research.
- A pro active management for advancement in academics, high quality research and community service.
- Availability of 1360 bedded multispecialty hospital with super specialty services providing considerable clinical material for teaching and research.

- Continue to expand the horizon by already in place Continuous Cumulative Evaluation System from just being a part of the internal assessment procedure to cover more elaborate learning hours.
- Rich budgetary allocation for research by the University.
- Learning Resource Centre with huge collection of scientific literature including the e-resources.

**CHALLENGES:**

- Working for patents.
- International funding.
- Setting up of International standard molecular and genetic research center.
- Introduction of nanotechnology
- Collaboration with National and International universities for implementation of evidence based education system in every stage of health care training.
- Multi-centric research to study the long term impact of evidence based education system
- Meeting the ever increasing needs of student community, patient community and continue to ensure high satisfaction index.



## **Profile of Institutions**

## Section B

### PROFILE OF INSTITUTION

1. Name and Address of the Institution:

Op	Sumandeep Vidyapeeth At & Po. Piparia, Tal. Waghodia,
Address:	Dist. Vadodara – 391760 Gujarat, India
City:Vadodara	Pin: 391760                      State: Gujarat

2. For communication

Website: [www.sumandepuniversity.co.in](http://www.sumandepuniversity.co.in)

3. Status of the Institution:- Declared as Deemed to be University under Section 3 of the UGC Act, 1956

4. Type of University:

Unitary.

5. Type of College: Constituent Colleges

- a. SBKS Medical Institute & Research Centre
- b. K.M.Shah Dental College & Hospital
- c. College of Physiotherapy
- d. Sumandeep Nursing College
- e. Department of Pharmacy
- f. Department of Management

6. Source of funding: - Self finance

7. a. Date of establishment of the institution: 17/01/2007
- b. In the case of university, prior to the establishment of the university, was it a/an

It was a conglomeration of colleges affiliated to University of Gujarat.

- c. In the case of college, university to which it is affiliated

The colleges were affiliated to University of Gujarat

8. State the vision and the mission of the institution

#### VISION

To become an accomplished centre of unique evidence based medical education system in the country with a capacity and capability to share ideas and train other medical institutes in this form of teaching – learning process, to be able to provide the best medical care to the needy with state of the art technology , and to bring forth hypothesis based , community oriented, high impact research which would be able to contribute to formulation of National medical management guidelines in all activities related to medical care. To become a name to reckon with in the field of Medical care and Medical education in India.

#### MISSION

To carry forward and consolidate the gains of Evidence based education system by implementing the revised evidence based curriculum in all its dimensions in all the constituent colleges, thereby giving further impetus to adult learning, enhanced learner participation, patient satisfaction, continuous high quality research and development of more management's protocols suitable to local problems, and in doing so create a new paradigm in medical care and education.

9. a. Details of UGC recognition / subsequent recognition (if applicable):  
The Deemed to be University status was conferred by MHRD on 17-1-2007 vide its Notification NoF.9-46/2004-U.3.**Annexure 1**
- b. Details of recognition/approval by statutory/regulatory bodies other than UGC (MCI, DCI, PCI, INC, RCI, AYUSH, AICTE,  
All courses recognized by statutory Councils.The MCI, DCI, PCI, INC, IAP Notification of Recognition/Approval/ Renewal of Permission letters are attached as **Annexure 2**
10. Has the institution been recognized for its outstanding performance by

any national / international agency such as DSIR, DBT, ICMR, UGC-SAP, AYUSH, WHO, UNESCO, etc.?

The University over the years has made several attempts for governmental association and funding for research. However all our attempts have been turned down because of non availability of SIRO certification which presumably has been denied to us because of the impending court case and absence of NAAC accreditation which in turn was not done by the agency because of the matter being sub-Judice.

11. Does the institution have off-campus centers? -No
12. Does the institution have off-shore campuses? NO
13. Location of the campus and area:

	Location *	Campus area in acres	Built up area in sq. mts.
i. Main campus area	Rural	65 acres	Two lakh sq. mts.
ii. Other campuses in the country	NA	NA	NA
iii. Campuses abroad	NA	NA	NA

14. Number of affiliated / constituent institutions in the university

Types of institutions	Total	Permanent	Temporary
Ayurveda	0	0	0
Dentistry	1	1	0
Homoeopathy	0	0	0
Medicine	1	1	0
Nursing	1	1	0
Pharmacy	1	1	0
Physiotherapy	1	1	0
Siddha	0	0	0
Unani	0	0	0
Yoga and Naturopathy	0	0	0
Others (specify and provide details) – Department of Management	1	1	0

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

16. Furnish the following information:

Particulars	Number
a. Accredited colleges by any professional body	6
b. Accredited course / department by any professional body/ies	Accredited course/Department by any professional bodies = 93 accredited courses and 38 departments.
c. Affiliated colleges	-
d. Autonomous colleges	-
e. Colleges with Postgraduate Departments	Colleges with Post Graduate Departments = 6
f. Colleges with Research Departments	Colleges with research departments=6
g. Constituent colleges	6
h. University Departments - Undergraduate - Post graduate - Research centers on the campus and on other campuses	University Departments: Undergraduate =32 Post Graduate =38 Research Centers on the Campus Other campuses; departmental research labs and central research lab under the auspices of central

<b>Particulars</b>	<b>Number</b>
	research cell.
i. University recognized Research Institutes/Centers	University Recognized research institutes; centers departmental research labs and central research lab under the auspices of central research cell.

17. Does the institution conform to the specification of Degrees as enlisted by the UGC?

YES

18. Academic programs offered and student enrolment: (Enclose the list of academic programs offered and approval / recognition details issued by the statutory body governing the program)

<b>Programs</b>	<b>Number of Programs</b>	<b>Number of students enrolled</b>
UG	6	2356
PG	57	550
Ph.D.	5	53
Integrated Masters (Pharm.D)	1	367
M.Phil.	-	
PG Diploma	12	
Super Specialty [D.M. / M.Ch.]	5	
Sub / Super specialty Fellowship	-	
Any other (specify) [GNM, ANM ]	2	
Certificate	1	-
<b>Total</b>	<b>89</b>	<b>3326</b>

19. Provide information on the following general facilities (campus-wise):

<ul style="list-style-type: none"> <li>• Auditorium/seminar complex with infrastructural facilities</li> </ul>	<b>YES AVAILABLE</b>
<ul style="list-style-type: none"> <li>• Sports facilities               <ul style="list-style-type: none"> <li>- Outdoor</li> <li>- Indoor</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Residential facilities for faculty and non-teaching staff</li> </ul>	
<ul style="list-style-type: none"> <li>• Cafeteria</li> </ul>	
<ul style="list-style-type: none"> <li>• Health centre</li> <li>• First aid facility</li> <li>• Outpatient facility</li> <li>• Inpatient facility</li> <li>• Ambulance facility</li> <li>• Emergency care facility</li> <li>• Health centre staff               <ul style="list-style-type: none"> <li>- Qualified Doctor - Full time/Part-time</li> <li>- Qualified Nurse - Full time/Part-time</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Facilities like banking, post office, book shops, etc.</li> </ul>	
<ul style="list-style-type: none"> <li>• Transport facilities to cater to the needs of the students and staff</li> </ul>	
<ul style="list-style-type: none"> <li>• Facilities for persons with disabilities</li> </ul>	
<ul style="list-style-type: none"> <li>• Animal house</li> </ul>	
<ul style="list-style-type: none"> <li>• Incinerator for laboratories</li> </ul>	
<ul style="list-style-type: none"> <li>• Power house</li> </ul>	
<ul style="list-style-type: none"> <li>• Fire safety measures</li> </ul>	

• Waste management facility, particularly bio-hazardous waste	
• Potable water and water treatment	
• Any other facility (specify).	

**20. Working days / teaching days during the past four academic years**

• **SBKS Medical Institute and Research Centre**

	Working days				Teaching days			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Number stipulated by the Regulatory Authority	-	-	-	-	240	240	240	240
Number by the Institution	287	286	293	291	267	266	273	271

• **K.M.Shah Dental College & Hospital**

	Working days				Teaching days			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Number stipulated by the Regulatory Authority	-	-	-	-	240	240	240	240
Number by the Institution	294	290	294	296	250	246	250	252

- **College of Physiotherapy**

	Working days				Teaching days			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Number stipulated by the Regulatory Authority	-	-	-	-	240	240	240	240
Number by the Institution	277	279	277	276	242	244	242	241

- **Sumandeep Nursing College**

	Working days				Teaching days			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Number stipulated by the Regulatory Authority	-	-	-	-	240	240	240	240
Number by the Institution	283	282	285	289	243	242	250	245

- **Department of pharmacy**

	Working days				Teaching days			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Number stipulated by the Regulatory Authority*	Not less than 200 days				--	--	--	--
Number by	270	270	263	268	207	207	200	205

the Institution								
-----------------	--	--	--	--	--	--	--	--

- **Department of Management**

	Working days				Teaching days			
	2011-12	2012-13	2013-14	2014-15	2011-12	2012-13	2013-14	2014-15
Number stipulated by the Regulatory Authority*	Not less than 180 days				--	--	--	--
Number by the Institution	271	270	286	271	238	238	241	248

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

S.NO.	College name	No. of inspections	compliance	Action taken
1	<b>SBKSMIRC</b>	80	6	All complied
2	<b>KMSDCH</b>	49	10	All complied
3	<b>COP</b>	1	0	0
4	<b>SNC</b>	6	0	0
5	<b>DOP</b>	3	2	All complied

**Note:** The report of all the inspections are too voluminous to be attached however the details are available with the University for Verification

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

Positi ons	Teaching faculty						Non- teach ing staff	Techn ical staff
	Profe ssor	Associate Professor/ Reader	Assist ant Profe ssor	Lect urer	Tutor /Clini cal Instru ctor	Senio r Resid ent		
Stipul ated by the regula tory author ity Cadre ratio Recrui ted Yet to recruit	51 <b>108</b> 02	98 <b>79</b>	122 <b>128</b>	16 <b>20</b>	80 <b>81</b>	42 <b>59</b>	870 <b>1027</b>	139 <b>154</b>
Numb er of Perso ns worki ng on contra ct basis			2(part time)	2(par t time)				

### 23. Qualifications of the teaching staff

#### Consolidated Teaching Staff of the University

Highest Qualification	Professor		Associate Professor/ Reader		Assistant Professor		Lecturer		Tutor /Clinical Instructor		Senior Resident	
	M	F	M	F	M	F	M	F	M	F	M	F
<b>Permanent teachers</b>												
D.M./ M.Ch.	06	-	05	-	03	01	-	-	-	-	-	-
Ph.D./D.Sc./D. Litt/M.D./ M.S.	53	22	29	08	57	13	-	-	-	02	26	04
PG (M.Pharm./ PharmD, DNB, M.Sc., MDS., MPT, MPH, MHA)	14	13	16	20	28	25	16	04	02	07	04	11
AB/FRCS/FRC P/ MRCP/MRCS/ FDSRCS	-	-	-	-	01	-	-	-	-	-	-	-
M.Phil.			01	-	-	-	-	-	-	-	-	-
UG	-	-	-	-	-	-	-	-	28	42	10	04
<b>Part-time teachers</b>												
PG (M.Pharm./ PharmD, DNB, M.Sc., MDS., MPT, MPH, MHA)	-	-	-	-	02	-	-	-	-	-	-	-
UG	-	-	-	-	-	-	01	01	-	-	-	-
<b>TOTAL</b>	<b>73</b>	<b>35</b>	<b>51</b>	<b>28</b>	<b>91</b>	<b>39</b>	<b>17</b>	<b>05</b>	<b>30</b>	<b>51</b>	<b>40</b>	<b>19</b>
<b>GRAND TOTAL</b>	<b>479</b>											

24. Emeritus, Adjunct and Visiting Professors.

	Emeritus		Adjunct		Visiting	
	M	F	M	F	M	F
Number	-	-	47	12	-	-

25. Distinguished Chairs instituted: - NIL

26. Hostel -

Hostels	No. of Hostel	No. of Inmates staying in the hostel
UG, Intern's and PG Boy's Hostel	3	752
UG, Intern's and PG Girl's Hostel	4	1012
Family quarters for PG	20	25

27. Students enrolled in the institution during the current academic year, with the following details: \*M-Male; \*F-Female

Stu-dents	UG	PG	SS		Integrated Masters	M. Phil.	Ph.D.	Integrated Ph.D.	Diploma	Certificate
			DM	MCH						
	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F
From the state where the institution is located	134 312	62 55			09 17		04 03	01 00	11 49	00 30
From other states	19 33	48 29			01 03		05 06			
NRI students										
Foreign students										
Total	153 345	110 84			10 20		09 09	01 00	11 49	00 30

Stu-dents	UG	PG	SS		Integrated Masters	M. Phil.	Ph.D.	Integrated Ph.D.	Diploma	Certificate
			DM	MCH						
	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F
	M 294					F 537				
<b>Grand total</b>	<b>831</b>									

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

- Year of establishment: 2009
- Number of continuing education programs conducted (with duration) in last 4 years
- \* Induction = 36
- \* Orientation = 44
- \* Refresher =34

**29.** Does the university offer Distance Education Programs (DEP)? –  
NO

**30.** Is the institution applying for Accreditation or Re-Assessment?

Accreditation  Re-Assessment

Cycle 1  Cycle 2  Cycle 3  Cycle 4

**31.** Accreditation. cycle – 1.

i. Date of accreditation\* (applicable for Cycle 2,Cycle 3, Cycle 4)

ii. Cycle 4: .....NA

i. Cycle 4: .....NA

**32.** Does the university provide the list of accredited institutions under its jurisdiction on its website? Provide details of the number of accredited affiliated / **constituent** / autonomous colleges under the university.

YES refer [www.sumandeeperuniversity.co.in](http://www.sumandeeperuniversity.co.in)

**33.** Date of establishment of Institutional Internal Quality Assurance Cell (IIQAC) and dates of submission of Annual Quality Assurance Reports (AQAR).

I. IIQAC - 2012

II. AQAR - 2013

IIQAC and AQAR: Though not applicable, this being the first cycle of NAAC accreditation, the University as a policy set up various internal quality assurance activities three years back and respective committees are undertaking the verifications and submitting their reports accordingly.

**34.** Any other relevant data, the institution would like to include (not exceeding one page). – Nil



**Criterion – I**  
**Curriculum Aspect**

## CRITERION I: CURRICULAR ASPECTS

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

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

The university has clearly stated goals and objectives for its educational program.

The goals & objectives are in lines with statutory guidelines & further value added by the university goals and objectives.

#### **GOALS & OBJECTIVES**

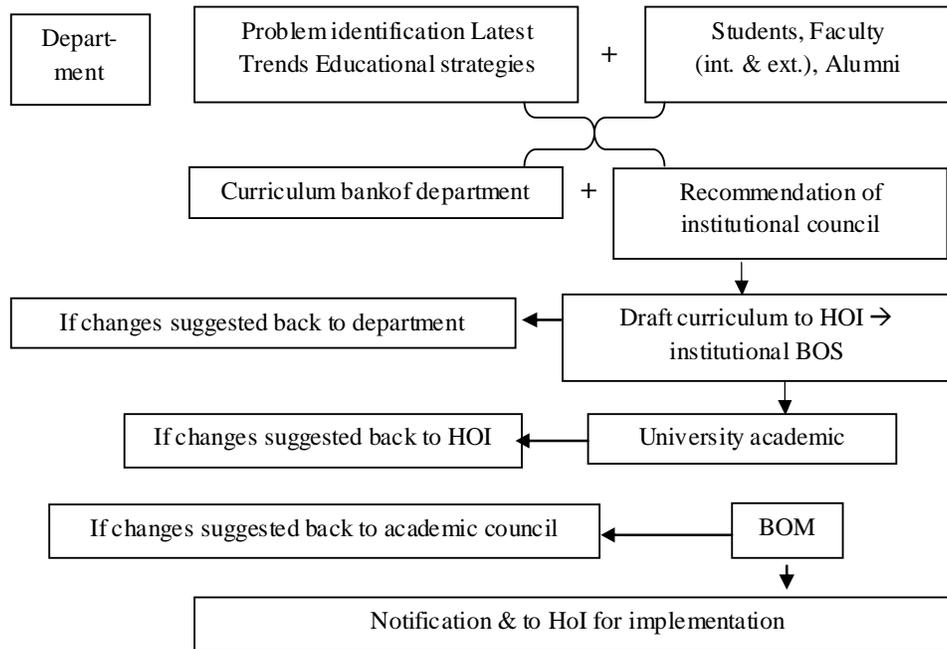
- 1) To provide for higher education leading to excellence at all undergraduate, Post Graduate and PhD level instructions and training in medical, dental, allied health sciences, management, humanities, social sciences and other such branches of learning as it may deemed fit.
- 2) To provide for research & advancement and dissemination of knowledge.
- 3) To undertake extramural studies, extramural programs & outreach activities that contribute to development of society.
- 4) To engage in area of specification with proven ability to make distinctive contribution to the objectives of university education system.
- 5) To provide for high quality of teaching & research and for advancement of knowledge through disseminations of various research programs.
- 6) To do all such other acts & things and may be necessary and desirable to the objectives of institute.

In furtherance to the university Goals and Objectives each constituent unit has clearly stated goals and objectives as given by the respective statutory bodies.

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

They are reflected by the institutional curricula, their implementation in the teaching learning process through evidence based education system and best teaching methods, and putting them in practice and research for the betterment of the community.

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



- Yes, the institution follows a systematic process in the design, development and revision of the curriculum.

- The basic document used in curriculum design, development & revision is as per respective statutory council guidelines.
- University guidelines such as value addition, health education, career & employability, research & collaboration and practice of profession are also used.
- Every department maintains a register in the name of curriculum bank.
- Faculty/UG-PG Student writes down what they have learnt (new method of curriculum implementation/ Newer trends in evaluation-formative & summative/current trends/Modern Methods / Good clinical practices/ Good Lab Practices etc. during various workshops/ seminars/ CME/Conference / Interaction with community/Interaction with medical centers of excellence/ interactions with subject matter experts etc) as soon as they come back from such activities.
- The components pertaining to curriculum so collected are reviewed by each department involving faculties and PGs at departmental academic meeting.
- The curriculum is divided into MUST KNOW, GOOD TO KNOW, and DESIRABLE TO KNOW. The components from curriculum bank as current trends are also taken.
- The deliberation leads to development of memorandum of Curriculum. This memorandum contains new concepts, new components, current trends that are needed to be added to current prescribed curriculum. (Information includes how these components will be taught through theory, practical, clinical setup, study tour, projects, seminars, Guest lecture etc.)
- The memorandum of curriculum so developed is submitted to the Head of Institutions (HOI) once in 6month. The respective HOIs forward a copy of the same to respective Board of Studies [BoS] for the deliberation on the matter.
- The Board of Studies after due deliberation & discussion decides whether to approve the suggestions submitted by department in the form of draft and prepares a resolution. It is then sent to the Academic council.
- The Academic Council further deliberates; review its concurrence with respect to Statutory Councils & University.

- In case of any discrepancy or clarification, the matter is referred back to the Board of Studies for review.
- If there are no issues the Academic Council approves the document & submits it to Board of Management for its final sanction. Thereafter the university promulgates notification to this effect.
- The matter then goes back through proper channel to respective departments for further action which is reviewed periodically during the academic audit.
- The feedback from the alumni with respect to curriculum strengthening in terms of employability, nature of curriculum is also taken into consideration while designing curriculum.

**1.1.4 How does the curriculum design and development meet the following requirements?**

- \* Community needs
- \* Professional skills and competencies
- \* Research in thrust / emerging areas
- \* Innovation
- \* Employability

**The process of curriculum design and development of the university meets the stated objectives as given in following table:**

Sr. No.	Objectives	Activities	Target group
1.	Community Need	<ul style="list-style-type: none"> <li>• Participation in National Health Programs (</li> <li>• Conduct of Diagnostic &amp; Therapeutic camps</li> <li>• Community health awareness programs</li> <li>• Conduct of extension programs</li> </ul>	UG, PG, Interns & Faculty
2.	Professional	<ul style="list-style-type: none"> <li>• Comprehensive clinical</li> </ul>	UG, PG

	skills & competencies	posting, Industry visits <ul style="list-style-type: none"> <li>• Hands on training in workshops</li> <li>• Training on procedures</li> </ul>	&Interns
3.	Research thrust/emerging areas	<ul style="list-style-type: none"> <li>• UG &amp; PG Student research projects &amp; dissertations on emerging research areas</li> <li>• Faculty research</li> <li>• Collaborative research</li> </ul>	UG, PG, Interns & Faculty
4.	Innovation	<ul style="list-style-type: none"> <li>• Curriculum bank.</li> <li>• Evidence Based Education System</li> <li>• Continuous cumulative evaluation</li> </ul>	UG, PG, Interns & Faculty
5.	Employability		
	A. Value addition	<ol style="list-style-type: none"> <li>1. Exposure to ethics of professional practice</li> <li>2. Leading healthy life style</li> </ol>	UG, PG, Interns
	B. Community contact	<ol style="list-style-type: none"> <li>1. Clinical Postings</li> <li>2. Camps</li> </ol>	UG, PG, Interns
	C. Soft skills	<ol style="list-style-type: none"> <li>1. Training by mentors</li> <li>2. Communication skills</li> <li>3. Language laboratories</li> </ol>	UG, PG, Interns
	D. Holistic personality development	<ol style="list-style-type: none"> <li>1. Sports</li> <li>2. Cultural activities</li> <li>3. Yoga, meditation</li> <li>4. Inculcation of Citizenry roles</li> </ol>	UG, PG, Interns

**1.1.5 To what extent does the institution use the guidelines of the regulatory bodies for developing and/or restructuring the curricula? Has the institution been instrumental in leading any curricular reform which has created a national impact?**

- The institution / Department adhere completely to the guidelines of regulatory bodies.

- The evidence based education system introduced in the University has been acclaimed by academicians Nationally and Internationally. The curriculum for Evidence based dentistry has been reviewed by DCI, to implement such a program in other Dental Colleges of the country.

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

Yes, the institution interacts with industry, research bodies and the civil society in the curriculum revision process, it has benefitted by understanding latest trends and incorporating them in the curriculum revision.

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

University continuously ensures that curriculum in Health Science Education is in line with current global trends. The curriculum being evidence based; incorporates the latest trends and training through our medical education units ensure that the best teaching learning methods are used to teach the curriculum. Its implementation in form of latest guidelines and best practices ensures latest available validated evidence to be brought to the benefit of the patients and encourage community oriented, hypothesis based and high impact research as per global trends. The elements of the current trends are identified through the practice of “Curriculum Bank” and inviting, Globally acclaimed Guest Speakers to provide guidance about the Global trends. (Please refer 1.1.3)

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

It does so by creating the infrastructure, acquire trained man power and faculty, apply to the statutory councils to obtain necessary permission and then start the training process as per developed curriculum.

**Following are the programs introduced during the last Five years:**

<b>Sr. No.</b>	<b>Institutions</b>	<b>New Programs Started</b>
1.	SBKSMI & RC	1. DM Cardiology 2013 2. M. Ch. Plastic Surgery 2013 3. M. Ch. Neuro Surgery 2013 4. DM Neurology 2014 5. M. Ch. CTVS 2014
2.	KMSDCH	PhD programs (2012)
3.	College of Physiotherapy	PhD started in physiotherapy college
4.	Sumandeep Nursing College	M. Sc Nursing, PBBSc Nursing, GNM, ANM
5.	Dept of Pharmacy	1. Pharm. D. (PB) 2. M.Pharm. (Pharmacology and Clinical Research, Pharmaceutical Management & Regulatory Affairs, and Pharmacy Practice) 3. Pharm. D. (six year integrated course)

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

- Yes , skill – oriented training relevant to regional needs is given to increase proficiency in handling emergency care situations in the community and in implementing various National programs , basing on which the institution devices outreach programs. Short courses in various investigations and procedures are also given to deserving students from the community.

**1.1.10 Explain the initiatives of the institution in the following areas:**

- \* **Behavioral and Social Science , Medical Ethics / Bio Ethics / Nursing Ethics ,Practice Management towards curriculum and/or services, Orientation to research, Rehabilitation , Ancient scriptural practices , Health Economics ,Medico legal issues, Enhancement of quality of services and**

**consumer satisfaction.**

Following table shows the details of the initiatives of the institution in curriculum with respect to the stated areas:

<b>Sr. No.</b>	<b>Areas</b>	<b>Practices</b>
1.	Behavioral & Social Sciences	<ul style="list-style-type: none"> <li>- Art of communicating with the patients &amp; relatives</li> <li>- Breaking bad news,</li> <li>- Students Dos &amp; DON'Ts</li> <li>- Practice of code of ethics</li> <li>- Mentorship , Student Counseling</li> <li>- value adding through healthy life styles programs,</li> <li>- Social sciences</li> </ul>
2.	Medical Ethics /Bio Ethics / Nursing Ethics	Intense awareness programs addressing UG, PG students are conducted
3.	Practice Management towards curriculum and/or services	- Use of Planning Schedule – Time table, effective Implementation, conducting Periodic Review, Analyses, taking Corrective & Preventive Actions and ensuring Continual Improvement
4.	Orientation to research	Faculty , post and undergraduate students are exposed to Periodic in-house training sessions relating to all aspects of research
5.	Rehabilitation	Rehabilitation programs and awareness about Governmental and Non Governmental initiatives.
6.	Health Economics	Through sessions taken by dept of management in relation to optimal utilization of resources, and avoiding abuse or pilferage.
7.	Medico legal issues	- Teaching of Forensic Medicine,
8.	Enhancement of quality of services	A. Patient satisfaction – through evidence based ,scientific , ethical

	and consumer satisfaction	,holistic health care and regular feedback B. Student satisfaction – through updated, evidence based education system, continuous monitoring, faculty facilitation and providing avenues for all round development.
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**1.1.11 How does the institution ensure that evidence based medicine and clinical practice guidelines are adopted to guide patient care wherever possible?**

The whole curriculum designing is based on the Evidence Based Education System which is centered on the goal of achieving Evidence Based Medicine and Clinical Practice to achieve best patient care. It is achieved by following methods.

- **Stage-1-** Infrastructural up gradation
- **Stage-2-** Faculty Training programs
- **Stage-3-**Teaching for UGs-throughEvidenced Based Medicine, Evidenced Based Dentistry,Evidenced Based Physiotherapy, Evidenced Based Pharmacy, Evidenced Based Nursing as a separate subject in all the years of study.
- **Stage 4-**Incorporation of Evidence Based Component in present teaching;
  - a. UG : Incorporation of Evidence Based Teaching in traditional teaching, i.e.:
    - Theory (lecture series preparation and taking lectures in Evidence Based form)
    - Practical (Assignments)
    - Clinics (Role modeling and assignments)
  - b. PG : conducting Journal Clubs and ward rounds in Evidence Based form (Role modeling and assignments)

**Stage-5**-Evaluation of UG and PG students after teaching them in EBE format

**Evidence Based Practice:** It entails management through

- a) Individual experience
- b) Empirical Knowledge
- c) Searching Best available Evidence
- d) Local factors

**Stage-6-** Preparation of Treatment protocols in all subjects with best available evidence.

**Stage-7-**Apply prepared protocols on the patients in Research format to evaluate the impact on local population

**Stage-8-**Modify the prepared protocols based on the outcome of Research and impact on local population (Identification of effect of Local Factors)

**Stage-9-**Application of protocols on a larger scale in the community, and initiate Community Based Research.

**Stage-10-**Evaluate outcome/impactof EBES by doing Research

- By training the faculty and students in the use of evidence based guidelines in management ,
- By providing databases to access the latest management protocols and putting them into practice
- Generating updated protocols at the departmental levels at regular intervals.
- Carrying out periodic medical audit.

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

**Following are the value added programs related to internship training:**

<b>Sr. No.</b>	<b>Value Addition</b>	<b>Outcome</b>
1.	Research project for interns	<ul style="list-style-type: none"> <li>• Able to collect, analyze, synthesize &amp; communicate health data appropriately</li> <li>• Motivation for higher end research</li> <li>• To ensure the foundation of spirit of enquiry and scientific temperament</li> </ul>
2.	Professional skill enhancement programs	<ul style="list-style-type: none"> <li>• Training on Cardio-Pulmonary resuscitation, Basic Life Support, Advanced Life Support, Neonatal Resuscitation</li> </ul>
3.	Outreach programs	<ul style="list-style-type: none"> <li>• Active participation in national health programs</li> </ul>
4.	Unique practice of integrated management of clinical case during internship	<ul style="list-style-type: none"> <li>• Fostering team approach in health care delivery</li> <li>• Better understanding of roles and responsibilities of different health care professionals and also limitations.</li> </ul>

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

- \* **Vertical and horizontal integration of subjects taught.**
- \* **Integration of subjects taught with their clinical application.**
- \* **Integration of different systems of health care (Ayurveda, Yoga, Unani, Homeopathy, etc.) in the teaching hospital.**
- Yes, all the constituent institutions practice integrated learning methods and Integrated Health Care Management.

The details are as follows:

- Vertical and Horizontal integration of subjects taught:
  - The Horizontal integration of teaching is carried out through teaching of an organ system in all the subjects at the same time, to give better understanding to the students about the system.
  - The Vertical integration of teaching is carried out through the teaching of applied aspects of the present subject in other paraclinical and clinical subjects at the same time.
  - This is done through integrated teaching.
- Integration of subjects taught with their clinical application:
 

All theory classes are taught through either bringing in a patient or recreating a real life situation. All clinical sessions are with patients and lab/investigation settings.
- Integration of different systems of Health care:
 

Only those aspects of Yoga are propagated which have some acceptance in medical literature.

**1.1.14 How is compatibility of programs with goals and objectives achieved with particular reference to priority of interface between Public Health, Medical Practice and Medical Education?**

- The constituent institutions ensure the compatibility of programs with goals and objectives achieved with particular reference to priority of interface between Public Health, Medical Practice and Medical Education as follows:

<b>Components</b>	<b>Activities</b>	<b>Target Group</b>
Public Health	The priority of interface with public health and clinical practice is ensured by teaching the compulsory subject of Community Medicine,	<ul style="list-style-type: none"> <li>- All undergraduate students start learning the subject of public health right from 1<sup>st</sup> year to the last year of their course.</li> <li>- Interns</li> </ul>

	Public Health Dentistry, Community Physiotherapy, Community Nursing, Community Pharmacy etc by ensuring the interface with community by outreach and National programs.	- Post Graduate students in the specialty of Public Health and all the clinical branches of Medicine/Dentistry etc. compulsorily participate in Public Health activities
Medical Practice	Use of validated evidence and latest guidelines and scrupulously following the departmental protocols, be it OPD, IPD, ICU or any other care setting.	All Undergraduate and Post Graduate Students
Medical education	<ul style="list-style-type: none"> <li>- Evidence Based Education System</li> <li>- Pedagogy</li> <li>- Integrated teaching</li> <li>- PG seminars/Journal Club in evidence format.</li> <li>- Role modeling during ward rounds</li> <li>- Students research project</li> <li>- Continued Medical Education</li> </ul>	

**1.2 Academic Flexibility**

**1.2.1 Furnish the inventory for the following:**

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

A. Programs offered on campus

Sr · No ·	Institution	UG	PG	PhD	PG Diploma	MSc	Other
1.	SBKSMI & RC	MBBS	PG Degree course s: MD in <b>15</b> Subjec ts and MS in <b>5</b> Subjec ts	PhD	PG Diploma 12	MSc. (Medica l) 05 Subjects	<b>05</b> (DM/ MCh)
2.	KMSDC H	BDS	MDS in 09 subject s	PhD	--	--	Dental mechani cs
3.	College of Physiothe rapy	BPT	MPT 08 subject s	PhD	--	--	--
4.	College of Nursing	BSc Nursin g PBBSc Nursin g	--	PhD	--	M. Sc Nursing	ANM, GNM
5.	Dept of Pharmacy	B. Pharm	M Pharm Pharm D (PB) Integra ted PG Course	PhD	--	--	--
6.	Dept of Managem ent	--	MBA in Health care manag	--	--	--	--

			ement			
--	--	--	-------	--	--	--

B. Overseas Programs offered on campus:

Nil

C. Programs available for colleges/students to choose from:

Students can choose from the various undergraduate, postgraduate and super specialty courses available.

**1.2.2 Give details on the following provisions with reference to academic flexibility**

**A. Core options**

- Following Core options are available after 10+2 (Science): Undergraduate Programs in MBBS/ BDS/ BPT/ BSc Nursing/ B. Pharmacy/ Pharm D & Dental Mechanics, GNM,
- MBA (Health care) after any Graduation or Post Graduation

**B. Elective options**

- UG programs - No Elective options. (Except for the final year student of B. Pharmacy who can choose from Pharmaceutics, Pharmacology, Pharmaceutical Chemistry, Pharmacognosy, Pharmaceutical Analysis, Elective postings during Internship)
- PG programs – no elective options except choosing the specialty after due process of qualification.

**C. Bridge course:**

- Bridge program in English language

**D. Enrichment courses:**

- PhD programs are available in all the disciplines after post graduation.

**E. Credit accumulation & transfer facility**

- Not permitted by statutory councils.

**F. Courses offered in Modular Form**

- Not permitted by respective statutory council

G. Lateral and Vertical mobility within and across the course and disciplines and between higher education institutions.

H. Twinning Program.

I. Dual degree programs.

**The statutory bodies do not permit lateral/vertical mobility, twinning programs or dual degree programs**

**1.2.3** Does the institution have an explicit policy and strategy for attracting students from

- \* Other states.
- \* Socially and financially backward sections,
- \* International students?

- The university follows the strategy for attracting the students from other states, socially and financially backward sections, international students as per the statutory guidelines.
- The university has provided adequate infrastructure, service facilities, student mentoring, hostels, multi-cuisine mess, safety & Security, local language training to attract the students from other states.
- The university conducts All India Entrance Examination at various centers across the country to attract students from other states.
- For the students coming from financially weaker sections, scholarship in form of partial or complete free waiver is given. For those coming from backward sections, in addition to such financial help if required, all assistance is given for acquiring all the governmental financial benefits which are due to them. The university has an international student's cell available. This cell provides assistance to the present & prospective international students. The cell provides and facilitates procurement of equivalent

certificate, visa assistance, police verification, language & cultural needs, dining needs, local guardianship etc

**1.2.4 Does the institution offer self-financing programs? If yes, list them and indicate if policies regarding admission, fee structure, teacher qualification and salary are at par with the aided programs?**

- The University is self financed university.
- All the programs enumerated as per 1.2.1 are self financed in nature.
- All the policies related to admission, fee structure, teacher qualification, salary are at par with respective statutory council guidelines.

**1.2.5 Has the institution adopted the Choice Based Credit System (CBCS)/Credit Based System? If yes, for how many programs? What efforts have been made by the institution to encourage the introduction of CBCS in its affiliated colleges?**

No; the respective statutory councils do not allow this system. **However, Department of Management** follows the CBCS system (Choice based credit system) since its inception. Each course has individual credits allotted to it in which 1 credit is equivalent to 15 contact hours of teaching/30 hours of field work/practical. The students are evaluated on continuous basis on 4 Points (2008-2012) & 10 Points (2013 onward) grading system. The students have also given choice to chose courses with predefined credits from various applied functional area viz. Marketing, Finance & HRM and also in area of industrial visit in healthcare domain

**1.2.6 What percentage of programs offered by the institution follow:**

- \* **Annual System**
- \* **Semester System**

**\* Trimester System**

- Majority of the programs offered by the constituent institutions follow annual system. This amounts to 99% of the programs offered
- MBA in health care follows semester system and this amounts to 1% of programs offered by the university.
- Trimester: Nil

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

All our programs being related to health sciences are multi disciplinary & interdisciplinary by nature. The matrix of multi and interdisciplinary programs ensure development of interrelationships between various fields of health care which inculcate the spirit of comprehensive and team oriented approach in health care delivery at primary, secondary and tertiary levels. The outcome of this synergy is provision of best treatment option in any setting.

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

Following programs offered for skills training and career advancement:

SN	Objective	Programs
1	Skill development	<ul style="list-style-type: none"> <li>• Training on Triage, Emergency color Code announcement, Cardio-Pulmonary resuscitation, Basic Life Support, Advanced Life Support, and Neonatal Resuscitation etc.</li> <li>• Industry visits, Training on Animal Handling skills</li> <li>• Biomedical waste management</li> <li>• Exposure to ethics of professional</li> </ul>

		practice <ul style="list-style-type: none"> <li>• CME/CDE Programs</li> <li>• Hands on training/workshops</li> <li>• Weekly Clinical Meetings</li> </ul>
2	Career advancement	<ul style="list-style-type: none"> <li>• Soft skill training like communication counseling, situation management, management of emotions etc.:</li> <li>• promotion of holistic personality development,</li> <li>• Yoga &amp; Meditation and healthy life style practices</li> </ul>

### 1.3 Curriculum Enrichment

#### 1.3.1 How often is the curriculum of the institution reviewed and upgraded for making it socially relevant and/or skill oriented / knowledge intensive and meeting the emerging needs of students and other stakeholders?

The curriculum of the each constituent unit is reviewed & upgraded, as and when revised curriculum guidelines are received from respective statutory councils. Besides the revisions as stipulated by statutory councils; during 2012 to 2014 an exercise was undertaken by all institutes to incorporate elements of evidence based education in the curriculum, without compromising the statutory requirements.

(a) Medical college –UG (MBBS ) MCI regulation 1997 amended up to 2012 , University EBES added modification done in 2014 ,

(b) PG –regulation 2000 amended up to 2013 , EBES modification in 2014 ,

(c) Dental college – DCI revision in

BDS and MDS in 2007, EBES modification in 2014.

(d) Physiotherapy

BPT was done in 12- 13and again in 2014.

MPT revision was done in 2012 and again in 2013.

(e) Nursing – in 2009 , and EBES modification in 2014 ,

(f) Pharmacy – last revision in 2012.

(g) Department Of Management: was done in 2014 and 2015

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

\* **multi/inter-disciplinary**

\* **programs in emerging areas**

- Following new programs were introduced at the UG and PG levels during last four years:

<b>S. No.</b>	<b>Constituent Unit</b>	<b>Name of Program started</b>	<b>Year</b>
1.	S. B. K. S. M. I. & R. C.	DM Cardiology	2013-14
		M. Ch. Plastic Surgery	2013-14
		M. Ch. Neuro Surgery	2013-14
		DM Neurology	2014-15
		M. Ch. CTVS	2014-15
		in Clinical subjects	2013-14
2.	K. M. S. D. C. H.	PhD	2012-13
3.	College of Physiotherapy	PhD	2012-2013
4.	College of Pharmacy	M. Pharm (Pharmacology & Clinical Research, Pharmaceutical Management & Regulatory affairs)	2010
		Pharm D	2013
		Pharm D (PB)	2015
		M. Pharm (Pharmacy Practice)	2015

5.	Sumandeep College of Nursing	PBBS Sc. Nursing	2011-12
		GNM	2012-13
		ANM	2012-13

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

All the constituent units adopt statutory guidelines for revision of existing programs.

- A. University level: In All the constituent units the statutory syllabus is value added with EBES components, professional skill development, employability skills etc.
- B. Use of the inputs from the practice of Curriculum Bank for further value addition.

Following are the details of revision of curriculum of constituent units as recommended by statutory bodies and Sumandeep Vidyapeeth during last 5 years:

Sr. No.	Institution	Subject/program of revision	Year of revision	Recommending authority	
1.	SBKSMIRC	UG (All Subjects of MBBS)	2014	Sumandeep Vidyapeeth	
		PG Degree & Diploma			
2.	KMSDCH	B.D.S	2007	Dental Council Of India	
		M.D.S			
		B.D.S	2014	Sumandeep Vidyapeeth	
		M.D.S			
3.	College of Physiotherapy	BPT	2012-13 and 2014		Sumandeep Vidyapeeth
		MPT			
4.	Department of Pharmacy	B. Pharm.	2012		
5.	Sumandeep Nursing College	PBBS Sc Nursing	2011-12	Indian Nursing Council	
		GNM	2012-13		
		ANM	2012-13		
6.	Department of management	MBA	2014	Sumandeep vidyapeeth	
			2015		

## **Smt. B. K. Shah Medical Institute & Research Centre**

**(2012-13)**

The suggestion recommended to be incorporated for curriculum enhancement for academically weak students in the form of Bridge Remedial Enrichment (BRE) programme.

The students are to be categorized as per their first academic performance for the respective year.

0 – less than 30% for Bridge program

30 – 60 % for Remedial program

More than 60 % for Enrichment program

It was also accepted the teaching learning tools by senior faculty members for BRE programs were efficient enough to conduct the program. The Teaching-Learning programs were:

- I – Bridge students should be taught Must to Know topics using assignments (in class /and home), small group teaching, providing personal attention programs for these slow learners.
- II – Remedial students should be taught good to know topics using team teaching, interactive discussion on a topic/problem/case, evidence based small group teaching.
- III – Enrichment students should be taught nice to know topics using seminar presentation, quiz competition, peer teaching, short research on applied aspects, problems based or case based teaching.

This program should be conducted for under graduate regular batch as well as repeater batch students.

**(2013-14)**

Suggestion for curriculum enhancement for under graduate medical students.

- I - It is hereby to propose for the in co-operation of problem based learning for under graduate medical students from year 1, so that

they have a better understanding of application based concepts for the course.

- II - The concept of PBL will be implemented using vertical as well as horizontal integrated teaching tool. So as the First year Medical students will be exposed to the clinical setting as well as format of patients for better understanding.

### (2015-16)

The suggestion for curriculum enhancement

- I - To provide curriculum committee of the college as required by the Medical Council of India, vide their letter No. MCI-Academics/2015/116544 dated 16.06.2015, the Dean appointed the following members in the 'Curriculum Committee' of the College.

Sr. No.	NAME	Designation	Position
1	Dr. G. V. Shah	Dean	Chairman
2	Dr. Puja Dullo	Assoc. Prof. of Physiology	Member, Pre-clinical specialty
3	Dr. (Mrs.) B. M. Sattigeri	Prof. & Head of Pharmacology	Member, Para-clinical specialty
4	Dr. Lakhan Kataria	Assoc. Prof. of Psychiatry	Member, Medical Specialty
5	Dr. Ajay George	Prof. & Head of ENT	Member, Surgical specialty
6	Dr. Hetal Pandya	Prof. of Medicine	Member, MEU Coordinator
7	Ms. Anindita Duttaroy	Final MBBS student	Member, Students & Interns

- II - The committee members will be working on the implementation of the Attitude and Communication Competencies Development as **ATCOM** and **CBME** module.

## K M SHAH DENTAL COLLEGE & HOSPITAL

### Curriculum Reforms for Year 2012-2013:

1. Changes suggested in post graduate examination/Evaluation pattern
  - A. MDS University Examination to be conducted out of 300 marks as against 400 at present.
  - B. The four theory papers shall be for 75 marks as against 100 marks.
  - C. The scheme of paper shall be of Long Answer questions:  
02X20 Marks=40

Short answer questions: 05X07 Marks=35

2. To amend internal examination pattern for BDS students as follows:

<b>Theory</b>	<b>Practical</b>
Terminal examination (100 marks)	Terminal examination (100 marks)
Second Internal (25 MCQ+25 One-liners=100 marks)	Second internal (100 marks). <ul style="list-style-type: none"><li>• Four Term-end exams of 25 marks each at Third and Final BDS totally.</li><li>• Four examinations to be conducted at Departmental level in the exam-going subject for First and Second BDS during their practical sessions throughout the year.</li></ul>
Preliminary Examinations (100 marks)	Preliminary examinations (100 marks)

3. Introduce Credit-based evaluation system (CBES) on pilot basis in Department lectures and clinical.
4. ATKT (Allowed to Keep term) to be awarded for second and third BDS in University Examinations only in 1 subject.
5. Evaluation pattern for EBD
  - a. University examination should be conducted at the end of Third BDS.
  - b. Three internal assessments shall be conducted at the end of First, Second and Third BDS at par with preliminary examinations.
  - c. To modify the present gradation system to marks that shall be introduced at par with other subjects.

6. Examiner Pattern for BDS exams:
  - a. There shall be separate examiners for Theory and Clinical/Practicals
  - b. There shall be two examiners (1 external and 1 internal) for theory evaluation in each subject.
  - c. There shall be two examiners (1 external and 1 internal) for clinical/practicals evaluation in each subject.
7. **Conservative Dentistry:** Incorporation of compound class I cavity preparation and restoration as an exam exercise in Final Examination.
8. **Oral & Maxillofacial Surgery:** Incorporation of CPR demonstration in collaboration with department of Anesthesia for Final BDS
9. **Public health dentistry:** To include following topics in Curriculum: Risk Assessment & Recent Advances in Preventive Dentistry.

#### Curriculum Reforms for Year 2013-2014

1. A student failing in any of the years of BDS shall attend additional Theory classes as well as Postings/ Practicals till the next qualifying University Examinations. The clinical work quota for such students shall be prescribed by the Head of Departments. The failed student shall be permitted to appear in the next University examinations only after the completion of 75% attendance in the said subject separately in theory and Practicals.
2. Progress of CBES: It was proposed to incorporate CBES for calculation of the internal examinations. 50% of the internal examination marks should be counted from the cumulative CCES scores of the individual for the entire year.
3. **Prosthodontics:** Three internal assessment exams instead of Four was suggested for [re-clinical prosthodontics.
4. **Prosthodontics:** Internal assessment marks in Pre-clinical Conservative to be out of 20 against the existing 10.
5. **Prosthodontics:**
  - a. To reduce the duration of Pre-clinical Conservative Dentistry classes from First and Second BDS to only at Second BDS level.

Changes in III BDS 1st term clinical FDP training: Making mandatory 4(Four) Bridge preparation on typhodont by III BDS students in their 1<sup>st</sup> clinical posting in the department.

b. changes in MDS Syllabus

- Department of Prosthodontics suggests following topics in MDS Syllabus:

- i. Radiotherapy in cancer patients with prosthodontics perspectives
- ii. Psychology of cancer patients.
- iii. Rapid Prototyping
- iv. Flexible dentures
- v. Obstructive Sleep Apnea (OSA)

- **To suggest books to cover curriculum.**

Books suggested are:

A) Prosthetic Rehabilitation by Keith F Thomas

B) Maxillofacial prosthetic Rehabilitation by Beumer and Curtis.

6. **Oral Pathology:** Incorporation of Forensic Odontology in Dental Anatomy Teaching with variation of teeth and correlation with forensic cases.
7. **Conservative:** Incorporation of Class III and Class IV cavity preparation for Composite and Restorations on Extracted teeth during the Final BDS clinical exercise.
8. **Public Health Dentistry:** RHS posting for interns should include the following broad areas:
  - Practical knowledge of care of groups with special needs.
  - Targeted approach to tackle oral health care needs of school children.

- Promoting oral health through primary health care approach involving PHCs and CHCs.

#### 9. Oral Surgery:

- Peripheral rotational posting in Dhiraj general hospital to begin in the second term of 1<sup>st</sup> MDS
- Gujarat cancer research posting was rescheduled to begin in 2<sup>nd</sup> term of second MDS
- Students were allowed to scrub in major OT as trolley assistant from the second term of first MDS
- OSCE and OSPE introduction on pilot basis in term ending practical exam
- Interns work quota was suggested as 8 cases as first assistant or 4 individual minor surgical cases
- Suturing and wiring techniques as preclinical exercises for interns.
- Final year BDS students to perform all extractions only under nerve blocks

10. Propose the restructured syllabus for all subjects reflecting incorporation of EBES for BDS and MDS be proposed to the Academic Council.

11. Propose the restructured syllabus as must to know, desirable to know and good to know.

#### **Curriculum Reforms for Year 2014-2015**

1. **Oral Pathology:** A per Dental Histology Syllabus of First BDS regarding histotechniques and processing, one tissue processing can be added to practical classes of DADH for First BDS students.
2. **Public Health Dentistry:**
  - a. Special cases have to be included in the PG curriculum as per DCI guidelines.

- b. Provisions to incorporate EBES in internship curriculum as projects.
  - c. Individualized tobacco cessation program for chronic tobacco users with followup
  - d. Application of fluoride varnish or remineralizing agent in post-orthodontic hypoplasia, initial white spot caries lesions etc.
  - e. Identification of dentofacial anomalies viz. cleft lip/palate in the community and parent counseling.
  - f. Caries risk assessment using cariogram for one patient
  - g. Application of new material/ technique/ for screening/ diagnosis /health education/ preventive procedures
3. **Oral Surgery:**
- Suturing technique & wiring technique as preclinical exercise in IV BDS
  - PG mentee from 3<sup>rd</sup> MDS for UG to perform their clinical work
  - 1 month/ term posting in department of Implantology on rotation basis for R2 &R3
  - Incorporation of performing major surgery under GA independently under supervision & guidance of staff members.
4. **Conservative:**
- a. Inclusion of Pre-endodontic management exercise during the clinical teaching of Final BDS students and Anterior root canal treatment exercise on extracted teeth for the Final BDS as well.
  - b. To include the micro-endodontics practice as an essential skill development program during the post-graduate curriculum.
5. **Prosthodontics:**
- a. **Changes in BDS Syllabus**-incorporate following topics in BDS curriculum:
    - i. 2<sup>nd</sup> BDS- Dental Materials- Desirable to know- Zirconia Restorations

- ii. Final BDS- Fixed Prosthodontics- Desirable to know- CAD CAM Restorations
- iii. Final BDS-Prosthodontics- Desirable to know- Geriatrics Oral Health Quality of Life.
- iv. Planning of OSCE and OSPE in 1<sup>st</sup> terminal exams for under graduates.

Extension of internal choice to LAQ-02(From Good to Know and Desirable to Know section) in addition to short notes.

- b. **Changes in MDS Syllabus**-incorporation of various Quality of Life (QoL) Indices in MDS curriculum.

**COLLEGE OF PHYSIOTHERAPY**

**FOR 2008-09 SYLLABUS ALSO MINOR CHANGES WERE INSTITUTED**

**Revision for old course Under graduate on 1/8/2012**

**WITH EFFECT FROM 2012 - 2013:**

Cancellation of rehab practical's

Equal weightage to kinesiology and ET II

Change in ophthalmology hours

**The changes were endorsed by the IAP inspectors satisfying this**

**Academic council approval was given**

**MINOR CHANGES IN 2013-14**

Minor changes in New course UG & PG

**UNDER GRADUATE**

**Academic council approval On 17/11/2014 November:**

Modification of contents in exercise therapy II and kinesiology in the new course in effect from 2012 -13 batch onwards

Change in number of teaching hours in Orthopedics and medicine I

**December 2014:**

EBP minor changes (objectives and contents)

**POST GRADUATE**

**PG 2013 – 14 batch onwards- changes in curriculum based student feedback & faculty deliberations**

Amendment of passing criteria for PG

**R.M.P.T 12: [COMMENCEMENT OF EXAMINATION:- APPROVED BY ACADEMIC COUNCIL FROM BATCH 2013-14 ONWARDS]**

1. The examination for MPT course shall be held at the end of 2 academic years (4 academic terms)
2. University shall conduct two examinations (Regular and Supplementary) in a year at an interval of not more than six months and not less than four months between the two examinations.
3. Rectification criteria for guide and also that guide shall essentially guide her / his specialty student however he /she shall guide students other than her specialty in case of non availability.
4. Elective changes possible if within 3 months

**R.M.P.T 13: SCHEME OF EXAMINATION (as applied to RMPT 12)**

The degree of Master in Physiotherapy will be taken by papers, practical and viva voce only.

Written examination (Theory) – Total marks 400

A written examination consisting of 4 papers, each of three hours duration and each paper carrying 100 marks at the end of two academic years (04 terms).

The paper **IV** will be an Elective subject and a separate paper for each elective subject chosen by the candidate should be given. Recent advances in Physiotherapy may be asked in any or all the 4 papers. The Theory examination shall be held sufficiently earlier than clinical/practical examination so that the answer books are assessed before the commencement of the clinical/practical examinations.

Paper **V** (Evidence based Practice) shall be assessed on Continuous Cumulative Evaluation System (CCES) attained by the candidate during the course.

Particulars of Theory question paper and distribution of marks are shown on table

<b>Sr. No.</b>	<b>Subject</b>	<b>Marks</b>
Paper I	Review of Basic sciences	100
Paper II	Physical and functional diagnosis	100
Paper III	Advanced Physiotherapeutics	100
Paper IV	Elective Subject (Separate for each elective)	100

### **R.M.P.T 14: PATTERN OF MODEL QUESTION PAPER**

**Theory** – 100 marks each paper ( No Choice)

1. Long Essay ( 2 questions ) – 2 x 20 = 40 marks
2. Short Essay ( 6 questions ) – 6 x 10 = 60 marks

**Practical / Clinical** – 150 Marks each practical

Note: All cases for clinical examination should be on patients & not on models.

#### **PRACTICAL 1-** Physical & Functional Diagnosis

1. Long elective case (1) - 1 x 100= 100 marks  
Assessment, Physical & Functional Diagnosis and Management
2. Micro-teaching and assessment of log books – 50 marks

#### **PRACTICAL 2**

1. Elective Long case (1) – 1x 100 = 100 marks
2. Dissertation Viva – Voce – 50 marks

#### **Supplementary examination:**

In Supplementary examination, practical examinations shall be conducted as follow:

1. Non Elective case (1) - 1 x 100 + 50 Viva voce = 150 marks
2. Elective Long case (1) – 1x 100 + 50 Viva voce = 150 marks

Supplementary examination shall not include Micro teaching, Dissertation viva-voce and assessment of log book.

The criterion for thesis evaluation will be – acceptable/non-acceptable. No marks will be awarded.

Oral defense is mandatory, which may be closed (external/internal examiner) or open (in addition to the examiners other faculty and students may be invited)

**R.M. P.T 16:- GUIDE – will now read as:**

**Criteria for recognition of MPT guide –**

1. MPT with five years of teaching experience working on a full time position at a recognized institution. The age of guide shall not exceed 65 years. The guide student ratio should be 1:5.
2. Relaxation for the criteria one, notwithstanding above, in view of acute shortage of teachers, the person having three years post MPT teaching experience working on a fulltime basis may be considered as P.G teacher, till further notice from the University.
3. MPT guide shall essentially guide the students of her / his specialty / elective, however he / she shall guide other than his Physiotherapy specialty / elective in case of non availability of the Guide.

**Change of Guide** - In the event of registered guide leaving the college for any reason or in the event of death of guide, guide may be changed with prior permission from the competent authority.

**❖ Provision of change of ‘ELECTIVES’.**

**The student shall be permitted the change of specialty / elective only:**

- **Within first three months of the beginning of the academic term.**
- **With the permission of the competent authority.**

The curriculum review once in a year ‘MUST’ and SOS; during various faculties meeting there is brain storming an minor changes periodically may be forwarded to the University for Academic Council approval. Till date interns feedback during their completion is taken and actions required / not required.

## SUMANDEEP NURSING COLLEGE

- ❖ The curriculum of the Sumandeep Nursing college has been reviewed & upgraded as:

a). the components pertaining to curriculum collected from Experts, Alumni and Faculty are reviewed by Members of B.O.S every year and discusses about the implementation.

b). as per the recommendation of statutory councils.

c). according to the changing trends and advancement in Nursing education.

- ❖ There are Seven revisions has been taken place so far .

### Course wise/ Year wise Curriculum Revision:

B.Sc Nursing	P.B B.sc Nursing	M.Sc. Nursing
<p><b>1. In 2006</b> (On commencement of the course).</p> <p><b>2. In 2007</b>, Developed Curriculum under Sumandeep Vidyapeeth.</p> <p><b>3. In 2009</b>, revised syllabus as per the innovative Nursing education Practice (EBES).</p> <p><b>4. In 2010</b>, enriched the curriculum by specifying the library and co-curricular hours.</p> <p><b>5. In 2012</b>, modified the syllabus in terms of ATKT/Promotion system and IA marks.</p> <p><b>6. In 2014</b> syllabus was Modified based on EBES (Must know, Good to Know, and desirable to know.)</p> <p><b>7. In 2015</b>, as per the statutory guidelines added Environmental Science subject, OBG Nursing removed from TY B.Sc and placed to Final B.Sc. Nursing also Nursing Research shifted from final B.sc Nursing to T.Y B.Sc nursing.</p>	<p><b>1. In 2010</b>, prepared the Curriculum for P.B B.Sc Nursing.</p> <p><b>2. In 2011</b>, Developed the Curriculum under SumandeepVidyapeeth.</p> <p><b>3. In 2012</b>, modified the syllabus in terms of ATKT/Promotion system and IA marks.</p> <p><b>4. In 2014</b>, syllabus was Modified based on EBES (Must know, Good to Know, and desirable to know.)</p>	<p><b>1. In 2010</b>, prepared the Curriculum for M.Sc. Nursing.</p> <p><b>2. In 2012</b>, Revisions were in the practical aspects of the Curriculum in order to develop the clinical competencies in specialty areas.</p> <p><b>3. In 2014</b>, syllabus was Modified based on EBES (Method of Evaluation and Method of teaching was adopted as per EBES.</p>

## DEPARTMENT OF PHARMACY

### Reforms in the curriculum

<p><b>2012</b> <b>First Year</b> <b>B. Pharm.</b></p>	<ol style="list-style-type: none"><li><b>1. Basics in Pharmaceutical Technology</b> - New subject added comprising following topics: Pharmacy Profession, Concepts of Physical Pharmacy, Introduction to Pharmacopoeias Solution and Distribution Law Pharmaceutical additives, types, properties, uses of the following Size reduction, Size Separation Mixing, Clarification and Filtration, Extraction and Galenicals and related practicals.</li><li><b>2. Dispensing Pharmacy</b> Pharmacy Profession and Galenicals transferred to Basics in Pharmaceutical Technology.</li><li><b>3. Pharmacognosy - I</b> Phytochemical screening of herbal drugs, Study of volatile oils, resins and tannins related drugs included  Study of microscopy (including powder characters) of different plant parts excluded.</li><li><b>4. Maths and biostatistics</b> was shifted from First B. Pharm to Second B. Pharm</li></ol>
<p><b>2013</b> <b>Second Year</b> <b>B. Pharm.</b></p>	<ol style="list-style-type: none"><li><b>1. Pharmaceutical Unit Operation</b> Incorporation of Stoichiometry</li><li><b>2. Pharmaceutical Analysis - I</b> Topics included: Extraction procedures, Potentiometry, Conductometry, UV-Visible Spectroscopy, Chromatography, Coulometry, Polarography, Amperometry and practicals related to these topics</li><li><b>3. Pharmaceutical Chemistry - III (Heterocyclic and</b></li></ol>

	<p><b>naturals products)</b> Steroid topic added</p> <p>4. <b>Pharmacology I</b> Essential drugs &amp; orphan drugs, ADR, Drug Interaction, and Development of new drugs added. Antimicrobial agents and Drugs affecting major organ system were shifted from Third B. Pharm to Second B. Pharm. Hormones and related drugs, Drugs acting on CNS and related topics excluded.</p> <p>5. <b>Hospital &amp; Community Pharmacy</b> Subject shifted from T. Y. B. Pharm to S. Y. B. Pharm.</p> <p>6. <b>Computer Applications and Applied Mathematics</b> Computer Applications in Pharmacy was revised as Computer Applications and Applied Mathematics. Topics included in Applied Mathematics: Differentiation, Differentiation equation, Laplace transformations, Integration, Sample and sampling method, Statistical inference - tests of hypothesis, Analysis of variance, Correlation, and regression analysis for curve fitting, Non-parametric tests.</p>
<p><b>2014</b> <b>Third Year</b> <b>B. Pharm.</b></p>	<p>1. <b>Hospital &amp; Community Pharmacy</b> Shifted to S. Y. B. Pharm in previous year.</p> <p>2. <b>Pharmaceutical Technology - I</b> Industrial Pharmacy-I was restructured as Pharmaceutical Technology-I. Ophthalmic Products, Parenteral products, Packaging materials for pharmaceutical products &amp; surgical dressing</p>

	<p>and related practical shifted from Final Year</p> <p><b>3. Pharmaceutical Biotechnology and Microbiology</b></p> <p>Introduction to enzyme immobilization included.</p> <p>Following practicals included:</p> <ul style="list-style-type: none"> <li>• To isolate plasmid DNA from Blood/E.coli/S.cerevisiae.</li> <li>• To purify and quantify the DNA isolated from E.coli.</li> <li>• To perform the Agarose gel electrophoresis for the separation and identification of give DNA sample.</li> <li>• To isolate streptomycin-resistant mutant from staphylococcus aureas.</li> <li>• To perform the bacterial transformation.</li> <li>• To determine the insulin/HBsAg/cotinine in serum sample by ELISA technique</li> <li>• To synthesize the cDNA from the given RNA sample using PCR.</li> </ul> <p><b>4. Medicinal Chemistry - I</b></p> <p>Practical related to Binary mixture separation and identification included.</p> <p><b>5. Pharmacognosy - II</b></p> <p>Quality Control of Crude Drugs included.</p> <p>Essential, tannins &amp; resins shifted from Third Year B. Pharm to First year B. Pharm.</p> <p><b>6. Pharmacology - II</b></p> <p>Drug acting on CNS and related practicals, Hormones and related drugs included to T. Y. B. Pharm. from S. Y. B. Pharm.</p> <p>Chemotherapy, Local Anesthetics, drugs acting on</p>
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	<p>haemopoietic system and gastrointestinal tract shifted to S. Y. B Pharm. in previous year.</p> <p>Incorporation of Pharmacology of nitric oxide.</p>
<p><b>2015</b></p> <p><b>Final Year</b></p> <p><b>B. Pharm.</b></p>	<p><b>1. Clinical Pharmacy &amp; Therapeutics</b></p> <p>The following topics included:</p> <ul style="list-style-type: none"> <li>• Pharmacovigilance and Pharmacoeconomics</li> <li>• Therapeutics &amp; Diseases - Definition, history, epidemiology, clinical manifestations, etiology, pathophysiology, diagnosis, complications and management of the following diseases: <ul style="list-style-type: none"> <li>▪ Basics of cell injury, adaptation, inflammation and repair: Causes of injury, vascular and cellular events of inflammation, mediators of inflammation, process of repair</li> <li>▪ Neoplastic Diseases: Leukemia, Lymphomas, Breast Cancer, Prostate Cancer, Cervical Cancer.</li> <li>▪ Swine Flu, Chickenguniya and Dengue, SARS (Sub Acute Respiratory Syndrome)</li> <li>▪ Surgical Antibiotics Prophylaxis</li> <li>▪ Joint Disorders</li> <li>▪ Glaucoma, Cataract</li> <li>▪ Obesity</li> </ul> </li> <li>• Principles of Toxicology: Definition, General Principles, Management of poisoning of - Barbiturates, Opioid, Organophosphorus and Heavy Metal.</li> </ul> <p>The following practicals included:</p>

	<p>Calculation of loading and maintenance doses of drugs, patient compliance report, TDM, patient complaint report and patient registration report were added in clinical pharmacy &amp; therapeutics.</p> <p>2. <b>Biopharmaceutics and Pharmacokinetics</b> Controlled release medication topic included.</p> <p>3. <b>Pharmaceutical Technology - II</b> Industrial Pharmacy-II was restructured as Pharmaceutical Technology-II.  Novel drug delivery systems and pilot plant topics included.</p> <p>4. <b>Pharmaceutical Analysis - II</b> X-ray Diffraction Analysis, Radioimmunoassay, Electrophoresis topics included.</p> <p>5. <b>Pharmacognosy-III</b> Marine pharmacognosy, Plant bitters and sweeteners, Natural allergens &amp; photosensitizing agents and fungal toxins and Herbs as health foods topics included.</p> <p>6. <b>Pharmaceutical Jurisprudence and Pharmaceutical Business Management</b> Economics, Salesmanship and Production management topics excluded.</p>
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**DEPARTMENT OF MANAGEMENT**  
**CURRICULUM UPDATE SUMMARY**

**Academic Year 2012-13**

Enrichment of curriculum by adding subject on Medical Tourism & Health Insurance (4 Credit) in semester II

**PASSED THROUGH**

<b>Board of Studies</b> dated 07/03/2012	<b>Academic Council</b> dated 20/03/2012 (Item No. 7)	<b>Board of Management</b> dated 01/04/2012 vide Notification Ref # SV/R/DOM/BOM/1256/2012
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**Academic Year 2013-14**

**Major change in Assessment System**

1. It is decided to follow 10 point grading system with continuous evaluation practice followed in previous year.

**Major change in Curriculum**

*Enrichment of curriculum by*

1. Clubbing theoretical subjects of general management and adding following new subjects on healthcare management:
  - a. Healthcare Environment
  - b. Healthcare Ethics & Law
  - c. Hospital Safety & Waste Management
  - d. Hospital architecture and Planning
2. Splitting subject of managerial communication which was previously taught in first semester only into two subjects namely Communication Skills – I & Communication Skills – II in 1<sup>st</sup> & 2<sup>nd</sup> Semester respectively.
3. Adding functional electives of applied HRM in semester III & 4 IV Respectively

Addition of practical subjects viz. Hospital Interaction – I & II (in 1<sup>st</sup> & 2<sup>nd</sup> Semester respectively, Industrial Visit – I & II & III (in 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Semester respectively, Competency Building Program (in 2<sup>nd</sup> & 4<sup>th</sup> Semester), Healthcare Project ( in 3<sup>rd</sup> Semester), Business Proposal Report (in 4<sup>th</sup> Semester)

**PASSED THROUGH\***

<b>Board of Studies</b> dated 21/10/2013	<b>Academic Council</b> dated 23/01/2014 (Item No. 5)	<b>Board of Management</b> Dated 15/02/2014 vide Notification Ref # SV/R/DOM/BOM/3123/2014
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*\*As per prior approval of Vice Chancellor to implement for AY 2013-14*

**Academic Year 2014-15**

Enrichment of curriculum by adding subject on Quality Management in Hospital (2 Credit) in semester III and Rename the nomenclature of subject Health Policies & Program to Global Health: Policy & Program by addition of some contents on Global Health Policy

**PASSED THROUGH**

<b>Board of Studies</b> dated 20/03/2014	<b>Academic Council</b> dated 22/03/2014 (Item No. 5)	<b>Board of Management</b> Dated 29/06/2014 vide Notification Ref # SV/R/DOM/BOM/4268/2014
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**Academic Year 2015-16**

Enrichment of curriculum by :

- ✓ Integration of EBES with curriculum
- ✓ EBES orientation program
- ✓ Integrate with SPSS, SYSTAT & MS Excel application in Quantitative techniques for managers and Research Methodology in Business
- ✓ Modification in contents of Production & Operations Management

**PASSED THROUGH**

<b>Board of Studies</b> dated 15/01/2015	<b>Academic Council</b> dated 27/02/2015 (Item 4)	<b>Board of Management</b> Dated 13/03/2015 vide Notification Ref # SV/R/DOM/BOM/1973/2015
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As per the directives of statutes from time to time and as per the decision of Sumandeep University, 100% of the syllabus/curriculum has been revised/modified/enriched over the last 5 years.

**1.3.4 What are the value-added courses offered by the institution and how does the institution ensure that all students have access to them?**

**Following are the value-added courses offered by the constituent colleges:**

<b>Sr. No.</b>	<b>Value addition Courses</b>	<b>Target group</b>
1.	Language Training	New UG & PG Entrants
2.	Professional skill development: Research training, Training on Neonatal resuscitation, Basic life support, Advanced life support, triage, animal handling, biomedical waste management etc.	All UG & PG students, Interns
3.	Employability skill development: Communication skills, soft skills, interpersonal skills, Management of Emotions & Situation etc.	All UG & PG students, Interns

- Value addition courses are also offered in Citizenship development, Yoga/Meditation, Healthy life style etc.
- Through the spread of program as enumerated above across the target groups, institution ensures that all the students have access to them.

**1.3.5 Has the institution introduced skills development programs in**

**consonance with the national health programs?**

YES

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

- For addressing physical, mental, emotional and spiritual well being and for overall personality development of the student following activities are done:

Sr.No.	Components	Activities
A	Physical Development	2 Sports activities supported by coaches 3 Multi gym supported by instructors 4 Yoga supported by trainer
B	Mental and Emotional well being	5 Mentorship program 6 Yoga & Mediation 7 Psychosocial counseling 8 Awareness about empathy 9 Management of emotions in self and patients/relatives and in any given situation
C	Spiritual well being	10 Regular prayer sessions 11 Celebration of festivals such as: Navaratri, Sharad purnima, Holi, Independence day, Republic day, Teachers day, Guru purnima - Ability to manage spiritual, cultural, religious belief of self & patients. - “Gyan Parab” – An year long program in the areas of art, culture, philosophy, humanity, self awareness etc.

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

- Yes. Elements of emerging concern in the field of patient safety be it related to the hospital infrastructure, machines, drugs, procedures near miss events, or cross infection , are emphasized at all possible opportunity and extra classes are also taken to sensitize faculty and students to necessary

precautions to be adopted and implemented.

Patient's rights are explained to them and requisite educational sessions for relevant diseases are conducted regularly. Hospital policies have been designed on the above mentioned points and same is taught to the students as a part of the curriculum in different subjects.

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

- Yes, the curriculum covers additional value systems

#### **Following are the additional values added to the curriculum:**

- Promoting pursuit of excellence by addressing contribution to the national development, fostering global competencies, inculcating concepts of quality and continual improvement emphasizing the use of technology.
- Building the attributes that leads to innovation, inquiry, and curiosity, by thinking critically, creatively, and reflectively
- Ecological sustainability, which includes care for the environment

## **1.4 Feedback System**

### **1.4.1 Does the institution have a formal mechanism to obtain feedback from students regarding the curriculum and how is it made use of?**

- Yes; the institution has a mechanism to obtain feedback from students regarding the curriculum.
- This is done by taking feedback from Interns & practicing Alumni on curriculum through the practice of comprehensive feedback system.
- The constituent institution obtains feedback from Interns (once per year) & from Alumni (once in 2 years).
- The intern's feedback is obtained by the constituent institution at the time of issue of Internship completion certificate.

- The Alumni feedback is obtained through Alumni Association. Feedback is also collected from alumni during the meets, functions and convocation.
- Feedback so collected is analyzed and value addition as suggestions, if found relevant are incorporated in designing the curriculum.

**1.4.2 Does the institution elicit feedback on the curriculum from national and international faculty? If yes, specify a few methods such as conducting webinars, workshops, online discussions, etc. and their impact.**

- Yes; the institution elicits feedback on the curriculum from national and international faculty.

Following are the methods of creating national/international faculty & institutional interface:

- A. During CME, National & International conferences the feedback is taken from the national/ international subject experts, guest faculty and participating delegates from various institutions on curriculum.
- B. Through tele-workshop on practice of modern techniques in various fields of medical practice followed by panel discussion on comparative practices, reporting the gaps, training of in-house faculty on the gaps & incorporating the gap concept into the curriculum as one of the value addition. The practice of this system has led to the strengthening and up gradation of curriculum.

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

Constituent institutions, being from different streams of health sciences, develop their own curriculum by the standard procedure and the University ratifies them after diligent scrutiny.

**1.4.4 Based on feedback, what is the quality sustenance and quality enhancement measures undertaken by the institution in ensuring the effective development of the curricula?**

- Based on feedback received from various stakeholders following are the quality sustenance & quality enhancement measures undertaken for effective development of curricula:
  - A. Strengthening of Evidence Based Education System.
  - B. Development of Policy on professional skill development & Employability skill development.
  - C. Development of policy on Curriculum
  - D. Establishment of Career and Competitive Examination forum

**1.4.5 What mechanisms are adopted by the management of the institution to obtain adequate information and feedback from faculty, students, patients, parents, industry, hospitals, general public, employers, alumni and interns, etc. and review the activities of the institution?**

- Management receives the report on feedback analysis & the actions taken periodically from respective constituent institution.

<b>Sr. No.</b>	<b>Nature of report</b>	<b>Report submission Time</b>
1.	Curriculum feedback report (Interns & Alumni)	10 <sup>th</sup> August (Every Year from Interns) & 10 <sup>th</sup> August (Every second Year from alumni)
2.	Students feedback on faculty performance & Campus experience analysis report	Twice in a year – At the end of first term – Before prelim examination
3.	Library feedback analysis	December (Every Year)
4.	Academic audit report	within one month of completion of academic year
5.	Quality audit report	30 <sup>th</sup> June each year
6.	Faculty self appraisal report	within one month of completion of academic year
7.	Faculty Academic performance indicator	within one month of completion of academic year

	score	
8.	Report on parent feedback	within one month of completion of academic year
9.	Patient feedback report	Every month when specific programs camp etc are conducted and once in a year (within one month of completion of academic year)
10.	Industry feedback	Once in a year after completion of academic year.

The various reports received including actions taken are submitted to the vice chancellor who in turn refers the matter either to academic council or any other related committees for further decision and formation of new policies, further on approval of the board of management concepts/ policies are implemented and institutionalized across the campus. Concurrently the board of management also approves the infrastructural and financial requirements of program implementation.



**Criterion - II**  
**Teaching, Learning & Evaluation**

## CRITERION II

### TEACHING-LEARNING AND EVALUATION

#### 2.1 Student Enrolment and Profile

##### 2.1.1 How does the institution ensure publicity and transparency in the admission process?

The University ensures publicity & transparency in admission by due notification in newspapers and website about the all India common entrance examination. The prospectus and student handbook containing details such as eligibility guidelines, application process, important dates, fee structure, preparation of merit list, counseling, Infrastructure available, disciplinary measures etc. are given to students during application process and the same is put up on the website for information to all. Examinations are conducted simultaneously at various centers and students admitted after counseling of those, appearing in the merit list. The candidate's grievances are also redressed during each stage of admission process.

##### 2.1.2 Explain in detail the process of admission put in place by the institution. List the criteria for admission: (e.g.: (i) merit, (ii) merit with entrance test, (iii) merit, entrance test, aptitude and interview, (iv) common entrance test conducted by state agencies and national agencies (v) any other criteria (specify).

Admission process is based on Merit list generated from All India Common Entrance Test.

Following is the process based on this criterion:

**1) Notification:-** UG- AICET and PG-AICET notification are published in leading national newspapers and on the University website with details of eligibility, examination pattern, and centers for entrance examination.

##### **2) Application process :-**

The candidate fills in the application form and submits it either personally or by post to the admission cell of the

University, seat number are allotted, hall tickets prepared and sent to all eligible candidates well in advance.

**3) Conduct of examination:-**

- The entrance examination is conducted at the venues across India in form of multiple choice questions.

**4) Preparation of merit list and announcement of results:-**

- Based on the scoring a merit list is prepared in descending order and notified on the University website.

**5) Counseling, Allotment of seats & final admission:-**

- The counseling sessions are conducted on the University campus and candidates are offered seats based on merit.

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

The University does not have affiliated colleges. All admissions to constituent colleges are made through All India Common Entrance Test (AICET) conducted by the University.

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

- Yes, the University reviews the admission process. Depending on either representation from the students and parents or on their feedback.
- The student profile is analyzed by the University each year as a routine process.

**Following are the outcomes of such analysis:**

Number of applications from the downloaded were greater than the off-line applications, Numbers of dropouts were more from places away from big cities, The time between the counseling sessions and

allotment of admission letter is more , Applicants from the northeast region is very less, The ratio of female candidates is more as compared to male candidates, The scoring at the entrance examination is lesser than scoring at the qualifying examination.

**The outcome has led** to making the notifications pan –India, to initiate online application process and creating more facilitation counters for applicants in University.

**2.1.5 What are the strategies adopted to increase / improve access for students belonging to the following categories; SC/ST/OBS/Women/Persons with varied disabilities/economically weaker sections/outstanding achievers in sports and other extracurricular activities?**

- University has established single point window for processing and procuring various scholarships available for the above mentioned categories from state government, central government, NGOs and Social Welfare Department.
- University also provides scholarships for students of economically weaker sections.
- Differently abled are given all necessary support and achievers in sport and extra –curricular activities are recognized and incentives given.

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

Categories	(2014-15)		(2013-14)		(2012-13)		(2011-12)	
	M	F	M	F	M	F	M	F
SC	13	44	11	35	06	22	08	14
ST	9	89	09	54	11	26	02	18
SEBC	16	06	12	04	42	12	18	08
OBC	58	147	57	113	40	66	38	44
General	247	426	216	523	225	514	232	544
Others	01	15	09	23	03	07	10	07
Total	344	727	314	752	327	647	308	635
Grand Total	1071		1066		974		943	

**2.1.7 Has the University conducted any analysis of demand ratio for the various programs of the University departments and affiliated colleges? If so, highlight the significant trends explaining the reasons for increase / decrease.**

As per increase in demand of various programs based on the analysis, the constituent colleges sought for augmentation of seats to the respective statutory councils and on their acceptance the seats were correspondingly increased during the last five years.

Following trends are identified:

<b>S. No.</b>	<b>Course</b>	<b>Previous admission capacity</b>	<b>Present admission capacity</b>
1	MD	54	93
2	MS	15	19
3	MCH	0	3
4	DM	0	2
5	MDS	23	44
6	BPT	100	120
7	BSc Nursing	60	100(applied)
8	MSc Nursing	25	50 (applied)
9	MPharm- Pharmacy Practice	0	10
10	Phar D	0	30
11	Pharm D (PB)	0	10

The analysis has also shown decrease in admission in certain courses, the details are as follows - MD & Diploma –Community Medicine, MD – Biochemistry, MD - Physiology, MDS – Oral Pathology, MDS – Oral Medicine, MDS – Public Health Dentistry, Dental mechanic, MPT - Geriatrics, MPT - Women’s Health, MPT-Physiotherapy in Cardio respiratory Disorders and Intensive Care, MPT- Pediatric, MPT- Physiotherapy in Community, P.B.B.Sc Nursing, A.N.M., M.Pharm - Industrial Pharmacy, M. Pharm - Pharmaceutical Technology, M. Pharm - Pharmaceutical Analysis, M. Pharm - Quality Assurance, M. Pharm -

Pharmacology and Clinical Research, M. Pharm - Pharmacy Practice.

**These trends were analyzed and are comparable with national trends.**

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

No program has been discontinued.

## **2.2 Catering to Student Diversity**

**2.2.1 Does the institution organize orientation / induction program for freshers? If yes, give details such as the duration, issues covered, experts involved and mechanism for using the feedback in subsequent years. (I feel the previous answer was better.)**

- Yes, each constituent institution organizes comprehensive orientation program for newly admitted UG and PG students.
- Following are the details of such programs:
  - A. The orientation program is conducted over a period of 2 weeks.

Following are the issues covered:

- 1) Allotment of faculty as mentors of newly admitted UG students for the programs.
- 2) Awareness of general rules & regulations, anti-ragging measures and code of conduct.
- 3) Awareness about academic activities, value added professional skill development, employability skill development and holistic personality development programs, sports, cultural & literary activities, mentorship-counseling, safety & security, anti-sexual harassment committee, career & competitive examination forum, bank, shopping complex, transport and health facilities.
- 4) Guided tour to all departments of the institution and of other institutions, hospitals, library, animal house, hostels, mess, sports fields, bank, shopping complex etc.

- 5) Dedicated session on Evidence Based Education System.
- 6) Dedicated session on Continuous Cumulative Evaluation System and University examination.
- 7) Dedicated session on library facilities.
- 8) Orientation session on research methodology.
- 9) Students-parents- teachers' interaction.
- 10) Allotment of faculty mentors.
- 11) Feedback collection.

**B.** Apart from the President, the Vice Chancellor, the Director General, the Registrar, the Controller of Examination of the University; the experts involved in the orientation program are Dean/Principals of respective constituent colleges, subject experts, session experts, student Dean, medical education experts, Research Director, Library Director, sports & cultural head, chief warden of the hostel, mess manager, security officer, counselor, career and competitive examination forum in-charge.

-The feedbacks received at the end of the orientation session are analyzed and inputs are used for improving the orientation programs in subsequent years e.g. during the analysis of the feedback taken during previous year, it was identified that students wanted more time on library orientation, Evidence Based Education System and orientation for parents.

-In response to the above inputs, the dedicated sessions on library, Evidence Based Education System is scheduled in the orientation program. Further involvement of parents in orientation program was also started.

Comprehensive orientation program for newly admitted UG and PG students are organized over a period of 2 weeks. Relevant information are given in respect of their protection against ragging and helpline numbers, teaching schedules, re-orientation to basic courses, examination schedules, importance of attendance, and feedback system, are given.

**2.2.2 Does the institution have a mechanism through which the**

**“differential requirements of the student population” are analyzed after admission and before the commencement of classes? If so, how are the key issues identified and addressed?**

The differential requirements are identified by testing for specific course needs and analyzing the same.

Following are the outcomes of such analysis:

<b>Issue Identified</b>	<b>Action Taken</b>
English proficiency	English Training program
Identification of talented students in Art & culture, Literary activities, sports activities	The talented students are identified and are put through programmed coaching.
Exposure to IT	Basic training in computers
Food taste	Catering to varied food taste through monthly menu.

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

- The institutions identify advanced and slow learners by implementing & practicing bridge, remedial and enrichment policy.
- Based on methodology given in policy, the learners groups are identified as educationally disadvantaged, weak and advanced students.

**2.2.4 Does the institution offer bridge / remedial / add-on courses? If yes, how are they structured into the time table? Give details of the courses offered, department-wise/faculty-wise?**

- Yes, each constituent institution offers Bridge, Remedial & Enrichment programs.
- Based on the performance of students in the previous University examination/internal test/day to day practical/lab work/communications skill assessment (interactions/viva) the students are divided in following groups in each department.

- a) Educationally disadvantaged: scoring < 30 % of allotted marks for a particular evaluations and whose language communication proficiency is poor.
  - b) Educationally weak: scoring between 30-60 % whose English communication skill is average.
  - c) Educationally advanced: consistently scoring > 60 % and whose personality is identified to be sharp, for achieving higher educational goals.
- The Bridge, remedial & enrichment programs are structured in the matrix of time table as follows:
    - A. A separate program schedule is prepared to address this requirement.
    - B. In each term six bridge, five remedial and four enrichment programs are conducted by each department/ subject for covering theory components and two practical sessions for covering practical aspects of the curriculum. The time slot as suggested is identified by the respective departments and intimated to the target group one month after the beginning of the term.

### Bridge Programs

SN	Institute	No. of beneficiaries	Topic covered
1	SBKSMIRC	1046	213
2	KMSDCH	2527	135
3	College Of Physiotherapy	339	13
4	Sumandeep Nursing College	55	22
5	Department Of Pharmacy	27	25
6	Department Of Management	4	13

### Remedial Program

SN	Institute	No. of beneficiaries	Topic covered
1	SBKSMIRC	1705	189
2	KMSDCH	2730	120
3	College Of Physiotherapy	60	6
4	Sumandeep Nursing College	112	22
5	Department Of Pharmacy	29	24
6	Department Of Management	12	11

### Enrichment Program

SN	Institute	No. of beneficiaries	Topic covered
1	SBKSMIRC	899	134
2	KMSDCH	930	80
3	College Of Physiotherapy	185	3
4	Sumandeep Nursing College	49	7
5	Department Of Pharmacy	34	9
6	Department Of Management	3	2

### Post Graduate Remedial Program

Postgraduate students besides being monitored for their progress and given adequate support, on failure to clear the course, are made to attend all clinical rounds and take part in all departmental academic activities till the supplementary examination.

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

No appreciable problems have been noted regarding the above matter, however as and when a trend is noticed, the matter will be analyzed and attended to.

**2.2.6 Is there a provision to teach the local language to students from other states/countries?**

A working booklet on Gujarati language is given to all students who require them.

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

Under the banner of “ Gyan parab ‘ , guest lectures , workshops and programs are organized from time to time where eminent people from different walks of life speak to students on various issues related to life enrichment values.

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

- Following programs are conducted to sensitize the students to National integration, constitution of India Art & culture, empathy, women empowerment, importance of voting, female feticide, Gender equity, right of geriatrics

Activity	Programs	Responsibility
1. National Integration	<ul style="list-style-type: none"> <li>• Republic day</li> <li>• Independence day</li> <li>• National Unity day</li> <li>• Celebration of all national festival</li> </ul>	University & all Students associations
2. Constitution of India	<ul style="list-style-type: none"> <li>• Rights &amp; responsibility awareness program</li> <li>• Importance of voting</li> <li>• Protection of Human rights</li> <li>• Protection of Child rights</li> <li>• Protection of rights of elderly.</li> </ul>	University, all Students associations & Competitive & Career Examination Forum
3. Art, Culture	<ul style="list-style-type: none"> <li>• Gyan Parab etc</li> </ul>	University Sport

and Sports	<ul style="list-style-type: none"> <li>• Musical and poetry recitals</li> <li>• Talks by eminent people.</li> <li>• Interaction with sportsmen like Mohindar Amarnath.</li> </ul>	& Cultural Committee
4. Empathy	<ul style="list-style-type: none"> <li>• Talks on human values, like compassion, friendship etc.</li> <li>• Volunteer groups for helping the sick and needy</li> <li>• Charitable work as undertaken by the Trust.</li> <li>• Medicine bank – by collecting samples and giving to poor.</li> </ul>	<ul style="list-style-type: none"> <li>• All patient care departments during all clinical sessions</li> <li>• Respective community teaching dept such as Community medicine, Public Health Dentistry, Community Physiotherapy, Community Nursing, Community Pharmacy</li> <li>• Career &amp; Competitive Exam Forum</li> </ul>
5. Women empowerment	<p>Orientation to:</p> <ul style="list-style-type: none"> <li>• women right</li> <li>• Nutrition of women</li> <li>• Reproductive child health</li> <li>• Female feticide</li> <li>• Gender equity</li> <li>• Anti Sexual Harassment Laws</li> </ul>	Women empowerment & Anti Sexual harassment committee

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

Yes, students are encouraged to follow a disciplined routine, engage in health food habits, shun addictions, ensure yoga and exercise, show reverence to elders, take part in all festivities and show respect to parents and teachers.

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

Daily morning prayers are held in the assembly, yoga sessions and sports activities are conducted in the evening.

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

Physical problems are attended to by the hospital and mental problems, when picked up routinely or through mentorship sessions are dealt by teachers, counselor through counseling cell and psychiatrists of the medical college.

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

The institution caters to needs of slow learners by bridge and fast learners by enrichment programs. Students coming from vernacular medium are given special classes in spoken English. Those having special talents like sports or cultural activities are given facility of trainers and incentives.

**2.3 Teaching-Learning Process**

**2.3.1 How does the institution plan and organize the teaching-learning and evaluation schedules such as**

A. Academic Calendar

Academic calendars prepared by constituent institutions are reviewed and consolidated academic calendar is published by the university.

B. Master Plan

Individual Departments prepare their master plans incorporating all curricular, extra-curricular, leave, examination and activity details.

C. Teaching Plan

The institution plan & organize the Teaching-Learning & Evaluation schedule

1. Allocate the curriculum among the staff member

2. Lesson Planning is done which includes teaching hours, topics to be covered, examinations to be taken and feedbacks to be obtained.

D. Rotation Plan:

- Done for tutorials, practical sessions, clinical & allied postings and community postings

E. Course plan

- Course plan is addressed both in Academic plan & Teaching plan.

F. Unit plan

- The unit plan is prepared for hospital postings such as OPD/IPD/Laboratory including Clinical Laboratory/Casualty/Operation Theater etc.

G. Evaluation blue print

- The Evaluation Blue Print is prepared well in advanced before the start of academic year. It entails, Continuous Cumulative Evaluative System (CCES), end of lesson evaluation, end of practical session evaluation, evaluation of case presentation, evaluation at the end of posting, term end examination, Evaluation Bridge, Remedial & Enrichment program, final evaluation by University.

H. Outpatient, Inpatient, Clinical & Community Teaching Time Table

These rotations are of 2 to 3 hours. Usually small groups are engaged by faculty and participative learning is encouraged. Right from distribution of cases to students to history taking, presentation and discussion by senior faculty every aspect is planned in the time table,

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

- A. Institution provides course objectives, schedules, Academic Calendar, Master Plan, Teaching Plan, Rotation Plan, Course Plan, Evaluation Blue Print, Outpatient, Inpatient, Clinical,

Operation Theater and Community Teaching Time Tables at the commencement of the academic session.

B. The effectiveness of process is ensured as follows:

Assessment of students at the end of every teaching-learning session through Continuous Cumulative Evaluation System to assess the objective outcome expected out of these activities, Daily briefing by the Faculty at the end of day to HOD, Log book review by Head of Dept. periodically, Review at HOD meetings monthly, Review at College Council meetings monthly, Biannual Student feedbacks, and Annual Self appraisal by faculty.

By reviewing as above, the non compliances in the effectiveness of the process are identified; corrective & preventive measures are implemented.

**2.3.3 Does the institution face any challenges in completing the curriculum within the stipulated time frame and calendar? If yes, elaborate on the challenges encountered and the institutional measures to overcome them.**

No. The institution ensures in-time effective completion of curriculum within stipulated time frame and as per academic calendar.

**2.3.4 How is learning made student-centric? Give a list of participatory learning activities adopted by the faculty that contributes to holistic development and improved student learning, besides facilitating life-long learning and knowledge management.**

All established principles of pedagogy are practiced. Small group teaching, tutorials, seminars, Journal clubs, End practical discussions, Clinical case discussion sessions, Role modeling, symposia by students, small projects by students, exposing preclinical students to clinical material early on, are some of the techniques used.

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

- A. The institution has comprehensive policy of inviting experts/people of eminence to augment Teaching-Learning activities. Under this policy each dept/college invites people of eminence in respective field to deliver guest lectures, to conduct seminars, workshops, hands-on training etc.

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

The entire campus is wi-fi enabled and every student is encouraged to access all e-databases and e-resources at the study place and in the hostel. The library software is made globally accessible. Special hours in the teaching routine are earmarked for activities in the learning resource center for using e-journals and Library video sessions, and students are given projects which necessitate use of e-resources.

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

Open e-resources, subscribed e-journals, subscribed databases, tele-conferencing facilities, and simulation lab.

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

Library committee and Director learning resource center along with faculty and IT representatives' monitors these activities.

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

E-learning environment is provided by, Wi-Fi classrooms and campus, LCD projectors, national / international expertise through Telemedicine & Tele Conferencing, free access to enormous e-resources, compulsory data based projects.

**2.3.10 Is there provision for the services of counselors / mentors/ advisors for each class or group of students for academic,**

**personal and psycho-social guidance? If yes, give details of the process and the number of students who have benefitted.**

- Yes; each constituent institution practices Mentors/Counselors/Advisors system with prime objective of academic, personal & psycho-social guidance.
- Yes; each constituent institution practices Mentors/Counselors/Advisors system.
- The prime objective of this system is to identify specific needs of the student community for academic, physical, psychosocial, professional growth and to take needful actions.

The process involved in this system is as follows:

- Each constituent unit has their mentorship policy and program.
- Each constituent unit appoints mentors for a small group of students.
- Following are the major functions of the mentor:
  - To interact with his / her group of students regularly.
  - To counsel his/her group as per Do's and Don'ts
  - To maintain complete personal data of students and their performance progress.
  - To periodically interact with parents as to their wards performance.
  - To send the Students progress data periodically to the coordinator of the mentorship program.
- At each constituent unit the mentorship committee conducts regular meetings to formulate strategies, monitor activities and improve the overall functioning of this system.
- Following table shows the constituent unit wise number of students benefitted from this system in the past year:

Sr. No.	Institution	Course	No. of students benefitted
1	SBKSMIRC	MBBS	433
		MD/MS, PG Diploma	333
2	KMSDCH	BDS	462
		MDS	142
		DENTAL MECHANICS	1
3	COP	BPT	440

		MPT	19
4	SNC	B.Sc Nursing	205
		PB B.Sc Nursing	11
		A.N.M Nursing	53
		G.N.M Nursing	180
5	DOP	B.Pharm	132
		Pharm D	58
		M. Pharm	7
6	DOM	MBA (Healthcare)	26

**2.3.11 Were any innovative teaching approaches/methods/practices adopted and implemented by the faculty during the last four years? If yes, did they improve learning? What were the methods used to evaluate the impact of such practices? What are the efforts made by the institution in giving the faculty due recognition for innovation in teaching?**

All the constituent units of the University practice an innovative evidence based education system.

It has been put in place as per the ten stages mentioned below

- **Stage-1-** Infrastructural up gradation
  - **Stage-2-** Faculty Training programs
  - **Stage-3-**Teaching for UGs-through Evidenced Based Medicine, Evidenced Based Dentistry,Evidenced Based Physiotherapy, Evidenced Based Pharmacy, Evidenced Based Nursing as a separate subject in all the years of study.
  - **Stage 4-**Incorporation of Evidence Based Component in present teaching;
- c. UG : Incorporation of Evidence Based Teaching in traditional teaching, i.e.:
- Theory (lecture series preparation and taking lectures in Evidence Based form)
  - Practical (Assignments)

- Clinics (Role modeling and assignments)

- d. PG : conducting Journal Clubs and ward rounds in Evidence Based form (Role modeling and assignments)

**Stage-5-** Evaluation of UG and PG students after teaching them in EBE format

**Evidence Based Practice:** It entails management through

- e) Individual experience
- f) Empirical Knowledge
- g) Searching Best available Evidence
- h) Local factors

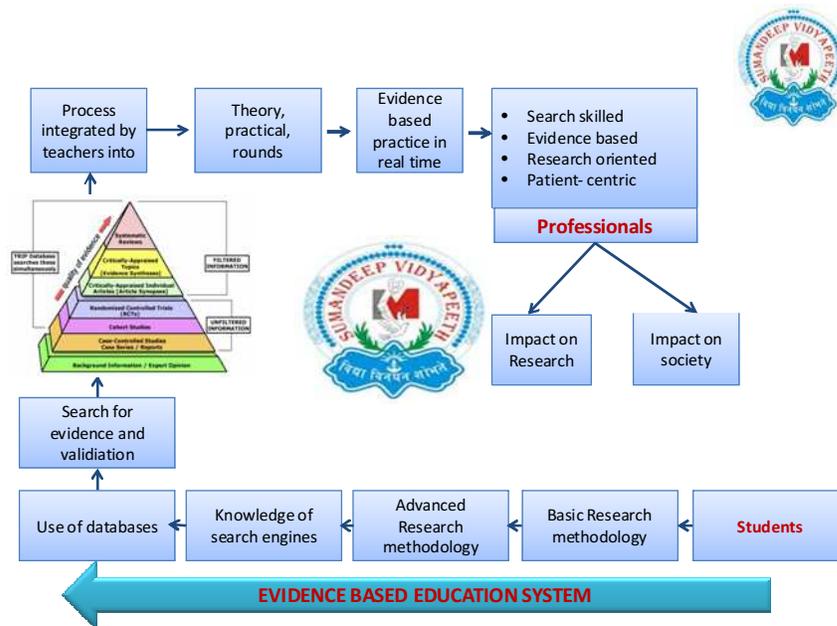
**Stage-6-** Preparation of Treatment protocols in all subjects with best available evidence.

**Stage-7-**Apply prepared protocols on the patients in Research format to evaluate the impact on local population

**Stage-8-**Modify the prepared protocols based on the outcome of Research and impact on local population (Identification of effect of Local Factors)

**Stage-9-**Application of protocols on a larger scale in the community and initiate Community Based Research.

**Stage-10-**Evaluate outcome/impactof EBES by doing Research



Impact of practicing this innovative method;

- Our students ability to interpret, assess, integrate, and apply data and information in the process of clinical problem solving, reasoning, and decision making have significantly raised.
- Our students are able to evaluate critically new knowledge and to determine its relevance to the clinical problems and challenges presented by the individual patient.
- Our students have developed the ability to learn independently.

Following are the methods used to evaluate the impact of such practices –

- A. Evaluation by asking answerable questions
- B. Evaluation in finding the best external evidence
- C. Evaluation in critically appraising the evidence for its validity and potential usefulness
- D. Evaluation in integrating the critical appraisal with clinical expertise and applying the result in clinical practice

E. Evaluation of practice of Evidence Based Medicine, Evidence Based Dentistry etc.

F. Evaluation of continuing professional development

G. Capacity to carry out Evidence Based Research

Following are the efforts made by the institution in giving the faculty due recognition for innovation in teaching;

- Consideration during increment/promotion
- Sponsorship for various career augmentation programs
- Consideration for best teacher award, certification and appreciation.

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

By exposing them very early to understanding of research methodology and elements of evidence searching and validation through specifically designed modules and taking examinations in this aspect along with University examination. Simultaneously students have to compulsorily undertake community oriented small projects. Separate Research funding for students are earmarked by the University. Rich Library and e-resources are provided.

Post graduate students are exposed to role modeling sessions of right evidence searching and their utilization in clinical scenario.

Students are encouraged to publish and present their works and are given incentives for the same.

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

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

- A. Yes; the University has made the student project mandatory during the period of their course for UG, PG & PhD programs.
- During UG program all the students must submit the EBES / short study project before appearing for University examination.
  - All the students posted in Community Medicine/ Public Health Dentistry/Community Physiotherapy/ Community Nursing have to submit one community oriented research project.
  - All the final year UG students undertake EviGenCHIP programs (Evidence Generating for Community Health Projects) in medical college.
  - During internship programs conducting one research project is mandatory for all the students.
  - All the final year B. Pharmacy students must write industry projects following the visits.
  - In all the PG & doctoral programs dissertation project / thesis is mandatory.
  - In all PG studies two short research projects (in addition to the Dissertation/ Thesis) are also mandatory. All the PGs must publish at least one research article before appearing for University examination.
- In all the UG/PG/PhD programs offered by the University, the student research projects are made mandatory as detailed above
  - Following is a table showing number of projects executed within the institution from 2011-12 onwards:

Sr. No.	Number of Student project completed			Year
	UG students	Interns	PG students	

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Sr. No.	UG students	Interns	PG students	Year
1	1	-	92	2012
2	32	-	92	2013
3	3	-	251	2014
4	18	-	51	2015

**K.M.SHAH DENTAL COLLEGE AND HOSPITAL**

Sr. No.	Number of Student project completed			Year
	UG students	Interns	PG students	
1	9	20	68	2011-12
2	12	17	66	2012-13
3	18	18	97	2013-14
4	22	19	86	2014-15

**COLLEGE OF PHYSIOTHERAPY**

Sr. No.	Number of Student project completed			Year
	UG students	Interns	PG students	
1	-	33	06	2011-12
2	-	-	31	2012-13
3	-	12	15	2013-14
4	-	13	16	2014-15

**SUMANDEEP NURSING COLLEGE**

Sr. No.	Number of Student project completed			Year
	UG students	Interns	PG students	
1	05	--	18	2011-12

2	06	--	02	2012-13
3	05	--	23	2013-14
4	07	--	24	2014-15

#### DEPARTMENT OF PHARMACY

Sr. No.	Number of Student project completed			Year
	UG students	Interns	PG students	
1.	53	NA	23	2011-12
2.	22		46	2012-13
3.	09		15	2013-14
4.	15		06	2014-15

#### DEPARTMENT OF MANAGEMENT

Sr. No.	Number of Student project completed			Year
	UG students	Interns	PG students	
1	-NA-	-NA-	14	2011-12
2	-NA-	-NA-	11	2012-13
3	-NA-	-NA-	22	2013-14
4	-NA-	-NA-	26	2014-15

B. Following are the external agencies associated with the student research project:

- i. ICMR
- ii. Non-governmental Organizations
- iii. Industries

C. The role of faculty in facilitating student project:

- Training on basic research model.
- Periodic follow up & monitoring.
- Facilitation of publication of research work.

**2.3.14 Does the institution have a well qualified pool of human resource to meet the requirements of the curriculum? If there is a shortfall, how is it supplemented?**

- Yes; all the constituent institutions have good strength of well qualified, experienced pool of teaching & Non teaching human

resource to meet the requirements of the curriculum & its implementation over and above the respective statutory requirements.

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

- A. Computer with LAN facilities in every department
- B. Campus wide Wi-Fi connection
- C. LCD projector for PPT projections in each Lecture Halls & Departments.
- D. e-Library facilities
- E. Appointment of photographer and media person in University.

**2.3.16 Does the institution have, a mechanism for the evaluation of teachers by the students / alumni? If yes, how is the evaluation feedback used to improve the quality of the teaching-learning process?**

The institution has a mechanism for the evaluation of teachers by the students & alumni through the use of Comprehensive Feedback Policy, which is taken on yearly basis.

**2.3.17 Does the institution use telemedicine facilities for teaching-learning processes? If yes, cite a few instances.**

Yes, The University has a telemedicine facility in its multi super specialty Dhiraj Hospital connecting its Community Health Centre at Bhadarpur and Urban Health Centre located at Kothi.

It is regularly function on fixed OPD days with fixed schedule of the specialists.

**2.3.18 Does the institution utilize any of the following innovations in its teaching-learning processes?**

- Yes: Following is a list of innovations in teaching-learning processes adopted by the institution:

Sr. No.	Innovative Teaching Learning Process	Activities done
01	ICT Enabled Flexible Teaching	In house library software On line journals Tele conferencing Tele medicine Library video sessions Wi-Fi lecture halls e- databases
02	Reflective Learning	End of Lecture Feedback, tutorials, student seminars, clinical case presentations, Practical skill performance, Periodic examination
03	Simulation	CPR training Using Mannequins, Phantom head exercises ,Typhodont teeth, Mulligan mobilization exercise, Museum models, Delivery Conduction with dummy pelvis, Intravenous Cannulation on Mannequins`
04	Evidence based teaching	In all constituent colleges.
05	Emphasis on development of required skills, adequate knowledge and appropriate attitude to practice medicine	<p><b>Knowledge acquisition activities:</b></p> <ul style="list-style-type: none"> <li>- Didactic lectures</li> <li>- Small group discussion, tutorials</li> <li>- Seminar / Journal Club</li> <li>- Weekly clinical meet</li> <li>- Continued educational program</li> <li>- conferences, guest lecture</li> <li>- Integrated teaching</li> <li>- Community contact programs using the innovative method of Evidence Based teaching and value addition program through Career and Competitive examination Forum.</li> </ul> <p><b>Skill acquisition through observed, assisted and performed activities such as:</b></p> <p>-</p>

		<b>Attitude development activities:</b> -allowing students to observe consultants in real life situations of history taking, clinical examination, emergency handling or breaking bad news.
06	Problem Based learning	<ul style="list-style-type: none"> <li>- Weekly Clinical Meeting</li> <li>- Dept practical session are problem based Clinical Audit, Mortality-Morbidity audit</li> <li>- Research Problems: All Students research projects (UG/PG) are based on community problems identified through informed review</li> <li>- Seminars</li> </ul>
07	Student assisted teaching	<ul style="list-style-type: none"> <li>- Student Assisted Dissection sessions</li> <li>- Student Assisted Dept &amp; Clinical lab performance</li> <li>- Dental chair-side Student assisted performance</li> <li>- Assisted clinical evaluation</li> <li>- Research projects</li> </ul>
08	Self directed learning & Skill development	<ul style="list-style-type: none"> <li>- Seminars &amp; Journal Clubs</li> <li>- Self directed Dissection</li> <li>- Self directed practical sessions</li> <li>- Self directed Clinical practice in the form of patient evaluation, performance of procedure &amp; presentation</li> </ul>
09	Narrative based Medicine	<ul style="list-style-type: none"> <li>- Operation Theater Surgical teaching</li> <li>- Narrative Dental procedures training</li> <li>- Narrative teaching using Tele-conferencing</li> </ul>
10	Medical Humanities	<p>Through teaching of the subject pertaining to medical humanities such as :</p> <ul style="list-style-type: none"> <li>- Medical ethics</li> <li>- Medical sociology</li> <li>- Health economics</li> </ul>
11	Drug & poison information assistance centers	- Department of pharmacology of SBKSMIRC in association with Dept of Pharmacy maintain "Drug & poison

		information assistance center" - This center is also responsible for Pharmacovigilance activities
12	Ayurvedic practices	No. (Not Authorized)
13	Yoga practices	- Though Yoga & Mediation Sessions
14	Yoga therapy techniques	- No. (Not Authorized)
15	Naturopathy	- No. (Not Authorized)
16	Any other	- Museum teaching - All department maintain well organized museum with up-to-date catalogues

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

Yes. These details are used for demographic profiles, disease patterns, and retrospective research by faculty and students.

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

There is a laid down policy and the case sheet writing and consents are as per laid down policy, standardized norms.

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

- Yes, following is the number of Videos institution wise.

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**COLLEGE OF PHYSIOTHERAPY- 98**

**SUMANDEEP NURSING COLLEGE: - 30**

**2.3.22 Does the institution perform medico legal/post-mortem procedures with a view to train the undergraduate and post-graduate students in medico legal procedures?**

Permission for holding autopsy from Govt. of Gujarat is awaited since 2005. . However as per Government Regulation, Government of Gujarat, the UG students are facilitated to observe the autopsy at SSG Hospital, Medical College Vadodara in batches. Demonstration/performance of medico-legal work for postgraduate students is arranged at nearby PHC and CHC. Training is also given in tertiary care centre(NHL Medical College Ahmedabad and Pramukhswami Medical College Karamsad) after tendering requisite fees as fixed by authorities of concerned college

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

- Yes, the department of Pharmacology of SBKSMedical Institute & Research Center in association with Department of Pharmacy runs ‘Drug & Poison information Center’ including implementations & review of Pharmaco-vigilance protocol.
- The institution conducts campus wide student’s awareness programs about the utility of ‘Drug & Poison information Center’.
- All the staff & students are made aware of Pharmaco-vigilance protocol and Role of each individual department / institution.
- Every year one PG seminar is conducted on Pharmaco-vigilance in concerned departments.

**2.3.24 Does the institution have a Pharmacovigilance / Toxicology centre /clinical pharmacy facility / drug information centre/Centre for disease surveillance and control/ Prevention through Yoga/Promotion of positive health/Well-equipped Psychology Laboratory/ Naturopathic diagnostic centre, etc.?**

Yes; the institution has following centers

- Pharmacovigilance, Toxicology, Clinical pharmacy and Drug Information Center: Provides information of adverse drug reactions, information on newer drugs developed for pediatric, pregnancy, lactation and geriatrics, precautions to be taken and investigations to be done periodically while the patient is administered certain drugs. ADR awareness program and providing information on poison in terms of types of poison, severity of poison, dose of routinely used drug that can act as poison etc. The activities are conducted by Department of Pharmacology, Forensic Medicine and Dept of Pharmacy.
- Center for disease surveillance & control: Conducts community guidance through Indian Medical Association, Indian Dental Association, Indian Association of Physiotherapy, Indian Pharmaceutical Association, Trained Nurses Association of India etc on public health surveillance activities to ensure effective target group participation for communicable, non communicable diseases prevalent among the community.
- Yoga & Meditation center: promotes regular yoga/ meditation session in hostels Prescription of disease based balanced diet for patients,
- Dept of Nutrition and Dietetics: Prescription of balanced diet, awareness about importance of healthy food over junk food for students.

### 2.3.25 Laboratories / Diagnostics

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

Following are the monitoring methods of student`s learning process in the laboratories:

Session	Monitoring
Departmental laboratory Practical/ Clinical Diagnostics	<ul style="list-style-type: none"> <li>• The session supervisor monitors the students for:               <ul style="list-style-type: none"> <li>– application of proper knowledge,</li> <li>– performance of procedure,</li> <li>– adherence to safety guidelines,</li> <li>– adherence to allotted time</li> </ul> </li> </ul>

– Communication skills

- Review of practical journals/ logbook during Practical
- Student's evaluation at the end of practical/ Clinical Diagnostics
- End posting evaluation

### **Time Table**

- The time table of practical sessions (laboratory practical/diagnostics/clinics) for different courses is prepared by individual constituent units considering minimum stipulated hours for practical prescribed by the statutory bodies.
- The students are rotated to different departments as per the guidelines of statutory bodies.
- Following table shows the approximate number of hours for Practical/ Diagnostic/ Clinics for different courses:

<b>Sr. No.</b>	<b>Course</b>	<b>Practical/ Diagnostics/Clinic</b>
1	MBBS	
	Preclinical Subjects	2-4 hrs/day
	Para-clinical Subjects	2 hrs/day
	Clinical Subjects	6 hrs/day
2	MD/MS/Diploma/Super specialty	8 hrs/day (Clinical)
3	BDS	2-4 hrs/day
4	MDS	6 hrs/day (Clinical)
5	BPT	
	1 <sup>st</sup> year	3 hrs/day
	2 <sup>st</sup> year	3-4 hrs/day
	3 <sup>rd</sup> /Final year	5-6 hrs/day
6	MPT	8 hrs/day (Clinical)
7	B Pharma	3 hrs/ day
8	M Pharma	6 hrs/day

### **Student / Staff ratio:**

- The student-teacher ratio in laboratories/diagnostics varies as per the course/departments.

- In all constituent units of the university the teacher staff ratio in the laboratories/ diagnostics is not more than 15:1 for all UG courses & not more than 2:1 for all PG courses.

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

- Number of procedures / clinical cases / surgeries observed, assisted, performed with assistance and carried out independently by students is given in following table:

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Table A. For UG Programs:

Sr No.	Course/Year	No of procedures / clinical cases / surgeries			
		Observed	Assisted	performed with assistance	carried out independently
1	Ist MBBS	15	10-12	25-30	15-20
2	IInd MBBS	5-6	2-3	2-3	2-3
3	IIIrd MBBS part 1	9-10	4-5	1-2	1-2
4	IIIrd MBBS part 2	80-100	40-50	40 -50	15-18

For Post Graduates number of procedures varies department wise and range is as follows

Sr No.	Course/Year	No of procedures / clinical cases / surgeries			
		Observed	Assisted	performed with assistance	carried out independently

1	MD/MS	4-22200	0-950	1-750	1-138398
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- For under graduates average number of procedures are as follows

Sr No.	Course/Year	No of procedures / clinical cases / surgeries			
		Observed	Assisted	performed with assistance	carried out independently
1	BDS	28-30	10-12	10-12	50- 60

For Post Graduates number of procedures varies department wise and range is as follows

Sr No.	Course/Year	No of procedures / clinical cases / surgeries			
		Observed	Assisted	performed with assistance	carried out independently
1	MDS	12-100	0- 173	6- 1792	12 -2123

**COLLEGE OF PHYSIOTHERAPY**

Sr No.	Course/Year	No of procedures / clinical cases / surgeries			
		Observed	assisted	performed with assistance	carried out independently
1	BPT	15- 20	20	10	5

2	MPT	-	-	-	As many as possible
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**SUMANDEEP NURSING COLLEGE:**

Sr No.	Course/Year	No of procedures / clinical cases / surgeries			
		Observed	assisted	performed with assistance	carried out independently
1	B.Sc. Nursing	12- 15	20-22	15-18	20-22
2	M.Sc. Nursing	2- 12	6 -22	12-18	19- 41

**DEPARTMENT OF PHARMACY**

Sr No.	Course/Year	No of procedures / clinical cases / surgeries			
		Observed	assisted	performed with assistance	carried out independently
1	B. Pharm	15-18	-	-	-
2	Pharm D	11-20	-	-	-

**2.3.27 Does the institution provide patients with information on complementary and alternative systems of Medicine?**

Patients are informed only about those aspects of complimentary/alternative medicine, which has found some acceptability in medical literature , e.g Yoga.

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

- Clinic oriented comprehensive teaching–learning process is inbuilt into the curriculum & implemented as per the guidelines of statutory bodies.

#### **For example (as per MCI guidelines):**

- Students of MBBS are exposed to clinical teaching-learning processes in graded form, viz. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> posting to respective clinical departments right from second year onwards and stretched till the internship program.
- The clinical subjects taught during Phase II & III are Medicine and its allied specialties, Surgery and its allied specialties, Obstetrics and Gynaecology and Community Medicine.
- During third to ninth semesters clinical postings of three hours duration daily are specified for various departments. Total of 142 weeks are mandatorily allotted to clinical learning through various clinical settings. During these sessions students are divided into small groups ranging from 5 to 10. The group is assigned a case for history taking and examination. The first hour is supervised by senior residents. In the second hour asst. professors assigned for groups interact with them , assess their presentation and examination skills , and in the third hour a senior faculty combines the groups to discuss one case in totality.
- **On similar lines**, for BDS-DCI guidelines are used, for BPT-IAP guidelines are used, for BSc (Nursing), PBBSc (Nursing) INC guidelines are used, for BPharm and Pharm D the PCI guidelines are used.

The statutory bodies have given specific guidelines for respective Post Graduate programs

**2.3.29 Do students maintain log books of their teaching-learning activities?**

**Yes; all the UG-PG students maintain the log-book of their Teaching – learning activities. Following are the types of log books maintained by the students:** in the form of, Comprehensive log book, Practical log-book Clinical Records Journal, Intern’s log book.

**2.3.30 Is there a structured mechanism for post graduate teaching-learning process?**

The PG teaching sessions are structured in form of , daily morning and evening rounds with consultant ants , with role modeling sessions as often as possible , weekly evidenced based seminar/symposia on important or emerging topics , weekly journal clubs in evidence based format, case presentations twice a week , monthly interdepartmental clinical meetings, morbidity and mortality conferences , presentation of progress on dissertation as per schedule , and daily participation in undergraduate clinical teaching sessions.

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

**SBKS MEDICAL INSTITUTE AND RESEARCH CENTRE**

- Following is the detail about each of the teaching programs of the constituent colleges:

**1) No of didactic lectures**

SN	Batch /Year of course	Department/ Subject	Number of didactic lectures
<b><u>SBKS MEDICAL INSTITUTE AND RESEARCH CENTRE</u></b>			
1.	1 <sup>st</sup> M.B.B.S	4	1430
2.	2 <sup>nd</sup> M.B.B.S	5	1150
3.	3 <sup>rd</sup> M.B.B.S	14	1440
<b><u>KMSDCH</u></b>			
4.	I BDS	4	219
5.	II BDS	4	182

6.	III BDS	9	342
7.	IV BDS	8	382
<b><u>College of physiotherapy</u></b>			
8.	1 <sup>st</sup> year	8	850
9.	2 <sup>nd</sup> year	10	900
10.	3 <sup>rd</sup> year	8	700
11.	4 <sup>th</sup> year	6	550
<b><u>Sumandeep Nursing College</u></b>			
12.	1 <sup>st</sup> year BSCNursing	10	680
13.	2 <sup>nd</sup> year	7	430
14.	3 <sup>rd</sup> year	5	410
15.	4th B.Sc Nursing	5	305
16.	1 <sup>st</sup> .B.Sc Nursing	10	545
17.	2 <sup>nd</sup> .P.B.B.Sc Nursing	7	365
18.	1 <sup>st</sup> .M.Sc Nursing	4	600
19.	2 <sup>nd</sup> M.Sc Nursing	2	300
<b><u>Department of pharmacy</u></b>			
20.	B.Pharm I	7	415
21.	B Pharm II	9	515
22.	B Pharm III	7	465
23.	B Pharm IV	9	465
24.	Pharm D I	7	565
25.	Pharm D II	7	590
26.	Pharm D III	7	540
27.	Pharm D IV	7	540
28.	Pharm D V	4	300
29.	M Pharm Pharmaceutics	4	225
30.	M Pharm Industrial Pharmacy	4	225

31.	M Pharm Pharmaceutical Technology	4	225
32.	M Pharm Quality Assurance	4	225
33.	M Pharm Pharmacology and clinical research	4	225
34.	M Pharm Pharmaceutical Analysis	4	225
35.	M Pharm Pharmaceutical management & Regulatory affairs	4	300
36.	M Pharm Pharmacy Practice	4	300
<b>Department of management</b>			
37.	1 <sup>st</sup> sem	8	340
38.	2 <sup>nd</sup> sem		375
39.	3 <sup>rd</sup> sem	14	600
40.	4 <sup>th</sup> sem	13	420

## 2) Students in each Batch

Type of program	Batch /Year of course	No of students
<b><u>SBKS MEDICAL INSTITUTE AND RESEARCH CENTRE</u></b>		
UG		
	1 <sup>st</sup> year	150
	2 <sup>nd</sup> year	270
	3 <sup>rd</sup> year	246
	Interns	130
PG		

	1 <sup>st</sup> year	109
	2 <sup>nd</sup> year	110
	3 <sup>rd</sup> year	116
<b><u>KMSDCH</u></b>		
UG		
	1 <sup>st</sup> year	127
	2 <sup>nd</sup> year	129
	3 <sup>rd</sup> year	98
	4	90
	Interns	105
PG		
	1 <sup>st</sup> year	36
	2 <sup>nd</sup> year	37
	3 <sup>rd</sup> year	44
<b><u>College of Physiotherapy</u></b>		
UG		
	1 <sup>st</sup> year	168
	2 <sup>nd</sup> year	139
	3 <sup>rd</sup> year	83
	4 <sup>th</sup> year	106
	Interns	35
PG		
	1 <sup>st</sup> year	5
	2 <sup>nd</sup> year	6
<b><u>Sumandeep Nursing college</u></b>		
	.B.Sc Nursing	205
	.P.B.B.Sc Nursing	16
	M.Sc Nursing	45
<b><u>Department of Pharmacy</u></b>		
	B.Pharm I (2014-15)	60
	B Pharm II (2014-15)	37
	B Pharm III (2014-15)	18
	B Pharm IV (2014-15)	17
	Pharm D I (2014-15)	30

	Pharm D II (2014-15)	28
	M Pharm I (2014-15)	01
	M Pharm II (2014-15)	06
<b><u>Department of Management</u></b>		
	MBA (Healthcare) – 1 <sup>st</sup> Year	13 (Intake: 60)
	MBA (Healthcare) – 2 <sup>nd</sup> Year	14 (Intake: 60)

### 3) No of Rotations

#### **SBKSMIRC**

##### **TIME TABLE FOR M.B.B.S. STUDENTS. ALL PHASE.**

DAY	TIME	1 <sup>st</sup> MBBS & L4 3 <sup>rd</sup> Floor	3 <sup>rd</sup> term D4 Pathology Demo Room	4 <sup>th</sup> term D1 Biochemistry Demo Room	5 <sup>TH</sup> Term. L3 2 <sup>nd</sup> Floor	6 <sup>th</sup> term D2 Microbiology Demo Room	7 <sup>TH</sup> TERM L2 1 <sup>st</sup> Floor	8 <sup>th</sup> Term D3 Demo Room 1 <sup>st</sup> Floor	9 <sup>th</sup> Term L1 Ground Floor
Monday to Friday	9am to 12pm	Lec- tures	Cli- nic	Cli- nic	Cli- nic	Cli- nic	Cli- nic	Cli- nic	Cli- nic
	12 to 1 pm	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures
	1 to 2 pm	<b>Lunch</b>							
Saturday	9 to 12	Lec- tures	Cli- nic	Cli- nic	Cli- nic	Cli- nic	Cli- nic	Cli- nic	Cli- nic
	12 to 1 pm	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures	Lec- tures

**The basic time table of the college has been attached .The whole MBBS batch is divided into sub batches and are rotated according to the given time table.**

**KMSDCH**

Batch /Year of course	prosthetic	conservative	oral medicine	Oral surgery	Paedodontics	Periodontics	Public health dentistry	Oral pathology	Implan tology	Orthodontics
I B DS	02 (two terms)							2		
II B DS	02 (two terms)	1 per week						2		
III B DS	02 (two terms)	2 per year	2	2	2	2	2	2		2
IV B DS	02 (two terms)	2 per year	2	2	2	2	2	2		2
Interns	1	1	1	1	1	1	1	1	1	
M DS				10	2				1	

**College of Physiotherapy**

S N	Year of course	Theory/practicals/clinical /OT etc	No of Rotation
	3rd yr BPT	clinical	12
	4 <sup>th</sup> yr	clinical	12

**Sumandeep Nursing college**

S N	Year of course	Area	No of Rotation
1	F.Y.B.Sc Nursing	General Wards	Twice a month
2	S.Y.B.Sc Nursing	General Wards, Critical Care Unit, OT	Twice a month Once a month (OT)

3	T.Y.B.Sc Nursing	General Wards, Specialty ward, Critical Care unit, CSSD, OT	Twice a month Once a month (OT)
4	Final Year B.Sc Nursing	Community, specialty ward, Critical Care unit	Twice a month Once a month (community)
5	F.Y.P.B.B.Sc Nursing	General Wards, Specialty ward, Critical Care unit, CSSD, OT	Twice a month Once a month (OT)
6	S.Y.P.B.B.Sc Nursing	OPD, General Wards, ICU, Administration section	Twice a month
7	F.Y.M.Sc Nursing	General Wards, Specialty ward, Critical Care unit, OT	Once a month
8	S.Y.M.Sc Nursing	OPD, General Wards, ICU, Administration section	Once a month

**Department of Pharmacy**

SN	Year of course	Theory/practical/clinical/OT etc	No of Rotation
1.	B Pharm I	Practical	01
2.	B Pharm II	Practical	01
3.	B Pharm III	Practical	01
4.	B Pharm IV	Practical	01

- 4) **Nursing care conference (Please check Nursing council of India guidelines on this issue. Attach as annexure)**
- 5) **Number of medical / dental procedures that the students get to see. (Please check Respective Statutory Norms/Guidelines. Attach as annexure, if relevant.)**

**SBKSMIRC**

Medical Students get to see average 05 procedures per week during their clinical postings in various departments.

**KMSDCH**

Department	Number of procedures
Department Of Prosthodontics	65 CLINICAL CASES
Department Of Conservative Dentistry	34 CLINICAL CASES
Department Of Oral Medicine	18 CLINICAL CASES
Department Of Oral Pathology	14 CLINICAL CASES
Department Of Oral Surgery	75 CLINICAL CASES
Department Of Pedodontics	BDS 22 CLINICAL CASES MDS: 45 CLINICAL CASES
Department Of Public Health Dentistry	10 Cases
Department Of Orthodontics	50 CLINICAL CASES
Department Of Oral Implantology	10 CLINICAL CASES

**Sumandeep Nursing College**

Sr No.	Course/Year	No of procedures / clinical cases / surgeries Observed
1	B.Sc Nursing	60
2	P.B.B.Sc nursing	20
3	M.sc nursing	69
	<b>Total</b>	<b>149</b>

- 6) Mannequins/ Simulation/Skill laboratory for students teaching/number of students inside the operating room

**SBKSMIRC**

**Medical college** Mannequins: 15

**Simulation Skill lab:** Central Simulation skill lab

**No of students in operation rooms at a given time**

Medical college: Dhiraj General Hospital –(Dept of Surgery/Ortho/OBGY/ Ophthalm/ ENT/ Anesthesia)

<b>Departments</b>	<b>UG Students</b>	<b>PG Students</b>
Surgery	30	6
Orthopedics	10	7
Obstetrics And Gynaecology	15	9
Ophthalmology	5	2
ENT	5	2
Anesthesia	10	40

**KMSDCH**

**Mannequins / Simulation / skills laboratory for student teaching:**

Pedodontics and Preventive Dentistry:

**Simulation exercises** in the preclinical classes for undergraduate as well as postgraduate students provided a sound foundation to receive the expertise in the respective dental specialities. There appears to be considerable scope for enhancing the efficiency of learning prior to reaching clinical environments by using specific “skills-development boxes” for enhancing fine motor control and learning mirror vision prior to students commencing work on typhodont teeth in phantom heads

This institution provides simulation exercises in various dental specialties at undergraduate as well as postgraduate levels.

<b>Pedodontics and preventive dentistry</b>	1. Cavity cutting on model tooth and patient extracted tooth	1. Various cavity preparation designs on primary and permanent typhodont teeth set and extracted natural teeth and
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	2. Orthodontic appliance fabrication exercise	<p>their restoration.</p> <p>2. Root canal treatment exercise on mounted extracted teeth models</p> <p>3. Fabrications of habit breaking and orthodontic appliance on simulated model cast</p> <p>4. Splinting on model cast</p> <p>5. Soldering exercise</p> <p>6. Crown cutting on typhodont and extracted teeth.</p>
<b>Prosthodontics</b>	<p>Complete denture exercises</p> <p>Removable Partial denture exercises</p> <p>Fixed Partial denture exercises</p>	<p>Completely edentulous ideal life size casts and models for demonstration and skill exercises</p> <p>Partially edentulous ideal life size casts and models for demonstration and skill exercises</p> <p>Mannequins and Typodont with Ivorine teeth for demonstration and skill exercises</p>

**Number of students inside the operation rooms at a given time**

- **Department of Oral Surgery & paedodontics-- 6**

**College of Physiotherapy**

- Physiotherapy —6 skill laboratories

**Sumandeep Nursing College**

<b>Sr. No.</b>	<b>Mannequins</b>	<b>Nos.</b>
1	Basic Nursing Training Mannequin	01

2	Adult multivenous IV arm trainer	01
3	Catheterization & enema trainer	01
4	Nasogastric & tracheal care	01
5	Pediatric Intubation trainer	01
6	Neonatal Resuscitation baby	01
7	Hi fidelity Adult Patient Simulator	01
8	AED CPR Trainer	01
9	Pediatric Nursing care mannequins	01
10	Obstetric Birthing Torse	01
11	Episiotomy Trainer	01
12	Childbirth Models	01
13	Pelvic Examination trainer	01
14	Gynecological trainer	01
15	Virtual learning software for nurses	01

**Department of Pharmacy**

- Pharmacy - - computer aided learning in pharmacology for all practical in UG

**7) Average number of procedures in OT –**

**SBKSMIRC**

**(Dept of Surgery/Ortho/ OBGY/ Ophthalm/ ENT/ Anesthesia)**

<b>Department/Hospital</b>	<b>No of OTs</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
Surgery	6	232	927	11124
Orthopedics	3	149	597	7163
OBST & GYNAE	4	121	483	5804
Ophthalmology	2	157	629	7555
ENT	1	112	450	5400
Anesthesia	20	830	3321	39852

### KMSDCH

Name of department	R3	R2	R1	Interns
Oral surgery	1	1	2	2
Paedodontics	1	1	1	nil

### Sumandeep Nursing College

Sr. No.	OT	Average No. of Procedures
1	Surgical OT	07
2	Neuro OT	07
3	Uro OT	07
4	Ortho OT	08
5	ENT OT	07
6	Plastic surgery OT	07
7	Pediatric OT	07
8	Endoscopy OT	06
9	Ophthalmology OT	07
10	Obs/Gynec OT	07
11	Cardio Thoracic OT	07

#### **8) Autopsy Facility:**

For conducting medico-legal autopsy within the institution the University has submitted the application to the state government since 2005. Till date permission to start the same is awaited. However as per Government Regulation, Government of Gujarat, the UG students are facilitated to observe the autopsy at SSG Hospital, Medical College Vadodara in batches.

Demonstration / performance of medico legal work for post graduate students are arranged at nearby PHC and CHC. Training is also given in tertiary care centre (NHL Medical College Ahmedabad and Pramukh Swamy Medical College Karamsad) after tendering requisite fees as fixed by authorities of concerned colleges.

## **2.4 Teacher Quality**

### **2.4.1 How does the institution plan and facilitate its faculty to meet the changing requirements of the curriculum?**

The institution plans & facilitates its faculty to meet changing requirements of the curriculum as follows:

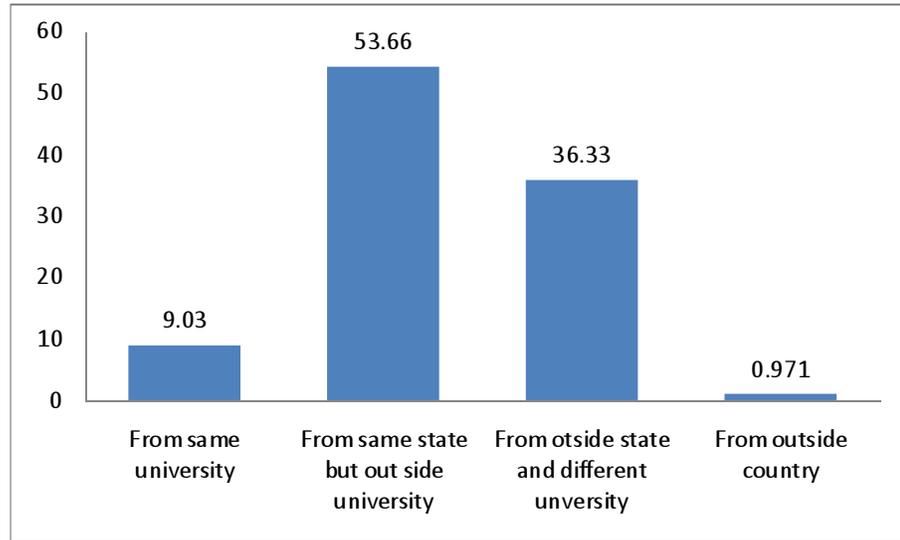
- 1) Through intense awareness of model of curriculum suggested by respective councils and its division into Must to Know, Good to know and Desirable to know.
- 2) By promoting faculty development programs such as CME, Seminar, Conference etc.
- 3) By sensitizing the faculty to the changing and evolving pedagogical models through medical education units.
- 4) Every year regional / state / national/ international conference/ workshop / symposia are organized and are well attended by National / International delegates.
- 5) Through the practice of curriculum bank.
- 6) By value adding the curriculum for development of professional skills, employability skills, soft skills etc.
- 7) Panel discussion with expert/guest faculty on issues pertinent to changing needs of the curriculum.
- 8) By deputing the faculty for related faculty development program outside the institution with assistance.
- 9) By creating comprehensive interface between institution-community-industry-other institutions of excellence.

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

- **Yes; University encourages diversity in its faculty recruitment.**

- **Following are the details of diversity in faculty of constituent institutions:**

**University**



**2.4.3 How does the institution ensure that qualified faculty are appointed for new programs / emerging areas of study? How many faculty members were appointed to teach new programs during the last four years?**

- All the appointments are done through University selection committee.
- The qualified faculties are appointed as per the minimum standards stipulated by respective Statutory Councils.
- Over & above the Statutory guidelines, institution also evaluates the faculty in terms of research & publications, creativity & innovation, extent of participation in holistic development of students, Communication skills, pedagogy skills, computer proficiency etc. using Academic Performance Indicators Scores.
- Following are the faculty appointed for new programs during last four years

**SBKS MEDICAL INSTITUTE AND RESEARCH CENTRE**

Name of constituent Institution	New Programs started	Year of commencement	No. of Appointments (faculty)
Smt. B. K. Shah Medical Institute & Research Centre	DM – Cardiology	2013	3
	M.Ch. – Plastic Surgery	2013	3
	M.Ch. – Neuro Surgery	2013	3
	M.Ch. – Neuro Surgery	2014	2
	DM-Neurology	2014	3
	M.Ch. – CTVS		

**SUMANDEEP NURSING COLLEGE**

SN	Name of Program	Year of commencement	No. of Appointments (faculty)
01	PBBSc Nursing	2011-12	8
02	GNM	2012-13	13
03	ANM	2012-13	10

**DEPARTMENT OF PHARMACY**

Sl. No.	New Programs started	Year of commencement	No. of Appointments (faculty)
1	Pharm D	2013	02
2	Pharm D (PB)	2015	03
3	M.Pharm (Pharmacology and clinical research)	2010	02

**2.4.4 How many Emeritus / Adjunct Faculty / Visiting Professors are on the rolls of the institution?**

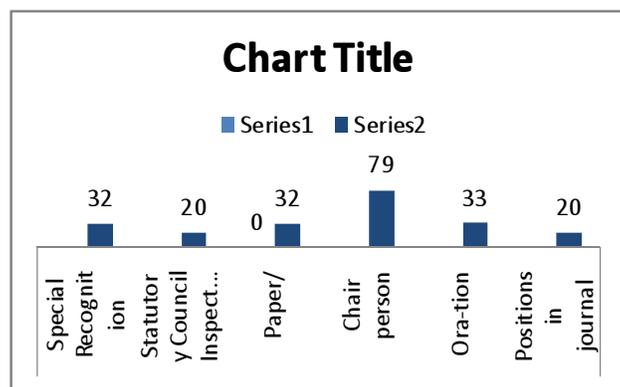
- There are 59 adjunct faculties

**2.4.5 What policies/systems are in place to academically recharge and rejuvenate teachers? (E.g. providing research grants, study leave, nomination to national/international conferences/seminars, in-service training, organizing national/international conferences etc.)**

The following are details of University's Policies/systems,(a)faculty enhancement policy through continued medical education (b)leave policy for academic enhancement, fellowships; study leaves (c) research policy (d) publication policy (e) consultancy policy (f)career enhancement policy. All the incentives are readily available as per laid down rules.

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

**Recognition received by faculty from professional bodies and agencies**



Sr no	Name of Faculty	Dept.	Best individual performance
01	Dr J J Patwa	Orthopedics	National Award on 3rd December 2003 by our Hon. President Dr. A P

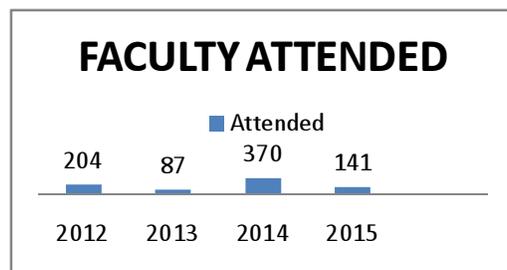
			J Abdul Kalam for “Best National Self Employed Disabled working for Rehabilitation of Disabled”
02	Dr .S.V. Desai	Pharmacology	Felicitated as a teacher on Gurupurnima day for his contributions in teaching line
03	Dr .Lata Parmar	Physiotherapy	invited guest on Doordarshan’s live phone in program Swasth Bharath for special issues-On Post Polio Syndrome –2011
04	Dr .Lata Parmar	Physiotherapy	invited guest on Doordarshan’s live phone in program Swasth Bharath for special issues- diabetic foot-2014
05	Dr. F. E. Bilimoria	Dermatology	lifetime achievement award at national conference in 2013
06	Dr. A.K. Seth	Dept. of Pharmacy	Mother Teresa award
07	Dr. A.K. Seth	Dept. of Pharmacy	Excellence award
08	Dr LakshmanDutt	Psychiatry	Fellow of American Psychiatric Association, USA
09	Dr. Lavlesh Kumar	Forensic Medicine	Ongoing FAIMER fellowship, Executive member west zone IAFM
10	Dr. Mahavirsingh Rajput	Physiology	Awarded Best Junior Doctor by Hon. Health Minister Jaynarayan Vyas on Doctor’s Day
11	Dr. Puja Dullo Associate Professor	Physiology	Awarded best teaching faculties, Oman Medical College, Muscat
12	Dr R. Balaraman	Dept. of Pharmacy	NS Dhalla award
13	Dr Anshula Deshpade	Paedodontics and Preventive	Best CDH Activity in Gujarat State to Vadodara Branch CDE

		dentistry	
14	Dr. Pulkit Kalyan	Public health Dentistry	Certificate of appreciation from University of Copenhagen
15	Dr. Pulkit Kalyan	Public health Dentistry	Certificate of appreciation from John Hopkins University
16	Dr. Ajithkrishnan CG	Public health Dentistry	Recognized WHO Senior Research fellow and project leader for Taskforce project (2009)
17	Dr Pinkel Shah	Dept of Management	Best PhD thesis award
18	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	EC Member, Indian Prosthodontic Society (IPS).
19	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Member of Examination Board – North Gujarat University
20	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Member of Board of Studies –North Gujarat University
21	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Member-Syllabus Committee – North Gujarat University
22	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Lecturer Emeritus, Forensic Odontology University, Gandhinagar
23	Dr. Rajesh Sethuraman	Dept. of Prosthodontics and Crown & Bridge	Ex-EC Member, Indian Prosthodontic Society (IPS)

24	Dr. Neeraj Deshpande	Periodontics	Elected as Executive committee member of 36 <sup>th</sup> ISP-2012
25	Dr. Neeraj Deshpande	Periodontics	Elected as Executive committee member of 37 <sup>th</sup> ISP-2014
26	Dr. Néé raj Deshpande	Periodontics	Elected as Executive committee member of 38 <sup>th</sup> ISP-2014
27	DR. C. More	Oral Medicine and Radiology	fellowship in forensic odontology- IBFO
28	Dr. Rakesh Shah	Oral & Maxillofacial surgery	awarded fellowship in Oral Implantology from ICOI
29	Dr Anshula Deshpande	Paedodontics and Preventive dentistry	IDA- CDH Convener in IDA
30	Dr Anshula Deshpande	Paedodontics and Preventive dentistry	EC member ISPPD
31	Dr R. Balaraman	Dept. of Pharmacy	Fellow of the academia of Medical science
32	Dr .Lata Parmar	Physiotherapy	subject expert in doctoral research committee in R.K. university

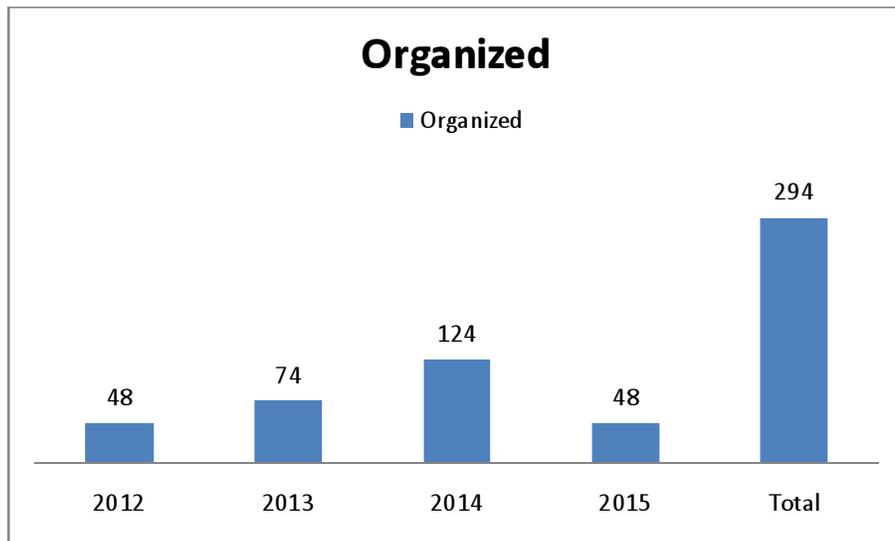
**2.4.7 How many faculties underwent professional development programs during the last four years? (Add any other program if necessary)**

- Details of Number of faculty underwent professional development programs during the last four years are as follows:



**2.4.8 How often does the institution organize academic development programs (e.g.: curriculum development, teaching-learning methods, examination reforms, content / knowledge management, etc.) for its faculty aimed at enriching the teaching-learning process?**

Details of academic development programs organized by the institution for its faculty:



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

The university makes all efforts to keep faculty and satisfied and happy through salary and leave as per existing trends, and providing all the civil amenities. Yes; the University has following mechanisms to retain the faculty:

- Provision of facility for research
- Incentives for publication
- Research grants
- Timely promotions
- Timely salary increments
- Equity of Respect
- Good working conditions
- Provision of furnished accommodations with Intercom

- Sports, cultural & recreational facilities
  - Crèche facilities, children play park.
  - Learning recourse center.
  - E- resources, Campus wide wi-fi
  - 24 hours cafeteria
  - Shopping complex
  - Free To & Fro transport facility to city
  - Subsidized hospital services
  - Bank with ATM facility
  - 24 hours power & water supply
  - Safe and secure campus
  - Grievances Redressal System
  - Exit interview
- The annual attrition rate among faculty is 5% approximately.

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

- **Mobility of faculty between institutions /universities for teaching/research?**

The faculties are encouraged to take assignments with other Institutions/Universities through faculty exchange programs.

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

- Yes; following are the career advancement policies for Health Science professionals;

Institute has healthy Career advancement policy covering:

- Research policy, publication policy, consultancy policy,
- Flexible Academic freedom within the statutory norms, timely promotions, incentives & increments, Incentives for publication, Research grants, grants /incentives for attending and conducting Faculty Development Programs
- For the purpose of promotion, grant of-incentives, study leaves, increments etc., the University makes use of calculation of Academic Performance Indicators (API) score as per the guidelines of UGC ( by using UGC self appraisal format for teaching faculty)

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

- Each constituent unit creates synergy with other PG institutions by inviting:
  1. Senior post graduate examiners for department wise PG conventions.
  2. The subject matter experts are invited to conduct Hands-on training program for PGs
  3. Mock PG examination is conducted at department level by calling eligible highly experienced PG examiners from reputed institutions.
- For the University PG Exams, Senior and reputed faculty are invited as external examiners from other PG institutes from different states and Universities in all the constituent Institutes.

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

- The constituent institution having clinical departments conducts capacity building programs in subspecialties for its faculty and paramedical staff.

<b>Department</b>	<b>Capacity building Programs/ Courses in subspecialty conducted</b>
MEU	six basic MET workshops in last three years were organized
Forensic Medicine	1.workshop on medical record keeping 2.workshop on medical certification of cause of death
Ophthalmic	APACRS: To improve surgical skills in cataract and refractive surgery GOS: To improve professional skills GSI: To improve skills in glaucoma management

Anesthesia		BLS & ACLS workshop training program conducted by Dept of Anesthesia, DGH, Piparia.
Department Of Respiratory Medicine		BRONCHOSCOPY WORKSHOP
Prosthodontics		SAARANSH for PGs and Faculty in Esthetics (workshop) SAARANSH for PGs and Faculty on Preventive Prosthodontics: the Over denture Evidence (workshop)
Department Of Conservative Dentistry & Endodontic		Training on the Dental Microscope – 6 months,
OMR		PRECONFERENCE WORK SHOP ON laser, forensic odontology, CBCT in IAOMR PG con 2013 Training on Forensic age estimation and sex determination in 2 <sup>nd</sup> CEBE program on forensic odontology
Department of OMFS		National Workshop on Distraction Osteogenesis <b>2014</b>
Department of Periodontology		PRECONFERENCE WORK SHOP ON CRITICAL APPRAISAL OF EVIDENCE - 15 <sup>TH</sup> FEBRUARY 2013
Department of Orthodontics		Transforming Orthodontics-I 13-10-2010 Transforming Orthodontics-II 19-01-2013 Transforming Orthodontics-III 07-10-2014
Department of Oral Pathology		National Symposium on Oral Cancer-2010 Clinico-pathologic Correlations-2011 Dysplasia-Past, Present and Future-2012 Painting with Words-2014 XV National PG Convention of IAOMP - 2015
Department of Pedodontics		CDE on Cleft Lip and Cleft Palate- 14-07-2015 Stainless Steel crown-03-09-2012 Conscious Sedation 06-02-2015 Myofunctional Appliance 09-09-2014 Minimally Invasive Dentistry 06-02-2015
Department of Public Health Dentistry		Research learning and appraisal 2011 Scientific expressions 2013 Back to roots : An insight to ayurveda in dentistry 2014 La CentiaMedicaBasica2015
Nursing College		Advanced birth techniques, training on disaster drill, neonatal resuscitation, IV cannulation, forensic

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

- University ensures that all the stakeholders i.e. students, parents, teachers, constituent Institutions, statutory councils and management are informed about the;
  - (a) Internal and University examination calendar
  - (b) The syllabus for examination, pattern of question paper, section wise paper wise allocation of the syllabus, pattern of conduct of practical examination.
  - (c) Rules and regulations, code of conduct, confidentiality guidelines, unfair-means practices and punishments are also intimated to the stakeholders.
  - (d) Continuous Cumulative Evaluation System that includes end of the teaching session evaluations, end of the clinical posting evaluations, end of practical evaluations, Post Graduate Journal club/seminars critical evaluations, Post Graduate case presentation evaluations, Post Graduate log book evaluation, and Post Graduate periodic assessment of Dissertation work.
  - (e) Eligibility to be an internal and external examiner.
  - (f) Specific guidelines to the appointed examiners for the purpose of theory paper-setting/dissertation evaluation/theory evaluation/practical evaluation, the examiners so appointed are also sent the guidelines on misconduct during examinations.
  - (g) Grievance redressal of matter pertaining to examinations.

Awareness about the above exam related activities is given to the stake holders through;

- (a) UG/PG Orientation Program
- (b) Internal notices & University notification at the beginning of the Academic Year
- (c) Through mentor system
- (d) Student handbooks

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

Examination reforms implemented in all the constituent units of the University are as follows:-

- (a) Statutory Reforms: This is done as and when the notification from the respective statutory bodies are received

**SBKS MEDICAL INSTITUTE AND RESEARCH CENTRE**

<b>Sr. No.</b>	<b>Course</b>	<b>Statutory Body</b>	<b>Year</b>	<b>Reforms</b>
1	M.B.B.S Post Graduate Courses of Medical Students	MCI	2014- 15	The department will submit three sets of theory papers prepared by three different teachers in their own handwriting separately in sealed envelope. This will be handed over to dean's office one hour before the scheduled time selected by HOD or his representative. The copies of the examination paper will be photocopied in presence of HOD or his representative. The total number of copies will be sealed and taken directly to examination hall ten minutes prior to scheduled time.

**K.M.SHAH DENTAL COLLEGE AND HOSPITAL**

Sr. No.	Course	Statutory Body	Year	Reforms
1	MDS	DCI	2007	Revised guidelines for MDS Post graduation with respect to curriculum and examination.
2.	MDS	DCI	2010	Examination marking scheme in theory paper changed from 100 marks to 75 each paper.

**SUMANDEEP NURSING COLLEGE**

Sr. No.	Course	Statutory Body	Year	Reforms
01	B.Sc Nursing	Indian nursing council	2013-14	<ul style="list-style-type: none"> <li>• Regarding ATKT system</li> <li>• Internal assessment</li> </ul>

**DEPARTMENT OF MANAGEMENT**

Sr. No.	Course	Statutory Body	Year	Reforms
1	MBA (Healthcare)	AICTE	2013	Changing grading system from 4 points to 10 points
2	MBA (Healthcare)	AICTE	2015	Choice based credit for industrial visit in healthcare sector is introduced

(b) University reforms:

Sr. No.	Area	Reforms done in brief
1	College of Physiotherapy, Department of	<ul style="list-style-type: none"> <li>– ATKT only in two subjects</li> <li>– Compulsory Improvement academic sessions</li> <li>– Calculation of fresh internal assessment marks</li> </ul>

	Pharmacy, Sumandeep Nursing College	– University examinations shall be conducted twice in a year and ATKT examinations in not less than 4 months and not more than 6 months of declaration of results (vide University notification: Exam reforms notification Academic year 2013-14 addendum dated 12.09.14)
2	SBKS Medical Institute and Research Centre, K.M. Shah Dental College & Hospital	– Compulsory Improvement academic sessions – Calculation of fresh internal assessment marks – University examinations shall be conducted twice in a year and ATKT examinations in not less than 4 months and not more than 6 months of declaration of results (Exam Reforms notification A.Y. 2013-14 dated 18.02.14 )
3	Evaluation of the subject of Evidence based education system in Medical, Dental and allied faculty	Addition of another subject in all the years of all the courses
4	New concept of formative evaluation- Continuous Cumulative Evaluation System in Medical, Dental and allied faculty	Evaluation after every teaching session

**Few of the identified positive outcomes of these reforms are:**

The failed candidate will have to compulsorily attend the bridge/remedial theory, practical, tutorial, clinical postings, extra classes, home assignments, solving of previous question papers etc. which increases the confidence level of the failed students because the

gaps in their knowledge skill and attitude required to pass the University examinations are specifically addressed.

Fresh internal assessment marks will be calculated for the failed student by which the poor performance in the previous examinations will not have any negative effect on new internal marks.

**2.5.3 What is the average time taken by the University for Declaration of examination results? In case of delay, what measures have been taken to address them? Indicate the mode adopted by the institution for the publication of examination results (e.g. website, SMS, email, etc.).**

- a) The results of the examinations are declared within three weeks from the last day of the examination (theory and/or practical).
- b) There has been only one incidence of delay due to non availability of "in house software" for 2<sup>nd</sup> B. Pharm, and Pharm D First Year which could not be updated in time for formulating the results, as the course was started for the first time in the academic year 2013-14. However, the results have been formulated using the Microsoft Excel software due to which the declaration of results was delayed by a week. The process is underway to incorporate the details of evaluation process by modifying the "in house software" and this problem would be addressed before the examinations of next batch students.
- c) The final results are notified immediately after the due approval through the respective colleges, uploaded on University website and the copy is also displayed in the Colleges and hostels.
- d) The mark statements are issued to the students within 15days of announcement of results through respective colleges.

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

Transparency is maintained by putting in place a meticulously formed examination manual which is strictly followed by the examination section.

Provision of question papers, modulation, selection of examiners,

correction of papers, conduct of practical exams, rederssal of grievances are all conducted as per laid down rules. In all arbitrations, a committee is formed at behest of VC to investigate the problem.

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

Following are the rigorous features introduced by the University to ensure confidentiality in the conduct of the examinations.

#### **I. Confidentiality measures pertaining to appointment of examiners:**

1. Approval of panel of examiners for scheduled examinations.
  - The panel of examiners collected from the reputed institutions across the country is held under the custody of Controller of Examinations.
  - The panel of examiners for the forthcoming examinations is randomly identified subject wise and placed before the vice chancellor.
  - The vice chancellor selects the examiners and approves his/her appointment.
  - The list of examiners so appointed by the vice chancellor is kept in the safe custody of Controller of Examinations.
2. The Controller of Examinations confirms the availability of examiners and appointment letters are prepared.
3. The Appointment letters are sent through e-mail only by Controller of Examinations himself with all the stipulated guidelines related to confidentiality measures including the undertaking and guidelines on examiner misconduct.

#### **II. Confidentiality measures pertaining to Question Paper:**

1. The paper setters are instructed to submit only the hard copy of Question paper manuscript & the guidelines are as follows:

- Looking in to the confidentiality of the work the examiners shall keep their appointments & all other matters concerning the examination strictly confidential.
  - Undertaking to that effect is collected by Controller of Examinations.
  - Each set of Question paper shall be put on separate envelopes signed on all the Joints on back side.
  - Name of the paper subject, year of course, seat number are indicated on the front side of envelope.
  - All the Question paper envelopes so sealed are put together in one envelope along with acceptance letter and remuneration bill.
  - The envelope containing all materials shall be sent to Controller of Examinations by registered speed post on or before the stipulated time.
2. On receipt of the sealed Question paper manuscripts, they are kept under the custody of Controller of Examinations in the identified locker in the strong room which is labeled& sealed on daily basis.
  3. Twenty four hours before the start of theory examination, one of the examination paper manuscripts is chosen by Vice-Chancellor (out of 6 paper manuscripts).
  4. The selected Question paper manuscript is typed under most confidential conditions by a prefixed supervisor for the purpose under the supervision of controller of examinations.
  5. The Controller of Examinations takes up the initial scrutiny of the draft manuscript prepared & thereafter the final copy is printed and the number of photo copies required, are generated.

6. The final question manuscript and its photo copies to be used during the examination are put in an envelope, signed & sealed on all the joints and are preserved in a sealed locker in the strong room.
7. The rough work/spoiled copies of examination manuscripts are destroyed immediately by shredder machine and burned thereafter.
8. The appointment of the moderators is done by the Vice Chancellor. The information about the appointment is given to the moderators 24 hours before the start of the examinations.
  - The moderators report to the exam section 1 hour before the start of examinations.
  - The moderation is done as per the University guidelines for moderation.
  - The corrections if any are incorporated and the final copies prepared & put in the sealed and signed envelope.
9. After the moderation the Controller of Examinations carries the sealed envelopes containing question papers and hands it over to the senior supervisor at the examination venue 30 minutes prior to commencement of the exams. The senior supervisor signs on the envelope stating that the envelopes have been handed over to him untampered in presence of one of the students who also signs on it.

**Confidentiality measures pertaining to evaluation of the answer scripts:**

- At the end of the theory examinations, students put the stickers on examination seat nos. and answer booklet no. column on the first page of the answer script in main and supplementary sheets, there onwards nobody can identify original seat nos. and answer seat nos.

- The Sr. Supervisor submits the answer scripts to the Controller of Examinations who then maintains the answer scripts in the sealed strong room under the sealed cupboard.
- Pre identified coding staff are deputed to Central Assessment Cell (CAC) where the coding is done.
- The CAC staff shall not leave the CAC till completion of task of the day.
- On the proceeding day of examinations the dummy code numbers are given to the coded answer sheets by CAC staff which is written beside the sticker.
- The coded answer scripts are evaluated by the panel of examiners appointed for the purpose during the days of practical examinations.
- The evaluators enter their marks independently in the evaluation sheet provided to them against the dummy number of the candidates.
- The Central Assessment Cell register is maintained for handing and taking over of the answer scripts from the examiners.
- The evaluated answer scripts are handed over to the custodian of Central Assessment Cell who shall verify the completeness and correctness of evaluation sheet & receives the same.
- At the end of the day the CAC supervisor hands over evaluated answer scripts to the Controller of Examinations who keeps them in sealed strong room in a sealed cup board.
- The next process at CAC is decoding of answer scripts.
- The decoding is done as per the procedure mentioned below:
- CAC staff removes the sticker which is placed on the original seat number in the main and supplementary answer sheets in presence of COE.
- CAC staff tallies and verifies the main answer books number along with supervisor's report.

- The decoded answer scripts/dummy number is tallied with University examination seat number and correct seat number is entered against each candidate.
- The evaluation sheet is then tabulated, double checked and draft of the theory result is prepared.

**Confidentiality measures pertaining to evaluation of practical examinations:**

- 1) The appointed examiners are sent a letter which gives the details of confidentiality measures to be followed during practical examinations and theory evaluations.
- 2) The examiner is supposed to carry independent evaluation and put the result in separate envelope, sign and seal it on all joints of the envelope.
- 3) The examiners are instructed to maintain strict confidentiality of the evaluation of the examinees and not to reveal the results either to the candidate or to the co-examiners.
- 4) The examination internal experts and the liaison officers are prohibited from entering the area where the examination is being conducted.
- 5) The results of the practical evaluation are entered as per the statutory guidelines for evaluation.
- 6) The internal examiner (convener) submits all the signed and sealed envelopes collected from all examiners to Controller of Examinations on the same day.
- 7) The practical marks are tabulated, double checked and draft practical result is prepared.
- 8) The tabulation of theory and practical marks are entered into password specific (key held by Controller of Examinations) computer in which the software which is not connected with any other system either LAN/WAN or WIFI. Even the pen drive and CD drive cannot be used in this computer.

- 9) The checking of the marks so tabulated as against the marking sheets submitted by the examiners is double checked by the Controller of Examinations.
- 10) The final result so prepared is reviewed by Board of Examinations and the result is approved by Vice Chancellor for publication.
- 11) Till the time of publication of the results all the documents are in the custody of Controller of Examinations.
- 12) All the confidential records and documents pertaining to actual conduct of examinations are preserved in the store room in the custody of Controller of Examinations.

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

- \* pre-examination processes – Time table generation, hall ticket, OMR, student list generation, invigilators, squads, attendance sheet, online payment gateway, online transmission of questions and marks, etc.
- \* examination process – Examination material management, logistics, etc.
- \* post-examination process – Attendance capture, OMR-based exam result, auto processing, result processing, certification, etc.
- Yes, the University has an integrated examination platform in the form of Examination section of Sumandeep Vidyapeeth, which functions as a single window system for all the exam related functions of the University such as pre exam process, time table generation, hall ticket, student list generation, notification of eligible candidates, invigilators, squads, attendance sheets etc.

**Pre-examination processes:**

- The COE notifies the University theory and practical time-table of the concerned batch/year/course wise and forwards the same to the constituent colleges.

- The COE issues the NOC forms to be submitted by the students taking the forthcoming examinations through the concerned institutes one month before the scheduled exam.
- The support staff of exam section prepares and sends examination forms to Accounts Section from where it will be issued to the students after depositing the requisite exam fees.
- The Head of the Institution forwards the filled application forms collected from eligible students (excluding detained students) for further procedure.
- The Sr. Clerk of exam section verifies the application forms along with attached documents and forwards them to the supervisor for final scrutiny and for preparation of consolidated list of applicants.
- The exam seat numbers are then generated and the final list of eligible examinees is notified to respective institutions.
- Hall tickets are issued.
- The exam section organizes the team of Sr. Supervisors, Jr. Supervisors, Stationery Supervisor and attenders for smooth conduct of theory examinations.
- The COE appoints the team members in the squad
- The University plans to have online submission of application forms and payment gate way by the end of next academic year.

**Examination processes:**

- The COE forwards a copy of examination time table to vigilance squad and instructs them to commence their duties.
- The moderation committee (consisting of subject experts) comes to the examination section one hour prior to start of theory examinations and moderate the final copy of the question manuscript as per guidelines.
- They remain in examination section till the start of examinations, and will not communicate with anyone outside.

- The moderated question paper is typed again (in the papers where there is need of modifications/corrections), then enveloped, sealed & signed by COE.
- The Assistant Registrar ensures the availability of adequate number of answer sheets, supplements, tags, stickers, attendance sheets and the invigilators report sheet etc. at the examination venue one hour before the start of exams.
- University vehicle is given for carrying examination materials, question papers and answer scripts at the beginning and end of examinations.
- The students will be seated in their examination desk against their seat numbers in the exam venue half an hour before the start of examinations.
- After moderation procedure, the COE goes to exam venue exactly 30 minutes before the start of exams.
- All the sealed envelopes are distributed at the examination venue to the senior supervisors who signs on the envelope stating that, the envelope received is not tampered with after verifying in presence of one of the examinees who too signs on the envelope.

**Post Examination Processes:**

- The exam section staff tallies and verifies the main answer books number along with supervisor's report.
- At the end of the theory examinations, students put the stickers on examination seat nos. and answer booklet no. column on the first page of the answer script in main and supplementary sheets, there onwards nobody can identify original seat nos. and answer seat nos.
- The answer scripts are coded and dummy numbers are allotted at Central Assessment Cell (CAC).
- The coded answer scripts are evaluated by the panel of examiners appointed.

- The evaluated answer scripts are handed over to the custodian of Central Assessment Cell who shall verify the completeness and correctness of evaluation sheet & receives the same.
- At the end of the day the CAC supervisor hands over evaluated answer scripts to the Controller of Examinations who keeps them in sealed strong room in a sealed cup board.
- The next process at CAC is decoding of answer scripts.
- The decoded answer scripts/dummy number is tallied with University examination seat number and correct seat number is entered against each candidate.
- The evaluation sheet is then tabulated, double checked and draft of the theory result is prepared.
- The theory and practical results of each candidate are collated, tabulated and draft final results are prepared using, unique in house software.
- The draft result is verified at the entry desk, checked by assistant registrar in presence of COE and final results are prepared and notified.
- The mark statements are issued within 15days after announcement of results.
- Any grievances related to University examination are addressed as per the guidelines.
- The process of re-totaling is carried out.
- Convocation ceremony.
- Issue of student records such as provisional passing certificate, migration certificate, transcript certificate etc.

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

- Yes, the University has introduced reforms in the evaluation processes:

- a) The internal assessment of the repeater students is newly calculated on the basis of bridge and remedial measures undertaken by the student performance, attendance and fresh internal examinations given by him/her etc.
- b) Soon after completion & tabulation of evaluation, the meeting of the Board of Examination is convened. The BoE compares the result prepared with average last five years results. If the variation of less than 25% or more than 25% of the average, the BoE appoints moderators to review the evaluation process. The moderators re-evaluate the answer scripts and further actions are taken based on recommendation and as advised by the Board of Examinations.
- c) At the constituent unit level the Continuous Cumulative Evaluation System is introduced for evaluation of the student after every teaching session.
- d) For preliminary Post Graduate examinations, the external examiners are invited from reputed institutions.

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

**Grievances Redressal after Internal exams:**

- (a) Department wise exam related grievances are addressed at individual level by departmental meeting related to the grievances in evaluation, differential allocation of marks etc.
- (b) The grievances are also brought to the notice of concerned departments by respective student's mentor.
- (c) If the grievances are not resolved at individual/department level, the matter is referred to College Council.
- (d) The college council reviews and gives decisions within its purviews, if not the matter is referred to University grievances redressal committee.

### **Grievances Redressal after University Exams:**

- a) The Controller of Examinations reviews the problems, calls up the aggrieved for clarification and solves most of the problems at his/her level.
- b) In cases where the grievances are not solved by the at Controller of Examinations level and is beyond the existing provisions in the exam manual of the University, then the case is referred to the Board of Examinations.
- c) The Board of Examinations after due deliberations on the matter will give appropriate guidelines/directions to the controller of examinations regarding the procedures to be initiated in such matters and necessary reforms.
- d) The Controller of examinations conveys the decision of the board to the aggrieved student and solves the grievances.
- e) In case the student is not convinced by the decision of BOE he/she can approach University grievance redressal committee.
- f) In all matters the appeal lies with the Vice-Chancellor whose decision shall be binding and final.

**2.5.9 Does the institution have a Manual for Examinations? If yes, does it specifically take cognizance of examination malpractices by students, faculty and non-teaching staff?**

- Yes, the Manuel lays down rules for malpractices at all levels.

**2.5.10 What efforts have been made by the University to streamline the operations at the Office of the Controller of Examinations? Mention any significant efforts which have improved the process and functioning of the examination division/section.**

- University has streamlined the operations related to examination at the office of the COE by empowering the section with adequate guidelines, examination manual, statutory norms, human resource, infrastructure, IT support, Xerox, duplicating machine and shredder machine, stationary support and necessary financial assistance for logistics, remunerations etc.

- The University continuously improves the process and functioning of the examination section.
- Following are the significant efforts which indicate improvement:
  - (a) Establishment of single window system for all students' registrations and exam related matters which has reduced the execution time of the exam related processes.
  - (b) Intense awareness and information of the examination process including the schedule / calendar to all the students, staff and eligible examiners well in advance.
  - (c) Strict adherence to examination calendar.
  - (d) Establishment of Central Assessment Cell.
  - (e) Timely declaration of the result by using in house unique software.
  - (f) Provision of AC facility in entire examination section.
  - (g) Comfortable Accommodation in standard hotels, to & fro airfare/AC train-fare for all appointed external examiners.
  - (h) Good Hospitality.
  - (i) Transport facility to all the appointed examiners.
  - (j) Examination feedback system from students and examiners

**2.5.11 What are the efforts of the institution in the assessment of educational outcomes of its students? Give examples against the practices indicated below:**

Following are the efforts of the institution to assess the educational outcomes in its students:

Sr. No.	Practices	Examples
01	Compatibility of education objectives and learning	<ul style="list-style-type: none"> <li>• <u>Knowledge</u>: The knowledge acquired during is assessed through various forms of examinations.</li> <li>• <u>Skill</u>: Skill acquired during practical session is graded</li> </ul>

	methods with assessment principles, methods and practices	<p>by using student performance chart.</p> <ul style="list-style-type: none"> <li>• <b>Attitude:</b> Capability to perform effectively as an individual and as a team member (group projects/seminars/community projects)-through evaluation by faculty.</li> </ul>
02	Balance between formative and summative assessments	<p>The internal and University evaluations ensured effective balance between formative and summative assessments: Following are the details:</p> <p>(a) <b>Internal formative and summative balance is ensured through:</b> Formative Continuous Cumulative Evaluation System that lead to summation at the end of term examination.</p> <p>Examples of formative and summative evaluations are:-</p> <p><b>Formative - Continuous Cumulative Evaluation System</b></p> <ul style="list-style-type: none"> <li>• End of lecture MCQ session</li> <li>• PG seminar/journal club/case presentation critical evaluation</li> <li>• Clinical Appraisal card</li> <li>• End of practical evaluation</li> <li>• Terminal Theory Examination</li> <li>• Terminal Practical/clinical Examination</li> </ul> <p>Summative:</p> <ul style="list-style-type: none"> <li>• Preliminary theory and practical/clinical examination</li> </ul> <p>(b) <b>University summative examinations:</b></p> <ul style="list-style-type: none"> <li>• Theory paper evaluation thorough structured one/two line answer questions, short answer questions/short notes and long answer questions.</li> <li>• Practical evaluation through structured practical performance, clinical major case, minor case, spotters, viva-voce, pedagogy, dissertation discussion as stipulated specifically for UG &amp; PG courses.</li> </ul>
3	Increasing objectivity in formative assessments	<p>By making the evaluation basing on real life scenarios and situations. The assessment must be problem oriented.</p>

4	Formative (theory/orals/ clinical/ practical) internal assessment; choice based credit system; grading/ marking	Through continuous cumulative assessment where theory and practical assessment is done on daily basis. It is also carried out by periodic assessment. All these form part of internal assessment.
5	Summative (theory/Orals/ clinical/ practical)	The summative assessment is done by statutory council stipulated internal examination, preliminary and university examination.
6	Theory-structure and setting of question papers- essays, long answers, shorts answers and MCQs etc. Questions bank and Key answers.	The theory structure and setting of question papers depends upon statutory guidelines.
7	Objective Structured Clinical Examination (OSCE)	OSCE is conducted by some depts. once in a while. .
8	Objective Structured Practical Examination (OSPE)	OSPE has been conducted by some depts.
9	Any other	Choice Based Credit System for MBA (Healthcare) program:

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

Following are the methods adopted by the University for Prevention of malpractice:

- The University displays at prominent places of the main examination halls the important instructions for the candidates to follow during the examinations, which also warns them against malpractice.
- The Chief invigilator also issues the guidelines and warns the candidate against any type of malpractice. The details of the behavior expected of a candidate during the examination process are also mentioned on the first page of the main answer sheet.
- The students are also given instructions and warning against malpractice during practical examinations by the internal examiner.
- The University has a squad policy: The vigilance squad so appointed during each examination takes a minimum of two visits during the examinations and the convener of the squad submits the observations in the form of report to the COE in the prescribed format at the end of examinations on daily basis.

Number of malpractice cases reported: 14

<b>S. N</b>	<b>Name of the examination</b>	<b>Date of examination</b>	<b>Nature of case</b>	<b>Action taken</b>
1.	MBBS	July/Aug 2011	Student was found guilty of writing biochemistry notes on his left hand during theory examination	The student was annulled from the Biochemistry examination for 6 months

2.	BDS	Feb 2012	One final BDS and three II <sup>nd</sup> year BDS students broke open the examination section main gate lock; attempt was also made to break four sealed exam cupboards; attempted to enter Director (Academics) cabin through broken window.	All the four students were suspended for three terms including the exam they were taking.
3.	BDS	Feb 2012	One of the first year student aided the students who broke open the examination section main gate lock; attempt was also made to break four sealed exam cupboards; attempted to enter Director (Academics) cabin through broken window	The student was suspended for two terms including the exam she was taking
4.	B.Sc. Nursing	Feb 2012	One of the students was found with chits in theory examinations	Results declared as failed in present exams and suspended for another term.
5.	MBBS	July 2012	The senior supervisor failed to sign the register and left the exam hall early before time.	Warning issued and an apology letter is taken after enquiry by the committee.
6.	MBBS	July 2012	Two students were caught talking in the University Theory	Taken a written apology and counter signed

			examinations.	by their parents and warning letter issued
7.	MBBS	Feb2012	One of the students was caught using Mobile phone during practical examinations	Notarized affidavit of apology taken from the student.
8.	MBBS	July 2014	One of the second MBBS student during the paper of pharmacology brought institutional supplement used during the preliminary examination with the pharmacology contents. Caught at the beginning of the session and when verified the content of the chit did not have the resemblance with the questions asked	<ul style="list-style-type: none"> <li>• The student was sent out of the examination and was not allowed to take rest of the papers.</li> <li>• Result in pharmacology declared FAILED, notarized, undertaking obtained and fine of Rs. 5000 levied.</li> </ul>
9.	MBBS	July 2014	One of the second MBBS student during the paper of pharmacology brought APPLE I-Phone, Caught at the beginning of the session and when verified one of the Pdf document contained entire copy of Pharmacology textbook.	Result in the subject of pharmacology declared FAILED, notarized, undertaking obtained and fine of Rs. 10,000 levied.
10.	BPT	July-Aug	One of the Ist yearBPT	University

		2015	student was caught with hand written chits during the exam of Exercise Therapy I and Massage Manipulation.	examinations of July-Aug 2015 counted as null and void, and results declared as fail in all the subjects.
11.	BPT	July-Aug 2015	One of the II BPT student was caught with hand written chits during the exam of Medicine-I (Neurology and Pediatrics)	University examinations of July-Aug 2015 counted as null and void, and results declared as fail in all the subjects.
12.	BDS	July-Aug 2015	One of the IV BDS student was caught with micro Xerox chits of many chapters during the exam of Prosthodontics.	University examinations of July-Aug 2015 counted as null and void, and results declared as fail in all the subjects.
13.	MBBS	July-Aug 2015	One of the II MBBS student was caught with written matter on entire left palm and fingers during the exam of Pharmacology.	University examinations of July-Aug 2015 counted as null and void, and results declared as fail in all the subjects.
14.	MBBS	July-Aug 2015	One of the III MBBS Part II student was caught with hand written chits during the exam of Surgery.	University examinations of July-Aug 2015 counted as null and void, and

				results declared as fail in all the subjects.
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## 2.6. Student Performance and Learning Outcomes

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

Each constituent institution has articulated components of Graduate Attributes in all its programs and the details are as under:

- Self Attribute, Patient Attribute, Health care profession Attribute, Attribute of System of healthcare, Industry attributes, Social Attribute.
- Following table gives the details of how University facilitates & monitors the implementation of Graduate Attributes and its outcome:

S N	Attribute	Facilitation	Monitoring	Outcome
	Self Attribute:- Empathy, Compassion, Charity EQ	- Contribution to the drug bank - Blood donation - Donation of tea & biscuits to patients & relatives by students - Contribution towards purchase of drug for needy - In time of submission of academic assignment,	- Periodic review of drug bank register - Monthly blood donation report	SBKSMIRC: During academic year 2013-14, 25 number of students contributed to drug bank. This account to 20.% of rise as compared to last year. - During academic year 2013-14, 124 number of students contributed to

		<p>adherence to clinical protocol, active &amp; voluntary participation in all academic activities &amp; extra academic activities</p>		<p>Blood bank. This account to 20 .% of rise as compared to last year. Sumandeep Nursing College: 2013-14, 55 students contributed to Blood bank. This account to 35% of rise as compared to last year. - This is ensuring cultivation of Empathy, Selfless service, honesty - This is ensuring cultivation of Empathy, Selfless service, honesty</p>
		<p>- Accompanying patients for cross reference - to facilitate patient oriented interaction with referred consultant</p>	<p>- Review of interaction (with referred senior consultant &amp; with his supervisor) - Student Log Book Record</p>	<p>- Increased awareness of importance of inter-specialty interaction</p>
		<p>- Handling of self emotions and emotions</p>	<p>- Observing the Communication and ability to</p>	<p>- It is observed that the ability of</p>

		of patient's relative in Emergency Unit/ICU/OT among friends and colleagues etc.	convince patient's relatives in Emergency/OT/ICU - Emotional handling & situational handling between the friends, behavior with the teachers, behavior with secretarial staff is monitored on day to day basis through daily evaluation practices, mentor report, complaint process, inter-departmental interactions etc.	students community to handle his/her emotion & emotion of patient has improved over the last 2 years
	Knowledge Attribute :- Ability to interact, access,interpret and implement.	- The student community is exposed to OPD, IPD, OT community teaching, weekly clinical meeting through which he/she acquires knowledge attributes - Participation in Journal Club	- Student performance chart at the end of attending these clinical setting. - Critical appraisal of clinical postings for PGs - Critical appraisal of JC/seminar	- Knowledge of roles & responsibility in each clinical setting is enhanced

<p>Patient Attribute:- Right, safety, privacy, and availability of ethical, scientific management and information.</p>	<p>/workshop/seminars - Students Research project - Taking prompt action when patient's safety, dignity is compromised - At the end of case presentation the student is taught to present the management of patient; the components of which are ability to select &amp; interpret the most appropriate line of management, cost – effective diagnostic procedures, treatment methods and rehabilitation</p>	<p>- Viva voce</p>	<p>- Development of patient centric attitudes is being observed during all clinical learning sessions</p>
	<p>- Professional skill development program such as CPR, BLS, ALS are given</p>	<p>- Evaluation of these skills during internship practice</p>	<p>- By the time and students graduates they are able to perform CPR, BLS, and ALS.</p>

		to all the students during internship		
	Health care profession attributes :- Continuum of up gradation of knowledge and skill, and commitment to the profession.	<ul style="list-style-type: none"> <li>- Conducting CME, weekly clinical meet and other FDPs</li> <li>- Promotion of students to attend various conference with paper reading/poster presentation</li> </ul>	<ul style="list-style-type: none"> <li>- Every student after attending continuum education programs enters the details in curriculum bank.</li> <li>- It is also monitored through review of log book, during department post presentation, review &amp; discussions</li> </ul>	<ul style="list-style-type: none"> <li>- Development of spirit of lifelong learning &amp; its applications in health care professional practice.</li> </ul>
	System of healthcare :- Hierarchy of workplace, designated role, and co-ordination at various levels.	<ul style="list-style-type: none"> <li>- It is facilitated through unique practice of 'Integrated management of clinical case' during internship</li> <li>- It is also facilitated during clinical grand round wherein the treating clinician reviews the case with the help of team</li> </ul>	<ul style="list-style-type: none"> <li>- Interdisciplinary observer are appointed to grade the students during 'Integrated management of clinical case'</li> </ul>	<ul style="list-style-type: none"> <li>- Both understanding of roles &amp; responsibilities of different healthcare professional &amp; their limitations</li> </ul>

<p>Social :- Local problems , Local traditions , Social ethos</p>	<p>consisting of clinical, Para clinical staff, nursing staff.</p> <ul style="list-style-type: none"> <li>- The knowledge, skill &amp; attitude required for social attributes are facilitated through intensive training of subject of community medicine, community dentistry, community physiotherapy, community nursing, community pharmacy and community healthcare management.</li> <li>- CCEF regularly conducts programs on communication skills, human rights, child right, and women rights etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Review of community projects &amp; community practical log books</li> <li>- Through Continuous Cumulative Evaluation System &amp; Comprehensive Summative Evaluation</li> <li>- Mentorship program</li> </ul>	<ul style="list-style-type: none"> <li>- Developm ent of community centric, patient centric health care professionals</li> </ul>
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**2.6.2 Does the institution have clearly stated learning outcomes for its academic programs/departments? If yes, give details on how the students and staff are made aware of this.**

<b>SN</b>	<b>Institution</b>	<b>Learning outcome</b>	<b>Awareness</b>
1.	SBKSMIRC 1)MBBS	<p>To produce Indian Medical Graduate should have following qualities:</p> <ul style="list-style-type: none"> <li>- To be able to functions as Physician of first contact who is capable of providing preventive, promotive, curative &amp; rehabilitative aspects of medicine</li> <li>- To be competent in diagnosis &amp; management of common health problem of individual &amp; the community</li> <li>- To possess the attitude for continued self learning.</li> <li>- To be familiar with practical aspect of various national health program</li> <li>- To acquire basic management skills, use of human resources, materials &amp; resource management.</li> <li>- To be able to work as individual member and as team leader.</li> <li>- To maintain high</li> </ul>	<p><u>For Staff Members</u></p> <ul style="list-style-type: none"> <li>- Whenever there is curriculum revision by Statutory Council the staff is given with revised general &amp; department curriculum guidelines.</li> <li>- Before the beginning of academic year learning outcomes / objectives are reviewed &amp; updated during departmental meeting.</li> <li>- Periodically the awareness is also made during medical education technology workshop</li> </ul> <p><u>For Students</u></p> <ul style="list-style-type: none"> <li>- Orientation program is conducted for two weeks for newly admitted students</li> <li>- Student hand book</li> <li>- Mentorship programs</li> <li>- Mid- term revision Sessions.</li> </ul>

		standards of professional ethics	
2)PG- Degree PG- Diploma	Post graduate should be:	<ul style="list-style-type: none"> <li>- Competent enough pertaining to specialty to be practiced at secondary and Tertiary health care delivery</li> <li>- to demonstrate advance competencies in practice of his/her specialty</li> <li>- Oriented to principles of research methodology &amp; epidemiology</li> <li>- Should possess basic skill in teaching to medical &amp; paramedical professionals</li> </ul>	
2	K.M.SHAH DENTAL COLLEGE AND HOSPITAL 1.BDS 2.MDS 3. Dental Mechanics	<ul style="list-style-type: none"> <li>• The dental graduate during training in the institution should acquire adequate knowledge, necessary skills and reasonable attitudes which are required for carrying out all activities appropriate to general dental practice involving prevention, diagnosis and treatment of anomalies and diseases of the</li> </ul>	<p><u>For Staff Members</u></p> <ul style="list-style-type: none"> <li>- Whenever there is curriculum revision by Statutory Council the staff is given with revised general &amp; department curriculum guidelines.</li> <li>- Before the beginning of academic year learning outcomes / objectives are reviewed &amp; updated during departmental meeting.</li> <li>- Periodically the awareness is also made during dental education technology workshop</li> </ul> <p><u>For Students</u></p> <ul style="list-style-type: none"> <li>- Orientation program is conducted for two weeks</li> </ul>

		<p>teeth, mouth, jaws and associated tissues.</p> <ul style="list-style-type: none"> <li>• The graduate also should understand the concept of community oral health education and be able to participate in the rural health care delivery programs existing in the country.</li> <li>• The graduate acquires adequate knowledge skill and attitudes of the scientific foundations on which dentistry is based and good understanding of various relevant scientific methods, principles of biological functions; ability to evaluate and analyze scientifically various established facts and data.</li> </ul>	<p>for newly admitted students</p> <ul style="list-style-type: none"> <li>- Student hand book</li> <li>- Mentorship programs</li> </ul>
3	<p>Physiotherapy BPT MPT DPT</p>	<p>To produce Indian Physiotherapy Graduate should have following qualities:</p> <ul style="list-style-type: none"> <li>- To be able to functions as Physiotherapist of first contact who is capable of providing preventive, promotive, curative</li> </ul>	<p><u>For Staff Members</u></p> <ul style="list-style-type: none"> <li>- Whenever there is curriculum revision the staff is given with revised general &amp; department curriculum guidelines.</li> <li>- Before the beginning of academic year learning outcomes / objectives are reviewed &amp; updated during departmental meeting.</li> <li>- Periodically the awareness is</li> </ul>

		<p>&amp; rehabilitative aspects of Physiotherapy</p> <ul style="list-style-type: none"> <li>- To be competent in diagnosis &amp; management of common health problem of individual &amp; the community</li> <li>- To possess the attitude for continued self learning.</li> <li>- To be familiar with practical aspect of various national health program</li> <li>- To acquire basic management skills, use of human resources, materials &amp; resource management.</li> <li>- To be able to work as individual member and as team leader.</li> </ul> <p style="padding-left: 40px;">To maintain high standards of professional ethics</p>	<p>also made during Physiotherapy education technology workshop</p> <p><u>For Students</u></p> <p>Orientation program is conducted for two days for newly admitted students</p> <ul style="list-style-type: none"> <li>- Student hand book</li> <li>- Mentorship programs</li> <li>- Mid- term revision Sessions.</li> </ul>
4	<p>Nursing BSc- N PBBS- N MSc- N GNM ANM</p>	<ul style="list-style-type: none"> <li>- To be able to functions as Physician of first contact who is capable of providing preventive, promotive, curative &amp; rehabilitative aspects of medicine</li> <li>- To be competent in diagnosis &amp; management of common health</li> </ul>	<p><u>For Staff Members</u></p> <ul style="list-style-type: none"> <li>- Whenever there is curriculum revision by Statutory Council the staff is given with revised general &amp; department curriculum guidelines.</li> <li>- Before the beginning of academic year learning outcomes / objectives are reviewed &amp; updated during departmental meeting.</li> <li>- Periodically the awareness is</li> </ul>

	<p>problem of individual &amp; the community</p> <ul style="list-style-type: none"> <li>- To possess the attitude for continued self learning.</li> <li>- To be familiar with practical aspect of various national health program</li> <li>- To acquire basic management skills, use of human resources, materials &amp; resource management.</li> <li>- To be able to work as individual member and as team leader.</li> <li>- To maintain high standards of professional ethics</li> </ul>	<p>also made during medical education technology workshop</p> <p><u>For Students</u></p> <ul style="list-style-type: none"> <li>- Orientation program is conducted for two weeks for newly admitted students</li> <li>- Student hand book</li> <li>- Mentorship programs</li> <li>- Mid- term revision sessions.</li> </ul>
5	<p>Pharmacy B. Pharm M. Pharm Pharm- D</p> <ul style="list-style-type: none"> <li>- Developed clinically and technologically trained pharmacy professionals who can face global challenges</li> <li>- Committed to humanistic service, capable of providing patient-centered care, and innovative leadership.</li> <li>- Provide a strong foundation in the knowledge integration and application of it in the pharmaceutical sciences, clinical and biomedical morphosis</li> </ul>	<p><u>For Staff Members</u></p> <ul style="list-style-type: none"> <li>- Whenever there is curriculum revision by Statutory Council the staff is given with revised general &amp; department curriculum guidelines.</li> <li>- Before the beginning of academic year learning outcomes / objectives are reviewed &amp; updated during departmental meeting.</li> </ul> <p><u>For Students</u></p> <ul style="list-style-type: none"> <li>- Orientation program is conducted for one day for newly admitted students</li> <li>- Student hand book</li> <li>- Mentorship programs</li> <li>- Mid- term revision Sessions.</li> </ul>

6	<b>Department of Management MBA (Healthcare)</b>	<b>The MBA graduates should:</b> -Orient about different dimension of Public healthcare and able to execute the health policies and program for community -Take different functional decisions related with Finance, Marketing & HRM for Hospital Administration -Practice management of different clinical, supporting and utility services of Hospital -Orient about different aspects of research, ethics and law practice for management decisions in healthcare industry	<b><u>For Staff Members</u></b> - All the staff members are involved in process of reviewing curriculum based on industry feedback and academic consideration. It facilitates them to review subject wise outcome which is subset of learning outcome of program. <b><u>For Students</u></b> - Orientation program for new comers is conducted. - Functional area wise counseling is done - Learning outcomes of each and every subject are communicated through session plan to the students and orientation before commencement of teaching subject in every semester
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**2.6.3 How are the institution’s teaching-learning and assessment strategies structured to facilitate the achievement of the intended learning outcomes?**

- Each constituent institution’s teaching – learning & assessment strategies are comprehensively structured in the academic matrix (Calendar) to facilitate achievement of intended learning outcomes;
- Mode of structuring :
  - The learning outcome related to knowledge, skill & attitude for implementation of appropriate teaching-learning & evaluation

strategies is comprehensively structured in academic program of institution in such a way that at any given time when a student acquires knowledge of particular concept, he/she also develops related skills & attitude concurrently.

- This ensures achievement of overall objectives of a given course over a stipulated time period

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

The institution does so by following ways:-

- a. By accessing the acceptability of our trainees at the place of work. It is done by feedback from patients their attendants and relatives.
- b. By acceptability of our professionals in the community at large.
- c. The competence of our professionals as endorsed by peer groups outside.
- d. Admissibility of our Professionals in higher courses in India and abroad.



**Criterion – III**  
**Research, Consultancy & Extension**

### CRITERION III: RESEARCH, CONSULTANCY AND EXTENSION

#### 3.1 Promotion of Research

- 3.1.1 **Is there an Institutional Research Committee which monitors and addresses issues related to research? If yes, what is its composition? Mention a few recommendations which have been implemented and their impact.** There is a university central research committee & each constituent unit has research sub-committee, i.e. Human Research Review Panel (HRRP). The central research committee meets minimum four times in a year.

It is responsible for promoting research activities, approval of the major & minor research projects, dissertations from faculty, scholars, postgraduate & undergraduate students, sanction of funds for internally funded research projects, generating policy for the external funding & consultation, progress of research & clinical trials, preparation & execution of research & publication incentive policies.

Committee provides guidelines for major areas of research to faculties and students.

Composition of University Research Committee is as follows:-

Sr. No	Name	Designation
1	Dr. J.R. Patel	Vice Chancellor
2	Dr. (Col) V. P. Singh	Pro Vice Chancellor
3	Dr. J. D. Lakhani	HOD, Medicine
4	Dr. Sagun Desai	Professor, Pharmacology
5	Dr. A.K. Seth	Research Director
6	Prof. Lata Parmar	Principal, Physiotherapy
7	Dr. Niraj Pandit	Dy. Research Director
8	Dr. Ravindra H. N.	Principal, Nursing
9	Mr. Sachin Chouhan	Deputy Registrar

**Following are some the of recommendations which have been implemented & their impact identified:**

**Recommendations –**

- (a) **Identification of various collaborating/ funding agencies Encouragement to faculty and students to attend seminars/ workshops etc.**
- (b) **Pertaining to research. Recommendations to establish central research facilities and purchase of advanced equipments**
- (c) **Research, publication incentives.**

**Actions taken –**

- (a) Constitution colleges were instructed to seek collaborating agencies
- (b) University has encouraged the faculty members of all constituent colleges to update their knowledge by participating in National/International workshops and seminar.
- (c) To enhance research services, it was recommended to establish a separate central research Cell of University along with well equipped Central Research Lab & additional central research lab at SBKSMI RC
- (d) Research publication incentives policy was implemented to encourage faculty / research scholar to conduct high impact research

**Impact-**

- (a) Collaborations made:- SBKS MI RC- 6 , KMSDCH-4, Dept of Pharmacy-14, Physiotherapy-2, Nursing-2, Management-2.
- (b) Increase in number of FDP attendance and paper presentation.
- (c) Increase in number of research projects sophisticated instruments were purchased to establish Central research cell at SBKSMIRC and process is continued to establish a separate central research cell to provide research services in various priority areas.

- (d) Few sophisticated instrument like HPLC, FTIR, UV-Visible spectrophotometer, PCR. Rheometer etc are installed and the project based purchase of more instruments/ equipments is on.
- (e) Increase in the research publication in peer reviewed indexed journals was observed in all constituent colleges.

3.1.2 **Does the institution have an institutional ethics committee to monitor matters related to the ethics of inclusion of humans and animals in research?**

- I. Yes, the institutional has ethics committee as per statutory guidelines, vide schedule Y as issued by Central Drugs Standard Control Organization (CDSCO)/Drug Controller General of India (DCGI). The registration number of SVIEC is ECR/152/INST/GJ/2013. Every constituent unit has HRRP which follows the SVIEC committee guidelines, which are monitored by University research cell.
- II. There is an Institutional Animal Ethics Committee based on “Committee for the Purpose of Control & Supervision of Experiments on Animals” (CPCSEA) guidelines in Medical college, Dental college and department of Pharmacy. The registration Number 947/PO/ac/06/CPCSEA.

3.1.3 **What is the policy of the university to promote research in its constituent colleges?**

- University has comprehensive policy for promotion of research, collaboration, publication, faculty development program, consultancy and plagiarism. **Research Policy**
- The policy governs the necessity of research, statutory and ethical obligations, research management, research services, resources in support of research, research planning, evaluation and monitoring of the performance and publication of research output. It encourages hypothesis and evidence based community oriented research.

### **Collaboration policy**

- The purpose of this policy is to set out appropriate procedures and requirements to enable the University to fulfill its responsibilities for the standards of its collaborative activities at every level.

### **Publication policy –**

The aim of this policy is to put on record, in all forms possible, all research related outcomes.

This policy requires each researcher to provide the peer reviewed final accepted version of a research output to be deposited to the Research cell in order to maintain the records of the published research articles of the University. To encourage publication, University has framed the incentive policy for students and faculty.

### **Consultancy policy**

It is an important means by which faculty can extend their knowledge and expertise to government, public sector organizations, community groups and business. Such interactions in turn benefit the University, as staff brings back to their teaching, research and other roles the insights, experiences and contacts they have gained as consultants.

### **Policy on Faculty Development Program**

The most important components of this policy are effective mentoring programs for faculty at every stage, especially in the early years. Effective written annual performances reviews, identification of performance problems at an early stage, and implementation of steps for improvement are some of the ingredients.

As per the policy, University promotes faculty to attend seminar, workshops, hands on training, summer or winter training programs, evidence based education seminars, at national, international or within the institution level. Funds are provided for such faculty development programs.

### **Intellectual Property Rights (IPR) Policy**

In the University context, IP can be viewed as the results and outcomes of research. As with other property, there may be commercial value in IP, which may be realized via various routes, including licensing or selling intellectual property rights (IPRs). The University has an IP policy setting out the University's claims over IP generated by its employees and students.

### **Plagiarism Policy**

Sumandeep Vidyapeeth has framed guidelines to check, dissertations, PhD thesis and other research material for publication by Turnitin data base software which is provided free of cost to faculty & students. As per this policy, maximum 30% plagiarism is acceptable. A full support is provided by the research cell of the university.

University has signed a MOU with INFLIBNET, Gandhinagar for the depository of the thesis and dissertation.

### **Institutional Social Responsibility (ISR) Policy**

Institutional Social Responsibility policy of the University outlines alignment of health education and health care towards the greater needs of the community. It is accomplished by various social and community programs through Govt., NGO, Local Representative, and University's own Resources. Due to prime focus on the Evidence Based Practice University has involved such social activities in to research which will in turn give benefit to the local population.

**All the details of the policies enumerated above are outlined in detail, in Sumandeep Vidyapeeth Research Book.**

#### **3.1.4 What are the proactive mechanisms adopted by the institution to facilitate the smooth implementation of research schemes/projects?**

Following are the proactive mechanisms adopted by the university to facilitate the smooth implementation of research schemes/projects:

- A. For awareness about policies on promotion of research, collaboration and publication etc. each department is provided University Regulatory Compendium (Research book) of research, publication and related information for easy reference.
- B. Implementing clearly defined procedures , such as
- Procedure for obtaining ethical clearance
  - Procedure for writing research proposal and submission
  - Procedure on application for funding
  - Procedure for using central research facilities
  - Procedure for entering into collaborations and signing Memorandum of Understanding
  - Procedure for paper presentation and publication
  - Procedure on safety monitoring
  - Procedure for sanction of funds, its utilization and maintenance of accounts
  - Procedure for seeking incentives for research, publication and attending faculty development program
  - Procedure for conduct of training
- C. Provision of predefined formats to facilitate the procedures
- D. Ensuring timely provision of HR, adequate infrastructure, animal house, library facilities and e-resources, sophisticated and advanced instruments/equipments, and IT and WiFi support etc.
- E. Advancing fund for sanctioned project; University (SVRFS)/External funding:
- F. Providing seed money:

University has made allocation for provision of seed money for the research projects that have strong potential for significant future funding support from national/ international, Government,

intergovernmental organization sand the industry. The university gives 10% of the total cost of research as seed money.

G. Simplification of procedures related with sanctions / purchases to be made by investigators. Procedures for sanctioned purchase etc are simplified.

H. Autonomy to Principal Investigator / Coordinator for utilizing over head charges:

The Principal Investigator has the autonomy of utilizing sanctioned money &/or the additional university fund towards over head charges pending the receipt of over head charges from funding agency when applicable.

I. Timely release of grants: All the research grants are released timely to PI for utilization.

Timely Auditing- The internal account audit/ status of project implementation, performance done, outcome etc are audited once in quarter by internal account auditor & expert member appointed by the university research committee. Evaluation audit by the external subject experts appointed by the funding agency on submission of final report.

J. Submission of utilization certificate to Funding authorities;

Audited consolidated utilization certificate prepared by CA is submitted to funding agency.

K. Provision of training, on writing research proposals to newly admitted UG & PG students and teaching staff every year.

- Allocation of Funds:

A. Proportion of funds dedicated for research in annual budget

Budget year	Total budget	% allotted for research	Actual budget for research
2010-11	527136411	5	25780000
2011-12	573049475	8	43485000
2012-13	648447946	8	50495000
2013-14	661344490	8	55395000

2014-15	872171518	9	87075000
2015-16	935746677	10.5	115708000

The university provides funds for research, training, resources through annual budgeted research fund as mentioned above.

- Availability of access to online data bases
  - a. Provision of 1 GBPS internet facility
  - b. Campus wide Wi-Fi
  - c. Internal Mail Service (IMS)
  - d. Unique research software- SYSTAT 13 (license version)
  - e. Online databases procured (as below)

Books	35781
Journal	316
e-Journal	12561
e-Books	30637
<b>ONLINE Data Base</b>	
Medical	MEDLINE COMPLETE
Medical	DynaMed
EBES	Proquest Health And Medical Complete
Dental	DENTISTRY AND ORAL SCIENCE SOURCE
Dental	CLINICAL KEY
Nursing	CINAHL
Nursing	PROQUEST NURSING AND ALLIED HEALTH SOURCE
For All the Colleges	PROQUEST DISSERTATION AND THESES GLOBAL
Physiotherapy	CLINICAL KEY
Pharmacy	Drugdex
Management	EBSCO Business Source ELITE
Management	J-Gate (Social and Management Sciences-JSMS)

3.1.5 **How is multidisciplinary / interdisciplinary / transdisciplinary research promoted within the institution?**

**Between/among different department/and**

**Collaboration with national/ international institutes/ industries**

Research cell of university regularly conducts meetings with HODs of various departments to identify potential multidisciplinary & interdisciplinary research areas. For transdisciplinary research, various organizations or reps of industries are invited. Special guest lectures and CME/ CDE are also organized for such research promotion.

**Details of multidisciplinary / interdisciplinary / transdisciplinary research promoted within the institution is as follows**

1. **Multi disciplinary:** [Research between the various department of same institution such as Anatomy- Surgery, Physiology – Medicine, Biochemistry – Pathology, Oral Pathology- Oral Medicine, Prosthodontics-Conservative etc.

TOTAL- 138

2. **Inter disciplinary:**

This includes research between Anatomy-Physiotherapy, Orthopaedics-Physiotherapy, Pharmacology- Pharmacy, Pathology – Oral Pathology, Surgery – Oral Surgery, Orthopaedics- Oral Surgery, Pediatrics- Physiotherapy, Medicine- Nursing etc

TOTAL- 98

3. **Trans disciplinary :**

This includes research between Orthopedics- Physics/engineering, pharmacy-biotechnology, physiotherapy- physics, medicine –statistics etc

TOTAL- 28

4. **National Collaboration**

It can be at department level / College level / Multi disciplinary

/Interdisciplinary/ Trans disciplinary level

TOTAL - 28

**5. International Collaboration** – The University made all attempts to acquire research collaboration, but our applications were turned down due to absence of NAAC accreditation as per the guidelines of UGC. However we have 9 International Collaboration with International Universities and Agencies.

**6. Industries Collaboration-**

TOTAL - 24

**3.1.6 Give details of workshops/ training programs/ sensitization programs conducted by the institution to promote a research culture in the institution.**

University regularly proactively motivates institutes to conduct various workshops, training and sensitization program. The details are as below

**Details of Workshops/ Training Programs/ Sensitization programs conducted in the subject of Research methodology by institution to promote a Research Culture.**

	2011	2012	2013	2014	2015
Research workshops/ training/lecture	4	1	4	11	4

The corrected details of above table is attached as under

Sr. no	Date	Event	No. of participants
1	26 <sup>th</sup> & 27 <sup>th</sup> March 2011	International conference on EBES - “ Medical Education of The Future; Strategies and Innovation for	160

		Success – EBES” pre conference workshop	
2	28-29 <sup>th</sup> march 2011	International conference on EBES “ Medical Education of The Future; Strategies and Innovation for Success – EBES”	500
3	18 <sup>th</sup> 19 <sup>th</sup> Oct 2011	EBES faculty training	35
4	21st - 22nd January 2011	Research: Learning and Appraisal	147
5	6 <sup>th</sup> & 7 <sup>th</sup> March 2012	EBES faculty training	44
6	2 <sup>nd</sup> & 3 <sup>rd</sup> Jan 2013	EBES faculty training	116
7	29 <sup>th</sup> & 30 <sup>th</sup> Aug 2013	EBES faculty training	
8	21 <sup>st</sup> & 22 <sup>nd</sup> Nov 2013	EBES faculty training	
9	25/11/2013	Lecture on CPCSEA guidelines on use of animals in research	15
10	22- 23 Jan 2014	EBES faculty training	38
11	19 <sup>th</sup> & 20 <sup>th</sup> June 2014	International Conference on EBES titled EBESCON 2014 7 Preconference workshop	450

12	21 <sup>st</sup> & 22 <sup>nd</sup> June 2014	International Conference on EBES titled EBESCON 2014	450
13	24/01/2014	Lecture on How to prepare a manuscript	12
14	14/02/2014	Guest lecture on How reviewer looks at your paper?	17
15	17/10/2014	Guest Lecture on Synopsis and Thesis writing	16
16	06/12/2014	Lecture on successful grant writing	15
17	10/4/2014	sensitization on Plagiarism Software	35
18	22.11.2014	Comprehensive workshop for training on ethics on human research Indian ICH/GCP/ICMR schedule Y and its amendments	35
19	27.01.2014 to 29.01.2014	Research Method and statistical Analysis with hands on practices of SPSS	45
20	11.04.2014	Workshop on Evaluation and testing and testing An emphasis on Quality interpretation	25
21	March 2015	EBES faculty training	35
22	31/01/2015	Guest Lecture on Plagiarism	17
23	17/04/2015	Lecture on Research Ethics	16
24	08/05/2015	Workshop on how to use Turnitin	15

**3.1.7 How does the institution facilitate researchers of eminence to visit the campus? What is the impact of such efforts on the research activities of the institution?**

University invites scholars of National and International eminence by sponsors such visits and covers all expenses and honorarium, if

required.

During last four years, 13 eminent international researchers have visited the campus and Rs.42 lakhs spent on such visits.

During last four years 71 eminent national researcher were also invited during conferences and CME/CDE/CNE programs.

Special research related guest lectures are also arranged by institute Special discussion with research scholars of PhD with researchers is also organized.

AS a consequence of these efforts research in multidisciplinary and interdisciplinary areas, molecular pharmacology, drug formulations and other emerging areas of research, has increased.

**3.1.8 What percentage of the total budget is earmarked for research? Give details of heads of expenditure, financial allocation and actual utilization**

Budget year	Total budget	% allotted for research	Actual budget for research	Utilization	% utilization
2010-11	52713641	5	25780000	22592890	87.6
2011-12	57304947	8	43485000	41220828	94.7
2012-13	64844794	8	50495000	47924938	95
2013-14	66134449	8	55395000	51583676	93.1
2014-15	87217151	9	87075000	81275825	93.3
2015-16	93574667	10.5	11570800	Current Year	

- 3.1.9 **In its budget, does the university earmark funds for promoting research in its affiliated colleges? If yes, provide details.**

University does not have affiliated colleges

- 3.1.10 **Does the institution encourage research by awarding Postdoctoral Fellowships/Research Associate ships? If yes, provide details like number of students registered, funding by the institution and other sources.**

Yes

**PhD Scholar details –**

Since 2011, there are total 63 PhD scholars registered at Sumandeep Vidyapeeth.

Total 53 are ongoing research scholars and 10 research scholars have been awarded PhD degree. To encourage PhD registration and study, university has started various schemes like on job PhD registration with full salary, discounted payment of fees, and scholarship for meritorious students. University is also providing huge amount of fund for conducting PhD research to such students.

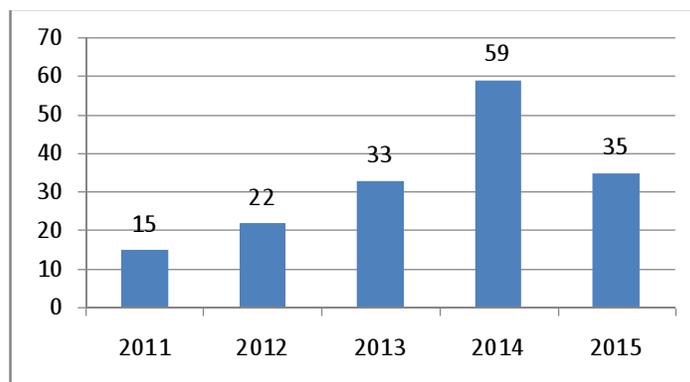
Post-doctoral medical student certificate programmes like Pain Management, Non Intervention Cardiology & Intervention Radiology are being started for skill development in specialized areas.

- 3.1.11 **What percentage of faculty have utilized facilities like sabbatical leave for pursuit of higher research in premier institutions within the country and abroad? How does the institution monitor the output of these scholars?**

Special leave facilities at full pay/ half pay (depending on period and program) are extended to faculty for various fellowships, enhancement programs or research. 2% of staff have availed such leave. The trend is progressively increasing.

- 3.1.12 **Provide details of national and international conferences organized by the institution highlighting the names of eminent scientists/scholars who participated in these events.**

The university is constantly arranging academic activities like CMEs to update the knowledge of the faculties and student of respective fields. The details of such CMEs are given as under:



**Names of Eminent scientist / Scholar Attended**

1. Dr. LuAnn Wilkerson,
2. Dr. Ved Prakash Mishra
3. Dr. Carl Stevens
4. Dr. Margaret Stuber
5. Michael Maves
6. Dr. Lawrence Hy Doyle
7. Dr. Gordan Guyatt,
8. Dr. Gurinder Wadhwa,
9. Dr. RV Subhramanyam
10. Dr. Stuart Logan
11. Dr. Regina Kunz
12. Dr. Kameshwar Prasad
13. Dr. BP Udwardia
14. Dr Devang Gupta
15. Dr. Edwin francis
16. Dr Arthur macwan
17. Dr manjari agarwal
18. Dr jawdekar
19. Dr manjari agarwal
20. Dr ashok kapse,
21. Dr phagun shah
22. Dr. Ramakant Zala

23. Dr. K. R. Patel
24. Dr. Manoj Singh
25. Dr. Rajiv Paliwal
26. Dr James Squire
27. Dr Craig Katz
28. L. Nagesh
29. Dr. R.V. Subramanyam
30. Dr. Pankaj Chaturvedi,
31. Dr Shehnaz Kantharia,
32. Dr. Chatura,
33. Dr.R.V.Subramanyam
34. Dr. Radhika
35. Dr. Hemant Umarji
36. Dr. V Sreenivasan
37. Dr. Ashith Acharya
38. Dr K.Ranganathan,
39. Dr.R.V.Subrayamanya
40. Dr. Anita Spadigam,
41. Dr. Karpagam Janardhan,
42. Dr. Sindhu Ganvir.
43. Dr. Kishore Nayak- B
44. Dr. Gopal Krishnan
45. Dr. Shyam Seth
46. Dr. S. K. Dewan
47. Dr. R Pradhan
48. Dr. Shadab Mohammad-
49. Dr. P. Rajesh- Chennai
50. Dr. Philip Mathew-
51. Dr. Niraj Bhat
52. Dr.Rishi Bali
53. Dr. Shyam Seth
54. Dr. Hemanth Saraiya
55. Dr.Hiren Bhatt
56. Dr. Neelam Andrade
57. Prof. M.R. Yadav,
58. Prof. M.C. Gohel,
59. Prof. V.K. Mourya,
60. Dr. Vikas Shirsath,
61. Prof. Rajani Giridhar

62. Prof. K.K. Sawant,  
 63. Prof. Tejal Gandhi  
 64. Dr. C.D. Upasani  
 65. Dr. Aman B. Upaganlawar  
 66. Prof. D.M. Patel  
 67. Dr. V. A. Patel  
 68. Prof. S. S. Pancholi  
 69. Prof. R. Srivastava  
 70. Mr. Santosh Savarkar  
 71. Dr. Prateek Patel  
 72. Mr. Sandeep Andhari  
 73. Mrs. Anagha Maharao  
 74. Prof. Naresh Kumar  
 75. Prof. M.M. Patel  
 76. Prof. Sunil Bothara,

**3.1.13 Mention the initiatives of the institution to facilitate a research culture in the below mentioned areas:**

<b>S N</b>	<b>Components</b>	<b>Promotional activities</b>	<b>Target group</b>	<b>Expected out come</b>
A	Training in research methodology	Capacity building of students & faculties for research	Pharmacy Faculty	To promote good quality research and scientific writing
		Workshop on Research Methodology and Statistics	Students and faculties	Well versed knowledge on basics of research methodology and statistics
		Separate course on Research Methodology of	Students of 2nd Semester	students knowledge on practice in

<p>45 hours in 2<sup>nd</sup> Semester consist of theory and practical components using software viz. Systat, IBM SPSS and MS Excel</p>	<p>MBA (Healthcare)</p>	<p>the quantitative methods used by empirical researchers, as well as exposure to statistical packages used in both academics as well as in policy analysis</p>
<p>Counseling students and faculties of other constituent institute of SV for research methodology</p>	<p>Students and faculties of other constituent institute of SV</p>	<p>Proper understanding and application towards research methodology and statistical analysis</p>
<p>Research Method And Statistical Analysis With Hands On Practice Of SPSS</p>	<p>Faculties of SV</p>	<p>Data analysis for research</p>
<p>Research Methodology By Dr Nagesh</p>	<p>UG, PG, FACULT</p>	<p>Sensitization to research</p>

		L Dr Hiremath	Y	
B	Research ethics	Lectures on CPCSEA guideline	PG student	Ethical use of animals in research
		Lectures on Plagiarism	Pharmacy Faculty	To create awareness about the problems occurs in scientific writing
		Lectures on Research Ethics	Pharmacy faculty and PG students	To encourage proper conduct of research without any conflict
		Comprehensive workshop for training on Ethics in Human Research, Indian ICH/GCP, ICMR schedule & its amendments" on 22 <sup>nd</sup> November 2014.	All faculties who are ethics committee members & HRRP	Learnt the updated knowledge on regulatory guidelines in research and clinical trial
C	Biostatistics	Workshop on SYSTAT 13	Faculty	To enhance the statistical knowledge

		amongst the faculty
Research Methodology and Statistics	Students and faculties	Well versed knowledge on basics of research methodology and statistics
Separate course on Quantitative Techniques for Managers of 45 hours in 1st Semester consist of theory and practical components using software viz. Systat, IBM SPSS and MS Excel	Students of Ist Semester MBA (Healthcare)	To be familiar with the concept of statistics and its application in Today's globalized world.
Counseling students and faculties of other constituent institute of SV for statistical analysis of data	Students and faculties of other constituent institute of SV	Proper understanding and application towards research methodology and statistical analysis
SYSTEMIC REVIEW AND META ANALYSIS on 19 <sup>th</sup> Jun 2014	PG students and faculties	Higher level evidence generation

D	Development of scientific temperament	International conference on Evidence Based Education System	Faculty	International faculties who trained the faculties of SV for evidence based health care practice, evidence based decision making in clinical practice and scenario at international level.
		Evidence Based Education System an Innovation in Teaching	Faculty	
		Evidence Based Education System an Innovation in Teaching	Faculty	
		EBES workshop on Evidence Based Decision Making	Faculty	
		International conference on Evidence Based Education System	Faculty	
		International conference on Evidence Based Education System	Faculty	
		EBES Workshop- GRADE	Faculty	

		EBES Workshop- Evidence Based Health Care	Faculty	
		MEDICAL WRITING on 19 <sup>th</sup> Jun 2014	Faculties & PG	Scientific writing learnt
		CDE Program- Scientific Expressions BY DrPuneet Gupta, Dr Gaurav Kulkarni	UG, PG, FACULTY	Presentation skills Clinical Photography
E	Presence of medical bioethics committee	Yes institute has government of India registered institutional ethics committee with all standard norms. The registration number is ECR/152/INST/GJ/2013	For all researchers, faculties & PG/UG	Ethical research is one of objective of research policy
F	Research linkages with other institutions, universities and centers of excellence. (national and international)	University has research linkages with various national and international agencies like Minds Foundation	For faculty & student research	Student exchange program with university for teaching, research on various areas of interest.

		USA, Mount Sinai School of Medicine, USA, University of Hull, UK, IIT Bombay, MS University, Vadodara etc		
G	Research in Basic Sciences	CDE program-Back to roots-An insight into ayurveda in dentistry BY Dr. ManojTakale	UG, PG, FACULTY	Application of Ayurveda in dental research
H	Research in clinical Sciences	Hospital is regularly conducting clinical trials for new drugs, vaccine. Currently two clinical trials are ongoing.	Faculty, PG	Consultancy of faculties utilized by university
I	Operational research	Community medicine department of all constituent colleges are doing operational research with government. Also MBA students and faculties are doing	Faculty, students, community	Improvement in system with various recommendation

		operational research in hospital		
J	Research in Health epidemiology	Epidemiological studies are conducted in community regularly. Department of community medicine is taking lead in such research	Faculties, PG students	Various local epidemiological evidences were generated.
K	Research in Health economics	Department of Management is conducting such studies to understand the cost and out of pocket expenditure on health expenditure. Department of pharmacology of medical college is also conducting research of drug related health economics.	Faculties, PG	Helps to understand economic aspect of health burden
L	Pharmacovigilance	University has pharmacovigilance committee at medical college since 2011. Doing all	Faculties and students	There are many research on ADR as well as local evidences are

		ADR related reporting and awareness generating activities		generated
M	Multidisciplinary Research	Research guidance in relevant field	PG students and Faculty	To impart training on the different research avenues to develop the knowledge and skills in several aspects of pharmaceutical sciences
N	Interdisciplinary Research	Research facility with expertise	PG students	To utilize and integrate research potentialities of pharmacy department to other department
		La Ciencia Basica	Faculty of Pharmacy and Microbiology and Pathology	Key areas in interdisciplinary research
O	Transdisciplinary Research	Research funding	Faculty	To alleviate the present problems of metabolic disorders

				which is prevalent in society, pharmacy department initiated research program with biotechnology
P	Research among UG	Elective (EviGenCHIP of medical college students)	UG student	To develop research skills which can be useful in higher study
		ICMR(Sumand eep Vidyapeeth (SVIEC/ON/DE NT/SRP/15104)	HOD & INTERN ,UG	For smooth conduction and implementation of research
Q	Publication based - promotions	University has publication based promotion policy and regularly giving promotion to faculties	Faculties of SV	
R	Publication based - incentives	Publication based incentive policy is exist since inception of university. Faculties who	Faculties of SV	2013-1,07,000 INR 2014-1,97,000 INR till June 2015

		are doing research are taking this benefits		- 28000 INR
S	Provision of grants	Sumandeep Vidyapeeth Research Funding Scheme started 2015.	Faculties & research scholar of SV	Till date 19,52,000 spent on completed research.

### 3.1.14 Does the institution facilitate

- \* **R&D for capacity building and analytical skills in product development like diagnostic kits, biomedical products, etc. for the national / international market**
- \* **Development of entrepreneur skills in health care.**
- \* **Taking leadership role for stem cell research, organ transplantation and harvesting, Biotechnology, Medical Informatics, Genomics, Proteomics, Cellular and Molecular Biology, Nanoscience, etc.**

Yes

S. No.	Goal	Activities	Facilitation
1	R & D for capacity building and analytical skill for product development	six academic fests where table clinic presentations and demonstrations are done by students on innovative methods techniques and material sciences	Computer with internet, reprography, printer, hospitals, patients, equipment, clinical laboratories, investigational and the library facilities

2	Development of entrepreneur skills	In collaboration with Colgate, A one day session was conducted for interns and postgraduates students on setup of dental clinics, maintenance and problems of the same	KMSDH supported activity
3	Taking Leadership role for:		
	Organ transplantation & harvesting	Kidney Transplant (applied)	Research facilities has been provided for conduct of research
	Biotechnology Medical informatics Cellular & molecular biology	Pharmacy Telemedicine Major Research Project	

**3.1.15 Are students encouraged to conduct any experimental research in Yoga and / or Naturopathy?**

We have a trained yoga teacher at the university level

Yes, students are being encouraged for conducting research in yoga.

2 research scholars from College of physiotherapy are planning to initiate research on-

- Effects of Yoga and Structured Physiotherapy in patients with Diabetes II in Community.
- Immediate effects of electro-acupuncture in Low Back pain.

In the field of naturopathy following research projects have been undertaken.

- Effect of traditionally used neem and babool chewing sticks on streptococcus mutans – an in vitro study

- Antimicrobial effect of pudina (mint) on streptococcus mutans .An vitro study
- Antimicrobial effect of honey on streptococcus mutans - An in vitro study
- An in-vivo evaluation of fennel seeds and fennel coriander seeds mixture on salivary pH
- An invitro Comparative evaluation of anticandidal herbs (Olive, Ginger & Turmeric) on streptococcus mutants
- Antibacterial activity of black and green tea on s. Mutans: An in-vitro study
- comparison of the effect of commercially available soft drinks & commercially available fruit juices on PH of dental plaque - A Randomized controlled trial
- Antibacterial activity of guava leaves on Lactobacillus acidophilus: An invitro study
- Effect of fennel tea, green tea and black tea on salivary and plaque ph: An invivo comparative study

### **3.2 Resource Mobilization for Research**

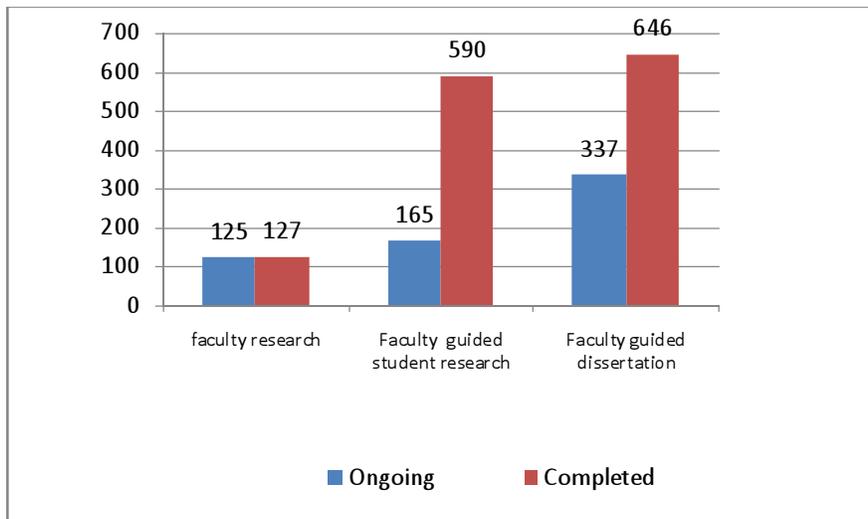
**3.2.1 How many departments of the institution have been recognized for their research activities by national / international agencies (ICMR, DST, DBT, WHO, UNESCO, AYUSH, CSIR, AICTE, etc.) and what is the quantum of assistance received? Mention any two significant outcomes or breakthroughs achieved by this recognition.**

The university made all attempts to acquire research funds from all above mentioned agencies, but our applications were turned down for absence of SIRO certification, which in turn was not issued to us, presumably because of the pending court case. As per SIRO web communication, they have rejected application for recognition with erroneous remark of UGC not recognised. However, student ICMR projects were conducted at institute.

**3.2.2 Provide the following details of ongoing research projects of**

**faculty:**

**Summary of the faculty research projects**



**Details of ongoing research projects of faculty under Sumandeep Vidyapeeth Research Funding Scheme 2015:**

Sr. No	Name of Faculty	Project Title	Year
1.	Dr. R. Balaraman	Biochemical & Pharmacological investigation of some antidiabetic and antihyperlipidemic drugs in combination with antioxidants on the levels of adipocytokines in metabolic syndrome	2015
2.	Dr. R. Balaraman	Pharmacognostic profile and pharmacological effects of different parts of Moringa olifera plant.	2015
3.	Ruhi Vargis, Nursing	Impact of maternal health services on mothers and children (up till five years): a cohort study at Waghodia Taluka	2015
4. A	Dr. Hetal Parikh, Anaesthesia	Comparative study of Endotracheal intubation by video laryngoscope in patients with predicted difficult airway	2015

5.	Dr. Manisha Shah, Anesthesia	Comparison between blind nasal intubation VS flexible fiberoptic laryngoscope for difficult endotracheal intubation	2015
6.	Dr. Tejal Chaudhari, Anaesthesia	Fast Track Anesthesia with Desflurane in adult surgical patients: comparison with Sevoflurane	2015
7.	Dr. Jatin Patel, Anesthesia	Use of Gas Monitor in anesthesia Practice	2015
8.	Dr. Chinar Patel, Anesthesia	Effect of Bispectral Index (BIS) monitoring on postoperative and sevoflurane consumption among patients undergoing major abdominal surgery	2015
9.	Dr. Niraj Pandit	Proposal for health check-up police & families working in Vadodara taluka	2015
10.	Dr. Tejas Kalaria	A retrospective study of malaria incidence among medical faculties and residents and relation with G6PD deficiency	2015
11.	Dr. Sanjay Prakash	Vitamin D status in Patients with chronic tension type headache (CTTH): A case control study	2015
12.	Dr. Niraj Pandit	Family survey in 5 villages around RHTC Bahadarpur, Village Health Project	2015
13.	Ms. Trushna Shah	The changing face of medical education: The impact and effectiveness of evidence based community health project in medical students	2014
14.	Dr. Rama Upadhyaya	A Comparative study of etomidate & protocol for induction in patients with cardiac disease	2015
15.	Dr. Anshula Deshpande, Pedodontics	The effect of dental rehabilitation on Anthropometric measurements, Hemoglobin level and salivary parameters amongst S-ECC children : A longitudinal study	2015

16.	Dr. Pinkal Shah, Management	Developing a system for inpatient services based on patient satisfaction: An evidence based approach	2015
17.	Mrs. Ruhi Varghese	A descriptive study of antenatal women to promote institutional delivery in Wagodia Taluka	2015
18.	Mrs. Ruhi Vargis	ANC Survey, Waghodia	2015
19.	Mr. Suresh V	a study to assess the level of knowledge regarding child abuse among mothers in selected rural areas, Vadodara in a view to information booklet	2015
20.	Dr Himani B. Pandya	A study of prevalence of gastro intestinal infestations and enteric virus amongst pediatric inpatients attending a tertiary care hospital	2015
21.	Mr. Ravindra H.N. Nursing	Evidence Based Nursing Practice on Hypertension with an objective to prepare Nursing Management Protocol on Hypertension	2015
22.	Mr. Raman Lal Patidar	Self Protection Measures of Tuberculosis Among Staff Nurses	2015
23.	Mr. Arpan Pandya	A study to assess the level of Knowledge among staff nurses in a view to prepare protocol on management of Neonatal Jaundice at Dhiraj Hospital Vadodara	2015
24.	Ms Sijo Koshy	Descriptive Study to Assess the knowledge and Practice regarding the infection Control measures in Labour room among staff nurses working in Maternity Unit in Selected Hospitals at Vadodara District	2015
25.	Ms Rita Thapa	A study to Assess the knowledge regarding Plotting of Pantograph in view of Assessing the Implementation among the nurses of Labour room in Selected Hospitals at Vadodara.	2015
26.	Mr. Suresh V	Impact of ECT care Protocol on level of Knowledge & Practice of staff nurses working at Dhiraj Hospital, Vadodara	2015

27.	Ms. Laishram Chanu	Effectiveness of Neonatal Resuscitation protocol for staff Nurses at Dhiraj Hospital, Vadodara	2015
28.	Dr. Pratik Kariya, Pedodontics	To compare the remineralizing efficacy of different dentifrices: A in vitro study	2015
29.	Dr. Ujjwal Sahoo	Phylo-pharmacological screening and formulation development of some medicinal mushroom	2015
30.	Dr. Krunal Shah	Prevalence of different resistance pattern in staphylococcal isolates from Dhiraj general hospital."	2013
31.	Dr. Krunal Shah	Prevalence of newer antibiotic resistance among enterobacteriaceae isolates from Dhiraj general hospital."	2013
32.	Dr. Kruti Shah	Clinical evaluation of cissus quadrangularis as osteogenic agent in maxilla facial fracture	2013
33.	Dr. Jyoti Sharma	A study to evaluate the incidence of ovarian mass in local vicinity	2014
34.	Dr. Jaswant Mahawer	bilateral ischemic optic atrophy as a presentation of takayashu arteritis in a 14 year old boy "	2014
35.	Dr. prasad Muley	Effectiveness of evidence based journal club during post graduate studies in pediatrics	2014
36.	Dr. Jigar Shah	Modified Alvarado score in management of acute appendicitis."	2014
37.	Dr. Ajay George	A study of improving efficiency of EBM skills in undergraduate medical students using a clinical queries exercise."	2014
38.	Dr. Rajni Sethia	Preoperative keratometry and visual outcome in myopic laser assisted in situ keratomileusis."	2014
39.	Ms. Trushna Shah	Dependence of the geriatric depression on nutritional status and anthropometry indices in elderly rural population in Pipariya	2014
40.	Dr. Arti Muley	Evidence based journal club: is it worth it?	2014
41.	Dr. Arti Muley	To identify attributing factors for CKD of unknown etiology "	2014

42.	Dr. Bhavik Shah	evaluation of anxiety and depressive symptoms in patients with 1st episode of chest pain attending medicine outpatient department of tertiary care teaching hospital"	2014
43.	Dr. Lakhan Kataria	knowledge of and misperceptions of attention deficit hyperactive disorder (ADHD) among primary school teachers of vadodara district." attitudes towards depression among community members in vadodara, gujaratIndia."	2014
44.	Dr. Ramya. R	Comparison of treatment time and comfort level perceived by patients receiving art and single surface silver amalgam restorative procedures in a commonly outreach program	2014
45.	Dr. Pulkit Kalyan	To assess the effectiveness of various health education methods on school oral health education oral health knowledge and plaque status of high school	2014
46.	Dr. Hemal patel	Prevalence of dental fluorosis among 12 year old school going children of Piparia village, Vadodara- A cross - sectional survey	2014
47.	Dr. Ramya. R	A Qualitative research analysis of gender - based parities and disparities at work place experienced by female dentists of Vadodara, Gujarat	2014
48.	Dr. Anshula Deshpande	Learning styles and approaches to learning among undergraduates and postgraduates	2014
49.	Dr. Anshula Deshpande	The effect of dental rehabilitation on hemoglobin level and salivary parameters amongst S-ECC children: A longitudinal study	2014
50.	Dr. Monali Shah	Effectiveness of evidence based journal club during graduate studies in dentistry	2014
51.	Dr. Jasuma J. Raj	Antimicrobial effect of four commercial toothpastes on oral pathogens in vitro study	2014

52.	Dr. Jasuma J. Raj	Periodontal status of adolescent school children in Vadodara	2014
53.	Dr. Jasuma J. Raj	Relationship between labial cervical radicular groove and periodontal status among adolescent school children in Vadodara	2014
54.	Dr. Santosh Kumar Goje	Assessment and comparison of the knowledge and use of evidence based dentistry among interns of K. M. Shah Dental college and Hospital	2014
55.	Dr. Rashmi Venkatesh	Continuous cumulative evaluation system implementation perception and attitude of students and teaching faculty	2014
56.	Dr. V. Vaishnav	Evaluation of an E-learning module for undergraduate dental teaching	2014
57.	Dr Nirav Patel	knowledge attitude and practice of adverse drug reaction reporting among healthcare professionals"	2015
58.	Dr. Puja Dullo	co-relation of socio-economic status with revised life orientation test (LOT-R) outcome in health professional students"	2015
59.	Dr. Puja Dullo	analyzing the outcome of feedback in CCES for undergraduate medical students"	2015
60.	Dr. Rajani Bala Jasrotia	a cross sectional sectional study to compare the respiratory efficiency in different phases of menstrual cycle"	2015
61.	Dr. J.N. Brahmbhatt	prevalence of various ophthalmic problems in policemen and their family members of vadodara, gujarat"	2015
62.	Dr. Pragati Trivedi	A study of efficacy of a single dose of a transdermal Diclofenac patch and intramuscular Diclofenac as pre-emptive post operation analgesia in patients undergoing abdominal hysterectomy	2015
63.	Dr. Niraj Pandit	proposal for health check up of faculties and resident doctors of medical and dental faculties of Sumandeep Vidyapeeth"	2015

64.	Dr. Rohan Jain	Total gangrenous mesentrioaxial gasgrenous mesentrioaxial gastric volvulus."	2015
65.	Dr. Som Lakani	utility of different staining methodologies in detection and follow up of leprosy patients"	2015
66.	Dr. Jasmin Jasani	Effect of thyroid dysfunctions (Hypothyroidism, Hyperthyroidism) on hematological indices	2015
67.	Dr. Jasmin Jasani	Role of ADA in the different diagnosis of pleural effusion	2015
68.	Dr. Lakhan Kataria	perception of medical student towards assessment of clinical skills"	2015
69.	Dr. pragnesh Parmar	Study of students perceptions on evidence based curriculum of Forensic medicine	2015
70.	Dr. Sanjay Prakash	Prevalence of serotonin syndrome in intensive care unit	2015
71.	Dr. Sanjay Prakash	A prospective observational study of patients presenting with serotonin syndrome in Neurology OPD	2015
72.	Dr. Sanjay Prakash	Cranial autonomic features in tension type headache : a comparison with migraine	2015
73.	Dr. Sanjay Prakash	The prevalence and clinical features of headaches among patients referred for stress testing for cardiovascular disease	2015
74.	Dr. Sanjay Prakash	The prevalence of headaches among post-graduate medical students	2015
75.	Dr. Sanjay Prakash	Vitamin D status in patients with chronic tension type headache (CTTH): a case-control study	2015
76.	Dr. Sanjay Prakash	Clinical profiles of strictly unilateral headache: a cross sectional observational study	2015
77.	Dr. Sanjay Prakash	The prevalence of headaches among doctors in Vadodara district	2015
78.	Dr. Anshula Despande(Prof)	In Vitro comparative evaluation of cleaning efficacy and volumetric filling in primary molars- CBCT Evaluation	2015

79.	Dr. Anshula Deshpande	Awareness regarding plagiarism amongst post graduates and faculty of Paedodontics: an online questionnaire survey	2015
80.	Dr. Neeraj Deshpande(Prof)	Evaluation of literature search strategy amongst dental faculty of K. M. Shah Dental College- A Questionnaire based study	2015
81.	Dr. V. Vaishnav	Cytogenetic effects on exfoliated buccal epithelial cells in patients subjected to head and neck computed tomography and digital panoramic radiography	2015
82.	Dr. Rashmi Venkatesh	Knowledge attitude and practice (KAP) study of pharmacovigilance in a dental teaching institute of western India	2015
83.	Dr. Kalpesh Satani Assi. Prof. Physiotherapy	Yoga and structured physiotherapy in patients with type II diabetes in community	2015
84.	Dr. J. D. Lakhani	Multidisciplinary Research Project of screening and detection, profile, follow-up and management including preventive and health education strategy of Sickle Hemoglobinopathy in a tribal village adopted by Sumandeep Vidyapeeth and also in survey camps as well as in patients and their relatives coming at Dhiraj Hospital with risk factors, symptoms and complications pointing towards Sickle and other Hemoglobinopathy.	2015
85.	Laishram Yaiphakonbi Chanu	A study to assess the impact of planned teaching program on knowledge neonatal resuscitation protocol among staff nurses at Dhiraj Hospital Vadodara	2015
86.	Dr. J.N. Brahmbhatt	ocular disorders in school going children.	2014
87.	Dr. Naveen Chhabra	Smear layer removal of combination of herbal extracts in two different ratio either alone or supplemented with sonic agitation: An in vitro SEM study	2015

88.	Dr. Romil Shah	Assessment of role of mandibular third molar position in lower anterior crowding - A cross sectional study	2015
89.	Dr. Nirav Patel	drug utilization pattern of antimicrobial agents in dental outpatients of a tertiary care teaching rural hospital"	2015
90.	Dr. Maharshi Patel	profile of patients attending a general practitioner's clinic in vadodara city"	2015
91.	Dr.Stani Ajay	study of prevalence of depression in patients form tertiary center with pulmonary tuberculosis and other non tubercular diseases"	2015
92.	Dr. Punit Singh	The influence of central corneal thickness on the intraocular pressure as measured by different tonometers noncontact and application tonometers	2015
93.	Dr. Seema Bargale	Assess perception of evidence based curriculum incorporation and education system amongst the dental teaching faculty	2015
94.	Dr. Anshula Despande	Sealing ability of three different surface coating on conventional glass lonomer and resin modified glass lonomer restoration in extracted primary anterior teeth	2015
95.	Dr. Rita Shah Dept of Biochem	Relationship of circulating TNF-Alpha levels with obesity and Insulin resistance in Type-2 Diabetes Mellitus.	2015
96.	Dr. Romil Shah	Assessment of role of mandibular third molar position in lower anterior crowding - A cross sectional study	2015
97.	Mr. Ravindra H. N.	Study to evaluate the impact of planned breathing exercises (PBE) on relief of symptoms of COPD	2015
98.	Mr. Boinapalli Sudhakar Rao	Serum Ferritin in Type-2 Diabetes Mellitus And Its Relationship With HbA1C	2015
99.	Mrs. Geetanjali Purohit	Cardio-Pulmonary Adaptations Develop During Human Pregnancy	2015
100.	Mr. Ashim Kumar Sen	Development And Validation Of Newer Analytical Methods For Some APIs And Their Formulations	2015

<b>101.</b>	Mrs. Dhanya B. Sen	Development And Validation Of Newer Analytical Method For Some Anti-Hypertensive And Anti-Diabetic Drugs And Their Formulations	2015
<b>102.</b>	Mr. Nirmal V. Shah	Techniques To Improve Bioavailability Of Selective Estrogen Receptor Modulators (SERMs) For Treatment Of Osteoporosis.	2015
<b>103.</b>	Mr. Girish U. Sailor	Development And Evaluation Of Novel Drug Delivery Systems Containing Some Herbal Therapeutic Agents	2015
<b>104.</b>	Mr. Sachinkumar P. Chauhan	Design, Development And Evaluation Of Some Nanoparticulate Drug delivery Systems Of Anticancer Drugs	2015
<b>105.</b>	Mr. Ankur R. Javia	Design, Development And Characterization Of Novel Dosage Forms Of Some Anticancer Drugs Targeting To Colon	2015
<b>106.</b>	Mr. Chintan J. Aundhia	Bioavailability Enhancement Of Bisphosphonates By Nanocarrier Systems For Treatment Of Osteoporosis	2015
<b>107.</b>	Mrs. Aarti S. Zanwar	Analytical Method Development And Validation For Some Drug Combinations	2015
<b>108.</b>	Mrs. Radhika Rana Khara	Microbiological Profile Of Sepsis With Special Reference To Tropical Sepsis	2015
<b>109.</b>	Mr. Haresh A. Desai	A Study Of Drug Utilization In Various Departments Of A Tertiary Care Teaching Rural Hospital & Influence Of Educational Intervention Thereon	2015
<b>110.</b>	Mr. Kantilal Mohanlal Parmar	Morphological And Morphometric Study Of Placentas In Normotensive And Hypertensive Mother	2015
<b>111.</b>	Ms. Bhavita Patel	Evaluation Of Serum Complements Components C3 And C4 In Type 2 Diabetes Mellitus Patients	2015
<b>112.</b>	Mr. Brahmareddy Malapati	Analysis Of Some Biochemical Parameters In HIV Positive Patient	2015

113.	Dr. Arvind Kanchan	Co-Relation Of Visceral Adiposity And Cardiopulmonary Functions Before And After Exercise In Normal eight, Overweight And Obese Persons	2015
114.	Dr. Rajani Bala Jasrotia	Effect of Progressive Exercise On Cardio Respiratory Dynamics During Different Phases Of The menstrual Cycle	2015
115.	Mr. Pawan Toshniwal	A Study Of Various Aspects Of Investigation Errors In A Tertiary Care Teaching Hospital And Impact Of Educational Intervention There On	2015
116.	Dr. Upendra Kumar I. Bhatt	Study Of Hematological And Cardio Respiratory Parameters During Homoeostenosis On Senior Citizens Of Vadodara City	2015
117.	Mr. Ashok Aenumulapalli	The Human Medical Longitudinal Arch Of Foot And Its Clinical Relevance	2015
118.	Dr. Kailash Sethi	Physical Properties Of Explanted Orthopedic Implants	2015
119.	Dr. Neha Mukkamala	To Study the Profile As Well As Prevalence Of Musculoskeletal Problems In Patients With Diabetes Mellitus	2015
120.	Ms. Niketa G. Patel	Effect of Restoration Of Normal Hip Anatomy On Hip Abductor Muscles Lever Arm And On Hip abductor Muscles Strength Following Different Hip Surgeries	2015
121.	Mr. Ravindra H. N.	Effectiveness Of Self Management Training On Type-II Diabetes Mellitus-A Community Based Study	2015
122.	Dr. Rashmi Bhavsar	Estimation and comparison of various salivary parameters in unstimulated whole saliva of psychoactive substance abusers to that of non-users with different caries status	2015
123.	Ravindra Chhaya	Compare effectiveness of innovative small group teaching- learning methods the conveness of innovative small group teaching-learning methods against the conventional tutorials in microbiology."	2014

<b>124.</b>	Dr Narayan Kulkarni	Evaluation and correction of cervical vertebral bone with Hassel and Farman stages of cervical vertebral maturation and Denirjian's stage of dental maturation for lower left permanent canine and second molar	2015
<b>125.</b>	Mrs. Sangitaben Devubhai Vasava	Study On Co-Relation Of Human Host Factors With Parasitic Factors In Malaria	2015

**3.2.3 Does the institution have an Intellectual Property Rights (IPR) Cell?**

Yes

**3.2.4 Has the institution taken any special efforts to encourage its faculty to file for patents? If so, how many have been registered and accepted?**

The University has identified areas of research which on pursuance will lead to patents over the next five years. All necessary supports, financial and administrative including training will be readily provided.

However one patent related to orthopedic appliances is in progress.

**3.2.5 Does the institution have any projects sponsored by the industry / corporate houses? If yes, give details such as the name of the project, funding agency and grants received.**

The University has projects sponsored by the Industries through which University has generated **Rs. 7348200/-** in last years.

**venue generated from industry for clinical trials**

<b>Name of the Agency / Program</b>	<b>Industry</b>	<b>2015-16</b>
ICON	Industry	3115000
Sanatha Sanofi Ltd.	Industry	1929600
Lotus India Ltd.	Industry	2206600
<b>Total Rs.</b>		<b>7251200</b>

**Revenue generated from other industrial Projects**

<b>Industrial Projects (2014)</b>						
<b>Sr no</b>	<b>Project title</b>	<b>Funded by</b>	<b>Investigat ors</b>	<b>Fund receiv ed (Rs.)</b>	<b>Objective</b>	<b>Tenu re</b>
1	Effect of Livplus (PHF) on experimentally induced hepatotoxicity in animals.	Bacfo Pharmaceutical India ltd, Noida	Dr. R Balaraman Dr. A K Seth Dr. Rajesh Maheshwari Bhagyashree Pandya	18000	To study pre-clinical effect of LIVPLUS on experimentally induced hepatotoxicity	One year
2	Effect of Diabac (PHF) on experimentally induced type II diabetes in rats.	Bacfo Pharmaceutical India ltd, Noida	Dr. R Balaraman Dr. A K Seth Dr. Rajesh Maheshwari Ms. Richa Agrawal	39500	To study pre-clinical effect of Diabac (PHF) on experimentally induced type II diabetes	One year
3	Effect of Lithocare (PHF) on experimentally induced urolithiasis in rats.	Bacfo Pharmaceutical India ltd, Noida	Dr. R Balaraman , Dr. A K Seth, Dr. Rajesh Maheshwari Ms. Falak Dakwala Ms. Richa Agrawal	19500	To study pre-clinical effect of Lithocare (PHF) on experimentally induced urolithiasis	One year

4	Acute toxicity study & Evaluation of calcium containing formulation on serum calcium level of ovariectomized rat model	Vasu Healthcare Pvt. Ltd, Vadodara	Dr. R Balaraman Dr. A K Seth Dr. Rajesh Maheshwari Ms. Falak Dakwala	20000	To study pre-clinical effect of Maxcal-C on serum calcium level of ovariectomy induced osteoporosis	One year
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### 3.2.6 List details of -

- a. **Research projects completed and grants received during the last four years (funded by National/International agencies).**

S/no	Type of research project	Fund generated
1	ICMR funded student project -29 Fund	Rs. 2,90,000
2	Clinical trial – fund Generated	Rs.461699
3	Other industrial projects	Rs.51750
4	Minds Foundation – 13 projects in 19 villages	12,19,000

**able 1** ICMR funded student project

Sr. No.	Name of PI	Title	Other than SV Name of the Agency	Total Grant Received
1	Mr.Ashutosh Patel (Physiology)	Assessment of Anthropometric obesity parameters in Rural & Urban Adolescent population ( <b>Sample size: </b> )	ICMR	10000

2	Priyal Aggarwal	Comparison of 3rd and 4th gen ELISA HIV ( <b>Sample size:-</b> )	ICMR	10000
3	Keta Thakkar	Positive predictive value of Tuberculin Units (1 TU and 2 TU) among the contacts of sputum positive Tuberculosis patients ( <b>Sample size:-</b> )	ICMR	10000
4	Kalindi Bambhania (Medicine)	To study the bacteriological infections in precipitating acute exacerbations of 30 cases chronic bronchitis (A prospective cohort) attending Dhiraj General Hospital, Piparia, Waghodia ( <b>Sample size: )</b>	ICMR	10000
5	Mohit Joshi (Medicine)	Study of In-vivo resistance of P. Falciperum and P. Vivax to chloroquine ( <b>Sample size: )</b>	ICMR	10000
6	Jhala Digant (Medicine)	Screening rural population for Type 2 diabetes using a simplified Indian Diabetes Risk Score (IDRS) ( <b>Sample size: )</b>	ICMR	10000
7	Pooja Patel (PSM)	Study of contraceptive methods used in target couples in village of Waghodia town ( <b>Sample size:-</b> )	ICMR	10000
8	Patel Arjav (Anatomy)	Relationship between the recurrent Laryngeal nerve and inferior thyroid artery : A study in corpses ( <b>Sample size: )</b>	ICMR	10000

9	Kotecha Druv (Anatomy)	Variation in position, length and diameter of Appendix in cadaver dissected in department of Anatomy, SBKSMIRC & Research Centre, Piparia ( <b>Sample size: </b> )	ICMR	10000
10	Modi Kshitij (Anatomy)	To measure, record and assess the Height (length), with and thickness of patella in cadavers dissected in department of Anatomy, SBKSMIRC Medical Institute & Research Center, Piparia( <b>Sample size: </b> )	ICMR	10000
11	Gandhi Nell (Anatomy)	Correlation between femoral neck shaft angle and femoral length ( <b>Sample size: </b> )	ICMR	10000
12	Patel Rajvee (Anatomy)	Study of cephalic index in Medical students ( <b>Sample size: </b> )	ICMR	10000
13	Sarthak Dave (Medicine)	Acute respiratory distress syndrome (ARDS) secondary to sepsis( <b>Sample size: </b> )	ICMR	10000
14	Priyal Agrawal (Medicine)	Comparative evaluation of 3rd generation Elisa with fourth generation Elisa for detection of Human Immunodeficiency virus( <b>Sample size: </b> )	ICMR	10000
15	Kumbhani Nidhi (Medicine)	Blood pressure changes during squatting in normotensive and hypertensive patients ( <b>Sample size: </b> )	ICMR	10000

16	Mr. Tejas Mehta (Physiology)	Can Pulse Oximetric Saturation (SpO <sub>2</sub> )/Fraction of Inspired Oxygen (Fio <sub>2</sub> ) Ratio Surrogate Pao <sub>2</sub> /Fio <sub>2</sub> Ratio in Diagnosing Acute Respiratory Failure <b>(Sample size: 30)</b>	ICMR	10000
17	Mr. Dhairya Lakhani (Pediatrics)	Correlation of Clinically Suspected Community Acquired Pneumonia (CAP) with reference to Chest Radiograph and Laboratory Parameters in Rural setup. <b>(Sample size:- )</b>	ICMR	10000
18	Ms. Aparna S. Iyer (Medicine)	Prevalence of Insomnia In Type II Diabetes Mellitus patients : A Questionnaire Based Case - Control Study <b>(Sample size: 100)</b>	ICMR	10000
19	Bhaumik Vaishnav	Awareness about First Aid among medical students	ICMR	10000
20	Siddhath Kakkad	RNTCP treatment compliance in Vadodara city.	ICMR	10000
21	Mr. Amandeep Singh	A comparative study of the knowledge and attitude in undergraduate medical students rewards pharmacovigilance program and impact of educational intervention there on	ICMR	10000
22	Mr. Hemant Shah	To study the abuse of tobacco among school going adolescents in vyara	ICMR	10000

23	Mr. Sajangiri Goswami	To study the awareness of correct technique of eye drops instillation among patient of eye ailments, general population and paramedical staff	ICMR	10000
24	Ritu Joshi	Screening for Dementia in rural Geriatric Population. ( <b>Sample size:-500</b> )	ICMR	10000
25	<b>Phoram Patel</b>	<b>EVALUATION OF AEROSOL CONTAMINATION DURING SCALEING AND ROOT PLANING USING ULTRASONIC (Sample Size: )</b>	<b>ICMR</b>	<b>10000</b>
26	Dr.Raza Farah Sameen M (Oral Medicine)	Comparison of E-Speed film Radiography and RVG for the detection of Occlusal and Proximal Enamel and Dentinal caries - An in vitro study ( <b>Sample Size: )</b>	ICMR	10000
27	Ms.Monika Surana	Estimation and Comparison of a amylase of level in unstimulated whole saliva of children aged 6-9 years with different caries status	ICMR	10000
28	Mr.Faisal Sheikh, III BDS	The effect of oil-pulling with rice- bran oil, sesame oil and Chlorhexidine mouth-rinsing on halitosis among pregnant women: A comparative interventional study	ICMR	10000
29	Ms. Ashima Mohan	Association of salivary PH with central obesity and BMI	ICMR	10000

**Table 2 Completed Clinical trial**

<b>Sr. No</b>	<b>Name of Project</b>	<b>Name of PI</b>
1	A Phase III, Randomized, single-blind, controlled study to assess the immunogenicity of GlaxoSmithKline (GSK) Biologics'v10-valent pneumococcal conjugate vaccine as a 3-dose primary immunization course at 6, 10 and 14 weeks of age in India, co-administered with GSK Biologicals' Tritanrix-HepB/Hib (DTPw-HBV/Hib) Vaccine	Dr. Dulari Gandhi
2	Protocol No: 31-09-267: A Long-term, Multicenter, Open-Label Study to Evaluate the Safety and Tolerability of Flexible-Dose Oral Aripiprazole (OPC-14597) as Maintenance Treatment in Adolescent Patients with Schizophrenia.	Dr. Sandip Shah
3	Ref: A multicenter, randomized, double-blind, placebo controlled, parallel-group study to evaluate prevention of relapse in patients with schizophrenia receiving either flexible dose iloperidone (Fanapt™) or placebo in long-term use (up to 26 weeks) followed by up to 52 weeks of open label extension (Protocol Number ILO522D2301)	Dr. Sandip Shah
4	A phase IV , OPEN LABEL, Randomized, Comparative, Parallel group Clinical Study to Evaluate the immunogenicity and safety of two different formulations of Haemophilus Influenza Type-B Vaccine (SII HibP Ro) of Serum Institute of India Limited in Indian Infants.	Dr. Dulari Gandhi
5	An open label, comparative, multicentre study to assess the efficacy and safety of Fixed dose combination tablets of Nebivolol & Indapamide (As sustained release) in comparison with nebivolol tablets in patients suffering from hypertension	Dr. J.D. Lakhani
6	Protocol: IPCA/ALFD/PIII-07: Comparative evaluation of efficacy and safety of artesunate-lumefantrine fixed dose combination Vs artemether-lumefantrine fixed dose combination in the treatment of uncomplicated plasmodium falciparum malaria-	Dr. J.D. Lakhani

7	Protocol: IPCA/ARIN/PIII - 10: a bridging study comparing efficacy and safety of novel formulation of artesunate injection in treatment of plasmodium falciparum malaria.	Dr. J.D. Lakhani
8	INSPIRE - large multicentric prospective study to determine etiologies, clinical practice patterns and outcome of strokes in India .	Dr. Hetal Pandya
9	Ref: protocol no. IPCA/MSD/PHAR/PD-05 Version 2.0, 20th April, 2009, titled: "Evaluation of Safety and Efficacy of Piperaquine-Dihydroartemisinin (PIPERQUINE-DHA)combination in treatment of Uncomplicated Plasmodium Falciparum Malaria: A Randomized, Comparative Multicentric Study." Sponsored by IPCA.	Dr. J.D. Lakhani
10	A Phase III, Randomized, Open Label, Non-Inferiority, Comparative, Multicentric Study between HFA-Propelled Salmeterol/Fluticasone (25/250 microgram) pMDI an HFA-Propelled seretide (25/250 microgram) pMDI in Patients with persistant Asthma	Dr. Prasad Muley
11	Ref: protocol no: R2011005 Version 2, 20th July, 2011, titled: "A phase III, open label, randomized, parallel group, multicentre trial comparing the safety and efficacy of fixed dose combination tablets of arterolane maleate and piperaquine phosphate (PQP) with chloroquine tablets in patients with acute uncomplicated Plasmodium vivax malaria sponsor by Ranbaxy Laboratories Limited	Dr. J.D. Lakhani
12	A Randomized, Open label, Two-Treatment, Single Dose, Two-period, Cross over, multi-centre comparative bioequivalence study of hydroxyurea capsules 500mg of blau farmaceutica, brazil with hydrea(hydroxyurea capsules )500mg of bristol myera squibb co., brazil in adult patients suffering from sickle cell anemia under fasting conditions (BA/BE) ARL/CT/11/045	Dr. J.D. Lakhani

13	A Randomized, Double Blind, Double Dummy, Comparative, Prospective, Multicenter, Parallel Study to assess Efficacy, Safety and Tolerability of Fixed Dose Combination of Tenelegliptin and Metformin Tablet Compared with Metformin monotherapy in Adult Patients with Type 2 Diabetes Mellitus Inadequately Controlled on Metformin Alone	Dr. J.D. Lakhani
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**Table 3 Completed Industrial Projects**

Industrial Projects (2011-12)						
Sr. no.	Project title	Funded by	Investigators	Fund received	Objective	Tenure
1	In vivo evaluation of FcE Bik on anaphylaxis model in rats	Century Pharmaceutical Ltd, Halol, Vadodara	Dr. R Balaraman Dr. A K Seth Dr. Velumurgan Dr. Rajesh Maheshwari	-----	To study in vivo evaluation of FcE Bik on anaphylaxis model in rats	One year
2	Effect of Normacid (PHF) on experimentally induced ulcer in mice.	Ayur lab Pvt Ltd, Vadodara	Dr. R Balaraman Dr. A K Seth Dr. Rajesh Maheshwari Mr. Anjal Patel	18000	To study pre-clinical effect of Normacid (PHF) on experimentally induced ulcer	One year
3	Effect of Dibolin (PHF) on experimentally induced type 2 diabetes in rats.	Ayur lab Pvt Ltd, Vadodara	Dr. R Balaraman Dr. A K Seth Dr. Rajesh Maheshwari	10000	To study pre-clinical effect of Dibolin (PHF) on experimentally induced type II diabetes	One year

			Ms. Soniya Khatri			
4	In vivo evaluation of AHR-1 (PHF) on anaphylaxis model in rats.	Ayur lab Pvt Ltd, Vadodara	Dr. R Balaraman, Dr. A K Seth, Dr. Rajesh Maheshwari Mr. Manoj Patel	32750	To study pre-clinical effect of AHR-1 (PHF) on anaphylaxis model	One year

**Table 4 The Minds Foundation**

1. Eliminating Stigma by Improving Mental Health Literacy
2. Researching the Prevalence of Stigma and Its Connection to Symptoms, Cognitive Function, and Psychological Status in Gujarat, India
3. An Exploration of Attitudes Toward Mental Health Amongst Community Members in rural Vadodara, Gujarat, India
4. An Exploration of Attitudes Toward Mental Health Amongst Traditional Healers in rural Vadodara, Gujarat, India
5. Knowledge and attitudes towards depression amongst community health providers in Vadodara, Gujarat, India
6. An Exploration of the role of traditional healing in mental health among patients and community members in rural regions of Vadodara, Gujarat, India
7. Knowledge and attitudes towards depression amongst community members in rural Vadodara, Gujarat, India
8. Structural Violence and Gender Inequality in Mental Health: A Medical Anthropological Study of Rural India
9. Attitudes towards and knowledge of children's' mental health amongst rural primary schoolteachers in the Vadodara, Gujarat, India

10. Knowledge of and attitudes toward Depression among Primary Care Providers in Vadodara, Gujarat, India
11. Attitude towards people with mental disorders among community mental health workers (CMHWs)
12. Exploring the Perceived Impact of the MINDS Program on Attending Patients in Vadodara, Gujarat: A Framework Analysis.

**3.2.7 What are the financial provisions made in the institution budget for supporting students' research projects?**

The university made budgetary provision of Rs 2 corers for supporting student research & development from its annual research budget.

**3.3 Research Facilities**

**3.3.1 What efforts have been made by the institution to improve its infrastructure requirements to facilitate research? What strategies have been evolved to meet the needs of researchers in emerging disciplines.**

**Infrastructure:**

- Central Research Lab has been created at the Medical College and various gadgets/ equipments have been procured to facilitate research in all constituent colleges. Another state of the art Central Research Lab with ultramodern facilities is created. List of instruments is in point 3.3.2
- CPCSEA approved animal house
- Latest information augmented Learning Resource Centre including online Database
- Fully WiFi enable Campus
- Well equipped, state of the art, multidisciplinary, Super specialty, 1360 bedded hospital with hi-tech central clinical laboratory facility
- Drug Information Centre

- Medical Education, Dental Education, Pharmacy Education, Physiotherapy Education, Nursing Education and Management Education Units in each of the constituent institution.

### Strategies to meet needs in emerging areas

The research lab mentioned above will be equipped with all equipments/ facilities required for research at genetic and cellular level leading to Stem cells research, organ transplantation & harvesting, Biotechnology, Medical informatics, Genomic, Proteomics and Nanoscience

**3.3.2 Does the institution have an Advanced Central Research facility? If yes, have the facilities been made available to research scholars? What is the funding allocated to the facility?**

Sr. No.	Name of equipment	Procurement cost in INR	Broad usage area
1	Sysmex-21	3,91,075	3 part Hematology analyzer
2	Beckman 750 LH	RR based	5 part Hematology analyzer
3	Genios electrophoresis system	8,50,000	Hb electrophoresis
4	CA 50	1,35,193	Coagulometer
5	EM 200	8,50,000	Fully automated biochemistry analyzer
6	Erba chem 5 plus	1,36,173	Semi automated biochemistry analyzer
7	Vesmatic 20	1,26,369	Automated ESR analyzer
8	AIA 360	7,25,000	Fully automated random access immunoassay analyzer
9	Easylyte plus	1,36,173	Electrolyte analyzer
10	Bio-safety cabinet level-II	1,50,000	Culture and antimicrobial susceptibility testing of clinical areas
11	Digital automated	1,50,000	Sterilization of media

	autoclave		
12	BACTEC 9050	6,50,000	For blood culture
13	ELISA washer & reader	2,00,000	performing ELISA test for HIV antibody ,HBsAg & others
14	Cryo Centrifuge Kbm – 70 (Remi)	4,86,750	Sepration of Blood Components
15	Blood Bank Rafrigerator (300l) (Remi)	1,14,675	For storage of tested PCV
16	Blood Bank Rafrigerator (240 Bags) (Deepee)	2,50,000	For storage of untested PCV
17	Platelet Incubator (Remi)	1,03,125	For Storage of Platelets
18	Deep Freezer (Rprv-130) (Remi)	1,01,475	For Storage of untested FFP
19	Deep Freezer (Dpfv-1040) 316 Ltr (Deepee)	2,50,000	For Storage of Tested FFP
20	Donor Chair (Dacor Men Co)	1,31,137	For Blood Collection
21	Tube Sealer (Bextex)	1,79,250	For Sealing Blood Bag Tubings segments
22	Laminar Air Flow (Yorco)	2,55,000	For Sterile Preparation of Blood Components
23	Cyro Precipitate Bath (Cb - 704) (Remi)	1,99,825	For Thawing of FFP
24	Elisa Washer (Thermo)	2,00,000	For Washing Elisa Plate
25	Elisa Reader (Thermo)	2,00,000	For Taking reading Elisa Plate
26	Blood Storage Fridge – 1 (Yorco)	1,14,675	For Storage of reagents and Elisa Kits
27	Blood Collection Monitor (Thermo Penpol)	1,10,000	For Monitoring Blood Collection
28	Tube Sealer (Thermo Penpol)	1,10,000	For Stripping Blood Bag Segments
29	T-Ace Component Separator (Thermo Penpol)	25,00,000 (RENTAL)	For Automatic Plasma Extraction

30	Gel Card Incubator & Centrifuge (Tulip)	1,87,000	For Antibody Screening
31	BioRad D-10 hemoglobin testing system (HPLC)	9,63,900	Hemoglobin variant analysis, thalassemia and HbA1c estimation
32	Helena Protofluor Z hematofluorometer	6,75,000	Zinc protoporphyrin estimation
33	Elitech Microlab-300 Semiautomated Biochemistry Analyzer	2,31,000	Semiautomated Biochemistry Analyzer
34	Deep freezer Remi RQV-200 plus -20 degree celcius	99,010	Deep freezer
35	Leica Microtome	5,00,000	Preparation of tissue sections
36	Fluorescent microscope with photography attachment	Approx 11,00,000	Fluorescent microscopy and documentation
37	Bio-safety cabinet level-II	1,50,000	Culture and antimicrobial susceptibility testing of clinical areas
38	Fluorescent microscope	1,00,000	Detection of Mycobacterium tuberculosis bacilli from clinical samples
39	Lyophilizer (Freeze Dryer)	1,93,148	Drying the liquid product directly into the solid form by the application of vacuum and freezing temperature
40	Cooling Centrifuge	1,03,062	Centrifugation with controlled temperature
41	Shimadzu Uv-Vis Spectrophotometer Model: Uv-1800 Microprocessor	2500000/ - YEN	Determination of the concentration of the drug by measuring the absorbance of the same
42	Shimadzu Fourier Transform Infrared Spectrophotometer		Identification of the unknown compound by detecting various functional groups presents in its structure
43	BROOK FIELD MAKE DV-Iii ULTRA	232500	Determination of viscosity

45	RHEOMETER MODEL NO: LVDV-Iii U  HPLC	1451000/ - YEN	Determination of the concentration of the drug present in the sample
46	Dissolution Test Apparatus (Without Validation Kit), Electrolab – 081	130000	Determination of time required for the tablet dosage form to completely release the drug
47	Student Physiogram (Single Channel)	105800	It's a ink recording device used for graphic recording of various physiological parameters
48	Lab Press (12 Set) With Multi Tooling Attachment & Ac Drive	201600	For tablet compression
49	Millipore Water Purifier (Direct-03 Smart)	146000	For preparing the water of analytical (HPLC) grade
50	Intellect advanced Combo with surface EMG plus stim	425000	All type of electrical Stimulation- therapeutic diagnostic, ultrasound and combination of All types of current and ultrasound
51	Hydrocollator thermolater	175000	Heat therapy
52	LASER Scanner	205000	In treatment of wound healing
53	Treadmill	178000	Cardiopulmonary endurance testing

All these facilities are available free of cost to the research scholars. Similarly as a policy all future facilities will also be made freely available to the research scholars.

**3.3.3 Does the institution have a Drug Information Centre to cater to the needs of researchers? If yes, provide details of the facility.**

**Drug information Centre**

Department of Pharmacy and Department of Pharmacology of SBKS

Medical Institute and Research Centre in collaboration have established a Drug Information Centre (DIC). It provides all information regarding latest trends in evolution of drugs , and also disseminated information in this aspect through up-to-date drug related information newsletter (Pharmahorizon).

**3.3.4 Does the institution provide residential facilities (with computer and internet facilities) for research scholars, post-doctoral fellows, research associates, summer fellows of various academies and visiting scientists (national/international)?**

Yes, The University provides residential facilities with computer and internet facilities including WiFi for research scholars, post-doctoral fellows, research associates, summer fellows of various academies and visiting scientists

**3.3.5 Does the institution have centers of national and international recognition/repute? Give a brief description of how these facilities are made use of by researchers from other laboratories.**

All our research, clinical, laboratory facilities are recognized by respective statutory councils. Researches from other academic institute often visit our university to avail research facilities.

**3.3.6 Clinical trials and research-**

<b>CLINICAL TRIAL (ONGOING)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s) &amp; Department(s)</b>	<b>Department</b>	<b>Title of the Study</b>
<b>1</b>	Dr. Dulari Gandhi	Dr. Prasad Muley, Dr. Varsha Sanghavi	Pediatrics	<b>(Revised version with amendments) of clinical trial titled protocol B1851140: A phase 4/3, open-label, single arm, multicenter study to</b>

CLINICAL TRIAL (ONGOING)				
Sr. No.	Principal Investigator & Department	Co-Investigator(s) & Department(s)	Department	Title of the Study
				describe the safety and immunogenicity of 13-valent pneumococcal conjugate vaccine in adults 50n to 65 years of age and children 6 to 17 years of age in India.
2	Dr. Dulari Gandhi	Dr. Vandan Kumar	Pediatrics	<b>Protocol code: SH505, Version 1.0 dated 14 April 2012,titled:</b> “Safety, Immune Lot-to-lot Consistency and non inferiority of Shan 5 (DTwP-HePB-Hib) Vaccine in comparison to pentovac SD when administered as a single Booster Dose at 15-18 months and three Doses at 6-8, 10-12 and 14-16 weeks of age in Healthy Indian Children and infants. Sponsored by Shantha Biotechnics Ltd.”

<b>CLINICAL TRIAL (ONGOING)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s) &amp; Department(s)</b>	<b>Department</b>	<b>Title of the Study</b>
3	Dr. Jyotindra Brahmhatt	Dr. Punit Singh	Ophthalmology	<p><b>Protocol Code: WAT/BNZL/2014, Version 2.0, Amendment 1, dated 23/Jan/2015</b></p> <p>"A multicentre, double blind, active controlled, parallel group, two arm, bioequivalence study with clinical endpoint comparing brinzolamide 1% ophthalmic suspension (manufactured by Indoco remedies ltd., for Watson pharmapvt ltd.), to brinzolamide (azopt®) 1% ophthalmic suspension of Alcon laboratories inc., in the treatment of chronic open angle glaucoma or ocular hypertension in both eyes."</p>

<b>CLINICAL TRIAL (COMPLETED)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s)</b>	<b>Department</b>	<b>Title of the Study</b>
1	Dr. Dulari Gandhi	Dr Ajay Damor, Dr Lalit Nainiwala	Pediatrics	A phase IV , OPEN LABEL, Randomized, Comparative, Parallel group Clinical Study to Evaluate the immunogenicity and safety of two different formulations of Haemophilus Influenzae Type-B Vaccine (SII HibP Ro) of Serum Institute of India Limited in Indian Infants.
2	Dr. Dulari Gandhi		Pediatrics	A Phase III, Randomized, single-blind, controlled study to assess the immunogenicity of GlaxoSmithKline (GSK) Biologics'v10-valent pneumococcal conjugate vaccine as a 3-dose primary immunization course at 6, 10 and 14 weeks of age in

<b>CLINICAL TRIAL (COMPLETED)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s)</b>	<b>Department</b>	<b>Title of the Study</b>
				India, co-administered with GSK Biologicals' Tritanrix-HepB/Hib (DTPw-HBV/Hib) Vaccine
3	Dr. Prasad Muley	Dr. Varsha Shah, Dr. Arti Muley, Dr. Anand Patel	Pediatrics	A Phase III, Randomized, Open Label, Non-Inferiority, Comparative, Multicentric Study between HFA-Propelled Salmeterol/Fluticasone (25/250 microgram) pMDI an HFA-Propelled seretide (25/250 microgram) pMDI in Patients with persistant Asthma
4	Dr. Hetal Pandya	Dr. J. D. Lakhan i	Medicine	INSPIRE - large multicentric prospective study to determine etiologies, clinical practice patterns and outcome of strokes in India .

<b>CLINICAL TRIAL (COMPLETED)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s)</b>	<b>Department</b>	<b>Title of the Study</b>
5	Dr. J D Lakhani	Dr. Hetal Pandya	Medicine	Ref: protocol no: R2011005 Version 2, 20th July, 2011, titled: "A phase III, open label, randomized, parallel group, multicentre trial comparing the safety and efficacy of fixed dose combination tablets of arterolane maleate and piperquine phosphate (PQP) with chloroquine tablets in patients with acute uncomplicated Plasmodium vivax malaria sponsor by Ranbaxy Laboratories Limited."
6	Dr. J. D. Lakhani	Dr. Hetal Pandya	Medicine	Ref: protocol no. IPCA/MSD/PHAR/PD-05 Version 2.0, 20th April, 2009, titled: "Evaluation of Safety and Efficacy of Piperquine-Dihydroartemisinin (PIPERQUINE-

<b>CLINICAL TRIAL (COMPLETED)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s)</b>	<b>Department</b>	<b>Title of the Study</b>
				DHA)combination in treatment of Uncomplicated Plasmodium Falciparum Malaria: A Randomized, Comparative Multicentric Study.”Sponsored by IPCA.
7	Dr. J. D. Lakhani	Dr. Maulik Parekh	Medicine	Protocol: IPCA/ARIN/PIII - 10: a bridging study comparing efficacy and safety of novel formulation of artesunate injection in treatment of plasmodium falciparum malaria.
8	Dr. J. D. Lakhani	Dr. Hetal Pandya, Dr. Maulik Parekh	Medicine	An open label, comparative, multicentric study to assess the efficacy and safety of Fixed dose combination tablets of Nebivolol & Indapamide (As sustained release) in comparison with nebivolol tablets in patients suffering

<b>CLINICAL TRIAL (COMPLETED)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s)</b>	<b>Department</b>	<b>Title of the Study</b>
9	Dr. J. D. Lakhani	Dr. Jigar Mehta	Medicine	from hypertension  Protocol: IPCA/ALFD/PIII-07: Comparative evaluation of efficacy and safety of artesunate-lumefantrine fixed dose combination Vs artemether-lumefantrine fixed dose combination in the treatment of uncomplicated plasmodium falciparum malaria-
10	Dr. J. D. Lakhani		Medicine	A Randomized, Open label, Two-Treatment, Single Dose, Two-period, Cross over, multi-centre comparative bioequivalence study of hydroxyurea capsules 500mg of blau farmaceutica, brazil with

<b>CLINICAL TRIAL (COMPLETED)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s)</b>	<b>Department</b>	<b>Title of the Study</b>
				hydrea(hydroxyurea capsules )500mg of bristol myera squibb co., brazil in adult patients suffering from sickle cell anemia under fasting conditions (BA/BE) ARL/CT/11/045
11	Dr. J. D. Lakhani	Dr. Hetal Pandya	Medicine	A Randomized, Double Blind, Double Dummy, Comparative, Prospective, Multicenter, Parallel Study to assess Efficacy, Safety and Tolerability of Fixed Dose Combination of Teneagliptin and Metformin Tablet Compared with Metformin monotherapy in Adult Patients with Type 2 Diabetes Mellitus Inadequately Controlled on Metformin Alone

<b>CLINICAL TRIAL (COMPLETED)</b>				
<b>Sr. No.</b>	<b>Principal Investigator &amp; Department</b>	<b>Co-Investigator(s)</b>	<b>Department</b>	<b>Title of the Study</b>
12	Dr.Sandip Shah	Dr.Lakhan Kataria	Psychiatry	Protocol No: 31-09-267 : A Long-term, Multicenter, Open-Label Study to Evaluate the Safety and Tolerability of Flexible-Dose Oral Aripiprazole (OPC-14597) as Maintenance Treatment in Adolescent Patients with Schizophrenia.
13	Dr.Sandip Shah	Dr.Lakhan Kataria	Psychiatry	Ref: A multicenter, randomized, double-blind, placebo controlled, parallel-group study to evaluate prevention of relapse in patients with schizophrenia receiving either flexible dose iloperidone (Fanapt™) or placebo in long-term use (up to 26 weeks) followed by up to 52 weeks of open label extension (Protocol Number ILO522D2301)

### **3.4 Research Publications and Awards**

#### **3.4.1 Does the institution publish any research journal(s)? If yes, indicate the composition of the editorial board, editorial policies and state whether it/they is/are listed in any international database. –**

Yes. Journal of Integrated Health Sciences (JIHS) Web page - <http://jihs.in/> since 2013

**Print-ISSN - 2347 – 6486 and Online-ISSN number- 2347 – 6494**

#### **Editorial Board**

**Advisor to Editorial:** J. R. Patel, Vice Chancellor, Sumandeep Vidyapeeth

**Editor In Chief:** J. D. Lakhani

**Managing Editor:** Niraj B. Pandit

**Additional Managing Editor:** Rajesh Sethuraman & Arti Muley

#### **Advisory Board -**

V. P Singh	G. V. Shah
C. G. Ajith Krishnan	Lata Parmar
A. K. Seth	Kautilya Shukla
Ravindra H N	

#### **Members of Editorial Board**

Lavleshkumar (India)	R. K Rao (US)	Sachin Chauhan (India)
Y K Gupta (India)	R. Balaraman (India)	Nimisha Shah (India)
BarunKanjilal (India)	CN Ramchand (India)	SijoKoshy (India)
Sumanth KN (Malaysia)	Renjith George (Malaysia)	M K Sunil (India)

M CGohel (India) MB. Aswath Narayanan (India) Mulchand Patel (US)

A. Judie (India) Ajay George (India) Suresh Meshram (India)

Rama S. Verma (India) Sandhaya Pillai (India) J C Mohan (India)

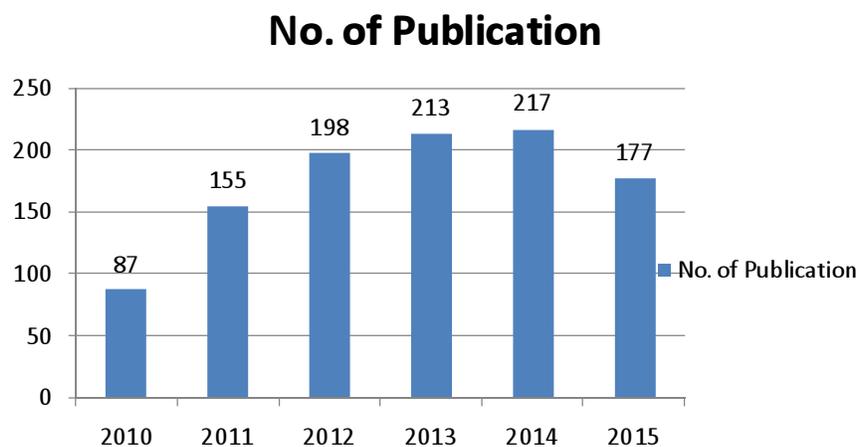
Nilima Bhore (India) Neeraj Deshpande (India) Varsha Shah (India)

Suresh Joshi (India) Bhalendu Vaishnav (India)

**Copy Editor:** Girish Sailor

**Index database** - Index Copernicus, Directory of Research Journals Indexing

**3.4.2 Give details of publications by the faculty and students: -**



Institutes	2010	2011	2012	2013	2014	Up to Aug 2015	Total
<b>Medical</b>	8	13	48	38	97	64	<b>268</b>
<b>Dental</b>	42	80	113	142	73	72	<b>522</b>
<b>Physio</b>	4	13	4	2	5	1	<b>29</b>

<b>Nursing</b>	-	1	2	-	7	23	<b>33</b>
<b>Pharmacy</b>	32	48	28	27	27	16	<b>178</b>
<b>MBA</b>	1	-	3	4	8	1	<b>17</b>
<b>Total</b>	<b>87</b>	<b>155</b>	<b>198</b>	<b>213</b>	<b>217</b>	<b>177</b>	<b>1047</b>

3.4.3 **Does the institution publish any reports/compilations/clinical round-ups as a part of clinical research to enrich knowledge, skills and attitudes?**

1. Drug Information Centre publishes following literature:
  - A. Essential drug list
  - B. Use of drug in geriatric, pediatric and pregnant and lactating women
  - C. Narcotics and psychotropic drugs index
  - D. Poison related information
  - E. Rationale use of drugs
  - F. Adverse drug reaction reporting
  - G. Drug-drug interaction
2. All the clinical departments of all the constituent colleges publish books on latest evidence based clinical protocols for utilization in daily clinical practice

3.4.4 **Give details of :**

- **faculty serving on the editorial boards of national and international journals**
- **faculty serving as members of steering committees of national and international conferences recognized by reputed organizations / societies**

<b>Journal Editorial Board Member List</b>			
<b>Sr . No.</b>	<b>Name of Faculty</b>	<b>Journal Name/Name in conference association ship</b>	<b>National/ International</b>
1	Dr. Chandramani B.	IJDPMS	International

2	More Dr. Chandramani B. More	IJOHSA, Asian Academy of Oral and Maxillofacial Radiology	International
3	Dr. kiran Jadav	AJCCR	International
4	Dr. Nidhi Gupta	AJCCR	International
5	Dr. Bhavana Dave	JISPPD	International
6	Dr. Yogesh Chand Yadav	WJPRT	International
7	Dr. Ujjwal Sahoo	IJPCA, IJPIS, IJPR	International
8	Dr. LavleshKumar	Transworld Journal of Medical, JIHS	
9	Dr. Rashmi Bhavsar	IJDA	National
10	J D Lakhani,	Editor in Chief, JIHS	National
11	Arti Muley,	JIHS	National
12	Niraj Pandit	JIHS/ Healthline	National
13	Neeraj Deshpande	JIHS	National
14	Nimisha Shah	JIHS	National
15	DR. Nimisha Shah	JCD	National
16	Dr. Anshula Deshpande	JISPPD	National
17	Dr. Ajay George	JIHS	National
18	Dr. Chandramani B. More	JP Indian Academy of Oral Medicine and Radiology Indian Red Cross Society Indian Association of Cancer Research Indian Association of Forensic	National

19	Dr. Chandramani B. More	Odontology JSV Stem Society of India Society of Regenerative Medicine Indian Board of Forensic Odontology	National
20	Dr.R.N. Kothari	Maharashtra ophthalmic society (member) Delhi ophthalmic Society (Member) All India ophthalmological Society (Member)	National
21	Dr. A. K. Seth	JPI, NPR, JAPTR	National
22	Dr. R. Balarama	JIHS, PM, IAJPR, JPPT, IJP,	National
23	Sijo Koshy	JIHS	National
24	Mr. Sachin P Chauhan	JIHS	National
25	Dr. Neeraj Deshpande	JIHS	National
26	Dr. Rajesh Sethuraman	JIPS	National
27	Dr. J. R. patel	JIHS	National
28	Dr. kavita Gupta	JDP	National
29	Ravindra H.N	JIHS, Trained Nurses association of India (Member) Nursing research association of India (member)	National

30	Dr. Vandana Shah	IAOMP (Executive Editor), XV national pg convention IAOMP-OC National evidence based dentistry-OC	National
31	Mr. Girish Sailor	JIHS	National
32	Dr.R.P.Bharaney	WOUNDCON 2012(Chair Person)Gujurgoon (Organizing Secretary)Association of surgeon of India (member)Society of GI endoscopy of India (member)Indian medical association (member)	National
33	Dr.Navin Shah	JOMSI (Reviewer), National workshop on rationale of antibiotic therapy & management of compromised patient.(ORG Chairman in 2012), National Conference "current trends in dental	National

		implantology"(Advisory board in 2013) CDE program on facial rejuvenation (Org chairman - 2014) National Workshop on distraction osteogenesis (Org chairman -2014) National Association of oral & maxilla facial surgeons of India (life Member) Association of OMFS Gujarat chapter (life Member) National medicos organization (life Member)	
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3.4.5 Provide details for the last four years -

- \* research awards received by the faculty and students
- \* national and international recognition received by the faculty from reputed professional bodies and agencies
- Research awards received by the faculty and students

Sr. No.	Faculty & Dept.	Accolades / honors / Awards / Achievements	Bestowed upon by	Date & Place
1.	Dr. Rajesh Sethuraman	Best Faculty paper award	37th IPS conference,	6-8 Nov, 2009

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
			Trissur	
2.	Dr. Rajesh Sethuraman	Best Faculty paper award	38th IPS conference, Indore	12-14 Nov, 2010
3.	Dr. Avani Patel, Dr. Mitul, Dr. Nivedita Pachore	Best Poster Award	13th IPS PG Students Convention	24-26 June, 2010
4.	Dr. Avani Patel, Dr. Nivedita Pachore	Best Table Clinics	IPS Conference, Indore	12-14 Nov, 2010
5.	Dr. Ronak Patel	Best Student Paper Award	15th Ips Pg Convention , Ghaziabad	14-16/06/2013
6.	Dr. Diptesh Rami	First Prize	Wet Canvas competition organized by 3M	26-6-15, KMSDCH, Vadodara
7.	Dr. Vishal Parmar	Best Student Paper Award	17th IPS PG Students Convention	12-14 July 2015
8.	Dr. Neeraj Deshpande	Elected as Executive committee member of ISP	36th ISP National conference, Shimla	12/10/2012 to 14/10/2012
9.	Dr. Sujal	2nd prize, paper presentation	4th Perioinsight	15/2/2012 to 17/2/2012

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
10	Dr.Chandni Adalja	1 st prize in Poster Presentation	Colgate-IDA "future Dental Professionals"	28-Sep-12
11	Dr. Dolly Dattani	2nd Prize in poster Presentation	Colgate-IDA "future Dental Professionals"	August 2013
12	Dr. Monali shah	1 st prize in Paper Presentation in EBESCON	EBESCON 2014 2nd international conference	21st and 22nd June 2014
13	Dr. Rahul Dave	1 st prize in Poster Presentation in EBESCON	EBESCON 2014 2nd international conference	21st and 22nd June 2014
14	Dr. Bhumi Modi	A modified 3 d lingual arch for scissorbite correction- best paper award	48th IOS conference	22nd to 24th November 2013
15	Dr. Vaishnav V	Best oral paper presentation award	2 <sup>nd</sup> international EBES conference,	June 2014
16	Dr. Saurabh Varma	Ultrasonography in salivary Glands - Best Poster	National Triple 'O' Symposium -	23 & 24/07/2011

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
			Chandigarh	
17	Dr. Swati Gupta	Cephalometric Analysis Of Soft Palate In Oral Submucous Fibrosis - A Case Control Study - Best Paper	24th National Conference of IAOMR – Chandigarh	23 to 25/11/2012
18	Dr. Saurabh Varma	Oral Pemphigus Vulgaris - a Retrospective study- Best Paper	IAOMR's National Postgraduate Convention 2013 – Vadodara	14 to 16/06/2013
19	Dr. Swati Gupta	Discoid Lupus Erythematosus Leading to Squamous Cell Carcinoma: Report of Two Rare Cases - Best Paper	IAOMR's National Postgraduate Convention 2013 – Vadodara	14 to 16/06/2013
20	Dr. Saurabh Varma	Ultrasonography in Inflammatory lesions of Orofacial region - Best Poster	IAOMR's National CDE Programme at Gurunanak dev Dental College – Sunam	13/08/2013
21	Dr. Nairita Saha	Oral Lichenoid Reactions : A Diagnostic	IAOMR's National CDE	13/08/2013

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
		Dilemma” at IAOMR CDE Programme, Sunam, Punjab - Best Poster	Programme at Gurunanak dev Dental College - Sunam	
22	Dr. Ruchi Pawar	Beta Carotene In Potentially Malignant Oral Disorders - Best Poster	IAOMR's Nat. CDE Program at Gurunanak dev Dental College - Sunam	13/08/2013
23	Dr. Pranay Patel	Oral Motor Syndrome: From nerve root end - Best Poster	1st CEBC at Vadodara	08-11-2014
24	Dr. Ruchi Pawar	Rare Case report: osteoma - Best Paper	Gyandeep 2015 KM Shah Dental Collage, Vadodara	19-21/02/2015
25	Dr. Ruchi Pawar	Estimation of blood sugar level in Oral Leukoplakia, Oral submucous fibrosis and oral malignancy - Best Paper	M. S. Ramaiah University of Applied Sciences - Bengaluru	13-15/03/2015
26	Dr. Vandana Shah	Paper	XV National Conference of IAOMP	-

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
27	Dr. Rashmi B,	Paper	National Triple OOO Symposium 2014	2014
28	Dr. Pritam	Poster	XV National Conference of IAOMP	-
29	Dr. Nidhi	Paper	XV National Conference of IAOMP	-
30	Dr. Manjunatha BS	Poster	National Triple OOO Symposium 2012	2012
31	Dr. Ramya R	Best Paper presentation,	XIX national conference, IAPHD	
32	Dr. Ankit Shah	Best e-poster	XVIII National conference, IAPHD	
33	Dr. Ricky Pal Singh	Gold Medalist of 2014 batch	IAPHD	2014
34	Dr Purva Chaudhari,	Best Paper award	ISPPD conference, Manglore	2011
35	Dr. Steffi Dhillon -	“Pedofest” - Effect of filmed modeling by a cartoon		October 2014

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
		character on anxiety of children during dental procedure - Best Paper Award in Scientific Paper Presentation		
<b>36</b>	Dr. Bhriti Shah,	Best paper Hand Gestures : A Novel tool to measure anxiety - Best paper presentation award	36 th ISPPD,Lucknow	
<b>37</b>	Dr. Soham Vyas,	Best paper Nurture the roots and flowers will effloresce - Best paper presentation award	36th ISPPD, Lucknow	
<b>38</b>	Dr. Tej Yadav,	Best paper Prevalence of mesiodense among 7-12 years old children of Waghodia, Vadodara. - Best paper presentation award	36th ISPPD, Lucknow	
<b>39</b>	Dr. Nupur Shah,	Best paper Hands speak the pain presentation award	36th ISPPD, Lucknow	
<b>40</b>	Dr. Swara Shah,	Best paper Knowledge, Attitude and Practice regarding Early Childhood Caries	36 th ISPPD,Lucknow	

Sr. No .	Faculty & Dept.	Accolades / honors / Awards / Achievements	Bestowed upon by	Date & Place
		amongst General Dental Practitioners of Vadodara City- A cross sectional study		
41	Dr. Smit Sikligar,	Best paper award Effect of Local Anaesthesia on Anxiety, Blood Pressure and Pulse rate in 6-10 year old Children	36 th ISPPD,Lucknow	
42	Dr. Nupur Shah,	Best paper Teaching and Learning-An evidence based novel approach	Gyandeep	2015
43	Dr. Bhriti Shah	Best paper Kuchh Meetha Ho Jaaye	Gyandeep	2015
44	Dr. K.V.R. Anuradha	Best paper Fighting feeding obstacle in a cleft patient,	Gyandeep	2015
45	Dr. Urvashi Sudani,	Best paper Best poster - Seal to drill???What Evidence says.	Gyandeep	2015
46	Dr. Dimple Mehta,	Best poster - intraoral fluoride releasing devices for cleft lip- palate patient children	Gyandeep	2015
47	Dr A K Seth	Mother Teresa Excellence award	Integrated council for socio-economic	2011

Sr. No .	Faculty & Dept.	Accolades / honors / Awards / Achievements	Bestowed upon by	Date & Place
			progress, Trissur, Kerala	
48	Dr R. Balaraman	NS Dhalla award	Indian pharmacological society at IPSCON – 2013, Nihmans convention centre. Bangaluru	2013
		Miss Kanan Mehta Memorial Oration Award	The M S University of Baroda	2015
49	Dr. Pratik Akhani	1st prize for oral paper presentation	A Multi disciplinary conference CME on mechanics to management of pain held at AMCMET	20/10/2013
50	Dr. Viral Champaneri (Third Year P.G. Students)	First Prize - Paper Presented	3rd International Conference on Basic & Applied Physiology	20-21 Dec 2014 NHL Medical Collage, Ahmedabad

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
51	Dr. Pratik Akhani (Third Year P.G. Students)	Awarded Second Prize	3rd International Conference on Basic & Applied Physiology	20-21 Dec 2014 NHL Medical Collage, Ahmedabad
52	Dr. Puja Dullo Associate Professor	Awarded best teaching faculties	Oman Medical College, Muscat	2010-11 2011-12
53	Dr. Rajanibala Jasrotia	Best Paper Award ICMR Granted research project	Morarji of yoga Institute of Yoga & Naturopathy	16-22Feb 2009, New Delhi
54	Mrs. G. Purohit	Stood First in Paper Presentation	APPI-Gujarat	2009
55	Dr. B.M. Sattigeri	Best poster award in poster presentation	SOPICON, Jaipur	2012
56	Dr. H. S. Amane	1 <sup>st</sup> prize in poster presentation	Annual National Pharmacology Conference held at Guwahati	2014
57	Dr. Himani Pandya	Best Poster Award	World Congress Infectious Diseases Conference	10 <sup>th</sup> and 11 <sup>th</sup> August 2015.

Sr. No .	Faculty & Dept.	Accolades / honors / Awards / Achievements	Bestowed upon by	Date & Place
			at London	
58	Dr Vaibhav Mehta (PG student)	first Prize for Poster Presentation	AFMC National conference	September 2013
59	Dr. Ira Buch	Episiotomy- current status – 1 <sup>st</sup> Prize	Yuva Fogsi, Ahmedabad	2011
60	Dr. Paridhi Bhatnagar	Female Feticide – 2 <sup>nd</sup> Prize	Yuva Fogsi, Ahmedabad	2011
61	Dr. Janki Tejura	female feticide - 1 <sup>st</sup> Prize	Yuva Fogsi, Ahmedabad	2011
62	Dr Rozy Ahya	Study of bacterial vaginal flora - 1 <sup>st</sup> Prize	FOGSI FIGO, Mumbai,	2011
63	Dr Devangi Desai	Fetal weight estimation at term pregnancy: a comparative study of various methods - 1 <sup>st</sup> Prize	SOGOG, Mehsana,	2011
64	Dr Erika Desai	Second trimester abortion- Mifepristone and Misoprostol vs Misoprostol alone - 1 <sup>st</sup> Prize	SOGOG, Mehsana,	2011
65	Dr Erika Desai	female feticide - 1 <sup>st</sup> Prize	SOGOG, Mehsana,	2011
66	Dr Rutwa Chavda	Levonorgesterol intrauterine system in endometriosis - 2 <sup>nd</sup> Prize	SOGOG, Daman,	2012

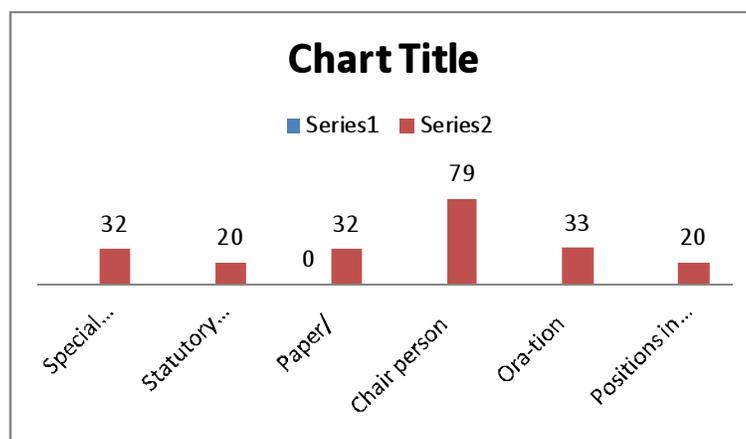
<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
67	Dr Mithil Faldu	Non gestational choriocarcinoma in unmarried female - 2 <sup>nd</sup> Prize	SOGOG, Daman,	2012
68	Dr Aditi Tiwari	Stem Cells- From the researchers to the gynaecologist - 1 <sup>st</sup> Prize	SAFOG, Agra	2013
69	Dr Medha Kanani	Ruptured bicornuate uterus with retained fetal head-a rare occasion or an association?! - 2 <sup>nd</sup> Prize	SAFOG, Agra	2013
70	Dr Sonam Singhi	Evaluation of the frequency of premenstrual symptoms in young medical students - 1 <sup>st</sup> Prize	Yuva Fogsi, Bhopal	2013
71	Dr.Sneha Mashru	Best scientific poster award	IAP chapter of neonatology at Ahmadabad	19-20 oct 2013
72	Dr.Aarti Gupta, Dr.Sunil Chand	2nd prize	IAP neonatal state level quiz (gujarat)	Aug-14
73	Dr. Avisanghavi	2 <sup>nd</sup> prize in poster presentation	Mahapedicon,2014	Mumbai 7-8 <sup>th</sup>

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
				nov.2014
74	Dr. Krunal Tamakuwala	ECHO quiz – Nadiad 2015 - 1st prize.	ECHO Nadiad 2015	2015
75	Dr. Zarana Purohit	Second prize in table clinic competition	Gyandeep KMSDCH	2012
76	Dr. Adit Shah	Second prize in table clinic competition	Gyandeep KMSDCH	2012
77	Dr. Kunal Patel	Second prize in table clinic competition	Gyandeep KMSDCH	2012
78	Dr. Chirag Bhalodia	Second prize in table clinic competition	Gyandeep KMSDCH	2012
79	Dr. Hemant Joshi	1st price for presenting Atypical presentation of KALA-AZAR in the form of Pro & Retroperitoneal Lymphadenopathy	35th APG CON-2011, jamanagar	2012
80	Dr. Hemant Joshi	1st price for presenting International pulmonary fibrosis: An atypical presentation of multiple myeloma	35th APG CON-2011, jamanagar	2012
81	Dr. Arti Vadi	3rd prize in Paper - Transtubercular sellar extradural approach of suprasellar pituitary tumors	A.O.J., Gujarat State Branch, Ahmedabad	2011

<b>Sr. No .</b>	<b>Faculty &amp; Dept.</b>	<b>Accolades / honors / Awards / Achievements</b>	<b>Bestowed upon by</b>	<b>Date &amp; Place</b>
<b>82</b>	Ms Geetanjali Purohit, Dr J M Harsoda	CME State conference on Human Physiology And Applied Physiology 2012 - Won first prize In oral presentation	B J Medical college, Ahmadabad	2012
<b>83</b>	Dr. Ankit Savoy	Runners up in electronic poster- 2nd Prize	Indian radiological and imaging association sponsored I.R.E.P	10.8.2012 to 12.8.2012 & Vadodara
<b>84</b>	Dr. Jalash Singhal	2nd Runners up in short cases examination	Indian radiological and imaging association sponsored I.R.E.P	10.8.2012 to 12.8.2012 & Vadodara
<b>85</b>	Dr. Mitesh Gupta (R3)	(Paper) Evaluation OF Mandibular Lesion on USG with Histopathological Correlation- 1st Prize	IRIA 2013 Indore	4th to 7th Jan. 2013
<b>86</b>	Dr. Nilesh Naik	1st prize in poster presentation- anesthetic management of fracture femur in	Gisacon 2014 Daman	11-12th Oct 2014

Sr. No .	Faculty & Dept.	Accolades / honors / Awards / Achievements	Bestowed upon by	Date & Place
		aortic stenosis pt		
87	Dr.Aarti Gupta	1st prize	sickle hemoglobin opathies-2014 & hands on training and CME quiz	17th October 2014
88	Aditya patel, Shruti Patel, Mona patel (students)	First prize in documentary film	Pharmafest 12	13- 4th - Feb-2012 Parul institute of Pharmacy , Limda
89	Jahnvee trivedi, Shah Niyati, Soni Divya (students)	First prize in Model presentation	Pharmafest 12	13- 14th - Feb-2012 Parul institute of Pharmacy , Limda

- **Recognition received by faculty from professional bodies and agencies**



<b>Sr no</b>	<b>Name of Faculty</b>	<b>Dept.</b>	<b>Best individual performance</b>
01	Dr J J Patwa	Orthope-dics	National Award on 3rd December 2003 by our Hon. President Dr. A P J Abdul Kalam for “Best National Self Employed Disabled working for Rehabilitation of Disabled”
02	Dr .S.V. Desai	Pharmacology	Felicitated as a teacher on Gurupurnima day for his contributions in teaching line
03	Dr .Lata Parmar	Physiotherapy	invited guest on Doordarshan’s live phone in program Swasth Bharath for special issues-On Post Polio Syndrome –2011
04	Dr .Lata Parmar	Physio-therapy	invited guest on Doordarshan’s live phone in program Swasth Bharath for special issues- diabetic foot-2014
05	Dr. F. E. Bilimoria	Dermato-logy	lifetime achievement award at national conference in 2013
06	Dr. A.K. Seth	Dept. of Pharmacy	Mother Teresa award
07	Dr. A.K. Seth	Dept. of Pharmacy	Excellence award
08	Dr LakshmanDutt	Psychiatry	Fellow of American Psychiatric Association, USA
09	Dr. Lavlesh Kumar	Forensic Medicine	Ongoing FAIMER fellowship, Executive member west zone IAFM
10	Dr. Mahavirsingh Rajput	Physiology	Awarded Best Junior Doctor by Hon. Health Minister Jaynarayan Vyas on Doctor’s Day
11	Dr. Puja Dullo Associate Professor	Physiology	Awarded best teaching faculties, Oman Medical College, Muscat

12	Dr R. Balaraman	Dept. of Pharmacy	NS Dhalla award
13	Dr Anshula Deshpade	Paedodontics and Preventive dentistry	Best CDH Activity in Gujarat State to Vadodara Branch CDE
14	Dr. Pulkit Kalyan	Public health Dentistry	Certificate of appreciation from University of Copenhagen
15	Dr. Pulkit Kalyan	Public health Dentistry	Certificate of appreciation from John Hopkins University
16	Dr. Ajithkrishnan CG	Public health Dentistry	Recognized WHO Senior Research fellow and project leader for Taskforce project (2009)
17	Dr Pinaki Shah	Dept of Management	Best PhD thesis award
18	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	EC Member, Indian Prosthodontic Society (IPS).
19	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Member of Examination Board – North Gujarat University
20	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Member of Board of Studies –North Gujarat University
21	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Member-Syllabus Committee – North Gujarat University
22	Dr. J. R. Patel	Dept. of Prosthodontics and Crown & Bridge	Lecturer Emeritus, Forensic Odontology University, Gandhinagar

23	Dr. Rajesh Sethuraman	Dept. of Prosthodontics and Crown & Bridge	Ex-EC Member, Indian Prosthodontic Society (IPS)
24	Dr. Neeraj Deshpande	Periodontics	Elected as Executive committee member of 36 <sup>th</sup> ISP-2012
25	Dr. Neeraj Deshpande	Periodontics	Elected as Executive committee member of 37 <sup>th</sup> ISP-2014
26	Dr. Neeraj Deshpande	Periodontics	Elected as Executive committee member of 38 <sup>th</sup> ISP-2014
27	DR. C. More	Oral Medicine and Radiology	fellowship in forensic odontology-IBFO
28	Dr. Rakesh Shah	Oral & Maxillofacial surgery	awarded fellowship in Oral Implantology from ICOI
29	Dr Anshula Deshpade	Paedodontics and Preventive dentistry	IDA- CDH Convener in IDA
30	Dr Anshula Deshpade	Paedodontics and Preventive dentistry	EC member ISPPD
31	Dr R. Balaraman	Dept. of Pharmacy	Fellow of the academia of Medical science
32	Dr .Lata Parmar	Physio-therapy	subject expert in doctoral research committee in R.K. university

**Dr (Col) V. P. Singh**, The Pro-Vice Chancellor of this University is Hindi Poet of National Acclaim with following Honors to his credit

**Awards: -**

1. “Nirala Sammaan” By Bharati Parishad Unnao
2. “Sahitya Sammelan Samman” by Hindi Academy Prayag
3. “Sahitya Samman” By Govt of UP, during 125<sup>th</sup> anniversary of UP Assembly.

4. “Rashtracheta Brajendra Awasthi Sammaan” at Badayun (UP), under Govt of UP.

**Collection of poems:-**

- (a) **Boond Boond ki pyas** : - love and philosophical poems with a **foreword by Padma Bhusan Gopal Das Neeraj**
- (b) **Raktanjali**:- collection of poems with the Kargil conflict as the background. **It was released by the then Prime Minister of India Shri Atal Bihari Vajpayee on 26<sup>th</sup> July 2001 on the occasion of 1<sup>st</sup> Kargil Vijay Diwas.** This book since then has become famous as a poetic Recreation of a soldiers life in war and peace.
- (c) **Shabd Shakti KO bachana hai**: - collection of poems with other Poets. Released on the floor of Parliament.

**Other Achievements:-**

- (a) Guru Arti: - a collection of songs dedicated to all gurus.  
Recorded and released by Sanskar channel.
- (b) Collection of 3 CD’s of church songs.

**Awards: -**

1. “**Sahitya Sammelan Samman**” by Hindi Academy Prayag
  2. “**Sahitya Samman**” By Govt of UP, during 125<sup>th</sup> anniversary of UP Assembly.
  3. “**Nirala Sammaan**” By Bharati Parishad Unnao \
- “**Rashtracheta Brajendra Awasthi Sammaan**” at Badayun (UP), under Govt of UP.

3.4.6 **Indicate the average number of post graduate and doctoral scholars guided by each faculty during the last four years.**

	<b>PG : Guide</b>	<b>PhD scholar: Guide</b>
2011-2012	1.6:1	1:1.6
2012-2013	2.2:1	1:1.9
2013-2014	2.4:1	1:1.9
2014-2015	2.3:1	1:3.5

3.4.7 **What is the official policy of the institution to check malpractices**

**and plagiarism in research? Mention the number of plagiarism cases reported and action taken. Plagiarism policy –**

University has comprehensive anti-plagiarism policy.

University has installed anti-plagiarism software Turnitin and all dissertations, publications, research write ups and thesis are screened by using the software.

No case of plagiarism has been detected/reported so far.

**3.4.8 Does the institution promote multi/interdisciplinary research? If yes, how many such research projects have been undertaken and mention the number of departments involved in such endeavors?**

Yes; University promotes multi/ inter disciplinary research

SN	Research	Promotion	No of Research projects
1	Multi disciplinary : [Research between the various department of same institution such as Anatomy- Surgery, Physiology – Medicine, Biochemistry – Pathology, Oral Pathology- Oral Medicine, Prosthodontics-Conservative etc	Yes	138
2	Inter disciplinary: This includes research between Anatomy-Physiotherapy, Orthopaedics-Physiotherapy, Pharmacology- Pharmacy, Pathology – Oral Pathology, Surgery – Oral Surgery, Orthopaedics- Oral Surgery, Pediatrics- Physiotherapy, Medicine- Nursing etc	Yes	98
3	Trans disciplinary : This includes research between Orthopedics-	Yes	28

4	Physics/engineering, pharmacy – Engineering, pharmacy- biotechnology, physiotherapy- physics, medicine –statistics etc. National Collaboration It can be at department level / College level / Multi disciplinary / Interdisciplinary/ trans disciplinary level	YES	28
5	International Collaboration	YES	9
6	Industries Collaboration	Yes	24

**3.4.9 Has the university instituted any research awards? If yes, list the awards.**

Yes, University has instituted Sumandeep Vidyapeeth Award of Excellence for Research in Medical, Dental, Pharmaceutical, Physiotherapy, Nursing and Management Sciences.

**3.4.10 What are the incentives given to the faculty and students for receiving state, national and international recognition for research contributions?**

The incentives are as below:-

<b>Sr. No.</b>	<b>PARTICULARS</b>	<b>Amount of Incentive (Rs)</b>
1.	Patent/Registration of New Product or equivalent	500000/- + 90% of royalty income if reach to market
2.	Publishing a book of his/her own (medical/ paramedical)discipline by publishing house	50,000/-
3.	Publishing a chapter/chapters in a book of his/her own (medical/ paramedical) discipline or related discipline	10000/-
4.	Publishing an original research	15000/-

5.	paper of his /her own (medical/paramedical) discipline or related discipline in <u>PubMed</u> indexed and/or peer reviewed journal. Publishing an original research paper of his /her own (medical/paramedical) discipline or related discipline in indexed and/or peer reviewed journal.	10000/-
6.	Publishing systematic review /meta analysis. [Only 2 papers per year per author group will be considered in such publications.]	10000/-
7	Publishing in Cochrane systematic review/ meta analysis by author	20,000/-
8.	Publishing case report [Only 2 case reports per year per author group will be considered in such publications.]	5000/-
9.	Award in research presentation in conference - First prize - Second prize - Third prize	8000/- 5000/- 3000/-

**3.4.11 Give details of the postgraduate and research guides of the institution during the last four years.**

Year	No Of PG Student	No Of PG Guide	No of PhD Student	No Of P.hD Guide
<b>2012-2013</b>	232	159	14	26
<b>2013-2014</b>	228	141	0	
<b>2014-2015</b>	190	135	8	
<b>2015-2016</b>	43	32	18	

### 3.5 Consultancy

#### 3.5.1 What are the official policy/rules of the institution for structured consultancy? List a few important consultancies undertaken by the institution during the last four years.

Consultancy policy of university is given in point 3.1.f

SN	Year	Institution/Name of Department	Consultancy Undertaken	Area
1	2011-12	Pharmacy	4	New drug development & Pre-clinical evaluation of herbal medicine
2	2012-13	Medical	3	Diabetes, malaria drug research
3	2013-14	Pharmacy	4	Pre-clinical evaluation of herbal medicine
4	2014-15	Medical	3	Vaccine studies & anti-glaucoma drug

#### 3.5.2 Does the university have an industry institution partnership cell? If yes, what is its scope and range of activities?

Yes, Department of Pharmacy and Department of Management have industry institutional partnership cell for:

- A. Curriculum development
- B. Training
- C. Placement

#### 3.5.3 What is the mode of publicizing the expertise of the institution for consultancy services? Which are the departments from whom consultancy has been sought?

Written communication to the industry, through Sumandeep Vidyapeeth website, personal interactions during professional

meetings at various forums

Departments of medicine, pediatrics, ophthalmology, psychiatry and pharmacy are engaged in consultancy for clinical trial.

**3.5.4 How does the institution utilize the expertise of its faculty with regard to consultancy services?**

<b>Sr. No.</b>	<b>Institution/Name of Department</b>	<b>Field</b>	<b>Consultancy expertise</b>
1	Medical	Drug trial	Clinical trial investigator
2	Pharmacy	Pre-clinical trial	Animal experimentation,

**3.5.5 Give details regarding the consultancy services provided by the institution for secondary and tertiary health care centers and medical / dental practitioners.**

<b>SN</b>	<b>DGH/KMSDCH DEPARTMENT</b>	<b>GIVEN TO</b>	<b>CONSULTANCY GIVEN</b>
1	SBKS MIRC/ DGH	Eight CHCs of Chhota-Udepur District of Gujarat	Government Community Health Centre visits by six clinical departments three times in a week
2	SBKS MIRC/ DGH	Ten Primary Health Centers of Vadodara District	Swasth Vatsalaya Yojana
3	SBKS MIRC/ DGH	All the PHCs of ChhotaUdepur district	Malnutrition Elimination program

**3.5.6 List the broad areas of consultancy services provided by the institution and the revenue generated during the last four years.**

**Revenue generated from consultancy per year:**

<b>Name of the Agency / Programme</b>	<b>Govt./ Industry</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
Maa Amrutam Yojna	Govt.	0	3743050	5019000	78137000
RSBY Yojna	Govt.	585500	393024	2320700	1514637
NRC Scheme	Govt.	0	160000	400000	450000
Balshakha and Chiranjivi Yojna	Govt.	510960	0	128320	0
PPP Infant Scheme	Govt.	0	0	401650	1015950
Swasthya Vatsalya Yojna	Govt.	0	0	0	16200
Malnutrition Program at Chhotaudepur and Waghodia Dist.	Govt.	0	0	407500	733200
Gujarat State Aids Control Society	Govt.	0	0	123000	0
Acutest Research Lab. I.P. Ltd.	Industry	0	15000	0	0
IPCA Lab. Ltd.	Industry	107869	27682	15000	0
Glen Mark Pharma Ltd.	Industry	15000	0	0	0
Ranbaxy Lab. Ltd.	Industry	149000	0	0	0

ICON	Industry	0	0	22233	3115000
St. John Research Ind. Ltd.	Industry	0	0	15725	0
Sanatha Sanofi Ltd.	Industry	0	0	109200	1929600
Shantha Bio Technics Ltd.	Industry	15000	0	0	0
Lotus India Ltd.	Industry	0	0	0	2206600
<b>Total Rs.</b>		<b>1383329</b>	<b>4338756</b>	<b>8962318</b>	<b>18794887</b>
<b>GRAND TOTAL Rs.</b>		<b>33479290</b>			

### 3.6 Extension Activities and Institutional Social Responsibility (ISR)

#### 3.6.1 How does the institution sensitize its faculty and students on its Institutional Social Responsibilities? List the social outreach programs which have created an impact on students' campus experience during the last four years.

Details of sensitization of faculty and students on Social Responsibilities and the activities carried by the constituent institution including the impact are as follows:

Sr. No.	Social responsibility	Programme	Activities	Impact
1.	Community services	<ul style="list-style-type: none"> <li>– Healthy mother to healthy child</li> <li>– Malnutrition elimination program</li> <li>– Swasth Vatsalya</li> </ul>	Providing free services to pregnant woman including consultation, free lab investigation, sonography, drugs and food	Malnutrition issue noted, long term actions planed and project developed for long term malnutrition

		<p>Yojana</p> <ul style="list-style-type: none"> <li>- Swaschchha Bharat mission</li> <li>- Health camps</li> <li>- School health programs</li> <li>- Health awareness programs</li> <li>- National health programs</li> <li>- National health day observations</li> <li>- Blood donation</li> </ul>	<p>to cover malnutrition. Till Aug 2015 more than 2000 pregnant women took advantage of same.</p> <p>Malnutrition elimination from Chhota Udepur district is ongoing. In phase -1 the EPD food was distributed to severely malnourished children at PHC level. The university provides vehicles and manpower for these projects for three months.</p> <p>Awareness about swaschchha bharat mission among students and surrounding community.</p> <p>Awareness PowerPoint</p>	<p>elimination from district.</p> <p>Improves general public awareness regarding health.</p> <p>Improved social responsibility among university students.</p> <p>More number of patient getting services</p> <p>Increase in the number of patients at Dhiraj hospital and dental hospital</p>
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			<p>presentation in relation to oral health of children, health, hygiene, and information about various diseases are given to parents on parent-teacher meeting day of each individual school.</p> <p>Dental and hospital services are provided to school children from vadodara and RHTC area of rural hospital.</p>	
2.	Patient Services	<ul style="list-style-type: none"> <li>- Subsidized health care</li> <li>- Drug Bank</li> <li>- Immunization programs</li> <li>- Patient Insurance services</li> <li>- Ambulance services</li> <li>- Free Dentures to needy patients</li> <li>- Free teeth extractions</li> </ul>	<p>Majority of hospital charges at Dhiraj hospital are subsidized. All admitted patients are provided free food.</p> <p>Defense personnel are given subsidy of 25% of treatment cost.</p> <p>All the dental camp patients are given 25% concession on</p>	<p>Financial benefit to patients.</p> <p>Improvement in department OPD.</p> <p>Greater patient exposure to PGs, UGs &amp; Interns.</p>

		to needy patients	<p>investigations and treatment procedures.</p> <p>Preventive procedures like vaccination, ANC care are free.</p> <p>Insurance schemes like RSBY, MAA, Bal Shakha, Chiranjeevi etc. are implemented. Other government schemes like sickle cell anemia project, care of new born are also implemented at hospital level. Free ambulance service is provided to needy All pregnant mother are given free ambulance service</p>	
3.	Faculty and students	–	1. Hepatitis B vaccination program for	Bonding between staff and

			students and faculties 2. Faculty has donated blood during various blood donation camps.	institute towards social responsibility community is increased.
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3.6.2 **How does the institution promote university-neighborhood network and student engagement, contributing to the holistic development of students and sustained community development?**

- University is promoting involvement of students with neighboring villages and urban areas with various activities like family studies, school health services etc. Details as follows –
- As a part of ISR the hospital investigation/surgical charges are either completely free or have been fixed at 50-60 percent lesser compared to existing charges in all hospitals in the vicinity. Over and above this, special discounts are given to OPD & IPD patients which over the last four years has been **RS.14,59,10,442/**. In addition the charges are completely waved off in certain cases where the patients are not capable of any payment. Such waivers have been **Rs.18,97,627/** over the last 4 years.
- To date the University & its constituent institutes have conducted more than 1981 diagnostic and therapeutic camps for the community. The university has incurred an expense of Rs.24384300
- University has started “**Healthy Mother To Healthy Baby**” project in waghodia taluka which provides free services starting from Antenatal to Post Natal phase of mother till the age of 5 yr of child; including consultation, lab services, sonography, nutrition, Delivery, Medication, Transportation, Immunization to all pregnant women and New born starting from waghodia taluka and also including all needy pregnant women coming to the Hospital. Under this program, started in March 15, with an aim to determine baseline sociodemographic profile of

pregnant mothers in waghodia taluk, and to follow them through delivery to the stage of child becoming 5 yrs, 4044 antenatal and 1242 post natal mothers were attended. From May to September 4595 USG screening carried out and from March to September, 621 babies were delivered under this project. Rs. **1,60,12,680/** have been spent by the university on this program so far.

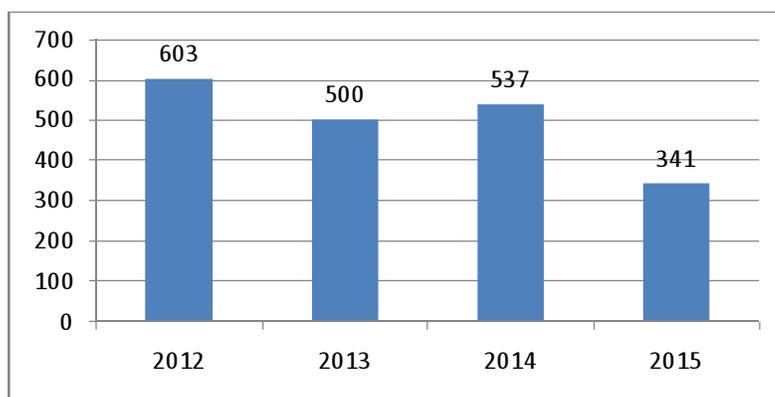
- University has adopted ChhotaUdepur district which is tribal district nearby, for providing expert health services. Every week 6 experts from university visit various Community Health Centers for providing specialty service.

Village adoption program- Rural Health Center of medical college, under dept of community medicine, is situated at Bahdarpur village it provides primary and secondary care to the rural population living nearby to RHTC. Additionally as a part of village adoption program, institute has adopted 5 villages near to RHTC. Total data of more than 900 families in respect of socio economic aspects, environmental and health aspects has been collected. House to house survey has been conducted and local evidences generated to prevent various diseases. University has sanctioned more than one lakhs for this project in year 2014; more budget will be sanctioned for the next phase which will provide holistic support to community for health and social development.

- Screening of Malnourished children in the Waghodia Taluka and Chhotaudepur District- around 25-30 faculty of university visited community for this screening. In ChhotaUdepur district, university had provided Energy Protein Dense Food to all the severely malnourished children, at the expense of 16 lacs.
- In association with the local government, school adoption program was undertaken by dental college. All students of Govt. schools of Zadora district were screened and brought to the dental college for further treatment. The treatment was provided free of cost.
- Educational scholarship to underprivileged school children of vadodara with objective to promote quality education to them - During last three years, more than 2304 have benefited from it

and University has spent 1,88,15,707 INR for the holistic development of children.

- Special financial support is given to defense personnel and their families, as a mark of respect and to inculcate in the students a sense of patriotism.
- With various NGO institute regularly conducts various diagnostic and treatment camps in Vadodara district, ChhotaUdepur district and even nearby state Madhya Pradesh. The various camps organized by constituent colleges and hospital in last four years are shown in below-



	2012	2013	2014	2015
Number of camps	603	500	537	341
Beneficiaries	13967	32714	37136	25536

- Community medicine department of all constituent colleges are giving various community based cases to students for understanding the social aspect of diseases and health promotion. Epidemiological studies are also conducted regularly.
- Postgraduate students of community departments and internee doctors regularly visit various NGO's in the vicinity, and reputed state level NGOs like SEVA for rural and community services.
- Community Participation: The students are exposed to real life community experiences and are encouraged to assume leadership roles and partner with the community to address their needs.

- Student Community Activity carried out in last 3 Years.
  - School health programs – 24
  - Various health day observation-87
  - Health awareness activities 18
  - Breast feeding week – every year
  - Immunization awareness programs – 6
  - ASHA worker sensitization-5
  - Blood donation camps -24
- The student visit CHC, PHC and sub centers and are exposed to community needs and therefore it enables them to compare NABH and IPHS standards.
- The students are integral part of community programs and participate actively in health education. In this way the institution strives to groom the students into community conscious health service provider.

**3.6.3 How does the institution promote the participation of the students and faculty in extension activities including participation in NSS, NCC, YRC and other National/ International programs?**

The university promotes the participation of students and faculty in extension activities in following manner:

1. The community medicine, public health Dentistry, community physiotherapy, community nursing and community pharmacy are regularly conducting various extension activities with the participation of UG and PG students during the course of their study
2. The national health programs are implemented by every constituents institution and all our UG and PG students participate in implementing components of national health program
3. Community oriented healthcare activities such as diagnostic and therapeutic camps, malnutrition elimination program, Swasth Vatsalya Yojana etc as mention in point 3.6.2.

**3.6.4 Give details of social surveys, research or extension work, if any,**

**undertaken by the institution to ensure social justice and empower the underprivileged and the most vulnerable sections of society?**

Following are the details of social surveys, research or community contact work undertaken by the constituent institutions to ensure social justice for empowerment of the underprivileged and the most vulnerable sections of society

<b>Sr. No</b>	<b>Category</b>	<b>Social Surveys done</b>	<b>Research done</b>	<b>Community contact work</b>
1	Underprivileged sections of society: <ul style="list-style-type: none"> <li>• Below Poverty line population</li> <li>• slum dwellers</li> <li>• commercial sexual workers</li> <li>• Orphans</li> <li>• physically disabled</li> </ul>	Village adoption program- As part of social responsibility SV took village adoption program.	It gave the sociodemo-graphic profile, local prevalence of various disease, vulnerable group and its various aspect-	Long term, this community will be followed up for various morbidity and the university affiliated hospital will provide best treatment to the patients. Also the university is committed to solve their problems.
		Urban slum family survey conducted in 500 families at UHTC is of Vadodara.	The socio demographic details found out. Pregnant, lactating mothers & children less than 5 years were tracked for health profile. They are supported with various MCH services	The maternal and child health problems found out and special care is given at time interval by various experts.
		Malnutrition elimination from Chhota Udepur- among tribal	The Energy Protein Dense (EPD) food was prepared by Sumandeeep Vidyapeeth and was distributed to each	26 pediatricians and specialists of community medicine visited each PHC of Chhota Udaipur to

		population	child beneficiary at their door step via PHCs', Anganwadis for duration of 10 weeks. After 10 weeks, evaluated for status. University spent 16 lakhs for this project.	screen and identify the status of malnutrition (SAM, MAM, Normal) in under 5 children.
2	Vulnerable sections of society: •Pregnant & children below 5yrs •Geriatric population women	Swasth Vatsaly Yojana – in partnership with government of Gujarat	High risk pregnant ladies are identified by experts and institutional delivery will be promoted for favorable outcome	A team of 4 gynecologists from Sumandeep Vidyapeeth visit 11 Health Centers four days a week to examine high risk pregnant women and refer them at a higher center for advanced health care.
3	Tribal pregnant women	Healthy Mother to Healthy Baby- This project cost is <b>1.1 crore.</b>	To find out baseline socio-demographic data of pregnant mothers in Waghodia taluka To carry out follow up of all pregnant and newly pregnant mothers till delivery and post natal till child reaches 3 years of age. To provide required additional nutritional supplements to mothers during ANC	All antenatal mothers are examined by experts of Dhiraj Hospital, laboratory investigations are done free of cost and nutritional supplements are given to improve the outcome of pregnancy

			and PNC, under supervision.	
4	Educational scholarship for poor families of urban vadodara	Poor families of community. Till date university spent <b>1.88</b> crore for this scholarship and 2304 students were benefited	The university is providing education scholarships including school fees, books, school dress, shoes & bag to poor strata of community.	Poor family students will get chance to study in good schools of city.
5	Healthy Chhota Udepur	University adopted the district Chhota Udepur for providing expert services. This district is	The experts who are visiting these CHCs are collecting various data for finding out the morbidity pattern. Also the NRC is visited by pediatrician for checking severely malnourished	Tribal population is the vulnerable group people. They need expert services.

6	Camps at MP	predominantly with tribal population. Madhya Pradesh is neighborhood district of Gujarat. The tribal of MP are coming to utilize our hospital services since inception.	children. Data collected will be analyzed and it is in pipeline	Looking to this scenario university decided to provide camp services at their door step. So in collaboration with local NGO, university is conducting regular camps.
7	Alcohol anonymous program	Alcoholic living in vadodara and around. Every Thursday the AA clinic conducted at Dhiraj Hospital. Physician & Psychiatrist are working for this program.	Data analysis is under process.	Innovative project for de-addiction of alcohol.
8	Police health check-up	Health check up of all families of police of Vadodara district was done.	Police are at risk of various health related problems. So as social initiative institute has conducted health checkup for police	Data analysis is under progress.

			and families.
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**3.6.5 Does the institution have a mechanism to track the students' involvement in various social movements / activities that promote citizenship roles?**

Yes; Students involvement in various social movements & activities to promote citizenship role is ensured continuously throughout the duration of the course through subjects that address community contacts, medical laws and legislations and by conducting the activities that build the citizenship traits.

<b>Sr no</b>	<b>Citizenry traits</b>	<b>Activities</b>	<b>Monitoring</b>
1.	Feeling of Nationhood and awareness about constitutional rights and duties	<ul style="list-style-type: none"> <li>• Republic day celebration</li> <li>• Independence day celebration</li> <li>• National Unity day celebration</li> <li>• Rights &amp; responsibility awareness program</li> <li>• Importance of voting</li> <li>• Protection of Human rights</li> <li>• Protection of Child rights</li> <li>• Protection of rights of elderly</li> <li>• Protection of rights of people having other sexual orientation</li> </ul>	The student community is monitored periodically to ensure development of citizenry traits through the following mechanisms: <ul style="list-style-type: none"> <li>• Mentorship program</li> <li>• Review of community project</li> <li>• Review of community practical logbook</li> <li>• End of community contact program evaluation</li> <li>• Evaluation of participation of students in community contact programs</li> <li>• Awareness programs</li> <li>• National health programs etc.</li> </ul>
2.	Art & Culture	<ul style="list-style-type: none"> <li>• Rangoli</li> </ul>	

		competition • Painting Exhibition • Fancy Dress competition • Traditional day & Annual Cultural Programs • Navratri & Sharad-utsava • Ganesh Festival Celebration • Janmasthami celebration • Inviting outstanding people from different fields of art, culture and sports for interaction with students e.g. cricket legend Mr. Mohinder Amarnath, Internationally famous Humorist Padmashree Surender Sharma.	• Review of students log books.
3.	Empathy	Teaching sessions related to: • Physician empathy • Doctor Patient Relationship • Promotion of empathy among all cadre of staff	

		<ul style="list-style-type: none"> <li>• Respecting patient's cultural &amp; religious requirement during critical illnesses</li> </ul>
4.	Women empowerment	Orientation to: <ul style="list-style-type: none"> <li>• women right</li> <li>• Nutrition of women</li> <li>• Reproductive child health</li> <li>• Female feticide</li> <li>• Gender equity</li> <li>• Anti Sexual Harassment Laws</li> </ul>
5.	Global competencies	Programs emphasizing awareness about global current affairs. Adjustments in multicultural, multi lingual and multinational environment. Language proficiency programme

**3.6.6 How does the institution ensure the involvement of the community in its outreach activities and contribute to community development? Give details of the initiatives of the institution that have encouraged community participation in its activities.**

The details of involvement of the community in institutions outreach activities:

S.No	Outreach activities	Department responsible	Community Contribution
1	Regular community visits	Department of Community Medicine	<ul style="list-style-type: none"> <li>• Improvement of personal hygiene</li> <li>• Awareness about water borne vector- borne diseases</li> <li>• Enhancing the awareness of the provisions of National health programs such as tuberculosis, HIV, Malaria leprosy, blindness control program etc.</li> <li>• Life style modification</li> </ul>
		Department of Public Health Dentistry	<ul style="list-style-type: none"> <li>• Caries prevention camps</li> <li>• Cleft Lip &amp;Palate – camps</li> <li>• Free Oral surgical camps</li> <li>• Free Denture camps</li> <li>• Mobile Dental camps</li> </ul>
		Department of Community Physiotherapy	<p>Regular community physiotherapy camps in rural areas of Bhadhalpur, Madheli, and Waghodia PHC.</p> <p>College is also providing service to Sumandeep hospital &amp; friends society in Vadodara city.</p>
		Department of community nursing	The Medical and Nursing colleges conduct all the community activities in association with each other.
		Community	Community awareness programs about Practices of Drug storage,

		pharmacy	Drug handling, mode of consumption of Drug, Drug expiry, drug reaction etc.
		Department of Management	Regular community health awareness programs at various villages, schools and Sub-centre, PHC, and CHC visit.
2	Immunization	Department of Pediatrics	Awareness about national immunization program to local self-help groups, local youth association, government agencies who in turn motivate the target group to participate in the immunization program conducted at Dhiraj General Hospital and in rural community at RHTC Bahawalpur and urban community UHTC, Kothi Vadodara
3	Training of Governmental / Non Governmental health workers	Department of Pediatrics, PSM of SBKSMI & RC with Nursing college	Integrated management of neonatal & childhood illness training to Anganwadi workers, ASHA workers, Interns are able identify the illness & refer them during early stages of disease.  More than 3000 Anganwadi workers from two districts trained for neonatal illness.
		KMSDCH	KMSDCH have been conducting the training on cleft lip & cleft palate, Orofacial deformity Under "Shishu Navjeevan Yagnya" for ASHA workers.

4	Specific Treatment camps in collaboration with Communities/NGOs	SBKSMIRC, KMSDCH, Jeevan Akshay Trust	More than 200 camps were managed by clinical department including the super specialty for specialized service.
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**3.6.7 Give details of awards received by the institution for extension activities and/contributions to social/community development during the last four years.**

Yes,

The Chief Minister of Gujarat Hon Anandiben Patel had felicitated Sumandeep Vidyapeeth Presidents for the Malnutrition elimination project we conducted. Also Special reorganization received from District Authorities of Vadodara and Chhota -Udepur District for health care service provided by university. Various other citations received from various organizations for camps and other extension activities.

For various community activities the constituent institutes are receiving various reorganizations, awards and trophies

**3.6.8 What intervention strategies have been adopted by the institution to promote the overall development of students from rural/ tribal backgrounds?**

The institution is proactively working to support students from tribal or rural background admitted to its constituent colleges, so that they can come up to the students coming from other backgrounds.

All government schemes like scholarship for fees, books and other are supported at institution level.

Central government and state government schemes for getting benefits by dint of belonging to various groups are informed to the students.

Majority of students having had studied in the vernacular, the institute organizes English speaking classes.

**3.6.9 What initiatives have been taken by the institution to promote social-justice and good citizenship amongst its students and staff? How have such initiatives reached out to the community?**

The University ensures that there is complete social justice amongst its staff and students and the concept of good citizenship imbibed by them is transmitted to the community through its planned programs with an inter phase with the community.

Following is the details of such activities:

S.No.	Objective	Activities	Community involvement
1.	Health for all	<ul style="list-style-type: none"> <li>• The health care facilities are provided in tertiary care, multidisciplinary, super specialty Dhiraj General Hospital irrespective of socio economic status, gender, age, sex, race community, religion, language etc. at subsidized cost round-the-clock.</li> <li>• Well equipped multispecialty</li> </ul>	<ul style="list-style-type: none"> <li>• The Medical, Dental and Physiotherapy services are taken to the doorstep of community (rural/urban) through focused programs such as regular community visit, immunization programs, training of Governmental &amp; non Governmental Health workers, specific camps in collaboration with NGOs.</li> </ul>

		<p>Dental Health care is available round-the-clock at subsidized rate.</p> <ul style="list-style-type: none"> <li>• Multispecialty physiotherapy services are also offered round-the-clock.</li> </ul>	
2.	Human rights, Child rights, women rights, elderly rights	<ul style="list-style-type: none"> <li>• The awareness about human rights, child right, women right, rights of the elderly are conveyed to the communities through health talks, awareness programs, health camps etc.</li> </ul>	<ul style="list-style-type: none"> <li>• By observing specific days in community.</li> <li>• The awareness about these rights is conveyed to the student community during orientation programs and through Career and Competitive Examination Forum.</li> </ul>
3.	Care of Mentally ill	<ul style="list-style-type: none"> <li>• Specialized mental health services are offered round-the-clock in the department of psychiatry which consists of the team of psychiatrist, psychologist, psycho-social worker etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Through various NGO the students and staff providing services to special group.</li> </ul>
4.	Care of differently-abled	<ul style="list-style-type: none"> <li>• Department of Orthopedics, Psychiatry,</li> </ul>	<ul style="list-style-type: none"> <li>• Students and staff are providing special expertise to these</li> </ul>

		Pedodontics, Oral Surgery, ENT, Ophthalmology, College of Physiotherapy renders specialized services to differently abled population such as visually impaired, hearing impaired, speech impaired, loco motor disorders.	groups of people as community services.
5.	Promotion of citizenship role	<ul style="list-style-type: none"> <li>• By conducting regular programs on disposal of waste (including Biomedical waste), environmental awareness programs through Eco-friendly clubs</li> <li>• Constitutional Rights &amp; responsibility awareness program</li> </ul>	<ul style="list-style-type: none"> <li>• Participating in voting, human right activities and other social programs for good citizenship.</li> </ul>

**3.6.10 How does the institution align itself with the annual themes/programs of WHO/ICMR?**

Following are the details of institution's effort to align itself with the annual themes/programs of WHO/ICMR or any equivalent organization:

**WHO**

SN	Year	Theme/ Program	Activities done
1	2010	Urbanization & Health	Department of Community medicine shared various posters about this among the students.
2	2011	Anti-microbial resistance	Antibiotic policy, implementation & current status of its usage
3	2012	Ageing & Health	- Establishment of geriatric clinic in all constituent units.  - Community programs conducted
4	2013	High blood pressure	<ul style="list-style-type: none"> <li>• Treatment protocol developed</li> <li>• Internee doctors of community medicine had conducted awareness activities at RHTC, UHTC and Dhiraj Hospital.</li> </ul>
5	2014	Vector borne diseases	- Awareness programs addressing malaria, Dengue, Filarial, Chikanguniya, Japanese encephalitis  conducted in the community
6	2015	Food Safety	- How Safe is your food, from farm to plate

## ICMR

SN	Program	Activities done
1.	National Anti - malaria eradication program	Mass screening of cases, health education, home visiting to identify passive cases, active participation in immunization programme
2.	National filarial control program	
3.	National leprosy control program	
4.	Diarrheal disease control program	
5.	National AIDS control program	
6.	Iodine deficiency control program	
7.	National cancer control program	
8.	Universal immunization program	
9.	Revised national tuberculosis control program	

## World confederation for Physical therapy

SN	Year	Theme Program	Activities done
1	2011	Physiotherapy & non Communicable diseases	Seminar on health Poster competitions debates
2	2012	Movement for health	Seminars Poster competitions on relevant topics. Debates, Rangoli Competition
3	2013	Fir for future	Seminar

4	2014	Fit to take part	Poster competitions Debates Rangoli Competition Seminars Poster competitions debates
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### UNICEF

SN	Year	Program	Activities done
1	Every year	Brest feeding (first week of August)	Department of Pediatrics and Obstetrics are conducting breastfeeding awareness campaigning in hospital and community every year.

### WHO Dentistry

SN	Year	Theme Program	Activities done
1	2014-15	Global oral health program	Campaign done on oral health

### Indian pharmaceutical Association

SN	Year	Theme	Activities done
1	2011	Pharmacist: A health care professional	PharmaRangoli, Elocution, Pharma Quiz
2	2012	Pharmacist in public health	PharmaRangoli, Debate, Skit
3	2013	Pharmaceutical issues & challenges of new decade	PharmaRangoli, Group Discussion, Essay competition
4	2014	Responsible use of medicine: Role of pharmacist	Elocution competition, Pharma Quiz, PharmaRangoli, TB and Diabetes Awareness, BMI measurement

**3.6.11 What is the role of the institution in the following extension activities?**

- \* **Community outreach health programs for prevention, detection, screening, management of diseases and rehabilitation by cost effective interventions.**
- \* **Awareness creation regarding potable water supply, sanitation and nutrition.**
- \* **Awareness creation regarding water-borne and air-borne communicable diseases.**
- \* **Awareness creation regarding non-communicable diseases - cardiovascular diseases, diabetes, cancer, mental health, accident and trauma, etc.**
- \* **Awareness creation regarding the role of healthy life styles and physical exercise for promotion of health and prevention of diseases.**
- \* **Pharmaco economic evaluation in drug utilization.**
- \* **Participation in national programs like Family Welfare, Mother and Child Welfare, Population Control, Immunization, HIV/AIDS, Blindness control, Malaria, Tuberculosis, School Health, anti tobacco campaigns, oral health care, etc.**
- \* **Promotion of mental health and prevention of substance abuse.**
- \* **Adoption of population in the geographical area for total health care.**
- \* **Research or extension work to reach out to marginalized populations.**

<b>SN</b>	<b>Extension Activities</b>	<b>Role played / Activities conducted</b>
1.	A. Disease prevention programs	Various community awareness program conducted for disease

	<p>B. Disease screening &amp; detection program  C. Disease management program  D. Rehabilitation program</p>	<p>prevention particularly with national health days.- 30 per year  Caries, dental anomalies and trauma prevention program (early childhood caries), parent awareness programs and educating them in prevention of dental caries. At community level creating awareness and educating school teachers about dental caries and its prevention in children- 297 camps conducted  Various school of different age groups are identified and oral health screening camps are conducted at regular intervals  Oral hygiene instructions, preventive approach and awareness programs using power points, poster and live models are carried out  Rehabilitation of oral function, esthetic treatment, patient confidence &amp; to promote healthy psychological &amp; social development of the children.  Organization of diagnostic camps 34/year and 2470 beneficiaries/ year  Health education by Intern doctors in camps</p>
		<p>Mass screening of cases, health education, home visiting to identify passive cases, active participation in immunization programme, counseling &amp; vocational training – 5 villages</p>

		of RHTC
		Health Education campaign on prevention of diseases using primary level of prevention strategy in 03 villages
2.	A. Nutrition awareness program B .Hygiene & Sanitation program C.Potable water & water purification program.	Celebration of breast feeding week at RHTC by faculty and interns School health education program- every year Malnutrition assessment survey, Supplementary diet distribution, health education, research activities. Awareness on importance of balanced diet and nutritional deficiency diseases in 5 villages and 2 schools Awareness program related to proper hygiene and sanitation in 4 villages Awareness program home based and other methods of water purification in 4 villages
3.	A. Awareness of water-borne diseases B .Awareness of Air borne diseases program C. Vector borne awareness program	IEC posters, banners prepared and presented by Interns- 20-30 posters prepared every year by students. Study on water quality conducted by PGs
		Mass screening of cases, health education, home visiting to identify passive cases, counseling & vocational training.
		TB awareness program (Pharmacy Week Celebration)
		Awareness on how to avoid

4.	<p>A. Cardio- Vascular disease awareness  B. Diabetes awareness  C. Cancer awareness  D. Mental Health awareness  E. Accident &amp; trauma awareness</p>	<p>pollution generated at home in 02 villages  On World health day, 2013, Hypertension camp organized  Awareness about other conditions through camp.  Education related to lifestyle modification to prevent diabetes (Pharmacy Week Celebration)</p>
5.	<p>Promotion of healthy life style</p>	<p>Development of presentations for healthy leaving  On WCPT day, college is promoting health as per the theme given by world confederation of physical therapy</p>
6.	<p>Pharmacologic awareness program</p>	<p>Community based awareness programs on adverse drug reactions  Awareness regarding disadvantages of using over the counter drugs  Caution for use of medicine in elderly, pregnant and lactating women  Department of pharmacology is arranging a seminar for newly admitted post graduate students physiotherapy to make them aware about ADR and method of reporting ADR.</p>
7.	<p>A. National family welfare program  B. Reproductive Child Health program  C. Population control program  D. Immunization control</p>	<p>Studies conducted by faculties and PGs based on themes of these programs which are community based.  Observance and Celebration of World AIDS day, World heart day, World sight day, Global</p>

<p>program  E. HIV/AIDS awareness program  F. Blindness control program  G. Malaria control &amp; eradication program  H. School medical health program  I. School dental health program  J. National oral health awareness program  K. Anti- tobacco campaign  L. Community Physiotherapy campaign  M. Community nursing Campaign  N. Community Pharmacy campaign  O. Total health village adopting</p>	<p>IDD day, Leprosy day, World Tuberculosis day, World anemia day etc.  Participation in school health program  Adoption of villages in RHTC area for overall health supervision  School dental health program is one of the mandatory activities in the UG &amp; PG curriculum of the department of Paedodontics &amp; preventive dentistry. Annually 15-16 number of camps are conducted under following categories in Waghodia Taluka:  <b>SANKALP SCHOOL DENTAL HEALTH PROGRAM- 14-16 school camps per year</b>  <b>DENTAL HEALTH PROGRAM FOR SPECIAL CHILDREN-2-3 school camps per year</b></p> <hr/> <p>Mass screening of cases, health education, home visiting to identify passive cases, active participation in immunization programme.</p> <hr/> <p>BalMela (No smoking No Tobacco- awareness programme for city population by posters and presentations</p>
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3.6.12 **Do the faculty members participate in community health awareness programs? If yes, give details.**

Yes; All the faculty members of all the constituent units participate in community health awareness programs

Following are the details of such participation during the previous year:

<b>S N</b>	<b>Programs</b>	<b>Date</b>	<b>Department involved</b>	<b>No of faculty participated</b>
1.	Disease prevention programs	07/04/2013	Community Medicine	Four
		15/04/2015	Community Medicine	One
		31 <sup>st</sup> Jan 2014	Community health nursing Medical surgical nursing	12
		17-19 <sup>th</sup> Nov 2014, Piparia, Waghodia, Vadodara	Pharmacy	10
		15 camps in 2013 & 13 in 2014 – total 3133 children benefited	Paedodontics & Preventive Dentistry	2 teaching staff members per each camp
2.	Disease screening & detection programs	9-11 October, 2015	Orthopaedics	10
		07/04/2013	Community Medicine	Four
			Public Health Dentistry.	All faculty members on rotation basis
		14 <sup>th</sup> Feb 2015	Community health nursing Medical surgical	15

			nursing Pediatric nursing Obstetrics & gynecological Nursing	
3.	Disease manage me nt program	17-19 <sup>th</sup> Nov 2014, Piparia, Waghodia, Vadodara  14/11/2014 to 19/11/14 Every month  1.OMFS,KMSDCH September 2014 to march 2015 2.OMFS,KMSDCH-- March 2013 3.OMFS,KMSDCH-- Cleft lip and cleft palate-- 2011-2014	Pharmacy  Medicine  Pediatrics	10  One  One One
4.	Disease manage me nt program	Weekly visit to the villages 8 km around the Sumandeeep campus	College of physiotherapy	At least 01 faculty with 02 PG students
5.	Disease rehabilitati on program	Rehabilitation of dental diseases in children  Weekly visit to the villages 8 km around the Sumandeeep campus	-  College of physiotherapy	-  At least 01 faculty with 02 PG students
6.	Communic able disease awareness programs	01/12/2014  Weekly visit to the villages 8 km around the Sumandeeep campus  01 <sup>st</sup> July 2014	Community Medicine and Microbiology  College of physiotherapy  Community	Six  At least 01 faculty with 02 PG students  08

			health nursing Medical surgical nursing Pediatric nursing	
7.	Non Communicable disease awareness programs	17-19 <sup>th</sup> Nov 2014, Piparia, Waghodia, Vadodara	Pharmacy	4
		06/05/2014	Respiratory medicine	one
		07/04/2013	Community Medicine	Four
		10 <sup>th</sup> Oct 2014	Community health nursing Medical surgical nursing Psychiatric nursing	08
8.	National health programs	6/7/2015	Community Medicine	One
		Twice monthly	Paediatrics	One
		I. School dental health program II. National oral health awareness program III. Anti- tobacco campaign		
		01 <sup>st</sup> Dec 2013, 2014	Community health nursing Medical surgical nursing Obstetrics & gynecological	11

Nursing Psychiatric nursing
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**3.6.13 How does the institution align itself and participate in National program for prevention and control of diseases?**

All the constituent units participate in all National health programs as follows:

- 1) Regular conduction of national health programs awareness camp
- 2) By providing clinical, Para clinical & allied health services to the target group of national health programs

Following is a table that gives detail of such services given by various departments:

SN	National program	Department involved	No. of day in week
1.	Family welfare and Population control programs	Department of OBG, pediatrics, PSM, College Of Nursing, College Of Physiotherapy	All days of week
2.	Reproductive Child Health programs	Department of OBG, pediatrics, PSM, College Of Nursing, College Of Physiotherapy	All days of week
3.	Immunization program	Department of Paediatrics, PSM, College Of Nursing, College Of Physiotherapy	Twice a week
4.	HIV/AIDs Control program National AIDs control program	Department PSM,Medicine, surgery, OBG, Pediatrics, Skin VD, TB Chest, Department of Oral surgery, Oral Medicine, Oral Pathology, Periodontology, Pathology, Microbiology, College Of Nursing, College Of Physiotherapy	All days of week

5.	National blindness control programs	Department of Ophthalmology, PSM, Pediatrics, Pedodontics College Of Nursing, College Of Physiotherapy	All days of week
6.	Anti malarial programs	Department of PSM, (secondary incrition all clinical department) College Of Nursing, College Of Physiotherapy	All days of week
7.	Revised National Tuberculosis Control Program	Dept of TB chest, Medicine, Radiology,pathology,microbiology Oral pathology, oral medicine College Of Nursing, College Of Physiotherapy	All days of week
8.	Iodine deficiently disease control program	Department of OBG, Surgery, Medicine, Pediatrics ,College Of Nursing, College Of Physiotherapy	All days of week
9.	Vector borne disease control program	Department of Medicine, Pediatrics ,College Of Nursing, College Of Physiotherapy	All days of week
10.	National diarrheal diseases control program	Department of Pediatrics, Medicine, Microbiology- Pathology College Of Nursing, College Of Physiotherapy	All days of week
11.	National leprosy eradication programs	Skin VD, Medicine, Pediatrics, Pathology, Microbiology College Of Nursing, College Of Physiotherapy	All days of week
12.	National oral health programs	Department of PHD, Oral Medicine, Pedodontics, Conservative, Orthodontics, Prosthodontics, Oral Surgery, Periodontics College Of Nursing, College Of Physiotherapy	All days of week

### 3.7 Collaborations

3.7.1 **How has the institution's collaboration with other agencies impacted the visibility, identity and diversity of campus activities? To what extent has the institution benefitted academically and financially because of collaborations? ‘**

Sr. No.	Constituent Units	Collaboration objective	Collaboration with	Impact
1.	SBKSMIRC KMSDH SNC College of physiotherapy Department of pharmacy Department of management	<ul style="list-style-type: none"> <li>• Community services</li> <li>• Patient care</li> <li>• Awareness</li> <li>• Community health</li> <li>• Health promotion</li> <li>• Prevention of disease</li> <li>• Clinical research</li> <li>• Health and dental check up of special group</li> </ul>	<ul style="list-style-type: none"> <li>• NGO like Jeevan Akshay, Rotary, Lions etc</li> <li>• Government of Gujarat</li> <li>• Clinical research organization</li> <li>• Insurance agencies like MAA, RSBY</li> <li>• Specially enabled school</li> <li>• Old age homes</li> </ul>	<p>Community got the best health care services at subsidized rate. Students got knowledge of organizing camps and community services. Government health centers got services of expert where they are not available. Drug trial leads to financial aid to institute around 63 lacs revenue was generated. 226 major camps conducted with NGOs.</p>

3.7.2 **Mention specific examples of how these linkages promote**

Sr. No.	Objectives of collaboration	Specific examples of promotion
1	Curriculum development	– Development of Evidence Based Education System (EBES)

		– Inclusion of value addition on fields of recent developments and global competencies skills
2	Internship	Industry interactions, sensitization of trainee doctors about health care delivery of country
3	On-the-job training	Professional skill developments such as communication skill, ethical research etc.
4	Faculty exchange and development	– Enhancement of teaching learning & evaluation skills, Clinical skills, Administrative skills etc – Training in stem cell therapy, drug & vaccine development etc. – Research in education system\ – Publications in the area
5	Research	– High impact community oriented, collaborative and funded research in focused areas such as community health, hemoglobinopathes, quality research, immunology etc
6	Publication	– Writing high impact Research article & development of subject specific compendiums
7	Consultancy	– Trans-institutional, trans-national exchange/sharing of knowledge & expertise etc
8	Extension	– Provision of advanced Diagnostic & Therapeutic and Rehabilitative health care at the door step of community.

**3.7.3 Has the institution signed MOUs or filed patents with institutions of national/international importance/other universities/industries/corporate houses etc.? If yes, how have they enhanced the research and development activities of the institution?**

**1. MOU with Universities**

1. University of Rochester, N Y USA

2. Orenburg State Medical University
3. Avalon University, Netherlands
4. Mount Sinai School of Medicine Global Health, USA
5. The University of Hull
6. University of East London
7. Roehampton University London
8. Ghent University, Ghent
9. M.S University, Vadodara
10. Institute of Dental Sciences, Shiksha-O-Anusandhan University  
Bhuvaneswar Orissa

## **2. MOU with Industries**

1. Ayurlab Herbals Pvt Ltd., Halol
2. Bacfo Pharmaceutical India Ltd., Noida
3. Vasu Research Centre, Vadodara
4. Century Pharmaceuticals Ltd., Halol (2 MOUs)
5. Relax Biotech Pvt. Ltd
6. Sunvij Drugs Pvt. Ltd.
7. Bajaj Healthcare
8. Aceso Pharma
9. B M Pharma Pvt. Ltd.
10. Federation of Gujarat Industries (FGI)
11. Gujarat Liqui Pharmacaps (P) ltd.
12. Centurion Laboratories Pvt Ltd.
13. R & D Pharmaceuticals
14. ICON clinical research Pvt
15. Lotus labs pvt ltd
16. Shantha Biotech Pvt Ltd
17. Glenmark Pharma Pvt Ltd
18. Actorius innovations & research pvt ltd Pune
19. Stem Genn Therapeutics Delhi
20. GlaxoSmithKline (GSK) Biologicals
21. IPCA Laboratories Pvt. Ltd.
22. Accutest Research Laboraatories (I) Pvt. Ltd
23. Ranbaxy Laboratories Pvt. Ltd.
24. Spears Mind Research Solution

## **3. MOU with NGO's**

1. Xavier's Green School, Vadodara
2. VYOM, Vadodara
3. Vadil Vishamo, Vadodara
4. Sheth KhusalChand Charitable Medical Center, Vadodara
5. Friend's Society vadodara
6. Vaman Trust, Bahadarpur
7. Jeevan Akshay Trust
8. Jeevan Dhara Charitable Trust
9. Adivasi JanUthan Trust
10. Maruti Jeevan Jyot Trust
11. Jan Vikas Trust
12. SEWA Rural, Jagadiay
13. PTRC, Khambhat
14. PHD, Trust, Ahmedabad
15. The Minds Foundation USA

**4. MOU with Governmental Agencies**

1. MAA scheme
2. RSBY
3. Sickle cell anemia control programme
4. Essential New born care – Department of Pediatrics
5. Swasth Vatsalya Yojana- Janani Suraksha Yojana
6. NRC center, Dhiraj Hospital
7. Chiranjeevi Yojana
8. SANKALP project
9. GujCost (DST), Government of Gujarat

**3.7.4 Have the institution-industry interactions resulted in the establishment / creation of highly specialized laboratories / facilities?**

<b>Sr. No.</b>	<b>Institutions</b>	<b>Industry - institution interactions</b>	<b>Results</b>
1	Department of Pharmacy	Formulation development, Preclinical evaluation and safety monitoring drugs	–Infrastructure development: special laboratories such as central research cell, animal house –high end equipments required for patient care/investigations/research

			etc.
2	CRL, SBKSMIRC	Central Research Lab of medical college developed with focus on various hemoglobinopathies like sickle cell, Thalesemia and other.	– Government has given sickle cell clinic for providing service to tribal population. – Innovative researches on hemoglobinopathies are conducted at this centre.

**3.7.5 Give details of the collaborative activities of the institution with the following:**

- \* **Local bodies/ community**
- \* **State government / Central government /NGOs**
- \* **National bodies**
- \* **International agencies**
- \* **Health Care Industry – Biomedical, Pharmaceutical, Herbal, Clinical Research Organization (CRO)**
- \* **Service sector**
- \* **Any other (specify)**

The constituent units conduct collaborative activities such as disease screening, detection, therapeutics, rehabilitation prevention program, awareness programs on water borne, vector – borne disease, non-communicable disease, Life-style disease etc, community and institutional research, faculty exchange in areas of high impact etc. with following organizations:

- 1) Local bodies & communities

<b>Activities</b>	<b>In association with</b>
<ul style="list-style-type: none"> <li>• Multi diagnostic camp</li> <li>• Awareness program</li> <li>• National health programs</li> </ul>	Gram-panchayat (12) PHCs RHCs, local self-help group etc Institute has tie-up with Gujarat Cancer research Institute, through which many institutional research projects related to oral cancer are promoted. Collaboration with Gujarat state government for Sankalp school dental health care program (Vadodara district)

2) State government / Central Government/ NGOs

<b>SN</b>	<b>Activities</b>	<b>Department In association with</b>
1	Health insurance scheme 1) Mukhya Mantri Amrutam Yojana 2) Rasthriya Swasthya Bima Yojana 3) Chiranjivee Yojana 4) Bal Sakha Yojana	Government of Gujarat
2	National health program	Government of India
3	Diagnostic & therapeutics camp	Jeevan Akshay Trust Friend's society NGO for special children Vallabh Vidyalay
4	School health program	Government of Gujarat SANKALP- School Dental Health Program, Waghodia Taluka which is approved by Vadodara District Commissioner

3) National bodies

SN	Activities	In association with
1.	Research activities	ICMR
2.	Medical education program	Medical Council of India through Gujarat Medical Council
3.	Dental education	Dental Council of India through Gujarat Dental Council
4.	National oral health program	Indian Dental Association
	PG convention program	India cortication of oral medicines & radiology

1) International Agencies

SN	Activities	In association with
1	Research, student exchange	Roehampton University, UK (2009)
2	Faculty student exchange	The University of Hull, UK (2011)
3	Research, student exchange	Avalon University, Netherland (2014)
4	Research, training, student exchange	Orenburg State Medical University, Russia (2015)
5	Mental health research, training	Minds Foundation, USA (2011)
6	Research Activity	University of Rochester, N Y USA
7	Research Training & Student Exchange	Mount Sinai School of Medicine Global Health, USA
8	Faculty Student Exchange	University of East London
9	Research Training	Ghent University, Ghent

2) Health care industry

SN	Institution/Dept	Activities	Department In association with
1	DOP	Industry institution research	<ul style="list-style-type: none"> <li>- Ayurlab Herbals Pvt Ltd., Halol</li> <li>- Bacfo Pharmaceutical India Ltd., Noida</li> <li>- Vasu Research Centre, Vadodara</li> <li>- Century Pharmaceuticals Ltd., Halol</li> </ul>
2	Pharmacy / MBA	Placement activities	<ul style="list-style-type: none"> <li>- MerckMulticare Ltd.</li> <li>- Renown Pharmaceuticals</li> <li>- Various hospitals of state &amp; national</li> </ul>

3	Pharmacy	PG dissertation activities	national <ul style="list-style-type: none"> <li>- Vasu Research Centre, Vadodara</li> <li>- Bharat Parenterals Ltd., Vadodara</li> <li>- Sun Pharmaceuticals Ltd, Vadodara</li> <li>- Alembic Pharmaceuticals, Vadodara</li> <li>- Accutest Clinical Research, Ahmedabad</li> <li>- SahajanandPharma, Surat</li> <li>- ICPA Health Products Ltd., Ankleshwar</li> <li>- Amneal Pharmaceuticals, Ahmedabad</li> <li>- Torrent Pharmaceuticals, Ahmedabad</li> </ul>
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**3.7.6 Give details of the activities of the institution under public-private partnership.**

University has following public-private partnership activity

Sr No	Title	Activity
1	Malnutrition Elimination Chhota Udepur	Energy protein dense food was provided to malnourished children of under 5
2	Malnutrition Elimination Waghodia	Pediatrician of university visited various PHCs of Waghodia taluka for screening of under 5 children
3	Swasth vatsalya yojana	Obstetricians of university are visiting various PHCs of Vadodara districts for screening of high risk mother
4	Healthy Chota-Udepur	Six consultants are visiting various CHCs of chota-Udepur for providing expert services to tribal community

5	MAA, RSBY bal shakha	Government schemes for vulnerable group family
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*Any other information regarding Research, Consultancy and Extension, which the institution would like to include.*



**Criterion – IV**  
**Infrastructure & Learning Resources**

## **CRITERION IV: INFRASTRUCTURE AND LEARNING RESOURCES**

### **4.1 Physical Facilities**

#### **4.1.1 How does the institution plan and ensure adequate availability of physical infrastructure and ensure its optimal utilization?**

Adequacy of infrastructure has been determined and executed as per laid down stipulations of statutory councils for different functional areas. The determination of other areas like playing fields etc. has been allotted as per accepted norms. The blue print of the University has taken care of all structures and ancillary facilities to be created, in such a way that economy of space, connectivity and continuity, eco – friendliness and aesthetics are all taken care of. The expansion has occurred as per the blueprint.

Based on the specific needs in the specific areas developmental committee in each constituent units & support services send their requirements to the university through concerned HOIs. The requirements are reviewed, segregated & organized by central development & monitoring committee (planning and monitoring board) consisting of all educational heads. With due deliberation in the meeting, planning and monitoring board proposes new development of infrastructure and procurement of equipments and instruments to the BOM. With the final approval of BOM, it is further forwarded to the concerned building and construction committee for implementation.

Procurement, allotment of work orders are done as per the procedural guidelines within the time limit that has been decided as per the central purchase policy.

#### **4.1.2 Does the institution have a policy for the creation and enhancement of infrastructure in order to promote a good teaching-learning environment? If yes, mention a few recent initiatives.**

- Yes; the institution has ongoing policy for creation & enhancement of infrastructure in order to promote good teaching – learning environment , this takes into account the expansion schemes and feedbacks received from various stake holders ,e.g.

creation of amphitheatre due to feedback from students and alumni

<b>Sr. No.</b>	<b>New initiatives in enhancement of Infrastructure</b>	<b>Constituent unit/section</b>	<b>Usage</b>
1.	Expansion and enhancement of hospital infrastructure	SBKSMI&RC	For starting new super specialty departments, increasing facilities for students and patients.
2.	Development of convention center and enhancement of guest house facility	SVDU	Convention center; to organize national and international continuing education programs on larger scale. Guest house; to increase the facility for external examiners, guest speakers, Delegates, Parents and guests.
3.	New hostel building	SVDU	To facilitate more number of in house students facilities.
4.	Pharmacovigilance & Drug information center	SBKSMI & RC	For creating awareness among the health care professional including postgraduate and undergraduate students
		Department of Pharmacy	Patient counseling in terms of ADR, rationale use of drugs, drug –drug interaction and any other information related modern medicine
5.	Centralized examination hall	Examination section, SVDU	800 students can sit at once and can be organized by well organized manner and easily monitored.
6.	MRI	Radiology	Neurological assessment,

		Dept	Soft tissues of body, Joints
7.	Denta scan	Radiology Dept	Oro-maxillary assessment
8.	Optical coherence tomography	Dept of Ophthalmology	For retinal and glaucoma diseases
9.	B. scan	Dept of Ophthalmology	For retinal, vitreous and choroidal diseases
10.	Humphrey field analyzer	Dept of Ophthalmology	For visual field studies
11.	Anterior segment photography	Dept of Ophthalmology	For photography of anterior segment conditions
12.	Pentacam	Dept of Ophthalmology	For anterior segment evaluation
13.	Neuro Endoscope	Dept of Neurosurgery	For endoscopic spinal surgeries
14.	Lithotripsy	Dept of Urology	For kidney stone removal
15.	Uro Laproscopic set	Dept of Urology	For laproscopic Uro surgeries
16.	Dialysis Units	Dept of Nephrology	For Dialysis
17.	Micro vascular surgical set	Dept of Plastic and reconstructive surgeries	For reconstructive plastic surgeries
18.	Intermediate ICU care facilities	Dept of Medicine	For step down ICU patients
19.	ROC INOCROSS CXL	Dept of Ophthalmology	For treatment of keratoconus
20.	Automated incubator	Dept of Microbiology	Early Diagnosis of suspected cases of septicemia from Departments of medicine, pediatrics, surgery, OBGY of Dhiraj general hospital.
21.	Bio-safety cabinets	Dept of Microbiology	Culture and anti microbial sensitivity testing of

22.	Biological indicator incubator	Dept of Microbiology	clinical samples received from various clinical department of Dhiraj general hospital. Sterilization controls received from CSSD and cardiology unit of DGH.
23.	Mindray trolley	Dept of Anesthesia	Anesthesia work station
24.	Dragon work station	Dept of Anesthesia	Anesthesia work station
25.	Vaporizer sevoflurane/ Desflurane	Dept of Anesthesia	Different inhalational anesthesia
26.	Infusion pump for blood less field	Dept of Anesthesia	For balanced anesthesia
27.	Genio electrophoresis	Dept of Pathology	Detection of Hemoglobinopathies by Hemoglobin electrophoresis
28.	Fully automated biochemistry analyzer	Dept of Biochemistry	Use for performing various biochemical test for patient s coming to Dhiraj Hospital & post-graduate research work.
29.	State-of-art Cath lab	Dept of Cardiology	Modern cardiac interventions
30.	Surgical microscope	Dept of Neurosurgery	For operative procedures
31.	Long-term VEEG monitoring	Department of Neurology	For diagnosis and localization in epilepsy; 1-2 per week
32.	Portable EEG monitoring	Department of Neurology	For intra operative and ICU monitoring; 7-10 per week
33.	Epilepsy surgery	Department of Neurology	For management of patients with drug resistant epilepsy

34.	EMG, NCS and evoked potential studies	Department of Neurology	For management of patients with neuromuscular diseases; 2-3 per day.
35.	Virtual library	Department of Community Medicine	Availability of world scale literature
36.	Wi-Fi enabled campus	Department of Community Medicine	Access to internet service for searching educational resources
37.	Class B autoclave	Dept of Oral Surgery	Sterilization highest standards
38.	Hi-tech gadgets such as Physio-dispensers, recent research kits, Bone Grafting materials	Dept of Oral Surgery- Department of Implantology	Implant surgeries
39.	Dolphin software	Dept of Orthodontics	Treatment planning
40.	Matrix conscious sedation unit	Dept of Pedodontics	For treatments under sedation
41.	Operating microscope	Dept of Conservative dentistry	Root canal treatment under magnification
42.	Research microscope	Department of oral pathology	Cytomorphometry studies, Taking photomicrograph for research purposes with dark field microscope function, polarize microscope function, Interdisciplinary researches
43.	Ceramic furnace	Dept of Prosthodontics	In house ceramic restoration
44.	Iontophoresis	Dept of Periodontics	Treatment of sensitivity problems
45.	Sophisticated instruments like treadmills,	College of Physiotherapy	For research and teaching purpose for PhD, PG, and UG students and staff.

46.	JAMAR, dynamometer etc. All class rooms fitted with LCD projector and Wi- Fi	SVDU	To effectively conduct lectures or seminars for UG, PG, PhD students and staffs.
47.	Campus wide Wi- Fi	SVDU	To access online data/ evidence/ articles by UG, PG, PhD students and staff.
48.	E-databases	Learning resource center	To cater the needs of end users and develop a virtual library.
49.	Career & Competitive Exam Forum	SVDU	To generate awareness and to prepare for various competitive examinations.
50.	Psychosocial counseling centre	SVDU	To help out the students and patients in stress.
51.	Air condition in all centralized class rooms	SBKSMI&RC & KMSDCH	For student's and staff's comfort in the classroom.

**4.1.3 Has the institution provided all its departments with facilities like office room, common room and separate rest rooms for women students and staff? Yes.**

**4.1.4 How does the institution ensure that the infrastructure facilities are barrier free for providing easy access to college and hospital for the differently-abled persons?**

Ramps,railings,lifts, wheel chair facilities and special parking areas have been created.

**4.1.5 What special facilities are available on campus to promote students' interest in sports and cultural events/activities?**

A full time sports officer, proficient in various sports, yoga and meditation is appointed to oversee all sports activities and train the interested students.

For various sports, specialized coaches have also been enlisted to provide training to the students.

SN	Facilities
1.	Multi Gym facility with trainer in hostels
2.	Outdoor Basket Ball court
3.	Outdoor Lawn Tennis court
4.	200 meter sports field for Track & Field events
5.	Football ground
6.	Volleyball court
7.	Outdoor Gym with jogging track
8.	Indoor sport facility – Carom , Table-Tennis, Badminton
9.	700 seats fully Air conditioned, sound proof, echo proof Auditorium
10.	Amphitheater with green lawns with 2500-3000 sitting capacity

#### 4.1.6 What measures does the institution take to ensure campus safety and security?

- Following are the measures to ensure campus safety & security.
  1. An 8 feet boundary wall has been erected with security round the clock at entry and exit points.
  2. A complete team of security personnel with designated security officer is responsible for ensuring security to all personnel and buildings in the campus.

Sr. no.	Facilities
1)	Round the clock availability of trained security personnel
2)	Availability of lady security personnel round the clock
3)	Security posts at every building in general and hostel in particular. There is regular surveillance at strategic entry & exit points, library, sports field, mess & dining Ares, residential blocks, parking areas.
4)	Separate dedicated hospital security personnel
5)	Entry restricted subject to showing of identity cards, vehicle stickers & visitors pass. Students are not permitted to be out

	of the campus beyond 10 P.M. without express sanction of authorities. All entries and exits are checked by authority staffs. Attendance of all hostel inmates is taken at 10 P.M. is taken by the wardens.
6)	All group activities of the students beyond the campus are under the guardianship of designated faculty.
7)	Besides regular wardens, every hostel has a faculty resident warden to look into the security, need and discipline aspect of the students.
8)	CCTV cameras at key locations throughout the campus
9)	Fire extinguishers / Fire fighting squad in all important operational areas
10)	Ample street lights & adequate lighting facilities
11)	Security call using intercom.
12)	Anti ragging squads & committee
13)	Anti women harassment committee
14)	Mentor system
15)	Insect & rodent control measures
16)	Children safe play area
17)	Crèche
18)	Speed breakers at key locations
19)	All two wheeler drivers and pillion riders have to compulsorily wear safety helmets.

#### 4.1.7 Facility of Animal House

- \* **Is animal house maintained as per CPCSEA guidelines?**
  - \* **Whether records of animal house are maintained for learning and research activities?**
  - \* **Does the animal house have approval for breeding and selling experimental animals as per CPCSEA guidelines?**
- A. Yes;- the animal house is maintained as per CPCSEA guidelines
- The central animal house is maintained and taken care by the department of Pharmacology and Department of Pharmacy, is located in an open area away from college, hospital building and residential area. It is registered with CPCSEA

vide registration number: 947/PO/ac/06/CPCSEA dated 30-06-2006 renewed up to 29-06-2015.

- The central animal house is well equipped with trained technical staff, with properly maintained illumination, humidity, air-conditioners and heater facility for each room as per CPCSEA guidelines. Different species of small laboratory animals such as albino mice, albino rats, guinea pigs and rabbits are housed in separate rooms with all facilities provided as per CPCSEA guidelines.
- B. Yes , records of animal house are maintained for learning and research activities
- C. No, the animal house does not have approval for breeding and selling experimental animals.
- However Internal Animal Ethical Committee has applied for getting approval for breeding as per CPCSEA guidelines.

**4.1.8 Provide the following details on the use of laboratories / museums as learning resources:**

**\* Number/ Maintenance and up-gradation /Descriptive catalogin museums /Usage of the above by the UG/PG students.**

Following are the details on the use of laboratories / museums as learning resources:

S N	Learning – Resources	No	Maintenance & Up- gradation Procedure of maintenanc e; • As per the guidelines given in SOP for maintenanc	Catalogue	Utilization by UG/PG students Used for UG & PG students during practical sessions, clinical sessions, research
1	<b>SBKSMIRC</b> 1. Preclinical lab 2. Para Clinical lab 3. Clinical lab 4. Museums	10 12 08		• The catalogue of each laborator y and museum purchase is	
2	<b>KMSDCH</b> 1. Preclinical lab	6			

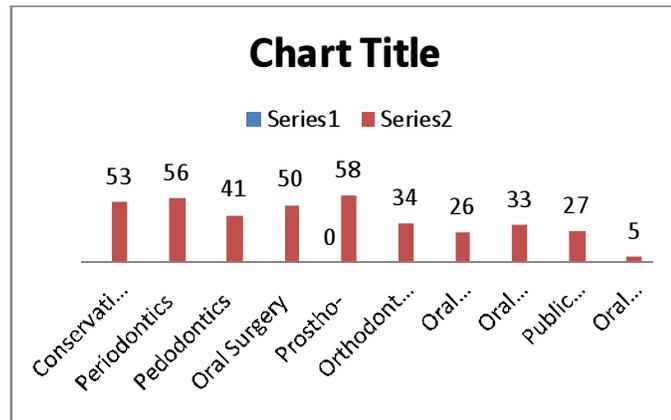
3	2. Para Clinical lab	02	e of each laboratory.	maintained for reference as required. • The catalogue s regarding laboratory procedure s/museum specimen s are also maintained for usage which contains the precautionary measures to be taken.	activities and museum teaching sessions.
	3. Clinical lab	05	The lab attendants, lab technicians are trained to undertake the basic maintenance work.		
	4. Museums	06			
	<b>College of Physiotherapy</b>				
4	1. Preclinical lab	0	• In case of breakdown /major repair, the matter is reported to the maintenance manager who then gets it done by the outsourced service provider. Procedure for Up-gradation • On condemnation • To meet the requirements of pedagogy, research,		
	2. Para Clinical lab	0			
	3. Clinical lab	0			
	4. Museums	0			
5	<b>Department of Pharmacy</b>				
	▪ Museums	01			
	▪ Pharmaceutics	05			
	▪ Pharmaceutical Chemistry	03			
	▪ Pharmaceutical Analysis/QA	01			
	▪ Pharmacology	03			
	▪ Pharmacognosy	02			
	▪ Pharmaceutical Biotechnology & Microbiology	01			
	▪ Instrumentation Room	01			
	▪ Machine	01			

	<ul style="list-style-type: none"> <li>room</li> <li>▪ Central Instrument room</li> </ul>		<p>patient care as suggested by respective HODs.</p>	
6	<b>Department of Management Computer Lab</b>	01	<p>IT Department of University will provide support in maintenance of hardware &amp; Software. These software resources are upgraded periodically keeping in mind new products available in market and its utility by faculty member</p>	<p>PG Student: It is used for training students and faculty for online survey, statistical analysis, e-resources for evidence generation.</p>

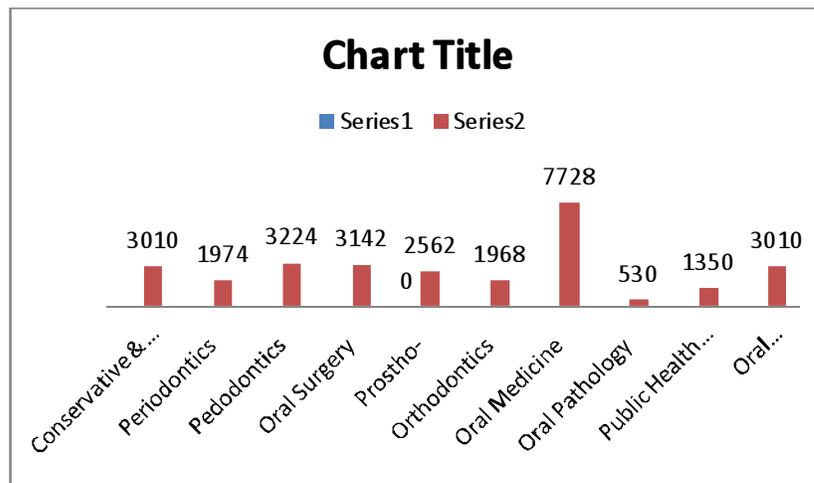
#### 4.1.9 Dentistry

\* **Dental chairs in clinic – specialty wise /Total dental chairs /Schedule of chair side teaching in clinics – specialty wise /Number of procedures in clinics per month and year /Mobile dental care unit /Facilities for dental and maxillofacial procedures /Dental laboratories .**

- **Dental chairs in clinic – specialty wise**



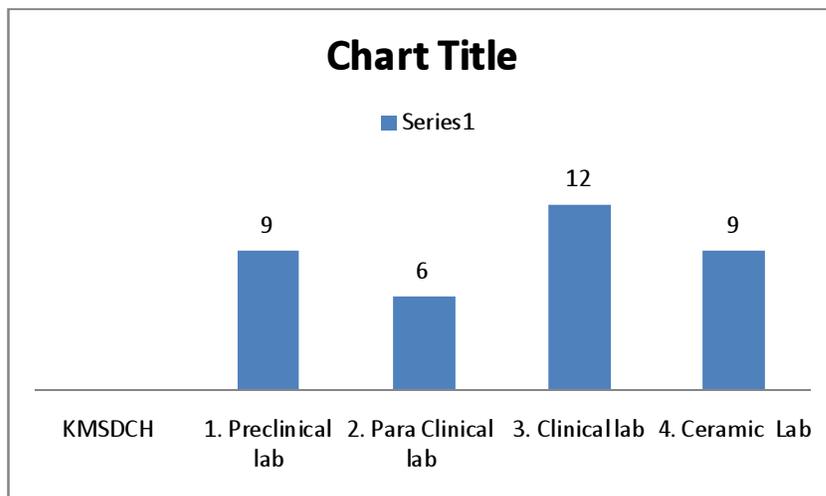
- \* **Total dental chairs-** 383
- \* **Schedule of chair side teaching in clinics – specialty wise**
- \* The clinical chair side teaching is regularly done in the institute as mandated by the Dental Council of India and as notified in the institutional and departmental time table.
- **Number of procedures in clinics per month(Average):**



- \* **Mobile dental care unit:** Available with two fully functional dental chairs, X-ray units, consulting room and minor surgical procedure room.

- \* **Facilities for dental and maxillofacial procedures:** Available- along with out-patient facilities in the Dental hospital, Department also has separate ward and operation theater facility in the hospital to perform oral and maxillofacial surgical procedures.
- \* **Dental laboratories:** The separate laboratories for preclinical teaching are available in the department of Conservative dentistry, Prosthodontics, Orthodontics, Pedodontics dental anatomy and histology and Oral Pathology.
- \* List of Dental Laboratories are as follows:

KMSDCH	
1. Preclinical lab	6
2. Para Clinical lab	2
3. Clinical lab	5
4. Museum	6



#### \4.1.10 Pharmacy

- \* **Pharmaceutical Science Laboratories / Museum for drug formulations / Machine room Herbarium / crude drug museum / Balance room / Chemical store / Instrumentation facilities / Pilot plant / Computer aided laboratory**
- Department of Pharmacy has all the equipments as per statutory

guidelines.

- The other sophisticated equipments are as follows:

Sr. No.	Pharmaceutical Science Laboratories	Available No. & Area in Sq mts
1	Pharmaceutics Pharmaceutical Chemistry Pharmaceutical Analysis Pharmacology Pharmacognosy Pharmaceutical Biotechnology & Microbiology (Including Aseptic Room)	5×100=500 3×100=300 1×100=100 3×95=285 2×150=300 1×150=150
3	Preparation Room for each lab (One room can be shared by two labs, if it is in between two labs)	4×24 1×60
4	Area of the Machine Room	1×150=150
5	Central Instrumentation Room	1×100=100
6	Store Room – I	1×111=111
7	Store Room – II (For Inflammable chemicals)	1×37=37
8	Museum	01×50=50
9	Computer Lab	1×95=95

### Physiotherapy

- \* Laboratories / Museum / Equipment details /Teaching aids /Computer aided laboratory

S. N.	Learning Resources	No	Maintenance & Up-gradation	Catalogue	Utilization by UG/PG students
1.	Laboratories	05	Each laboratory has faculty in charge, who	User manual / catalog	For practical and skill presentation sessions,

			keeps inventory and records related to equipment, there is periodically check for equipments, in case of damage the matter is reported to maintenance department through proper channel for repair. All equipments are similarly maintained.	ue available	For treatment purpose.
2.	Museum [Part of library]	01	Faculty in charge of library looks after.	-	Posters which includes both textual and graphic elements for informative purpose by students
3.	Teaching aids cordless mike with speakers and LCD	(4) Cordless microphone and speakers (6) LC	Faculty in-charge for infrastructure in COP maintains issues related to teaching aids, in case of damage, complaints send to maintenance	-	To effectively conduct lectures or seminars for UG, PG, PhD students and staffs.

		D pro ject or ava ila ble	department in case of damage and got repair.		
4.	Comput er aided laborato ry	AVAILABLE			

### EQUIPMENT DETAIL

S . N .	Equipment	S. N .	Equipment	S. N .	Equipment
1	Hydrocollat or Thermolator	2.	SWD 500W	3.	Vectostim computense IFT
4	Vectodyne computense d IFT	5.	Ultrason 709	6.	Tilt table
7	Sun hot cold pack (2 in no.)	8.	Electrostim DT (diagnostic muscle stimulator) * (10 in no.)	9.	Treadmill
1 0	Digital algometer	1 1.	Multiactivity work station	1 2.	Hand evaluation kit
1 3	Skin fold caliper	1 4.	Suspension unit	1 5.	Shoulder wheel
1 6	Whirlpool bath	1 7.	U.S. electroson 608	1 8.	Tapsi SWD

1 9 . 2 2 . 2 5 .	Elbow crutches (2 in no.) Weight cuffs Wrist roller	2 0. 2 3. 2 6.	Baby walker Shoulder ladder Tilt table machine	2 1. 2 4. 2 7.	Pulley Wrist roller Balanced board
2 8 .	Skate board	2 9.	Supinator and pronator exerciser	3 0.	Traction unit
3 1 .	LASER	3 2.	IFT	3 3.	Cycle ergometer
3 4 .	Bubble bath	3 5.	Physio ball (2 in no.)	3 6.	Peanut ball
3 7 .	Bolster	3 8.	Wedges	3 9.	Tampoline
4 0 .	Walkers (2 in no.)	4 1.	Mats (4 in no.)	4 2	Putty
4 3 .	Dumbbells	4 4.	Mini TENS (8 in no.)		

**4.1.11 Yoga and Naturopathy**

**Not applicable**

**4.1.12 Homoeopathy**

**Not applicable**

**4.1.13 Nursing**

**\* Nursing Foundation Laboratory /Medical Surgical  
Laboratory /Community Health Nursing**

**Laboratory/Maternal and Child Health Laboratory  
/Nutrition Laboratory / Pre clinical Laboratories /Specimens,  
Models and Mannequins**

**Laboratory requirement**

S. No.	Name of the laboratory	Size of the laboratory	Number of equipments and articles	Number of dummies and dolls
1	Nursing Foundation Lab	1608 Sq. Ft.	1461	13
2	CHN	1165 Sq. Ft	251	-
3	Nutrition	1100 Sq. Ft.	467	-
4	MCH Lab	1165 Sq. Ft	51	01
5	Computer Lab (Central)	1600 Sq. Ft.	40	-

- Nursing College have all the instruments as per statutory guidelines with Community health Nursing lab, Maternal & Child health Nursing lab, & Nutritional lab. The other sophisticated equipments are as follows:

**SPECIMENS MODELS AND MANNIQUINS:**

**Available in the Nursing College Labs:**

Manikins & Dummies		Qty.
1	Adult C.P.R. Manikin	1
2	Half C.P.R Manikin	1
3	Peadiatric CPR Manikin	1
4	Neonatal CPR Manikin	1
5	Injection trainer	1
6	Intubation trainer	1
7	Multiple procedure Dummy	1
8	Delivery Training Dummy	1

9	Obstetric dummy	1
10	New Born Baby	1
<b>Models</b>		
1	Heart	1
2	Kidney	3
3	Respiratory system	1
4	Brain and Spinal Cord	1
5	Muscular system	1
6.	GI System	1

**Mannequins Available in Central Skill Labs:**

<b>Sr. No.</b>	<b>Mannequins</b>	<b>Nos.</b>
1	Basic Nursing Training Mannequin	01
2	Adult multivenous IV arm trainer	01
3	Catheterization & enema trainer	01
4	Nasogastric & tracheal care Trainer	01
5	Pediatric Intubation trainer	01
6	Neonatal Resuscitation baby	01
7	Hi fidelity Adult Patient Simulator	01
8	AED CPR Trainer	01
9	Pediatric Nursing care mannequins	01
10	Obstetric Birthing Torso	01
11	Episiotomy Trainer	01
12	Childbirth Models	01
13	Pelvic Examination trainer	01
14	Gynecological trainer	01

**4.1.14 Ayurveda**

**Not Applicable**

**4.1.15 Does the institution have the following facilities? If so, indicate its special features, if any.**

\* **Meditation Hall / Naturopathy blocks**

- Meditation hall: the visiting yoga meditation instructor conducts the session on premises (hostels- Boys & Girls) with noise proof environment & audio- video facilities.
- Naturopathy blocks: Not applicable

**4.1.16 Provide details of sophisticated equipments procured during the last four years.**

- Following is the table of sophisticated equipment procured in last 4 years

**SBKSMI&RC**

S. No.	Department	Name & number of equipment procured	Year of procurement
1.	Physiology	<ul style="list-style-type: none"> <li>• Computerized Spirometry : Spiro Win-01</li> <li>• Tread Mill- 01</li> </ul>	2015
2.	Biochemistry	<ul style="list-style-type: none"> <li>• BioRad D-10 hemoglobin testing system (HPLC)-01</li> <li>• Helena Protofluor Z hematofluorometer-01</li> <li>• Deep freezer Remi - 20°C-01</li> </ul>	2015
3.	Pharmacology	<ul style="list-style-type: none"> <li>• Analgesiometer - 1</li> <li>• Two unit organ bath -8</li> <li>• Actophotometer -1</li> <li>• Electroconvulsimeter -1</li> <li>• Rotarod apparatus – 1</li> <li>• Glass distilled apparatus-1</li> <li>• All maze video tracking software - 1</li> </ul>	2013
4.	Microbiology	<ul style="list-style-type: none"> <li>• ELISA washer-01</li> <li>• ELISA reader-01</li> <li>• Biological indicator</li> </ul>	2015 2015 2014

		incubator-01 • Biosafety cabinet level II-02 • BACTEC-9050-01	2013 2012
5.	Pathology	• BACKMEN COULTER 750LH-01 • MISPA- I2-01 • INSTACHECK-01	2015 2014 2015
6.	Ophthalmology	• LASIK platform( ZEISS MEL 80)-1 • OCT-1 • Ultrasonography-1 • Humphrey visual field analyser-1 • Pentacam-1 • ROC INOCROSS CXL-1	2012 2014 2014 2014 2015 2015
7.	ENT	• ENDOSCOPE-2 • AUDIOMETER-1 • BERA-1 • OAE -1 • CAMERA-2 • MICROSCOPE-1 • DEBRIDER-1 • STROBOSCOPE-1 • MICRODRILL-1	2013 2015 2015 2015 2015 2015 2015 2015 2014
8.	PSM	• Horrock's apperatus-01	2013
9.	Surgery	• Harmonic-01 • Endo urology01 • ESWL, urodynamics-01 • Operating Microscope-01	2012 2014 2014 2014
10.	Obs&Gynec	• CTG MACHINE-01 • SINGLE PUNCTURED LAPROSCOPIC -01 • Colour Doppler and Ultrasonographic machine	2015

11.	Pediatrics	<ul style="list-style-type: none"> <li>• HAMILTON VENTILLATOR-01</li> <li>• SEIMENS VENTILLATOR-01</li> </ul>	2012
12.	Radiology	<ul style="list-style-type: none"> <li>• CR System- AGFA – 30</li> <li>• MRI 1.5 Tesla Philips-01</li> <li>• USG Machine- Philips HD 9</li> <li>• USG Machine-GE Logic P5GE X-ray Machine- 600 Ma-01</li> <li>• USG Machine- GE Logic P9CR System – AGFA 30-01</li> </ul>	2013 2014 2014 2015
13.	Respiratory medicine	<ul style="list-style-type: none"> <li>• Skin Prick Test-01</li> <li>• Ventilator [RESMED/ NIV]-02</li> </ul>	2015
14.	Psychiatry	<ul style="list-style-type: none"> <li>• Biofeedback-01</li> <li>• Transcranial direct current stimulation-01</li> </ul>	2015
15.	Skin & VD	<ul style="list-style-type: none"> <li>• Lasers- 3</li> <li>• RF cautery- 1</li> <li>• Cryotherapy- 1</li> <li>• Microderma abrasion- 1</li> <li>• Dermoscope- 1</li> </ul>	2012 2012 2015 2012 2015
16.	Neurology	<ul style="list-style-type: none"> <li>• Portable EEG-01</li> <li>• Long-term Video-EEG-01</li> <li>• Nerve conduction, EMG and evoked potential machine-01</li> </ul>	2015 2015 2015
17.	Plastic surgery	<ul style="list-style-type: none"> <li>• Microsurgical instruments set-1</li> <li>• VAC machine-1</li> <li>• Liposuction and fat transfer instruments set-1</li> </ul>	2014 2014 2014

**DENTAL****DEPT OF PERIODONTOLOGY**

<b>S. No.</b>	<b>Department</b>	<b>Name &amp; number of equipment procured</b>	<b>Year of procurement</b>
1.	Periodontics, KMSDCH	Electrocautery – Number of equipment -1	2011-12
2.	Periodontics, KMSDCH	LASER – number of equipment-1	2012-13
3.	Periodontics, KMSDCH	Iontophoresis- number of equipment – 1	2013-14

**DEPT OF ORTHODONTICS**

<b>S. No.</b>	<b>Department</b>	<b>Name &amp; number of equipment procured</b>	<b>Year of renewal</b>
1.	ORTHODONTICS	Dolphin Imaging Software (version 11.5)	2014-15

**DEPT OF PEDODONTICS**

<b>S. No.</b>	<b>Department of pedodontics and preventive dentistry</b>	<b>Name &amp; number of equipment procured</b>	<b>Year of procurement</b>
1	Nitrous oxide	Matrix -1	2013
2	RVG	Owandy-1	2012
3	Thermoplastisizer GP condenser	EQ plus BY META BIOMED-1	2011
4	Endomotor	SAESHIN E-CUBE - 2	2011

**DEPT OF PUBLIC HEALTH DENTISTRY**

<b>S. No.</b>	<b>Department</b>	<b>Name &amp; number of equipment</b>	<b>Year of procurement</b>
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		<b>procured</b>	
1	Public Health dentistry	Portablke X ray unit	2013

**DEPT OF ORAL MEDICINE & RADIOLOGY**

<b>S. No.</b>	<b>Department</b>	<b>Name &amp; number of equipment procured</b>	<b>Year of procurement</b>
1.	Oral Medicine & Radiology	02 dental chair units in dept of OMR for PG clinic	2012

**DEPT OF ENDODONTICS**

<b>S. No.</b>	<b>Name &amp; number of equipment procured</b>	<b>Year of procurement</b>
1	05 - dental chair	2011-12
2	01 – seronaendomotor	2011-12
3	01 – RVG	2011-12
4	01 - Blue phase	2011-12
5	01 - Intra oral Camera	2012-13
6	01 - Needle destroyer	2012-13
7	01 - Ultrasonic Bath	2012-13
8	02 - DENTAL OPERATING MICROSCOPE	2013-14

**DEPT OF PROSTHODONTICS and CROWN AND BRIDGE**

<b>S. No.</b>	<b>Name &amp; number of equipment procured</b>		<b>Year of procurement</b>
	<b>Name of equipment</b>	<b>Number</b>	
	Micromotor – (Lab Type)	4	

	Lathe	6	2013
	Acrylizer	3	2013
	Dewaxing Unit	3	2013

#### DEPT OF ORAL AND MAXILLOFACIAL SURGERY

S. No.	Name & number of equipment procured	Year of procurement
1.	Oscillating Saw with all hand pieces – 1	2011
	Surgical instruments:-	
	a. General surgery kit-2	2011
	b. Tracheostomy kit(with set of disposable tubes consisting of six)-1	
	c. Minor oral surgery kit-6	
	d. Osteotomy kit-3	
	e. Cleft surgery kit-3	
	f. Bone grafting kit-1	
	g. Emergency kit-1	
	h. Trauma set including bone plating kit-2	
	i. Implantology kit(standard/imported ISI approved)	
	j. Distraction osteogenesis kit(desirable)-1	
	k. Operating microscope and microsurgery kit-1	
	l. Dermatomes-2	
	m. Formalin chamber-3	
	n. Pulse oxymeter-1	
	o. Ventilator-1	
	p. Fiber optic light-1	

#### DEPARTMENT OF ORAL IMPLANTOLOGY

S. No.	Name & number of infrastructure facilities Furniture, fixture and equipment procured	Year of procurement
1	Implant Kit-6	2014

Physiodispenser-1 Bone crusher-1 Bone graft carrier-1 Collagen membrane (pkt of 5 nos)-1 Dentoflex implant kit-100 Expansion kit-1 P r f kit (implant)-1 Ridge splitting kit-1 Sinus lift instrument kit direct-1 Sinus lift instrument kit indirect-1 Trepine set-1 Airotor handpiece-1 Assorted bone currette-5	
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#### ORAL PATHOLOGY

S. No.	Name & number of equipment procured	Year of procurement
	Research microscope -- 01	2011
	Penta head microscope -- 01	2012
	Microwave woven -- 01	2012
	Stereomicroscope – 01	2010
	Digital centrifuge-01	2014
	Wax bath-01	2014

#### PHYSIOTHERAPY

S.N	Name & number of equipment procured	Year of procurement
1	Treadmill	2011
2	Electromed Ultra sound therapy unit	2011
3	Combination therapy unit , Biotech	2011
4	IFT, Tapsi	2011
5	Digital Algometer	2011
6	SWD 500 W	2012
7	Electrostim digital muscle stimulators	2012
8	Vectodyne and vectrostim computensed IFT	2012

9	U.S. electroson 709	2012
10	Hydro collator thermolator	2013
11	Cycle ergo meter	2014

## NURSING

Dummies & dolls		Qty.	Year of procurement
1	Injection training Manikins (B.R. Biomedical Pvt. Ltd.)	1	2012
2	Peadiatric Dummy	1	2012
3	Obstetric dummy	1	2012

## 4.2 Clinical Learning Resources

### 4.2.1 Teaching Hospital

- The university has two teaching hospitals viz,
  1. Dhiraj General Hospital: it is a multi super specialty hospital which is a constituent of SBKS medical institute and research center catering Teaching facilities to the students of Medical , Dental, Physiotherapy, Nursing, Pharmacy, and MBA Health Care Students.
  2. K M Shah Dental College and Hospital: It is Dental Hospital which caters to the teaching facilities to all Dental and Medical students.

#### \* Year of establishment

- Dhiraj General Hospital- 2002
- K M Shah Dental College and Hospital -1999

#### \* Hospital institution distance

- Both, Dhiraj Hospital and K M Shah Dental College and Hospital are located within 20 meters distance from the Institution.

\* **Whether owned by the college or affiliated to any other institution?**

- Yes, Dhiraj Hospital and K M Shah Dental College and Hospital are owned by Sumandeep Vidyapeeth.

\* **Are the teaching hospitals and laboratories accredited by NABH, NABL or any other national or international accrediting agency?**

\*Once accredited by the NAAC, the university plans to get the accreditation from other agencies.

\***Number of beds**

- Dhiraj Hospital has 1360 Beds, and distribution of the beds is as follows:

<b>Sr. No.</b>	<b>Name</b>	<b>No. Of beds</b>
1	General medicine	240
2	Respiratory medicine	60
3	Dermatology	30
4	Psychiatry	30
5	General surgery	240
6	Orthopaedics	150
7	Ophthalmology	60
8	ENT	30
9	Obst & gynecology	150
10	Peaditrics	120
13	Oral maxillofacial surgery ward	20
Total		1130

<b>Sr. No.</b>	<b>Name</b>	<b>No. Of beds</b>
1	Neurology	20
2	Neuro surgery	20
3	Cardiology	20
4	Cardiothoracic & vascular surgery	20
5	Reconstructive (plastic) surgery	20

Total	100
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Sr. No.	Name	No. Of beds
1	ICU	17
2	ICCU	11
3	PICU	12
4	NICU	08
5	Surgical ICU	06
6	Neuro ICU	04
7	Uro ICU	04
7	Respiratory ICU	04
8	Surgical recovery	28
9	Casualty	30
10	Dialysis	06
	Total	130

**\* Number of specialty services available in Dhiraj Hospital**

S. No.	Constituent units	No of Specialty services
1	Specialty	12
2	Super specialty	05
3	Physiotherapy	01

**\* Number of specialty services in K M Shah Dental College and Hospital**

Sr. No.	No of the specialty services
1	9

**\* Number of super-specialty services 5 (five)**

- Dhiraj General Hospital

<b>Sr. No.</b>	<b>Name</b>
1	Neurology
2	Neuro surgery
3	Cardiology
4	Cardiothoracic & vascular surgery
5	Reconstructive (plastic) surgery

\* **Number of beds in ICU / ICCU / PICU / NICU, etc.**

- Dhiraj General Hospital

<b>Sr. No.</b>	<b>Name</b>	<b>No. Of beds</b>
1	ICU	17
2	ICCU	11
3	PICU	12
4	NICU	08
5	Surgical ICU	06
6	Neuro ICU	04
7	Uro ICU	04
7	Respiratory ICU	04
8	Surgical recovery	28
9	Casualty	30
10	Dialysis	06
	Total	130

\* **Number of operation theatres**

<b>Sr. No.</b>	<b>Location</b>	<b>Major OT</b>	<b>Minor OT</b>
1	Main OT complex	11	-
2	Gynec OT	3	1
3	Ophthalmology	1	-
4	Cardio thoracic & vascular surgery	1	-
5	Burns OT	-	1
6	Emergency	1	-
7	OPD	-	1
	Total	17	3

\* **Number of Diagnostic Service Departments**

- **Dhiraj General Hospital :**

1. Central Laboratory is providing comprehensive laboratory diagnostic services. It has all three components i.e. Pathology (Hematology, Histopathology, and Cytology Urine Sections), Biochemistry & Microbiology.
2. Department of Radio diagnosis.
3. The Department in addition to conventional Radiology and Ultrasonography has specialized facilities for Colour Doppler, CT scan, MRI Scan , Mammography, and various forms of interventional radiological techniques catering to all specialized and super specialized departments of the Medical, Dental and other Institutions of the University

\* **Clinical Laboratories :**

- A. Cardiac Investigations- Cathlab, Echocardiography, ECG, TMT, Holter Monitoring, Sleep lab.
  - B. Neurological Investigations- EEG, EMG, VEEG, BERA, NCV.
  - C. Respiratory Lab- PFT, Flexible Bronchoscopy.
  - D. GastroIntestinal- Upper G I Endoscopy, Colonoscopy, Sigmoidoscopy.
  - E. Pathology, Hematology, Histopathology, Cytology, Biochemistry & Microbiology.
- **K M Shah Dental College and Hospital :**
- A. Oral Pathology
  - B. Oral Medicine and Dental Radiology.

\* **Service areas viz laundry, kitchen, CSSD, Backup power supply, AC plant, *Manifold Rooms*, pharmacy services, Biomedical Engineering, Maintenance Services.**

- Laundry: - The Hospital has in house Laundry Plant for washing the hospital linen. The OT complex has a separate smaller washing plant for washing the OT linen.
- Kitchen:- The hospital provides free meals, breakfast, lunch and dinner to all patients, admitted in the hospital. The meals are prepared in a hygienic way with the help of various kitchen appliances. It also supplies meals to attendants of the patients at a highly subsidized amount.
- CSSD:- The hospital has a CSSD, located next to main OT complex. It functions round the clock and provides sterile stores to all OTs, IPD and OPD areas.
- Backup Power Supply:- Besides regular power supply from State Power Supply Authority, Hospital has enough power back up with the help of 750 KVA generator sets and UPSs.
- Manifold Room:- The hospital has two Manifold Rooms to supply central lines for supply of oxygen, nitrous oxide and central suction facility. Besides above, there are enough oxygen cylinders and suction machines at OTs, ICUs, Wards and Emergency area as a stand-by service.
- Pharmacy service:- The hospital has two pharmacies working round the clock to provide medicines and other consumable items to Out Door and Indoor Patients.
- Biomedical Engineering:- Hospital has Department of Biomedical Engineering where Biomedical Engineers and Technicians carry out corrective maintenance of equipment. Also, they regularly carry out preventive maintenance of all equipment in situ. Additionally CMC/AMC is done for high end equipment so as to avoid any inconvenience to the patients.
- Maintenance Services:- There is an in-house Maintenance Department for the hospital. It carries out preventive and corrective maintenance for

Civil works, regular supply of power and lighting, regular supply of water and drainage system

- **Blood Bank services:-**

The hospital has an in-house licensed Blood Bank with component segregation facilities. The Blood Bank issues the whole blood and components round the clock to the needy patients after carrying out requisite tests i.e. screening against communicable diseases and cross matching with the recipient's blood sample. The Blood Bank is functioning purely on voluntary basis.

- **Ambulance services**

The hospital has three Ambulances, providing immediate evacuation from near and far areas as per the patient's requirement. Trained paramedical, and if necessary Medical staff accompany the Ambulances for providing primary medical care at the site of incidence and en route emergency management.

\* **Drug poison information service**

- Department of Pharmacy has a well-established Drug Information Centre which caters any kind of drug poison information to the community, doctors and other health professionals

\* **Pharmacovigilance**

- It is a specialized service being supervised by Department of Pharmacology and Pharmacy.
- The Pharmacovigilance committee of SBKS Medical Institute and Research center was established in the year 2011 with an aim to generate awareness about the need of identifying and reporting of Adverse Drug Reactions (ADR), amongst all sections of health care providers of the SBKS MI & RC & attached Dhiraj Hospital. For reporting of suspected adverse drug reactions, the adverse drug reaction reporting forms containing the contact numbers of the faculty from the department of Pharmacology

were made available at the Medical Superintendent office of Dhiraj Hospital on 2/9/2014.

- Department of Pharmacy has a well-established Drug Information Centre which caters any kind of pharmaco- vigilance information to the doctors and other health professionals.

\* **Mortuary, cold storage facility**

The hospital has full-fledged functional Mortuary with the capacity to preserve two bodies in refrigerated storage chambers.

\* **Does the teaching hospital display the services provided free of cost?**

In the hospital prominent display boards exhibit details of all services pertaining to Medical , Dental and Physiotherapy, which are provided free of cost to all patients.

Sr. No.	Hospital	Free services
1	Dhiraj General Hospital	Yes, Display board on free OPD Registration, consultation, bed and operation charges in General wards is available at prominent places i.e. OPD Registration area and Emergency, from where patients are admitted in the hospital.
2	KMS Dental college & Hospital	<ul style="list-style-type: none"> <li>• The preventive procedures and extraction</li> <li>• Hand scaling.</li> <li>• amalgam restorations</li> <li>• Orthodontic treatment for Cleft lip and Cleft palate patients</li> <li>• Removable partial and complete dentures to senior citizens.</li> <li>• Preventive regimen, silver amalgam filling, extractions</li> <li>• Biopsy of Oral Lesions, Injection Therapy for OSMF, Oral Pre-cancer Screening, Exfoliative cytology, Infrared Therapy, FNAC.</li> </ul>
3	Physiotherapy	All forms of Physiotherapy treatment to all the

Centre	Indoor and Outdoor patients.
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\* **What is the mechanism for effective redressal of complaints made by patients?**

- The complaints of the patients are addressed as below.
- A. A Patient Feedback is taken by the hospital supervisor from every patient at the time of discharge. Any complaint requiring immediate attention is immediately put forward to the medical superintendent for necessary action. All routine feedbacks for the improvement are analyzed by Patient Grievance Redressal committee during three monthly meetings.
- There is enough No. of suggestion boxes, placed at prominent places, both in OPD and IPD areas. The suggestion boxes are opened on a daily basis and complaints/feedback addressed as above. The Medical Social Workers remain in OPDs and carry out rounds of IPD areas to listen to the grievance of the patients and try to solve them then and there only. If it is beyond their authority, they convey it to the concerned authorities to get the issue resolved.
- The office of Medical Superintendent has an open door policy and remains open to receive the grievances and take expeditious action.

\* **Give four years statistics of inpatient and outpatient services provided.**

**DHIRAJ HOSPITAL OPD/IPD STATISTICAL REPORT**  
**(From 1<sup>st</sup> Jan 2011 to Dec 2014 LAST 04 YEARS)**

Services	2011	2012	2013	2014
OPD Attendance	90780	93749	97430	1009
	0	9	8	550
IPD	40392	43974	39735	4625
				8
<b>Laboratory investigations</b>				
Pathology	72214	95750	98537	1380

	8	3	1	307
	62416	60983	57650	6329
Biochemistry	6	0	9	99
	25093	25201	25397	2810
Microbiology	0	1	5	05
	20633	21410	21550	2214
Radiology investigations	5	2	1	86
Death	310	339	393	459
<b>Operations</b>				
				1613
Major	9016	12851	14707	7
				2090
Minor	18618	21785	20727	9
<b>Delivery</b>				
NORMAL DELIVERY	1574	1789	1805	1857
LSCS	673	1069	983	949

- \* **Does the hospital display charges levied for the paid services?**
  - Yes, charges for specific investigations and procedures are displayed. However these charges are at highly subsidized rates and the details have been projected in criteria VI (6.4.7).
- \* **Are the names of the faculty and their field of specialization displayed prominently in the hospital?**
  - Yes, boards on department wise names of faculty are available in their respective departments.
- \* **Is pictorial representation of the various areas of the hospital displayed in a manner to be understood by illiterate patients?**
  - Yes, the pictorial board and directional sign postings are available in the OPD areas.
- \* **Is there a prominent display of ante-natal, mother and child health care facilities?**
  - Yes, display boards on ante-natal, mother and child health care facilities are available.

\* **How does the hospital ensure dissemination of factual information regarding rights, responsibilities and the health care costs to patient and the relatives/attendants?**

- As emphasized in the details above most of the hospital services are free of cost however those entailing minimal costs are transmitted to the patients as below:
- As soon as the patient comes for the OPD services the help desk gives basic information regarding rights, responsibilities and the health care costs;
- The cost of health care is also discussed by the treating consultant whenever further OPD based investigations/procedures etc. are advised.
- If patient is advised for admission, the cost of health care involved in IP care, further investigations, procedures and operation etc.by the admitting doctor as per the plan of treatment.
- At the time of IPD admission the admitting clerk gives all details of patient's rights and patient's responsibilities with respect to his/her treatment, stay, consent, cost and rehabilitation etc.
- Following Hospital Charter is also displayed at key areas in hospital in three languages;

**Patient's rights:** The following patient's rights are displayed at prominent places.

- Receive treatment based on your health needs
- You have the right in a medical emergency to be admitted immediately to hospital.
- Where a recommended medical procedure is not available at the hospital, you will have the right to ask your hospital to transfer you elsewhere where the procedure is available.
- Have access to hospital services regardless of Religion, caste, creed, ethnicity, gender, disability and language etc.

- Agree or refuse to participate in medical/nursing care, education training or medical research.
- Be treated with respect, dignity and consideration for your privacy and special needs
- Be accompanied by a family member, friend, caregiver or person of your choice as per hospital policy
- Receive safe and high quality health care provided with professional care, skill and competence
- To be given a clear explanation of your condition and any treatment, investigations or procedures proposed, including risks and alternatives, before agreeing on a course of action to be taken and signing your consent form, if applicable.
- Be given information about your continuing health care before you leave the hospital
- Apply for access to your medical records and to have personal information kept confidential
- Compliment, comment or complain about the health care you receive, and to be given information about how to lodge a complaint, without compromising your health care.

**Patient's Responsibilities:** The following patient's responsibilities are displayed at prominent places

- Provide accurate and complete information about your past illnesses, hospitalizations, medications and other matters relating to your health, and to answer any questions concerning these matters.
- Participate in your health care planning by talking openly and honestly about your concerns with your doctor and other health care professionals.
- Understand your health problems and treatment to your own satisfaction and to ask questions if you do not understand.

- Cooperate with your physician and other health care professionals in carrying out your health care plan both as an outpatient, inpatient and after discharge.
- Be accountable for the outcome if you or your family refuses treatment or fails to properly follow instructions.
- Notify your caregiver of any unexpected changes relating to your health.
- Participate and cooperate with our health care professionals in creating a discharge plan, which meets your medical and social needs.
- Provide information relating to insurance and other sources of payment.
- Promptly meet any financial obligation agreed to with the hospital
- Be considerate of your fellow patients, respect their rights for privacy and a quiet environment
- Cooperate and abide by the rules, regulations and policies of the hospital.

\* **How does the hospital ensure that proper informed consent is obtained?**

- For all the patients visiting OPD & getting admitted in IPD in both medical & dental hospital the general consent is obtained. Before taking general consent from patient the hospital staff gives the patient factual information about services offered, cost (free/subsidized/paid services) the rights & responsibilities of patient, restriction of the entries, rules about attendants & general clinical laboratory services & its outcomes. All the information, being given to patient & relatives, signature of patient/ legal guardian, etc, in bilingual format.
- Obtaining of Specific informed expressed written consent is mandatory in all high risk patients, requiring specialized

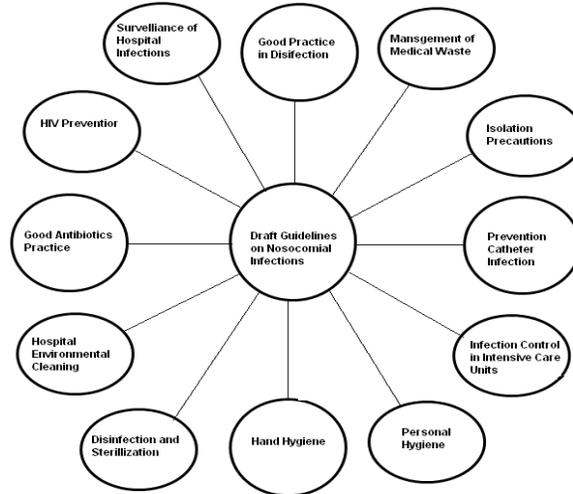
treatment, invasive diagnostic procedures, invasive therapeutic procedures & operations including that of ECT.

- The patient is given comprehensive information about such interventions their benefits, disadvantages, likely outcome, expected disability, the cost involved, etc.
- After the patient expresses his willingness his/here signature is taken on consent form in the presence of a witness, preferably his/her attendant out.
- The practice of taking consent is checked by the medical records department & is reviewed during medical audit.

\* **Does the hospital have well-defined policies for prevention of hospital-acquired infections?**

- Yes; hospital has well-defined policies for prevention of hospital-acquired infections;
- Prevention of Hospital Acquired Infections requires an integrated, monitored and ongoing programs which includes the following key components:
  - Limiting transmission of organisms between patients in direct patient care through adequate hand washing and glove use, and appropriate aseptic practice , isolation strategies, sterilization and disinfection practices, and laundry
  - Controlling environmental risks for infection
  - Protecting patients with appropriate use of prophylactic antimicrobials, nutrition, and vaccinations
  - Limiting the risk of endogenous infections by minimizing invasive procedures , and promoting optimal antimicrobial use
  - Surveillance of infections, identifying and controlling outbreaks
  - Prevention of infection in staff members
  - Enhancing staff patient care practices, and continuing staff education.

- All healthcare professionals, that includes doctors, nurses, technicians, therapists, pharmacists, support staff, support engineers and others, who are responsible for hospital for Infection control are imparted training on it at regular intervals.
- **Guidelines given on prevention of Hospital Acquired Infection are;**



\* **Does the hospital have good clinical practice guidelines and standard operating procedures?**

- Yes, the hospital has good clinical practice guidelines and standard operating procedures on various issues relating to patient Care. All procedures have been standardized through well developed SOPs and all case managements are done through Evidence Based Protocols specially designed by our specialists basing on the available global trends and their application to local issues. List of some of the SOPs and Protocols is given below.

Sr no	Dept	Practice guidelines/ SOPs
1	SBKSMI&RC and Dhiraj General Hospital	153 SOPs, 03 Protocols
2	KMSDCH	80 SOPs
3	College of Physiotherapy	08 Protocols

\* **Does the hospital have effective systems for disposal of bio-hazardous waste?**

- Yes, the hospital has an effective system for disposal of bio-hazardous waste. The hospital is authorized by the Gujarat State Pollution Control Board to handle and dispose the bio-medical waste as per laid down regulations. For its treatment and final disposal, there is a tie-up with M/s Quantum Environment Engineers, which send its vehicle to collect the segregated bio-medical waste from the hospital. Components of the program are as follows:-

1. Policy guidelines on “Safe disposal of bio-hazardous waste”
2. Education & training of health personnel
3. Safety precautions for the hospital personnel
4. In site treatment of bio medical waste, if so required
5. Segregation of the bio-medical waste in color coded disposal bins
6. Weighing & noting
7. Handing over bio-medical waste to representative of M/s Quantum Environment Engineers

\* **How does the hospital ensure the safety of the patients, students, doctors and other health care workers especially in emergency department, critical care unit and operation theatres? Are the safety measures displayed in the relevant areas?**

- The hospital has following safety and security measures.
- The electrical installations and electro-medical equipment are checked and maintained at regular intervals
- Fire extinguishers have been installed at all prominent and required places
- Fire evacuation plan is displayed in the above areas.

- CCTV cameras are installed
- Security personnel are positioned at all Critical areas
- \* **How are the Casualty services/Accident and Emergency Services organized and effectively managed?**
  - 30 bedded Accident & Emergency Services with an OT, and critical care equipment, medical staff, nursing and Para medical and three ambulances are available. The diagnostic services are available in the hospital round the clock to assist in treating emergency patients.
- \* **Whether the hospital provides patient friendly help-desks at various places.**
  - Yes, help-desks and social workers are available in various areas of the hospital for assisting patients and their relatives.
- \* **Does the hospital have medical insurance help desk?**
  - Yes, there is a separate help-desk for the convenience of patients, having medical insurance and those, who are members of various government sponsored schemes.
- \* **What are the other measures taken to make the hospital patient friendly?**
  - By providing amenities like toilets, drinking water & cafeteria.
  - By providing ramp and lifts for disabled patients.
  - By providing services of medical social workers to help patients.
  - By providing a humanistic approach towards patients by the staff.
  - Recreational facilities in all the waiting areas and wards.
  - Play area has been created for the Pediatric patients.
- \* **How does the hospital achieve continuous quality improvement in patient care and safety?**

- By auditing IPD documents, fatal case documents, getting feedback from patients, external and internal quality check for lab investigation regularly carried out calibration of the equipment, imparting lectures to staff on behavior with patients etc.

\* **What are the measures available for collecting feedback information from patients and for remedial actions based on such information?**

Feedback at the time of discharge, suggestion boxes, interview by supervisor, interaction with social workers, personal meeting with Medical Superintendent.

\* **How does the institution ensure uniformity in treatment administered by the therapists?**

It is done by adhering to laid down treatment protocols and guidelines and scrupulously following SOP's.

\* **Does the institution conduct any orientation training program for AYUSH- based Para-medical staff?**

- No

4.2.2 **What specific features have been included for clinical learning in the out-patient, bedside, community and other clinical teaching sites?**

S. No.	Clinical learning setup	Specific features included
1	OPD	1. Demo rooms adjoining to the OPD 2. Simulation based teaching 3. Charts & Posters 4. OPD case presentations 5. Learning through cross referrals
2	Bedside	1. Demo Rooms adjoining to the wards. 2. Seminar room, Dept. Lab ,Museum and Library 3. Case presentations 4. Role modeling

		5. Participation in clinical grand rounds
3	Community	1. Community diagnostic & therapeutic health camps 2. Participation in national health program conducted in community
4	Telemedicine	1. OPD sessions by clinical dept at the door step of communities located at distance, as per monthly programmed schedule intimated to target group in advance. 2. Referral of patient for further evaluation, investigations and treatment at DGH & KMSDCH

#### 4.3 Library as a Learning Resource-

4.3.1 Does the library have an Advisory Committee? Specify the composition of the committee. What significant initiatives have been implemented by the committee to render the library student/user friendly?

- **LIBRARY COMMITTEE:**

It meets twice in a year. Every constituent College has its own College Library Committee; College Library Committee's recommendations are included in the Library Committee. The Composition of Library Committee is:

Vice Chancellor	Chairman
All the Deans of the Faculty	Member
Registrar	Member
All Heads( Principal, Director) of Constituent Colleges	Member
Three Heads of Departments among the Constituent Colleges	Member
Research Director	Member
Three Teachers among the Constituent Colleges	Member
Two Research Scholars among the Constituent Colleges	Member
One P G Student among the Constituent Colleges	Member

Director, LRC

Member  
Secretary

- Significant initiatives implemented by the committee to provide the user friendly library services to the students, staff, Alumni & other stakeholders during the last five years:

Sr. No.	Initiatives implemented	Year	Impacts/Benefits
1.	Orientation to new entrants	Every Year	It helps users to understand library services and what they should expect.
2	Training Program (How to seek information from the database?)	Every Year	It accelerates the usage of databases
3	E-Resources	Every Year	It accelerate the usage of databases
4	Feed Forward	Regular	The suggestions made by users help to make effective Library Services

#### 4.3.2 Provide details of the following:

- \* **Total area of the library (in Sq. Mts.)**
- \* **Total seating capacity**
- \* **Working hours (on working days, on holidays, before examination, during examination, during vacation)**
- \* **Layout of the library (individual reading carrels, lounge area for browsing and relaxed reading, IT zone for accessing e-resources)**
- \* **Clear and prominent display of floor plan; adequate sign boards; fire alarm; access to differently-abled users and mode of access to collection**

\* **List of library staff with their qualifications**

**Details are as follows:**

Total area of the library (in Sq. Mts.)	5674 sq. mt
Total seating capacity	1000
<b>Library Working hours</b> <ul style="list-style-type: none"> <li>• on working days, (365 days in a year)</li> <li>• on holidays (Reading Room 24X7)</li> <li>• before examination, (Reading Room 24X7)</li> <li>• during examination, (Reading Room 24X7)</li> <li>• during vacation (Reading Room 24X7)</li> </ul>	
Layout of the library: <ul style="list-style-type: none"> <li>• Individual reading carrels</li> <li>• Lounge area for browsing and relaxed reading</li> <li>• IT zone for accessing e-resources</li> </ul>	- 28 - Ground Floor along with the Stack Area of 2825 sq mt. - 50 nodes
Clear and prominent display of floor plan;	Yes
Adequate sign boards;	Yes
fire alarm	Yes
access to differently-abled users and mode of access to collection	Lift, Ramp
Book Issue & Returns	8.00am to 8.00pm
Reading Room Air Condition	24x7x360

• **List of library staff with their Qualifications:**

S No	Name	Designation	Qualification
1	Dr. Kautilya Shukla	Director	B.A, BLISc, MLISc, Ph.D.
2	Dr. Ravi R. Jani	Dy. Librarian	B.Com, BLISc,

			MLISc, Ph.D.
4	Mr. Bipin R. Rawal	Asst. Librarian	B.A, M.A, BLISc, MLISc
5	Mr. Bharat Vaishnav	Asst. Librarian	Miss
6	Mr. VendBeria	Cataloguer_ Technical Assistant	B.COM, M.COM, MLISC,
7	Mr. Jasimuddin Ansari	Documentalist _Technical Assistant	B.COM, BLISc
8	Mr. Jignesh Patel	Library Assistant	B.COM , BLISc
9	Ms. Jayswal Vaishali	Library Assistant	M.Com, MDIT, CA(CPT) , BLISc.
10	MS. Swati Jadhav	Library Assistant	B.COM, B.LISc
11	Kalpesh Baria	Library Assistant	MLISc
12	Ramesh Parmar	Office Clerk	B.COM
13	Mr. Jagdish Parmar	Daftaries	S.S.C.
14	Mr. Shantilal Parmar	Daftaries	S.S.C.
15	Mr. Arvind Chauhan	Peon	S.S.C
16	Mr. Dilip Chauhan	Peon	S.S.C
17	Mr. Harshad Solanki	Peon	S.S.C
18	Mr. Ranjit Parmar	Peon	S.S.C
19	Mr. Kalpesh Barot	Peon	H.S.C

#### 4.3.3 Give details of the library holdings:

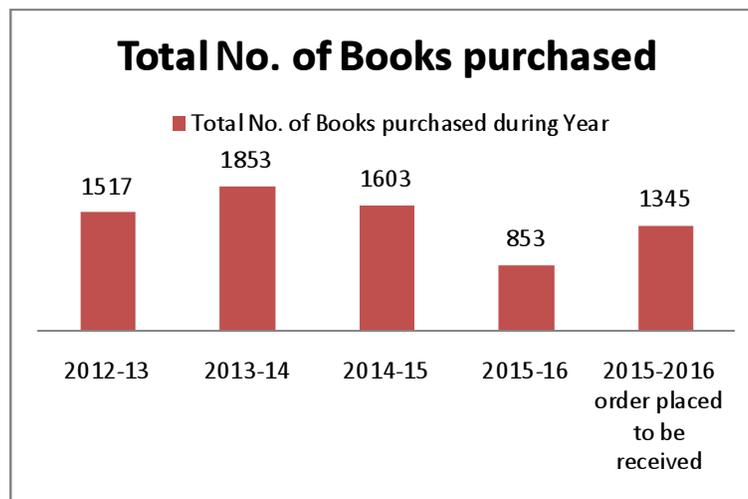
**Print (books, back volumes, theses, journals) ,Average number of books added during the last three years ,Non Print (Microfiche, AV) ,Electronic (e-books, e-journals) ,Special collections (e.g. text books, reference books, standards, patents) , Book bank , Question bank**

**Details of the library holdings:**

- **Print (books, back volumes, theses, journals)**

S. n.	College	Total	Books	Bound volume	Dissertation	Periodicals (journals)			CD/DVD	News paper
						Indian	Foreign	Total		
1	Medical	19686	17226	2296	164	73	96	169	940	0 6
2	Dental	7039	5249	1440	350	18	59	77	363	
3	Nursing	2642	2527	78	37	06	11	17	78	
4	Pharmacy	3909	3552	200	157	18	12	30	53	
5	Physiotherapy	1026	849	106	71	00	11	11	93	
6	MBA	1228	1206	22	NA	09	03	12	48	
7	General/other	251	234	3	14					
	<b>Total</b>	<b>357</b>	<b>308</b>	<b>41</b>	<b>79</b>	<b>12</b>	<b>19</b>	<b>31</b>	<b>157</b>	
	<b>LRC collection</b>	<b>81</b>	<b>43</b>	<b>45</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>5</b>	

\* Average number of books added during the last three years



\* **Non Print (Microfiche, AV)**

- LRC has Audio Visual room equipped with LCD projector, Mike and with the collection of about 1575 audio –Visual CD/DVD.
- The library has created video library for self learning of clinical operative procedures for the under graduate and post graduate students across the globe having a collection of 6500+ .

\* **Electronic (e-books, e-journals)**

e-Journal	12561
e-Books	30637
<b>ONLINE Data Base</b>	
Medical	MEDLINE COMPLETE
Medical	DynaMed
EBES	Proquest Health And Medical Complete
Dental	DENTISTRY AND ORAL SCIENCE SOURCE
Dental	CLINICAL KEY
Nursing	CINAHL
Nursing	PROQUEST NURSING AND ALLIED HEALTH SOURCE
For All the Colleges	PROQUEST DISSERTATION AND THESES GLOBAL
Physiotherapy	CLINICAL KEY
Pharmacy	Drugdex
Management	EBSCO Business Source ELITE
Management	J-Gate (Social and Management Sciences-JSMS)

\* **Special collections (e.g. text books, reference books, standards, patents)**

<b>Name of Colleges</b>	<b>Text Book</b>	<b>Reference Book</b>
-------------------------	------------------	-----------------------

MEDICAL	15967	1259
DENTAL	4300	949
NURSING	2478	49
PHARMACY	3396	156
PHYSIOTHERAPY	798	51
MBA	1147	59

\* **Book bank**

- The Concept of Book bank is for the economically challenged students. Even though we balanced our collection with ranging 15 to 30 percent of text books to meet users need.

\* **Question bank**

- LRC keeps all previous years question Papers to be referred by the students

4.3.4 **To what extent is ICT deployed in the library? Give details with regard to**

\* **Library automation**

\* **Total number of computers for general access**

\* **Total numbers of printers for general access**

\* **Internet band width speed    □ 2mbps   □ 10 mbps   □ 1 GB**

\* **Institutional Repository**

\* **Content management system for e-learning**

\* **Participation in resource sharing networks/consortia (like INFLIBNET)**

\* **Library automation:**

- We have adopted library software “LIBTECH 1.4” where all the details of library housekeeping operations are made

available and used for circulation the books and non book material to the users. We have provided the OPAC (on-line public access catalogue) for users to save the time purpose by searching books by title, author, publisher, keywords. We have also provided on-line circulation with the help of Barcode technology.

- This software has following features:

Circulation	<a href="#">Binding</a>	OPAC
Acquisitions	News Paper Clipping	Article Index
<a href="#">Catalogue</a>	Serial	Bibliographic Service
Membership	E-Library	Ask Librarian

- **Total number of computers for general access-50**

- **Total numbers of printers for general access-One**

- **Internet band width speed     2mbps    10 mbps    1 GB**

- 1 GBPS

- **Institutional Repository-Not Exist**

- **Content management system for e-learning-Yes**

- **Participation in resource sharing networks/consortia (like INFLIBNET)- Yes DELNET**

4.3.5 **Give details of specialized services provided by the library with regard to**

- \* **Manuscripts , Reference , Reprography / scanning ,Inter-library Loan Service , Information Deployment and Notification ,OPACS , Internet Access , Downloads ,Printouts ,Reading list/ Bibliography compilation ,In-house/remote access to e-resources ,User Orientation ,Assistance in searching Databases**

* <b>INFLIBNET/HELINET</b>	
• Manuscripts / Dissertation	793
• Reference	2523
• Reprography / scanning	YES
• Inter-library Loan Service	YES
• Information Deployment and Notification	
YES	
• OPAC	YES
• Internet Access	YES
• Downloads	YES
• Printouts	YES
• Reading list/ Bibliography compilation	YES
• In-house/remote access to e-resources	YES
• User Orientation	YES
• Assistance in searching Databases	
YES	
• INFLIBNET/HELINET	DELNET

\* **Inter-library Loan Service:**

- We have institutional membership of DELNET which caters facility for inter library loan services.

\* **Information Deployment and Notification:**

- Considering the importance of computerization, the LIBRARY SYSTEM has setup an Information Centre. The library has prepared a database of books and periodicals in different subjects. The house – keeping activities like Acquisition, Serial control, Cataloguing, circulation, OPAC, Budget, Newspaper clipping, E-resource have been automated using “LIBTECH1.4” Software.

\* **OPAC:**

- The LIBRARY system has implemented BAR CODE technology for its operation, to avoid human intervention in Library Operation. We also provide web OPAC (online public access catalogue) so as to access globally.

\* **Internet Access:**

- Computer Lab has 50 nodes with 1 gbps internet connectivity to provide the free services to our users. All nodes are connected with Local Area Network (LAN) to reduce the time of the user. The entire campus including LRC is Wi-Fi enabled.

\* **Downloads:**

- Users can access our in-house databases and CD-ROMs and other electronic resources available in the library, users may download require information from computer lab and as LRC is fully Wi-Fi students may use their own gadgets to access internet facility for academic and research purpose.

\* **Printouts:**

- One heavy-duty network printer is installed. Scanner facility is also provided to them to prepare their presentations.

\* **Reading list/ Bibliography compilation:**

- Library provides bibliographic service through library Management Software, it has facilities to have online bibliography service exported in excel.

\* **In-house/remote access to e-resources:**

- Users can access our in-house databases and CD-ROMs and other electronic resources available in the library. All PCs are connected with Local Area Network (LAN) to reduce the time of the user

\* **User Orientation:**

- Library System provides library orientation to new entrant students about the facility available in libraries and how best they use library resources for perusing their education and research activity. Library guides about their privileges.

\* **Assistance in searching Databases:**

- Library always support to the Users and arranged various training programs, orientation and workshops for searching Databases.

**4.3.1 Provide details of the annual library budget and the amount spent for p**

**4.3.2 Purchasing new books and journals.**

Sr. No.	Particulars	Budgeted Amount 2010-11 Rs.	Actual Utilization 2010-11 Rs.	Budgeted Amount 2011-12 Rs.	Actual Utilization 2011-12 Rs.	Budgeted Amount 2012-13 Rs.	Actual Utilization 2012-13 Rs.	Budgeted Amount 2013-14 Rs.	Actual Utilization 2013-14 Rs.	Budgeted Amount 2014-15 Rs.	Actual Utilization 2014-15 Rs.	Budgeted Amount 2015-16 Rs.
	Library	174000 00	1437766 1	350000 00	2772540 0	497000 00	8608634 1	252000 00	2484513 9	361000 00	3304501 9	558000 00
	% of total budget	3		6		8		4		4		6
A	<u>Capital expenses</u>	<u>150000</u> <u>00</u>	<u>1224622</u> <u>8</u>	<u>150000</u> <u>00</u>	<u>1475736</u> <u>5</u>	<u>400000</u> <u>00</u>	<u>3863784</u> <u>5</u>	<u>300000</u> <u>0</u>	<u>2668741</u>	<u>160000</u> <u>00</u>	<u>1515481</u> <u>9</u>	<u>500000</u> <u>0</u>
	-	-	-	-	-	-	-	-	-	-	-	-
B	<u>Revenue expenses on:</u>	<u>240000</u> <u>0</u>	<u>2131433</u>	<u>200000</u> <u>00</u>	<u>1296803</u> <u>5</u>	<u>970000</u> <u>0</u>	<u>4744849</u> <u>6</u>	<u>222000</u> <u>00</u>	<u>2217639</u> <u>8</u>	<u>201000</u> <u>00</u>	<u>1789020</u> <u>0</u>	<u>508000</u> <u>00</u>
	-	-	-	-	-	-	-	-	-	-	-	-
1	Books, periodicals and journals	900000	850061	125000 00	1226284 6	900000 0	8810651	220000 00	2199880 6	200000 00	1780819 1	500000 00
2	CDs and software expenses	150000 0	1281372	750000 0	705189	700000	653326	200000	177592	100000	82009	800000

**4.3.3 What are the strategies used by the library to collect feedback from its users? How is the feedback analyzed and used for the improvement of the library services?**

- Library has one online module called “ASK LIBRARIAN” wherein users makes query for their needs. These queries are being satisfied with operative Library Networking, library forums and resources trapped through Document Delivery, Inter Library Loan services across the country and in some cases we approach the concern authors’ where-ever they are.
- There is feedback policy on library services; it has got Four components:
  - i. Complaint Register
  - ii. Quarterly feedback
  - iii. Annual feedback on campus experience
  - iv. Annual feedback from Alumni
- The feedback so collected are analysed, and further used to improve the library services.
- On the basis of feedback analysis, we have initiated following activities:
  1. Current Awareness Service
  2. Selective Dissemination of Information
  3. Document Delivery Service
  4. Question Paper Database for Competitive Examination for Medical and Allied Sciences
  5. Alert Service (SMS and Mail)

**4.3.4 List the efforts made towards the infrastructural development of the library in the last four years.**

- The Library is housed in a well designed modern air conditioned, spacious; Wi-Fi enabled functional and ornamental building constructed at a cost of 11.5 Cr. It is uniquely designed keeping in mind the future requirement of next 25 years. It is also equipped

with ramp and elevator for physically challenged persons. The functional carpet area of the Library is 5674 sq.mt.

- The Library Chairs are uniquely designed to provide optimum comforts to the users for long hours of seating in a comfortable ambient environment. It can accommodate 1000 users at a time.
- For the faculty the library has separate air condition reading room. Library has also earmarked Exhibition cum Discussion Room for users.
- As Learning Resource Centre is not only a teaching library, it functions as a research oriented center with all essential apparatus like databases, E- Resource, Document Delivery Service, Inter Library Loan, Selective Dissemination of Information, Current Awareness Services, Online Bibliography Services and Reference quarry, required for research.

#### **4.4 IT Infrastructure**

##### **4.4.1 Does the institution have a comprehensive IT policy with regard to:**

- **ITS Service Management, Information Security, Network Security, RiskManagement, Software Asset Management, Open Source Resources, Green Computing.**
- IT service management's basic objective is to manage all IT services like Software, Hardware, Networking, Internet facilities, WI-FI facilities, Web management in effective and efficient manner. To facilitate end users, IT department is working round the clock.
- Sumandeep Vidyapeeth has developed comprehensive IT Policy. It includes IT Service Management, Information Security, Network Security, Risk Management, Software Asset management, Open Source Resources, Green Computing etc.
- **IT Service Management**

- We have adequate number of Hardware, Networking and software and website designer qualified staff to manage our IT infrastructure on campus.
- **Information Security**
  - Internet accessibility on campus is control by the Cyberoam 1000ia where in all individual user accounts are driven by their unique username & password.
  - All the existing software in campus has individual rights with the operator/end user with their unique username & password.
  - To prevent hardware gadgets from any external threats, all gadgets are equipped with Quick Heal Endpoint Security.
- **CCTV Surveillance**
  - For the security on the campus, college buildings, Learning Resource Centre, Hostels, Mess and entire campus area including parking area are under CCTV surveillance; resulted into zero percent crime on the campus.
- **Network Security**
  - For Network Security, IT Department has generated Layer-3 security environment. All the users have restricted rights in the Network. All the buildings networks are managed with manageable network switches. IT Department has procured Cyberoam 1000ia to manage Internet users. Policy wise restricted access given to all internet users. Through Cyberoam, IT department is able to maintain individual user wise logs.
  - To prevent hardware gadgets from any external threats, all gadgets are equipped with Quick Heal Endpoint Security.
- **Risk Management**
  - For Risk Management, All servers & wherever in any IT gadgets data are important, they are being having a facility to auto backup within the gadgets and also store back up on

external device to meet any eventuality. All the servers are configured as a RAID (redundant array of inexpensive disks) with mirroring. So any given time, IT department will get data even failure of HDD.

- **Software Asset Management**
  - External agency is hired for maintaining of software. IT department has recruited two full time software engineers who are maintaining and managing of software.
- **Open Source Resources**
  - Our LRC is using open source resources of E-books and e-journals to cater the needs of end users and develop a virtual library.
- **Green Computing**
  - Yes, University has implemented Green Computing concept in association with external agencies.

**4.4.2 How does the institution maintain and update the following services?**

- **Hospital Management Information System (HMIS)**
- **Electronic Medical Records System (EMR)**
- **Digital diagnostic and imaging systems including PACS**
- **Hospital Management Information System (HMIS)**

Hospital Management Information System (HMIS) is developed by In-house software engineers. In front end, MS VB.Net is used and at back end, SQL database is used. It covers all the services of Hospital like OPD Registration, IPD Registration, OPD/IPD Cash Collection, Central Laboratory, Radiology Dept, Central Medical Store, Medical Record Dept etc.

**Highlights of HMIS**

- Patient-centered approach
- User-friendly & easy-to-use
- Multi-level distributed hospital information system
- Security & privacy (authentication, authorization, privacy policy)
- Integration

Patient identification

Single log-in

Data consistency

Transparency

- Robustness, reliability, performance
- Scalability & portability

\* **Electronic Medical Records System (EMR)**

- Hospital Medical Record Section has gradually graduated to record digitalization. It has started converting the physical files into digital files.
- With the procurement of Digital CR system, MRI, CT Scan, Cath lab, where in inbuilt facilities for storing all digital images and video for future use and consultation through Hospital Management Software, Medical Record department is able to get details instantly. This has made data retrieval very easy and fast.

\* **Digital diagnostic and imaging systems including PACS**

- With the availability of Digital CR system, MRI, CT Scan, Cathlab, wherein inbuilt Dicom facility for storing and transferring all digital images and videos exists, the images can be easily accessed and used for teaching and consultation through LAN networking system. All diagnostic reporting are also accessed from every ward of the hospital through the LAN.

**4.4.3 Give details of the institution's computing facilities i.e., hardware and software.**

\* **Number of systems with individual configurations, Computer-student ratio, dedicated computing facilities, LAN facility, Wi-Fi facility, Proprietary software, Number of nodes/ computers with internet facility, any other (specify).**

\* **Number of systems with individual configurations**

- About 700 Systems are available with the configuration of Core I -3, Core to Duo and Dual core configurations.

Sr. No.	Department / institute	No. Of computers	Configuration
1	UNIVERSITY	72	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>30 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb – <b>42 Nos</b>
2	SBKS MEDICAL INSTITUTE & RESEARCH CENTRE	110	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>50 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb – <b>60 Nos</b>
3	DHIRAJ HOSPITAL	180	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>75 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb – <b>105 Nos</b>
4	K.M. SHAH DENTAL COLLEGE & HOSPITAL	132	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>100 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120

5	COLLEGE OF PHYSIOTHERAPY	30	CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb – <b>32 Nos</b> 1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>15 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb - <b>15 Nos</b>
6	DEPARTMENT OF PHARMACY	40	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>23 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb – <b>17 Nos</b>
7	DEPARTMENT OF MANAGEMENT	31	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>11 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb – <b>20 Nos</b>
8	SUMANDEEP NURSING COLLEGE	30	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb - <b>22 Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb – <b>08 Nos</b>
9	LEARNING RESOURCE CENTRE	75	1. Processer-Intel(R) Pentium(R) Dual CPU E2180 @ 2.00GHz, ram- 2 GB - PC2, hdd-160gb – <b>25Nos</b> 2. Processer- Intel(R) Core(TM) i3-2120 CPU @ 3.30GHz, ram-2GB-PC3, HDD-500gb with N-computing device – <b>50 Nos</b>
<b>TOTAL</b>		<b>700</b>	<b>-</b>

\* **Computer-student ratio: 1:5**

\* **Dedicated computing facilities**

- Dedicated central computer lab facility in LRC building with 50 nodes.
- Dedicated Computer lab facility in the department of Management with 20 nodes.

\* **LAN facility**

- Entire campus is covered under VLAN connectivity. Building to Building Connectivity is done through Fiber Optic. Networks are managed through Layer 3& Layer 2 Manageable Network switches. Internal structure cabling is done to CAT -6 cables. This facility avail under NME-ICT project of Govt of India.

\* **Wi-Fi facility**

- University has entire Campus which is WI-FI enabled with adequate number of Indoor and Outdoor devices to accelerate internet access on the campus. WI-FI is managed by Zone Directors. Total about 300 Indoor & Outdoors devices are installed across the campus for strong WI-FI signals. To manage these devices, two Zone Directors are installed with back up capacity.

\* **Proprietary software**

Libtech 1.4 , Medical HMS , Dental HMS , Accounting Software , Campus portal for Admission ,Examination Software , Mess Management software ,Internal Mailing System (IMS) ,Inventory Management software , MCQ Bank software

\* **Number of nodes/ computers with internet facility**

- All 700 nodes are connected with Internet facility.

**4.4.4 What are the institutional plans and strategies for deploying and upgrading the IT infrastructure and associated facilities?**

- Every year, we review our Hardware to upgrade and accordingly need base requirement are fulfill with keeping pace with the development of the available technology in the market.
- As per the analysis of feedback from students, alumni and faculty, we have following plan to enhance our IT infrastructure.
  1. Creation of virtual classrooms
  2. Procurement of Tablets and developing software for smooth conduction of Continuous Cumulative Evaluation System.
  3. Up gradation of HMIS and to link with PACs.
  4. Generating/up gradation of new software's in HR, Admission, Library, Accounting, Hostel etc.

**4.4.5 Give details on access to on-line teaching and learning resources and other knowledge and information database/packages provided to the staff and students for quality teaching-learning and research.**

- Libtech 1.4

e-Journal	12561
e-Books	30637
<b>ONLINE Data Base</b>	
Medical	MEDLINE COMPLETE
Medical	DynaMed
EBES	Proquest Health And Medical Complete
Dental	DENTISTRY AND ORAL SCIENCE SOURCE
Dental	CLINICAL KEY
Nursing	CINAHL
Nursing	PROQUEST NURSING AND ALLIED HEALTH SOURCE
For All the Colleges	PROQUEST DISSERTATION AND THESES GLOBAL
Physiotherapy	CLINICAL KEY
Pharmacy	Drugdex

Management	EBSCO Business Source ELITE
Management	J-Gate (Social and Management Sciences- JSMS)

- Tele Medicine

**4.4.6 What are the new technologies deployed by the institution in enhancing student learning and evaluation during the last four years and how do they meet new / future challenges?**

- WI-FI enabled campus
- Library resources made accessible from campus and beyond.
- All the class rooms made Wi Fi enabled and have the facility for distant learning sessions.
- Procurement of variety of e databases for the support of Evidence Based Education System and for updated latest scientific evidence based practice and research.
- Development of software to facilitate examination, evaluation and feedback analysis.
- Procurement of Plagiarism software.
- University has developed Internal Mailing Software to make internal office communication paperless.
- We have created an online video library in LRC which can be accessible by SV fraternity across the globe to have audio visual learning at their convenient time. It supports self learning process on the campus.

**4.4.7 What are the IT facilities available to individual teachers for effective teaching and quality research?**

- For effective teaching & quality research, all Lecture halls are equipped with WI-FI connectivity& LCD projectors. All Individual teachers have provided internet facility through WI-FI.
- E –resources

e-Journal	12561
e-Books	30637
<b>ONLINE Data Base</b>	
Medical	MEDLINE COMPLETE
Medical	DynaMed
EBES	Proquest Health And Medical Complete
Dental	DENTISTRY AND ORAL SCIENCE SOURCE
Dental	CLINICAL KEY
Nursing	CINAHL
Nursing	PROQUEST NURSING AND ALLIED HEALTH SOURCE
For All the Colleges	PROQUEST DISSERTATION AND THESES GLOBAL
Physiotherapy	CLINICAL KEY
Pharmacy	Drugdex
Management	EBSCO Business Source ELITE
Management	J-Gate (Social and Management Sciences-JSMS)

**4.4.8 Give details of ICT-enabled classrooms/learning spaces available within the institution. How are they utilized for enhancing the quality of teaching and learning?**

- All the lecture halls & Central Library are equipped with WI-FI connectivity & LCD projectors. Entire Campus is also covered under WI-FI to access internet across the campus. This has facilitated the students and staff for accessing all the e databases and e resources from every part of the campus thus facilitating search of best available evidences for scientific, authentic, cost effective patient care and thereby teaching best practices to the young budding medical professionals.

**4.4.9 How are the faculty assisted in preparing computer-aided teaching-learning materials? What are the facilities available in the institution for such initiatives?**

- These facilities help the faculty in –

- A. Audiovisual aided power point presentations for classroom teaching.
- B. Transmission of operating procedure from the operation theatre to the classroom.
- C. Accessing instant evidence based information in a particular scenario during role model sessions of post graduate teaching.
- D. Making evidence format Journal Clubs more effective.

The details of the facilities provided by the university have already been enlisted above.

**4.4.10 Does the institution have annual maintenance contract for the computers and its accessories?**

- For the maintenance of computers & its accessories, In-house Hardware engineers are employed. As we replace IT gadgets at the interval of three years and HP & Lenovo provides onsite 03 years warranty for their equipments.

**4.4.11 Does the institution avail of the National Knowledge Network (NKN) connectivity? If so, what are the services availed of?**

- Yes, Sumandeep Vidyapeeth avails the National Knowledge Network (NKN) connectivity. With the introduction of MHRD scheme of 1 GBPS connectivity to all the Universities in India spontaneously, University Management has taken a decision to opt for 1 GBPS internet connectivity on campus through BSNL at the cost of Rs. 49, 00,000/- in the month of November 2010 & subsequently BSNL has commissioned in the month of Feb 2011. It will facilitate online learning and communication process and also helps in coordination other institutions across the globe in innovative Evidence Based Education & Practice in the field of Medical & Allied Sciences.

**4.4.12 Does the institution avail of web resources such as Wikipedia, dictionary and other education enhancing resources? What are its policies in this regard?**

- IT Department has developed Internet Policy through Cyberoam 1000ia. All Educational website's access has been provided to all internet users. As campus is fully WI-FI, any students and staff will be access it from any area of the campus.

**4.4.13 Provide details on the provision made in the annual budget for the update, deployment and maintenance of computers in the institution.**

Sr. No.	Particulars	Actual Utilisation 2014-15 Rs.	Budgeted Amount 2015-16 Rs.
1	Computers	3000000	3500000
2	WIFI	6800000	7200000
3	Out Door Camera	2000000	2500000
4	Networking & Other Peripherals	1000000	1250000
	Total Amount Rs.	12800000	14450000

**4.4.14 What plans have been envisioned for the transfer of teaching and learning from closed institution information network to open environment?**

- Wi-Fi accessibility across the campus has made easy access for the teaching and learning anywhere from the campus.
- Libtech 1.4 is accessible across the globe and LRC users can avail all value added services.
- We have created an online video library in LRC which can be accessible by SV fraternity across the globe to have audio visual learning at their convenient time. It supports self learning process on the campus.

**4.5 Maintenance of Campus Facilities**

**4.5.1 Does the institution have an estate office / designated officer for overseeing the maintenance of buildings, class-rooms and laboratories? If yes, mention a few campus specific initiatives undertaken to improve the physical ambience?**

- The campus has an Estate Office with full complement of supervisors headed by a civil engineer to oversee maintenance of all buildings, areas and ancillary facilities. :

<b>S. No</b>	<b>Initiatives</b>
1.	Aesthetically designed Temple
2.	Green Campus Initiatives.
3.	gardens, landscaping, fountains
4.	Bi-laned cemented road network
5.	Esthetic lighting system.
6.	Piped music across the lawns in the morning and evening hours
7.	Play area for children
8.	Mounted kiosks with famous quotations.
9.	Ethnically designed main gates and compound wall giving castle effect.
10.	International standard convention centre with 1500 seating capacity centrally air conditioned auditorium, facility of guest house, Restaurant, swimming pool, sauna bath, jacuzi, billiards and snooker play facility, in progress likely to be completed in next 6 months.
11.	Multipurpose outdoor sports complex having facility for cricket, Lawn Tennis, Basket Ball, Volley Ball, Foot Ball.
12.	Indoor sports complex with the facility for Badminton, Table Tennis and Sqash is under progress and is expected to be completed in 3 months.
13.	Amphitheatre with open gym in its periphery.
14.	As a part of Green initiative Bio Gas Plant, Water Harvesting and Recharging System.
15.	Esthetically designed buildings
16.	Painting work of all buildings in campus
17.	Commercial complex with facility for Grocery, Fruits and Juices, Saloon, Stationary, Book shop, Laundry and cafeteria for the visitors and patients.
18.	dedicated parking area
19.	new bank premises with ATM
20.	solar water heating system on hostels

**4.5.2 How are the infrastructure facilities, services and equipments maintained? Give details.**

- **The infrastructure facilities, services & equipments are maintained by:**

1. Preventive maintenance
2. Breakdown maintenance

i. Preventive maintenance

- The Preventive maintenance schedule as per the specific requirements of specific equipment / site is prepared which may be either weekly, monthly, quarterly, half yearly, yearly.
- Either the in-house team or Annual Maintenance Committee (AMC) team carries out the preventives maintenance.

ii. Breakdown maintenance:

- There is campus wide uniform central breakdown maintenance system. A central registration of all complaints is made, a complaint number is given, the task is conveyed to the section concerned and a completion report is taken.

**4.5.3 Has the institution insured its equipments and buildings?**

- Yes: The University insures its buildings against fire, earthquake, theft / burglary, flood etc.
- Insurance is also obtained against the equipment breakdown due to manufacturing defect, part replacement those are not covered by AMC.

SN	Premises / Equipments	Insurance company	Valid up to
1	Premises and Equipments	The oriental insurance company	16/10/2015



**Criterion – V**  
**Student Support & Progression**

## **CRITERION V: STUDENT SUPPORT AND PROGRESSION**

### **5.1 Student Mentoring and Support**

#### **5.1.1 Does the institution have a system for student support and monitoring? If yes what are its structural and functional features.**

All the constituent colleges run a very effective mentorship programme. . Immediately on admission a mentor group of 10 to 15 students are assigned a faculty. These mentors hold regular meetings with the students; give them all necessary information about the course, college, their rights and responsibilities and about all the rules and regulations of college and hostel. Their personal likes/ dislikes, coping and psycho-social problems if any are taken care of.

**1. Objectives:** To identify specific needs of the student Community–

- **Academic:** The performance of the mentee is assessed & necessary advice & follow up system is devised.
- **Personal:** the complete personality of the mentee is assessed & traits suggestive of any psychosocial dysfunction are recognized & necessary corrective actions taken.
- **Career:** efforts are made to disseminate all relevant information regarding career enhancement.

**2. Actions -** timely facilitatory/ corrective measures, with the help of institutional authorities and involvement of parents if required.

#### **5.1.2 Apart from classroom interaction, what are the provisions available for academic mentoring?**

Academic mentoring is done during outreach community interaction such as diagnostic & therapeutic camps, participation in national health program, Industrial visits, during research activities, professional skill development training programs and, free access to e-resources.

#### **5.1.3 Does the institution have any personal enhancement and development schemes such as career counseling, soft skills**

**development, career-path-identification, and orientation to well-being for its students? Give details of such schemes.**

- The University has a comprehensive policy on personal enhancement & development.
- Following are the details of personal enhancement & development scheme:

**Career counseling:** - The University has career counseling cell which through career & competitive exam forum (CCEF), co-ordinates all forms of information dissemination amongst the student community and also co-ordinates a variety of competence building programs /courses. Through Competitive exam training for various medical, Dental, Allied medical competitive/entrance exams e.g. AIMS CET, PGI, CET, JIPMERCET, GPAT, and all India Pre PG exam.

a) **Soft skill development:**

Lectures on personality development, communication skills, stress and time management, EQ, etc. are conducted periodically.

b) **Career-path-identification:**

- I. Exposure to representatives from academic institutions & industry.
- II. Dissemination of information about higher stud
- III. Opportunities in India & abroad.
- IV. Information regarding various examinations for off shore opportunities.

c) **Orientation to well-being:**

- I. Healthy life style- training / awareness.
- II. Development of holistic personality addressing, exposure to extra curriculum activities, sports, yoga, meditation, value addition program, inculcation of citizenship role, effective management of multicultural & multilingual environment.
- III. Through '**Gyan Parab**' (an initiative of this university to expose our students to cultural ethos of this country) dissemination of cultural artistic & philosophical values to students for all round development.

**5.1.4 Does the institution have facilities for psycho social counseling for students?**

- Yes; the psychosocial counseling of students is done by psychologist / counselor appointed for the purpose through counseling cell.

**5.1.5 Does the institution provide assistance to students for obtaining educational loans from banks and other financial institutions?**

- Yes, all help in form of information, documentation and facilitation is provided.

**5.1.6 Does the institution publish its updated prospectus and handbook annually? If yes, what are the main issues / activities / information included / provided to students through these documents? Is there a provision for online access?**

- Yes; The university publishes updated prospectus & handbook every year
- Following are issues/ information included in the prospectus :
  - a. Instruction for entrance test, (2) Mode of entrance test, (3) Eligibility details, (4) Center for entrance test, (5) Issue of hall tickets, (6) Selection procedure, (7) Declaration of result, (8) Admission counseling, (9) Deposition of essential document, (10) Discipline & code of conducts, (11) Details of institution, (12) Fee structure, (13) Hospital & laboratory facilities, (14) Hostel facilities, (15) Mess & dining facilities, (16) Courses offered.

**5.1.7 Specify the type and number of institution scholarships / free ships given to the students during the last four years. Was financial aid given to them on time? Give details. (in a tabular form)**

<b>Year</b>	<b>Number of students received scholarship</b>	<b>Amount in Rs</b>
2011-12	44	1,55,82,000
2012-13	29	1,55,50,000
2013-14	21	57,89,227
2014-15	24	71,60,346

**5.1.8 What percentage of students receives financial assistance from state government, central government and other national agencies?**

- Following is the detail of students received financial assistance from state/ central government & other national agencies:

<b>Year</b>	<b>Number of students received scholarship</b>	<b>Amount in Rs</b>
2011-12	5	7,58,860
2012-13	21	13,04,690
2013-14	68	34,76,880
2014-15	44	25,70,900

**5.1.9 Does the institution have an International Student Cell to attract foreign students and cater to their needs?**

- Yes; there is an international students' cell available in the university. This cell provides assistance to present & prospective international students and facilitates procurement of equivalent certificate, visa assistance, police verification, language & cultural needs, Dining needs, local guardianship etc.

**5.1.10 What types of support services are available for**

- \* **Overseas students, physically challenged / differently-abled students / SC/ST, OBC and economically weaker sections / students participating in various competitions / conferences in India and abroad / Health centre, health insurance etc. / Skill development (spoken English, computer literacy, etc.) / Performance enhancement for slow learners /Exposure of students to other institutions of higher learning/ corporate/business houses, etc. / Publication of student magazines, newsletters.**
- \* University provides various types of support services to the students.

Following are the details:

Sl. No	Beneficiary	Type of support services
1	Overseas students	<ul style="list-style-type: none"> <li>• International student's cell – in facilitation of procurement of equivalent certificate, visa &amp; travel assistance, language and cultural needs, food requirement, police verification service etc.</li> </ul>
2	Physically challenged /differently abled	All the constituent college & hospital reception corridors, laboratory halls, classrooms, seating arrangement, outpatient department clinical pathology lab, IPD ward are spacious & ergonomically designed, barrier free ergonomically designed ramps are made available, spacious lift, wheel chair assistance are also available
3	ST/SC/OBC/ economically weaker section	Assistance in procuring educational loan, processing & follow up of financial assistance from state, central government and other agencies for these groups.
4	Student participating in various competition/ conferences in India & abroad	Leave assistance, Academic assistance (for academic session missed during the period) financial assistance.
5	Health centre, health insurance etc.	<ul style="list-style-type: none"> <li>• Comprehensive multidiscipline super specialty, high-tech diagnostic services are available within the campus for medical, dental and physiotherapy needs.</li> <li>• Round the clock casualty services.</li> <li>• Subsidized health care</li> <li>• Assistance in procuring &amp; processing private health insurance</li> </ul>

6	Skill development (spoken English/ computer literacy etc)	<ul style="list-style-type: none"> <li>• English language training</li> <li>• Employability skill development programs such as: <ul style="list-style-type: none"> <li>– Communication skills</li> <li>– Counseling Skills</li> <li>– Attitude development and leadership skill development programs</li> <li>– Computer training</li> </ul> </li> </ul>
7	Performance enhancement for slow learners	<ul style="list-style-type: none"> <li>• The performance enhancement for slow learners is provided through bridge remedial program as per policy.</li> <li>• Mentorship program / psychological &amp; social counseling.</li> </ul>
8	Exposure of students to other institutions of higher learning/ corporate / business houses etc.	<ul style="list-style-type: none"> <li>• Industry institution interaction</li> <li>• Institution-centers of higher learning interactions</li> <li>• Deputing students for higher learning to institution of higher learning for hands on training.</li> </ul>
9	Publication of students magazine, newsletter	<ul style="list-style-type: none"> <li>• Department of Pharmacy publish bimonthly newsletter called “PHARMAHORIZON” that cover information about all the recent drug approvals and related information, student articles, student and staff achievements etc.</li> </ul>

**5.1.11 Does the institution provide guidance and/or conduct coaching classes for students appearing for competitive examinations (such as USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS)? If yes, what is the outcome?**

A) Institution provide guidance for students appearing for competitive examinations such as; USMLE, PLAB, GPAT, NCLEX, CGFNS, IELTS etc.

B) The comprehensive information regarding these examinations is provided by Career and Competitive Examinations Forum (CCEF)

<b>Sl.No</b>	<b>Constituent Unit</b>	<b>Competitive Examination</b>	<b>No. of Students cleared</b>
1	<b>SBKSMIRC</b>	AIIMS PG CET, PGI – PG, JIPMER- CET USMLE, AIPGCET, SVDU- AIPG CET, PLAB, IELTS, TOEFL	(From 2012) 48 students for USMLE
2	<b>KMSDCH</b>	SVDU-AIPG CET, NBD, AIIMS PG, PGI Pre PG CET, JIPMER- CET, ADC Examination, MFDSN UK, SVDU-AI PG CET, IELTS/ TOEFL	2011- 10 students 2012- 23 students 2013- 11 students 2014- 10 students 2015- 13 students
3	<b>Physiotherapy</b>	AIPGPET, NPTE- US, PCE (Canada) IELTS/ TOEFL	NIL
4	<b>Nursing</b>	NCLEX – US, AIIMS PG Nursing CET, CGFNS – US, PGI PG Nursing, IELTS / TOEFL	NCLEX-RN- 11 AIIMS-2 CGFNS-13 IELTS-30
5	<b>Pharmacy</b>	GPAT – India, GCET, NAPLEX - US APEC - Australia	GPAT-03 IELTS- 13

		IELTS / TOEFL	
6	<b>Department of Management</b>	GMAT, IELTS/TOEFL	0

**5.1.12 Mention the policies of the institution for enhancing student participation in sports and extracurricular activities through strategies / schemes such as**

- \* **Additional academic support and academic flexibility in examinations**
- \* **Special dietary requirements, sports uniform and materials**
- \* **Any other (specify)**
- University has talent building policy for enhancing student participation in sports & extra-curricular activities. To this effect a director of sports & sports officer have been appointed to oversee the following:
  - a) Special attendance is granted to all such participants.
  - b) Extra academic sessions to cover : theory, tutorials, practical, clinical teaching etc. missed during the period of competition
  - c) Extra mentoring sessions
  - d) Specialized coaching by trained coaches
  - e) Nutritional advice by the nutritionist.
  - f) Availability of team of physiotherapists
  - g) Provision of special kits.
  - h) Provision of special diet from students' mess/canteen that includes milk, fruits & nuts, high protein diet, water / juice sippers.
  - i) Tracks suites, spikes, studs, shorts, sports T shirts are given to all participants.

- j) The university psychologist conducts the sessions on sports psychology.
- k) The team manager- in charge faculty is appointed.

**5.1.13 Does the institution have an institutionalized mechanism for student placement? What are the services provided to help students identify job opportunities, prepare themselves for interviews, and develop entrepreneurship skills?**

- There is a Career and Competitive Examination Forum Cell which coordinates the selection / recruitment / counseling activities in respect of placement of students coming out of various institutions of this university.
- The university has institutionalized mechanism for identification of job opportunities, training in interview preparation, soft skills development etc.
- Incidentally, most of our constituent units are related to medical & allied medical fields, majority of the students start their independent practices especially medical & dental students. The remaining by virtue of being professionally skilled get easily placed in primary/ secondary/ tertiary medical/dental facilities, the university still pursues the placement policies vigorously. Many of our graduates also choose academic and/or research fields.
- The Career & Competitive Examination Forum has been established to provide special career & competitive examination guidance. The Career & Competitive Examination Forum periodically conducts the program addressing professional skill development, employability skills, soft skills, interview skills, entrepreneurship skills etc.

**5.1.14 How does the institution provide an enriched academic ambience for advanced learners?**

- The constituent units are following target specific programs to enrich academic ambience for advanced learners.
- Following are the details:

- a. Promotion & guidance is ensured for research and collaboration; towards this, required faculty guides, research infrastructure, equipment/ instruments, IT support are provided to the students.
- b. Rich library resources with good number of national & international referred books & journal & e-resources.
- c. Interactive sessions with subject matter experts for advancement of knowledge, skill & attitude.
- d. Promotion for participation in CME's, conferences, workshops.
- e. Leadership role during community outreach activities, seminar presentation, integrated teaching, conferences, scientific sessions, UG youth convention – Gyandeeep, PG convention etc.
- f. For advanced learners- subject Quiz are conducted.

**5.1.15 What percentage of students drop-out annually? Has any study been conducted to ascertain the reasons and take remedial measures?**

- The percentage of drop out in constituent units of university is very less.
- Most of the dropouts in our institutes are due to their admission in either government institution or higher professional degree.
- Following is the detail of constituent unit wise dropout rates.

Sl. No.	Constituent Colleges	Degree	Average Drop Out rate 0.57%		
			2012-13	2013-14	2014-15
1.	SBKS MIRC	UG	0.00	0.00	0.00
		PG	0.00	0.00	0.00
2.	KMS DCH	UG	2.00	0.00	1.00

		PG	0.00	0.45	0.00
3.	College of Physiotherapy	UG	3.30	1.60	0.80
		PG	0.00	0.00	0.00
4.	Sumandeep Nursing College	UG	1.30	1.90	1.90
		PG	0.00	0.00	0.00
5.	Department of Pharmacy	UG	0.69	2.08	2.68
		PG	0.00	0.00	0.00
6.	Department of Management	UG	0.00	0.00	1.00
		PG	0.00	0.00	1.00

- Based on the data gathered from few such instances following remedial measures have been strengthened:
  - 1) English language training
  - 2) Social & psychological counseling
  - 3) Mentor system
  - 4) Bridge & remedial program for academically disadvantage /weak students

**5.1.16 Give the number of students selected during campus interviews by different employers (list the employers and the number of companies who visited the campus during the last four years).**

- Majority of the programs offered by the university are professional in nature. Graduates from medical, dental, physiotherapy, nursing, opt for higher studies, few are self employed or join government/private sector.
- In Pharmacy & school of management interviews are held & so far 66 students have been benefited through campus placement.

Sl. No	Companies who visited campus
1.	Merck Multicare Ltd.
2.	Renown Pharmaceutical
3.	Apollo Clinic, Vadodara
4.	Thyrocare, Navi Mumbai
5.	Wockhardt Hospital, Surat
6.	ICICI Lombard (Health Insurance), Vadodara
7.	Sterling Hospital, Vadodara
8.	Baroda Heart Hospital, Vadodara
9.	Kotak Bank, Ankleshwar
10.	Sunshine Global Hospital, Vadodara
11.	PD Hinduja Hospital, Mumbai
12.	Trizon Entertainment & Consultancy, Vadodara
13.	Muthoot Finance, Vadodara
14.	Premdas Jalaram Hospital, Vadodara
15.	Global Hospital, Bharuch
16.	Healthcare Informatics Pvt Ltd, Vadodara
17.	Banker Heart Hospital, Vadodara
18.	Sterling Hospital, Vadodara
19.	MD Online Ltd, Vadodara
20.	Columbia Asia Hospital, Ahmedabad
21.	Dharmshila Hospital, New Delhi
22.	Synergy Medica Hospital, Kolkata
23.	Deepak Foundation, Vadodara
24.	Orchid Medical Centre, Ranchi

**5.1.17 Does the institution have a registered Alumni Association? If yes, what are its activities and contributions to the development of the institution?**

- Yes; there is university level Alumni Association with unit wise Alumni chapter.
- Following are the activities done by Alumni Association:
  - a. Communicate on regular basis with the members of the Alumni and the University keeping mutually informed the developments of the Alumni as well as the University.

- b. Organize social, educational and networking events locally at the University, College / Institution / School / Center and at batch level.
- c. Provide continuing education enrichment experience for alumni and friends of the University
- d. Undertake activities contributing to improvement of infrastructure and academic activities of the University.
- e. Institute prizes, scholarships to merit students and financial aid to poor and deserving students of the University.
- f. Hold periodical meetings at Local, Regional, National and International levels and at University, college and batch level.
- g. Raise funds for promotion of objectives of the Association.

Following are the contributions of Alumni Association on the development of their Alma Matter.

Sl. No.	Contribution
1	Curriculum development
2	Career guidance & counseling
3	Guest lectures
4	Supported in developing recruitment policy
5	Curriculum Improvement suggestion
6	Conducted Hands on Training on current affairs of Pharma industry
7	Supported in recruitment for passed out students
8	Provided gift samples of drugs and polymers for the PG student research work
9	Assisting in generating campus placement and internship opportunities
10	Session on contemporaries issue in Management Practice at Orientation

### 5.1.18 List a few prominent alumni of the institution.

- Following are few prominent alumni of each constituent institution:

Sl. No	Name of Alumni	Achievements/Positions Held
1.	Dr. Rubdip Singh	Global medical advisor, Novo Nordisk
2.	Shaikh Mohammad Shaheen Liyakatali	State level Football player and Best Dancer
3.	Dr. Anuja Desai	Fellowship in Cornea and refractive surgery at Shankara netralaya Chennai
4.	Dr. Bhadra Trivedi	Fellowship in Pediatric Cardiology
5.	Dr. Devendra Dangar	Fellowship in Neonatology, Bharati Vidyapeeth, Pune
6.	Dr. Hardik Gandhi	Fellowship in Neonatology, Nirmal Hospital Private Limited, Surat
7.	Dr. Ruchi Vala	Fellowship in vitreo retinal surgery at Narayana Netralaya Bengaluru
8.	Dr. Divya Gupta	Fellowship in vitreo retinal surgery at Aditya jyoth eye institute Mumbai.
9.	Dr. Parth Desai	Technical Consultant for IMA/GFATM & RNTCP Project (Govt. of India) in collaboration with WHO
10.	Dr. Vijendra Singh	National cleft fellowship through AOMSI
11.	Sanjay Dixit	Principal, Pioneer College of Nursing, Vadodara
12.	Varsha Sharma	Vice-Principal, Pioneer College of Nursing Vadodara
13.	Puneet Jain	Vice Principal Mother Teresa College of Nursing
14.	Rinni Joseph	RNRM, Canada
15.	Princi Mecwan	RNRM, USA
16.	Manish Patidar	Vice-Principal, Grow More College of

		Nursing, Visnagar
17.	Dr. Biren Shah	Author of two Textbooks published by Elsevier, Associate professor of renowned pharmacy institute

**5.1.19 In what ways does the institution respond to alumni requirements?**

- Following are the initiatives taken by university in response to Alumni requirement:
  - 1) Free library membership – each alumni can retain two books which can be renewed once in quarter
  - 2) Involvement in the institutional research activity & provision of research facilities
  - 3) Organizing CME/CDE/PCE/PTCE.
  - 4) Free subscription to university journal.
  - 5) Issues of records, documents, transcripts, international verification documents within a day.

**5.1.20 Does the institution have a student grievance redressal cell? Give details of the nature of grievances reported. How were they redressed?**

- The university has student grievance redressal cell which functions through various institutional grievance redressal committee.  
The Grievances Redressal Committee at the institutional level receives and redresses the grievances of the students. Any matter which requires more centralized action is referred to the university grievance redressal cell.  
The Grievances, though few in number, are related to mess and maintenance services, water supply, occasional difficulty with teaching/ non- teaching staff, internal assessment etc.
  - a) The matters are usually settled at institution level after enquiry. .

- b) The matters concerning to women harassment and ragging are dealt with by the respective committees as per the laid down procedures & redressal is done accordingly.
- c) All the Grievances Redressal Reports at institutional level by the anti-harassment committee& anti ragging committee are sent to central University redressal committee for review & further actions.
- d) The Central University Grievances Redressal Committee also receives written complains directly. University Grievances Redressal Committee follows the same procedure as enumerated above & redresses the grievances.
- e) The provision for appeal lies with Vice Chancellor.

**5.1.21 Does the institution promote a gender-sensitive environment by (i) conducting gender related programs (ii) establishing a cell and mechanism to deal with issues related to sexual harassment? Give details.**

**The campus has Gender sensitive environment**

- I. Incidentally this institution has a very high percentage of female students, which makes gender equality very natural.** Notwithstanding, this advantage, all efforts are made to maintain a gender sensitive environment, in all its activities.
- II. There is an Anti sexual Harassment Cell established in the university.**

The function of the cell is to deal with sexual harassment cases as per the guidelines of the statute or law

- a) The cell membership includes in-house lady advocate.
- b) The cell has the representation from all the stake holders including teaching & non teaching staff, students & spouse of teaching staff.
- c) Conducts awareness program on sexual harassment law.
- d) Conducts community outreach program in nearby villages for women addressing women issues, female feticide etc.

- e) Anti sexual Harassment Cell receives the complaint related to sexual harassment at work place.
- f) The application so received is investigated by Anti sexual Harassment Cell & the redressal is done based on the legal & statutory guidelines & report of which is submitted to the University for Further Action.

**5.1.22 Is there an anti-ragging committee? How many instances, if any, have been reported during the last four years and what action has been taken in these cases?**

- Yes; there is central university anti-ragging committee working as per guidelines of UGC. The name of the members of the committee & important contact numbers are prominently displayed in all institutions in the campus with complete details of all activities which constitute an act of ragging as defined by the honorable supreme court of India & punishments thereof. ‘**A no tolerance towards ragging**’ policy is strictly practiced in the university. At the time of admission all new entrants are sensitized to the readily available assistance in this matter if any such occasions arises. Apart from this under the provision of statutory guideline each constituent unit has institution level anti-ragging committee. All the stipulated guidelines have been strictly implemented in the campus.
- **There have been no instances of ragging reported during last 4 years.**

**5.1.23 How does the institution elicit the cooperation of all its stakeholders to ensure the overall development of its students?**

There is a constant engagement with all stakeholders at various forums. From the students upwards to the Board of Management all is a part of the decision making process.

The feedbacks from parents, alumni, community, industry, are used in devising future roadmap. Parents are constantly upgraded about the progress of their wards, distinguished alumni and members of community are called to interact with students and enthuse them. Feedback from patients, and external faculty / examiners is used to device curriculum and new policies.

**5.1.24 How does the institution ensure the participation of women students in intra- and inter-institutional sports competitions and cultural activities? Provide details of sports and cultural activities where such efforts were made.**

The high proportion of female students automatically facilitates their participation in all activities. However, sensitivity towards female participation is always maintained.

- 1) Constituent units ensures active participation of women students in sports competitions and cultural activities by conducting intra institutional sports activities such as volleyball, throw ball, tennikoit, badminton, table tennis, basket ball, cricket, lawn tennis & singing, rangoli, dance, fancy dress competitions etc.
- 2) The women students talented in sports / cultural activities & those who have performed well during intra institutional sports competition are selected, are trained by sports coach & cultural mentors. Requisite incentives are also given.

**Following are the achievements of female students in sports competitions and cultural activities**

Sl. No	Name of Student	Competition	Level	Achievements.
1.	Shah Kanan	Classical Dance	International	Won third position in International Group Dance, Malaysia
2.	Ms. Selvi Khajanchi	Volleyball	National	3 times national volley ball player(Also awarded Best player of the tournament)
3.	Shah Kanan Rajeshbhai	Classical Dance	National	Won Bharatnatyam Alankar
4.	Ms Juhi Kothari	Table Tennis	National	National level TT Player
5.	Miss. Divya	Swimming	State	won Gold

	pandya	competition in 2012		medal
6.	Taarini Jouri	Volley ball	District	Winner
7.	Buch Mansi	Cricket	University	Best player award, WAVE 2010
	Pharmafest	Pharma Painting	National	First position
8.	Miss. Shreya Vyas	Women football, khel mahakumbh 2012	District	Gold medal
9.	Ms. Mita & Ms. Divya	Carrom Womens Doubles in DEEP 2011	Institution	Winner
10.	Ms. Shreya Vyas	Badminton Single in DEEP 2011	Institution	Winner
11.	Ms. Shreya Vyas & Ms. Dincy	Womens Badminton Doubles in DEEP 2011	Institution	Winner
12.	Ms. Shreya	Badminton Mixed Doubles in DEEP 2011	Institution	Winner
13.	Ms.Reema	TT Womens Single in DEEP 2011	Institution	Runner up
14.	Ms. Reema & ms.Shreya	TT Womens doubles in DEEP 2011	Institution	Runner up
15.	Ms. Himani	200 MTR Women in DEEP 2011	Institution	Runner up
16.	Ms. Dincy	400 MTR Women in DEEP 2011	Institution	Winner
17.	Ms. Rut	Javelin Women in DEEP 2011	Institution	Winner
18.	Ms. Rut	Discuss Women & Shotput women in DEEP 2011	Institution	Runner
19.	Ms. Piranha	Cricket women in DEEP 2011	Institution	Runner
20.	Ms. Shreya	Football women	Institution	Winner

		in DEEP 2011		
21.	Shruti Patel & Mona Patel	Pharmafest 12	Documentary Film	State Level 1 <sup>st</sup> Prize
22.	Jahnvee Trivedi, Niyati Shah & Divya Soni	Pharmafest 12	Model Presentation	State Level 1 <sup>st</sup> Prize
23.	Dhwani Bhatt	Baroda Rock Dance Academy	Dance	State Level 2 <sup>nd</sup> prize
24.	Shivani Balsara	7 <sup>th</sup> National Level Student's Art Competition	Art competition	National Level 3 <sup>rd</sup> Prize
25.	Jinal Patel	Baroda District Association	Softball & Baseball	State Level 2 <sup>nd</sup> prize
26.	Manal Patel	Baroda District Association	Baseball	State Level 2 <sup>nd</sup> prize
27.	Jaymala Patel	Khel Mahakumbh 2013	Badminton	state level 2 <sup>nd</sup> prize
28.	Aashna Patel	AITA Tournament	tennis	State level 3 <sup>rd</sup> prize
29.	Nidhi Gandhi	Khel Mahakumbh	badminton	State level 3 <sup>rd</sup> prize
30.	Chaitalee Mehata	District level Judo tournament	Judo tournament	State 3 <sup>rd</sup> prize level 3 <sup>rd</sup> prize
31.	Shivangi Sherma	State Kho-Kho Competition	Kho-Kho	State Level 3 <sup>rd</sup> prize
32.	Angel Rathod	NCC Meet	Hockey	State Level 2 <sup>nd</sup> prize
33.	Angel Rathod	NCC Meet	100mts. Running	State Level 1 <sup>st</sup> prize
34.	Palak Patel	International Athletic Meet	Jump Rope	International Level 1 <sup>st</sup> Prize
35.	Kajal Patel	State Interschool Drawing Competition	Drawing	State Level 1 <sup>st</sup> prize

**5.1.25 Does the institution enhance the student learning experience by providing for rotation from the teaching hospital to the community and district hospital during the internship period**

At all levels from undergraduate to interns to postgraduates, through community medicine department, various outreach activities like camps and community services, and participation in activities at various Governmental and non- Governmental centers, the students are exposed to on ground learning opportunities.

- An average of 30% of internship period is spent in community outreach activities such as participation in camps, national health programs etc.

**5.1.26 Does the institution have immunization policy for its students and staff?**

- Yes; University has student & staff immunization policy which covers compulsory immunization for Hepatitis-B. Typhoid, Hepatitis-A & other vaccinations are available at subsidized rates for staffs & students at Dhiraj General Hospital & KM Shah Dental college and Hospital

**5.1.27 Does the institution give thrust on students growth in terms of:**

- \* **Physical development, Emotional control, Social dimension and Spiritual growth.**
  - a. **The physical development** :- component of student growth is addressed by conducting awareness programs, guest lectures, multi gym facility, promotion of track & field sports activities using sports ground & sports complexes and providing balanced & nutritious food in the students mess.
  - b. **Emotional control** :- the programs that promotes control of emotions, situation management and people management are focused through, lessons on building Emotional quotient, Social & Psychological counseling is done at the counseling cell and by the mentors. Yoga & meditation classes are also held under trained guidance.
  - c. **Social dimensions** :-  
By conducting programs that promotes the ability to

understand determinants of healthy society and impact of economics, political, psychological, social & cultural factors that contributes to the development & propagation of human values.

Knowledge, skill & attitude required for social dimensions are facilitated through intensive teaching of community medicine, public health dentistry, community physiotherapy, community nursing, community pharmacy & health care management.

The social dimension is also addressed by creating an opportunity for student and community interaction through health camps, national health programs etc.

The Career and competitive examination forum regularly conducts programs that address social dimensions such as human right, women right, child right, female feticide etc.

- d. **Spiritual growth;** University conducts the program that ensues inculcation of virtues and higher values like secularism, humanism, empathy, tolerance, non- violence, charity, sharing, friendliness and brotherhood.

## 5.2 Student Progression

### 5.2.1 What is the student strength of the institution for the current academic year? Analyze the Program-wise data and provide the trends (UG to PG, PG to further studies) for the last four years.

- Following are the details of Program-wise student strength:  
Each constituent college/institutions to provide Program-wise student strength during for 2015-16 as per table given below

Students	UG	PG			Integr ated Maste rs	M. P.hi l	Ph.D .	Inte grat ed Ph. D.	Dip lom a	Cer tific ate
		PG	DM	MC H						
	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F
From the state	134 312	62 55			09 17	04 03	01 00	11 49	00 30	

Students	UG	PG			Integr ated Maste rs	M. P.hi l	Ph.D	Inte grat ed Ph. D.	Dip lom a	Cer tific ate
		PG	DM	MC H						
	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F	*M *F
where the institu tion is locate d										
From other states	19 33	48 29			01 03	05 06				
NRI studen ts										
Foreig n studen ts										
Total	153 345	110 84			10 20	09 09	01 00	11 49	00 30	
	M 294				F 537					
Grand total	<b>831</b>									

- Following is the trend of Progression of students to further studies analyzed for the last 4 Years:

**a) Student progression of last 4 years**

Name of program	UG to PG		PG to further studies	
	Within institution	Outside the Institution	Within institution	Outside the Institution
Medical	78	48	2	2
Dental	12	24	1	1
Physiotherapy	10	23	01	NIL

Nursing	12	06	NIL	03
Pharmacy	17	15	NIL	NIL
MBA	NA			01

**5.2.2 What is the number and percentage of students who appeared/qualified in examinations for Central / State services, Defense, Civil Services, etc.?**

- Following table gives the number and percentage of students who appeared/qualified in examinations for central / State services, Defense, Civil Services, etc.

Examination	No. of Students appeared	% of student qualified
Central railway, AIIMS, Gujarat state hospital services	<b>170</b>	<b>41% (number of students qualified=70 )</b>

**5.2.3 Provide category-wise details regarding the number of post graduate dissertations, Ph.D. and D.Sc. theses submitted/ accepted/ rejected in the last four years.**

Following are the details of the number of post graduate dissertations, Ph.D. theses submitted/ accepted/ rejected in the last four years:

Sl. No	Degree	Number of dissertations in the last 4 years		
		Submitted	Accepted	Rejected
1	PG	656	656	-
2	PhD	15	15	-

**5.2.4 What is the percentage of graduates under AYUSH programs employed in the following?**

- \* AYUSH departments/hospitals / Multinational companies / Health clubs /Spas /Yoga wellness centers / Yoga studios / Health clubs /Own yoga cubes/studios?  
Not applicable

**5.3 Student Participation and Activities**

**5.3.1 List the range of sports, cultural and extracurricular activities available to students. Furnish the program calendar and provide**

**details of students' participation.**

I) Following are sports, cultural & extra-curricular activities available to students in campus:

• **Sports activities available are:**

Multi gym activities, Basketball activities, Lawn tennis court, Cricket, Foot ball, Badminton activities, Volley ball activities, Chess, Carrom, TT, Athletic track events, Field events

- **Cultural activities available are-** all forms of singing, fancy dress competition, fashion show, instrumental, skit, drama, street play, rangoli & painting activities, mehendi activities, Navaratri, sharadotsav celebration, Ganesha festival celebration. Debates, extempore, sports quiz, essay writing, best out of waste, poster presentation, photo exhibition are also organized.

II **Following is the program calendar of sports, cultural & extracurricular activity for 2014 -15**

<b>Constituent college</b>	<b>Program calendar for 2014-15</b>
SBKSMIRC	05/05/2015 to 07/05/2015
KMSDCH	11/12/2014 to 16/12/2014
College of Physiotherapy (Physiozest)	22/12/2014 to 24/12/2014
Sumandeep nursing College	15/12/2014 to 20/12/2014
Department of Pharmacy	05/01/2015 to 10/01/2015
Department of management	13/10/2014 to 17/10/2014

**Details of students participation in sports & cultural events is given as follows:**

<b>Sl. No</b>	<b>Sports/cultural event</b>	<b>Number of student participation</b>
1.	Multigym	45
2.	Basketball	58
3.	Lawn tennis	03
4.	Badminton	375

5.	Volleyball	141
6.	Athletic track	189
7.	Cricket	225
8.	Carom	332
9.	Chess	116
10.	Singing	218
11.	Dancing	212
12.	Instrumental	12
13.	Fancy dress	120
14.	Faison show	152
15.	Navaratri	568
16.	Ganesh festival	377
17.	Extempore	14
18.	Sports quiz	40
19.	Best out of waste	61

**5.3.2 Give details of the achievements of students in co-curricular, extracurricular and cultural activities at different levels: University / State / Zonal / National / International, etc. during the last four years.**

- Following is the details of achievement of students in co-curricular, extracurricular & cultural activities during last 4 years.

**Prizes won by students in sports**

Year	College level	University level	Inter collegiate level	State level	National Level
2011-12	261	322	25	02	-
2012-13	318	320	190	04	01
2013-14	344	342	114	07	02
2014-15	339	318	216	02	02
<b>Total</b>	<b>1262</b>	<b>1302</b>	<b>545</b>	<b>15</b>	<b>05</b>

**Prizes won by students in cultural/literary events**

Year	College level	University	Inter	State level
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		level	collegiate level	
2011-12	159	120	84	01
2012-13	225	117	144	04
2013-14	252	138	93	05
2014-15	223	106	128	09
<b>Total</b>	<b>859</b>	<b>481</b>	<b>449</b>	<b>19</b>

**5.3.3 Does the institution provide incentives for students who participate in national / regional levels in sports and cultural events?**

Yes, all such participants are provided with training and coaching facilities. Equipments, instruments, travelling and special leave grants are extended. All requisite financial help is also given.

**5.3.4 How does the institution involve and encourage its students to publish materials like catalogues, wall magazines, college magazine, and other material? List the major publications/materials brought out by the students during the last four academic sessions.**

Every constituent institution of the university has the following student centric periodic publications.

- A. Fort nightly wall magazine.
- B. Monthly compilation of outstanding achievements by health care professionals globally.
- C. Six monthly literary magazines completely contributed by students with few faculty contributions.

Sl. No	Constituent college	Publication	Frequency of publication
01	SBKSMIRC	Student News letter "Bridges"	Quarterly
02	KMSDCH	Dental "APOGEE"	Once in 2 months
03	College of Physiotherapy	News bulletin Student magazine:	Quarterly Once in a Year

		“Physio zest”	
04	Department of Pharmacy	Newsletter “Pharma Vibrance”. Newsletter “Pharma Edge”	Half-yearly  Quarterly
05	Sumandeep Nursing College	News letter: “SNC TIMES” Wall Magazine: “VIBGYOR”	Once in 4 months
06	Department of Management		NIL

**5.3.5 Does the institution have a Student Council or any other similar body? Give details on its constitution, activities and funding.**

- Yes: the university has the Student’s Council and it is formed as per the guidelines circulated by the UGC.

**ABOUT THE STUDENTS COUNCIL**

The student council was first formed in 2013 at the level of the institutions, through a process of nomination cum selection. The university student’s union was formed in 2014 -2015, by a process of selection by a committee from nominations made by institutional unions.

**CONSTITUTION OF THE STUDENTS COUNCIL**

1. **Name:** The name of this association is ‘the Student’s Council’. Each constituent unit’s institution and the University will have a unit.
2. **Powers:** All powers bestowed in the Student’s council in respect of representation and self governance shall be derived from the broad principles about governance laid down by the University.
3. **Rights of self governance**

The Administration of constituent colleges will facilitate and ensure that the rights of student self-governance provided to Students council are exercised judiciously, and remain within the confines of the laid down principles.

**4. Preamble**

Sumandeeep Vidyapeeth is committed to creating an environment in which students of diverse communities, varied backgrounds, and diverse cultures can live together, interact, and learn from one another and in doing so develop a sense of brotherhood, citizenship and by imbibing the best ideals ultimately become a catalyst in Nation building. The student council aims to build in them a sense of independence, decision making and the capacity to play a pivotal role, in the matters of society and Nation, in the years ahead.

## **5. Responsibilities**

### **1. President-**

- The Presidents of Student's Council will head the council
- The Presidents will preside at all plenary sessions of the council
- The Presidents will set the agenda and preside over meetings of Student's Council delegate and oversee the business of the other members of Student's Council.
- The Presidents shall serve as a bridge between the council, and. the University administration,

### **2. Advisor**

- Will act as a liaison officer between the president and the students
- Will communicate and work with student representatives on faculty-student committees.

### **3. Vice president**

- Will officiate in absence of the president.
- Pursue the agenda made by the president
- Coordinate all the activities of the students
- Plan and organize the events with the other members
- Convey the details to the students

### **4. Secretary**

- Will assist the work of the other members
- Work as a bridge between the president and the students

- Prepare minutes after every meeting
- Present the problems, suggestions and views of the students to the president for obtaining solutions

**5. Treasurer**

The Treasurer and co treasurer of Student's Council will disburse the funds to different bodies of the council as per need keep a permanent record of all transactions, and present a balance sheet in every quarter.

**6. Sports secretary–**

- Will be responsible for the sports events of the college
- Plan the events and call for meetings when and where required
- Prepare list of the articles and equipments needed for the event

**7. Cultural events secretary –**

- Will be responsible for the cultural events of the college
- Plan the events and call for meetings when and where required
- Prepare list of the articles needed for the event

**8. Refreshment secretary –**

- Prepare list of the articles needed for the event
- Will plan for food, snacks, lunch etc for the programmers
- Order the items in the mess canteen
- Allot students to provide, serve, cater for refreshments after events
- See to the cleanliness of the area after the refreshment activities

**9. Class Representative for the council-**

- Each Class Representative shall be responsible for voicing perspectives and concerns pertaining specifically to the needs and desires of students in the class to Student's Council.

- Each Class Representative shall serve as the primary bridge between Student's Council the class, and will be responsible for keeping the class informed about and involved with Student's Council

#### **6. Mandates of the student's council**

- Actively pursue the activities of the council, through organized functioning.
- Work closely and communicate with administration and faculty.
- Empower and support student leaders and their initiatives.
- Take a proactive and forward-looking approach to identifying student issues and developing remedies

#### **7. Meeting schedules of the student council**

- Meeting time and date will be decided by the precedent of the council after conducting a meeting with the members once in two months or before any planned event

#### **8. Committees**

- The committees will be created and responsibilities will be allocated before the events by the event secretary so that all the students will get a chance to be involved in it

#### **9. Executive powers**

Within the confines of the University norms, and after due discussion and deliberation with the institution / University authorities, the council will have the powers to declare and hold rightful activities within the campus. Viz

1. Conduct regular meetings among its members
2. Celebrate festivals and observe National days
3. Organize cultural and sport events
4. Carry out competitive events like quiz, poster competitions, elocutions, public speaking etc

5. Convey students problems, needs and issues to the members and discuss with the advisor and the presidents
  6. Provide inputs and ideas in the various academic and co curricular committees
- Funding of the Student body
  - **Budgeting**
    - (i) Responsibility and Powers of the Office of the Treasurer
      - 1) Treasurer Responsibilities: The Students' Council Office of the Treasurer is responsible for the fair and impartial distribution of Students' Council funds for utilization through the Budgeting Committee. The Budgeting Committee shall be chaired by the Co-Treasurer and shall consist of the students representative of each event
      - 2) The Office of Treasurer is empowered to money, provided there should be evidences for every expenditure in the form of bills, receipts etc
      - 3) The Office of the Treasurer is empowered to enter into the records details of income, expenditure, balance carried forward and the total amount
    - (ii) **Co - Treasurer Responsibilities:** The Office of the Treasurer is responsible for keeping an accurate account of the Student's Council treasury and ensuring its financial stability whenever required
  - a. **Dean/Principal:**
    - ✓ Review duties and assess the function of student coordinator.
    - ✓ Review, amend and authorize the activity planned by student coordinator.
    - ✓ Review reports on activities under student support.
    - ✓ Facilitate to meet requirements of student support.
  - b. **Student Coordinator:**
    - ✓ Preparation of student activity calendar for current academic year.
    - ✓ Lead role in formation of student committee for current year.

- ✓ Advising, guiding and monitoring activities of student committee.
  - ✓ Arranging and conducting orientation of undergraduate students.
  - ✓ Preparing and update student handbooks.
  - ✓ Support Anti ragging Committee.
  - ✓ Support Mentor committee.
  - ✓ Support programs for advanced and slow learners.
  - ✓ Support the scientific committee in organizing academic activities.
  - ✓ Initiate, organize, conduct and conclude all the planned activities in current year.
  - ✓ Encourage, guide, assist and support students to participate in Intra College as well as inter college activities.
  - ✓ Participation in making incentive policies for the participants.
  - ✓ Meet the diverse needs of the students. E.g. locker facilities, sports equipments, etc.
  - ✓ Facilitate the students to become alumni.
  - ✓ Prepare and submit the reports of conducted activities to the Principal, COP, and SV.
- c. Assistant Student Coordinator:**
- ✓ Assist student coordinator in all the activities.
- d. General Secretary:**
- ✓ Consult with and report to the student coordinator and assistant student coordinator.
  - ✓ Coordinate and arrange all the activities of the student support.
  - ✓ Coordinate, guide and assist Literature Secretary, Sports Secretary and Cultural secretary.
- e. Literature Secretary:**
- ✓ Coordinate and arrange all the literary activities of student support.
- f. Sports Secretary:**
- ✓ Coordinate and arrange all the sports activities of student support.
- g. Cultural Secretary:**

- ✓ Coordinate and arrange all the cultural activities of student support.
- Funding of the Student body  
The student body is financially supported by the university and various sponsors.

**5.3.6 Give details of various academic and administrative bodies that have student representatives in them. Also provide details of their activities.**

- The university ensures student representation on key academic & administrative bodies.
  - a. Following are the academic committees in which students are the members.
    - a) College council
    - b) Research committee
    - c) Hospital committee
    - d) Scientific committee & publication committee
    - e) Library committee
  - b. Following are the administrative committees that have student representation
    - Anti ragging committee
    - Mess committee
    - Sports committee
    - Cultural committee
    - Hostel committee
    - Anti sexual harassment committee
    - Safety & security committee
    - Grievances Redressal committee
  - c. The student members actively participate in committee deliberations & give the input on student's view point & perception on agenda being discussed. This ensures acceptance level among the students.

<b>Academic Committee</b>	
<b>Type of Committee</b>	<b>Activity</b>
College Council	Time table, preparation of academic calendar, procurement of teaching learning resources, internal examinations and academic grievances
Research committee	Faculty & student research project, research funding, research Collaboration, research infrastructure and publication
Hospital committee	Clinical learning, clinical evaluation, clinical internal examinations, clinical study material, community outreach activity, patient issues, student patient interaction, patient complaints etc.
Scientific committee & publication committee	Organization of scientific events by the student, for the student, of the student, student publication etc.
Library committee	Enhancing library resources, IT facilities, online databases, books & journal procurement.
<b>Administrative Committee</b>	
Anti ragging committee	Anti ragging awareness, review of anti ragging squad reports.
Mess committee	Mess rules & regulation, code of conduct, food quality, clientele feedback, food quality & menu decision, water quality, hygiene, redressal of complaints
Sports committee	Preparation of sports calendar, conduct of intra/ inter institutional sports activities, selection of various teams for state/zonal/National competitions and incentive to participants
Cultural committee	Preparation of calendar of events for cultural activities, conduct of intra/ inter institutional cultural competition, selection of various teams for Zonal/state/national events and incentives to the participants.

Hostel committee	Review of water testing, facilities required, maintenance issues, purchases, complaint handling and review of anti ragging activities.
Anti sexual harassment committee	Women issues, women empowerment Programs, Complaint review.



**Criterion – VI**  
**Governance, Leadership & Management**

## **CRITERION VI: GOVERNANCE, LEADERSHIP AND MANAGEMENT**

### **6.1 Institutional Vision and Leadership**

#### **6.1.1 State the vision and the mission of the institution.**

Each constituent institution has institutionalized statutory and university vision, mission and Objectives

#### **University Vision and Mission**

##### VISION

To become an accomplished centre of unique evidence based medical education system in the country with a capacity and capability to share ideas and train other medical institutes in this form of teaching – learning process, to be able to provide the best medical care to the needy with state of the art technology , and to bring forth hypothesis based , community oriented, high impact research which would be able to contribute to formulation of National medical management guidelines in all activities related to medical care. To become a name to reckon with in the field of Medical care and Medical education in India.

##### MISSION

To carry forward and consolidate the gains of Evidence based education system by implementing the revised evidence based curriculum in all its dimensions in all the constituent colleges, thereby giving further impetus to adult learning, enhanced learner participation, patient satisfaction, continuous high quality research and development of more management's protocols suitable to local problems, and in doing so create a new paradigm in medical care and education.

#### **6.1.2 Does the mission statement define the institution's distinctive characteristics in terms of addressing the needs of the society, the students it seeks to serve, the institution's tradition and value orientations, its vision for the future, etc.?**

The Mission statement of the university define distinctive characters pertaining to the service to society , service to the student in aid of the

institution traditions, value orientation , vision for the future , research contribution etc.

Following are the distinctive facets;

- Based on needs of the society university has ensured provision of comprehensive high quality Tertiary, multidisciplinary super-specialty medical, dental & allied patient services.
- Making all the services available to serve the community through outreach extension programs thereby achieving patient satisfaction.
- The student's community it seeks to serve is addressed by starting medical, dental, physiotherapy, nursing, pharmacy & health management UG/PG/PhD programs offering flexibility to the students
- University makes value addition to its evidence base curriculum given by the statutory bodies by enforcing it with professional skill development issues, employ ability issues, research & holistic development of students.
- Each constituent unit provides enhanced learners participation by implementing students centric programs such as tutorials, journal clubs, seminars student research, mentorship program, social & psychological counseling.
- All the institutional efforts leads to development as self attributes, knowledge attributes, patient attributes, medical professional attribute, system of health care attributes & social attributes.
- Institution tradition & value orientation:

This is addressed by ensuring gender equity, global citizenry perspective, building global professional competencies, innovation & research thrust , promotion of healthy life style, comprehensive physical, mental emotional & spiritual development, national integration, art & culture.

### **Vision for the future**

The future visions addressed are

- Continue to provide and enhance the quality of patient services by procuring state of the art equipment & best patient treatment practices prevalent across the globe.
- Towards achievement of this, enhance and provide world class research facilities fostering student & faculty involvement & contribute to formulation of national medical, dental, physiotherapy, nursing, pharmacy, management guidelines.
- To realize this, establish collaboration with organizations, universities, research institutions of world class excellence & to realize world class research & patenting.
- To establish WHO Collaborating Centre for sickle cell anemia & other highly endemic diseases such as oral cancer, cervical cancer, breast cancer etc.

### **6.1.3 How is the leadership involved in;**

- \* **Developing E-Governance strategies for the institution?**
- \* **Ensuring the organization's management system development, implementation and continuous improvement?**
- \* **Interacting with its stakeholders?**
- \* **Reinforcing a culture of excellence?**
- \* **Identifying organizational needs and striving to fulfill them?**
- The university leadership is pro-active, development focused, quality conscious, with thrust on excellence, ever in pursuit of continual improvement.
- Following are the details of such pursuit related to question components above.

**Strategies: -**

- **Developing e-governance strategies for the institution**

**Action taken: -**

- (a) By the year 2015-16, the management has decided to make the University paperless University. Towards this all the departments of the constituent units/ operational units have been provided with latest computers and peripherals. Every computer node/computer has been provided with 1GBPS internet facility.
- (b) University has comprehensive IT policy to manage IT services to ensure information and network security etc. Each of the computer nodes have been provided with LAN/WAN facilities. The entire campus is provided with Wi-Fi facility. For internal communication, there is IMS.
- (c) All the operational sections such as library, mess, student section/HR/Exam Section have developed unique tailor made software. On the similar line all the departments will be supported with unique academic and administrative software. All these software developed will be linked across the campus for integration into University node.
- (d) All these efforts will lead us on to paperless University.

2. **Ensuring the organization's management system development, implementation and continuous improvement**

**Action taken –**

The organization's management is based upon systems approach in which all the input activities are put through operations to realize expected objective /expected output. The focus is on achieving the stakeholder's satisfaction. Following are the approaches taken:

- (a) Identification of all the objectives through informed review involving faculty, students parents, experts, statutory guidelines, management expectation etc.
- (b) Planning: while developing a plan the main components addressed are; initiation, stages of activity, factors

required, and cofactors required for progressions through various stages, obstacles that are likely to be encountered and presumptive solutions for them. These identified strategic, planning are implemented uniformly in concerned function/operational unit/section for further needful actions.

- (c) The performance is periodically monitored and user feedback is collected. The performance evaluation and feedback is analyzed and corrective, preventive actions are taken in the matter.
- (d) To enhance the ownership of the activity and involvement, management practices delegations and seeks transparency and accountability.

By this approach continual improvement is ensured

- (e) The organization's management is based upon systems approach in which all the input activities are put through operations to realize expected objective /expected output. The focus is on achieving the stakeholder's satisfaction. Following are the approaches taken:
- (f) Identification of all the objectives through informed review involving faculty, students parents, experts, statutory guidelines, management expectation etc.
- (g) Planning: while developing a plan the main components addressed are; initiation, stages of activity, factors required, and cofactors required for progressions through various stages, obstacles that are likely to be encountered and presumptive solutions for them. These identified strategic, planning are implemented uniformly in concerned function/operational unit/section for further needful actions.
- (h) The performance is periodically monitored and user feedback is collected. The performance evaluation and feedback is analyzed and corrective, preventive actions are taken in the matter.

- (i) To enhance the ownership of the activity and involvement, management practices delegations and seeks transparency and accountability.

By this approach continual improvement is ensured

### 3. **Interacting with its stakeholders**

#### **Action taken –**

Each constituent unit interacts with its stakeholders – students, parents, patient, statutory bodies, teachers, community and alumni.

- (a) Students-Parents and Alumni: Apart from interactions during the teaching learning and evaluations program the institution strengthens the interactions through mentorship program through various committees. Comprehensive feedback system, complaint redressal, quarterly reporting system to the parents, parent teacher association, and periodic alumni interactions through meets gathering and alumni feedback are undertaken.
- (b) Patient and Community: Patient interactions are enhanced through individualized communication and counseling, involvement of patient and his relatives while planning the treatment, review and research rehabilitation and follow up.
- (c) The Community interactions is enhanced through extensive focused community outreach program such as diagnostic and therapeutic camps, disease prevention, disease-screening and detection program, disease management program, disease rehabilitation, communicable disease awareness program, non-communicable disease awareness program, vector borne disease control program, national health program, lifestyle disease awareness program etc.
- (d) Statutory Bodies: Each constituent institutions/ units send mandatory returns to concerned statutory bodies such as UGC/MCI/DCI/IAP/INC/PCI in the form of

annual report / student admission details, staff position, implementation status of the guidelines received from time to time anti-ragging report and by undergoing periodic statutory body inspections as mandated.

Teacher interactions are promoted by delegation of activities periodic management teacher meeting that ensures their cooperation for developing various policies pertaining to developing unique practice (EBES), research, community activities, welfare activities.

#### 4. **Reinforcing a culture of excellence**

##### **Action taken –**

The management reinforces the culture of excellence by following practices.

- a) Evidence Based Education System (EBES) implemented by the university has been comprehensively built into the matrix of the curriculum provided by the statutes.
- b) Value addition to the curriculum, e.g.- professional skill development, employability skill development, holistic personality development, fostering spirit of global citizenry, self attributes, community attributes, patient, social, system of health care attributes etc.
- c) Continuous Cumulative Evaluation System that comprises the components of formative and summative evaluation
- d) Promoting intensive research & quality publications through departmental project, collaborated project, funded project etc.
- e) Thrust on holistic growth of physical / emotional / social / spiritual development

Information & communication technology reinforcement in all activities of the campus

**5. Identifying organizational heads & striving to fulfill them**

**Action taken –**

Management identifies the thrust/organization development focus areas and continuously strives to fulfill them.

- The organizational needs are identified based on requirement related to curricular, teaching learning, evaluation and need of patient and community, research collaboration and publication, extracurricular needs such as sports and cultural requirement, and welfare of students & staff.

Based on need identification, the requisite infrastructure in the form of well planned buildings, provision of IT support, procuring world class equipments/instruments, for diagnosis, treatment and rehabilitation, provision of sports field and infrastructure for cultural activities, support amenities such as students mess, hostel, appointing and highly qualified/highly experienced/teaching faculty and further strengthen them through professional development program.

**6.1.4 Were any of the top leadership positions of the institution vacant for more than a year? If so, state the reasons.**

NO

**6.1.5 Does the institution ensure that all positions in its various statutory bodies are filled and meetings conducted regularly?**

- The university ensures that all the positions in all statutory bodies/ university authorities are filled as per the guidelines given in the Bye-Laws of the University;
- The meetings of all the university authorities are conducted regularly

<b>Sr. No.</b>	<b>Body/Authorities</b>	<b>Number of Meetings per year</b>	<b>Dates of meeting</b>
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1	Board of Management	4	14/10/14 13/12/14 13/3/15 21/3/15
2	Academic council	3	17/11/14 23/02/15 03/03/15
3	Board of Study	4	22/01/15 03/02/15 01/04/15
4	Finance committee	2	14/10/14 21/3/15
5	Development and monitoring Board	2	10/10/14 8/12/14
6	Board of Exam	4	13/07/15 26/08/15 31/08/15
7	Research committee	4	26/05/15 20/07/15
8	University ethics committee	4	07/01/15 28/02/15 13/06/15
9	Anti-ragging committee	3	26/8/14 20/1/15 8/5/15
10	Anti-sexual harassment committee	3	18/11/14 29/7/15
11	Grievances Redressal committee	3	20/10/14 9/2/15 25/2/15 11/3/15 13/3/15 31/3/15 22/5/15
12	Library committee	2	04/08/15

**6.1.6 Does the institution promote a culture of participative management? If yes, indicate the levels of participative management.**

- University promotes delegations, ownership of activity, transparency & accountability thereby ensuring culture of participative management.
- Following is the detail indicating levels of participative management.

A. **University level** : university has number of authorities such as board of management, university internal quality assurance committee, academic council, board of studies, finance committee, development & monitoring board, board of examinations, research committee etc. each committee has specific focused objectives. These authorities guide the University for Participative Governance.

- The university administrative functions & financial supervision is delegated to the Registrar who discharges the duty based on by laws/rules & regulations of the university.
- The financial function is delegated to chief accounts officer who works on the advise by finance committee & as per financial statutes.
- The examination function is delegated to controller of Examinations, who functions as per the advise as board of examination and by adhering to statutory guidelines.
- The committee membership comes from the statutory guidelines that involve the representation by the faculty from all the constituent institution.
- Students /parents members are also included in the committee wherever significant/indicated.

- External expert members are also included on the membership of authorities of the university.

**B. Constituent institution level** participative management

- The functioning of constituent unit/section is based on the principle of participative management.
- There are number of committees such as college council, curriculum committee, learning teaching evaluation committee, research committee, discipline & anti ragging committee , clinical service committee, sports & cultural committee etc.
- Each committee looks after the functioning of specific areas as management.
- Committee membership comes from statutory/university guidelines that involve representation from faculty students/parents, non -teaching staff etc.

**C. Departmental level:**

- All the decisions regarding conformance to statutory, university, institutional/ college guidelines is done through participative functioning.
- Departmental level committee is formed by all the teaching staffs of the dept. The student members are involved wherever they are indicated.
- All the activities of the dept. are implemented through delegation.
- The mentor program is also participative in nature
- The parents teacher association also indicates participative management

The culture of participative management so developed in the university governance has ensured delegation of functions, increased sense of involvement, ownership of activity, transparency in management & account ability etc.

**6.1.7 Give details of the academic and administrative leadership provided by the university to its affiliated colleges / constituent units and the support and encouragement given to them to become autonomous.**

SN

**Leadership area**

**Authority**

**Degree of Autonomy**

**1 Administrative Leadership**

- **Board of Management** Highest decision making and approving body
- **Planning & Monitoring Board** University Development & its monitoring
- **Finance committee** Financial autonomy
- **Vice Chancellor** Chief executive officer of university & is responsible to the BOM for leadership, management & development of university & realization of its stated vision and mission; autonomy to exercise any power in situations where immediate action is required.
- **Registrar** Custodian of records & documents and head of university administration responsible for Performance evaluation, administrative audit, & sign the document on behalf of university
- **Chief Account officer** Budget preparation; release of budget, internal & external financial audit, filling statutory returns.
- **Dean/Principal** Institutional/college level administration includes management of student section, stores, maintenance. Custodian of records & documents of college and use of use of allocated budget.

- **Medical Superintendent** Provision of quality Patient services, hospital infection control, Biomedical waste management, handling of patient complaints, procurement of drug & equipment etc
- **Chief Warden** Implementation of hostel guidelines, allotment of room, maintains code of conduct, discipline, security & Safety, student management, facilitation of complaint redressal, spending allotted budget.
- **Mess Manager** Mess member management, decisions on menu, hygiene & cleanliness, procurement of requirements including appliances, management of mess workers.
- **Estate Manager** Execution, supervision of civil projects in the campus, maintenance of premises, hostel, residential complex & Hospital infrastructure. Procurement & issue of stores, stores audit. Maintenance of support services such as water, carpentry etc.
- **IT Manager** To ensure implementation of IT policy across the campus, maintenance and up gradation of IT facilities, Procurement & maintenance of IT store. E-waste management
- **Security Officer** Implementation of campus wide security and safety measures, Management of security related complaints. Student staff, Patient, relative, public Management

## 2 Academic Leadership

- **Academic council** Highest academic body in the university. Take actions on academic matters, exercise supervision, promotion of research work, maintain standards of examinations, to appoint subcommittee
- **Board of Studies** Designing curriculum, value addition to the curriculum, designing teaching learning evaluations and academic reforms and recommend the same to Academic Council

- **Vice Chancellor** Power to initiate academic actions Power to convene meeting of various academic authorities of the university. Power related to discipline of the university. Power to delegate his power to any other officer, appoint examiners
- **Controller of Examinations** Conduct of exam, announcement of result, handling of unfair practices and student grievance.
- **Research director** Implementation & improvement of research policy, procurement of research resources , preparation of research budget
- **Director of library** Purchase of books, journals from standard book sellers, inter library borrowing, improving library facility, cataloguing
- **Dean of Faculty** To convene meeting of faculty board of studies, to do value addition to the inputs received from institution heads or heads of department. To seek clarification on related academic issues.
- **Principal** Implementation of prescribed curriculum including value addition approved by academic council handling of academic grievances at institutional level
- **HOD's** To prepare departmental calendar, implementation of lesson plan, bridge remedial & enrichment program. Conduct internal examination and prepare Internal Assessment marks of students. Identify thrust areas of research and facilitate research and publication.
- **Faculty** To conduct allotted pedagogy sessions, to provide mentorship to allotted students, decide choice of dissertation for PG, framing of question during paper setting & viva voce. Participate in university examinations. Conduct faculty research & publication

**6.1.8 Have any provisions been incorporated / introduced in the University Act and Statutes to provide for conferment of degrees by autonomous colleges?**

Not Applicable

**6.1.9 How does the institution groom leadership at various levels? Give details;**

Sr. No.	Leadership Level	Grooming activities
1	Vice Chancellor	The Vice Chancellor attends periodic inter University Vice Chancellor's meeting/workshop conducted by UGC/ICMR, etc.
2	Registrar	Vice Chancellor conducts discussion session with the Registrar pertaining to the issues discussed at the inter university meeting. Registrar takes the power point presentation on new system of software IT facility HR training etc.
3	Chief Accounts Officer	Chief Account's officer regularly attends the meeting of Vadodara chapter of ICAI. Regularly update knowledge of IT provision, sales tax provision. The chief account officer is adheres to the guidelines of UGC pertaining to accounting standards in educational institution
4	Controller of examination	The Vice Chancellor conducts discussion Sessions with Controller of examination on the issues pertaining to examination reforms delivered at inter university Vice Chancellor meet. The Controller of examination keeps himself abreast with the current trends in pattern of examination, pattern of evaluation. The Controller of examination also regularly updates the knowledge about the latest amendments to the statutory norms.

5	Research Director	The Controller of examination also updates about concepts of time management, good PR techniques, team management, Research Director regularly attends research related statutory meetings conducted by CDSCEO, DCGI, and CPCSCA etc. He regularly updates knowledge changing trends in research publication, plagiarism etc.
6	Director Library	He Regularly updates his knowledge about modern concepts in cataloguing, new publication. He regularly attends as expert member the meeting of knowledge consortium of Gujarat, UGC, NET meetings and as expert council member of Indian Library Associations.
7	Dean/Principals	They regularly attend dean/Principal meeting called by respective statutory body. They attend the meeting of inter university professional bodies. They also attend important Programs pertaining to research, funding, collaboration education reforms etc.
8	Faculty	Faulty are periodically trained in their respective institutions by their Education Units (such as MEU in medical College) on newer methods of pedagogy, evaluation, research. They also regularly attend the FDPs conducted outside the university etc

**6.1.10 Has the institution evolved a knowledge management strategy which encompasses the following aspects such as access to**

**\* Information Technology,**

The information technology strategy is evolved to meet the present and future needs of the university. Strategy involves

periodic need assessment, assessment of the legal norms, procurement, training of the HR, execution of project, ensuring compatibility with other systems used, assuring security, ensuring trouble free user access, break down maintenance, preventive maintenance and timely up gradation.

\* **National Knowledge Network (NKN),**

Yes, the university avails the National Knowledge Network (NKN) connectivity through NME-ICT introduced by MHRD that provides 1 GBPS internet connectivity on campus through BSNL at the cost of Rs. 49, 00,000/- during the month of November 2010 & subsequently commissioned by BSNL in the month of Feb 2011.

This has facilitated online learning and communication process and also helps in coordination with other institutions across the globe in innovative Evidence Based Education & Practice in the field of Medical & Allied Sciences.

\* **Data Bank (see below)**

\* **Other open access resources along with effective intranet facilities with unrestricted access to learners.**

Following are the open access resources and other knowledge and information database/packages provided to the staff and students for quality teaching-learning and research.

e-Journal	12561
e-Books	30637
<b>ONLINE Database</b>	
EBES	Proquest health and medical complete
Medical	Medline Complete
Dental	DynaMed
Dental	Dentistry and oral science Source & clinical key
Physiotherapy	Clinical Key
Pharmacy	Drugdex
Nursing	CINAHL, Proquest Dissertation and

		thesis global
Management		EBSCO, Business Source ELITE, J-Gate (Social and Management Science-JSMS
For all Institutions		Proquest Dissertation & Thesis global.

**6.1.11 How are the following values reflected in the functioning of the institution?**

- \* **Contribution to national development**
- \* **Fostering global competency among students**
- \* **Inculcating sound value system among students**
- \* **Promoting use of technology**
- \* **Quest for excellence**
- **Contribution to National development**
  - a. University gives to the Nation the competent knowledgeable, skillful, humane basic doctors, basic dentists, basic nurses, basic pharmacist, basic physiotherapist, medical specialist, dental specialist, nursing specialist, physiotherapy specialists, & super specialty health care managers who serve the nation by meeting health care expectation of the people.
  - b. The institution fosters community orientation in all its health care delivery related activities by organizing the camps, awareness program, implementation of national health programs, student community participatory activities. These programs empower practicing professionals for contribution to community they serve and participate in National health program thereby help the nation to achieve the objectives of the program.
  - c. University promotes research activities in its curricula to ensure the training is given to all the students & health can professional to intensely participate in collaborative research which in turn foster the development of patient care services.

All the academic & community activities of the institution reflect the same.

- **Fostering global competency among students**

- a. All the constituent units value add the curriculum by the topics addressing current trends across the globe by conducting student research activities, updating clinical protocols/good practices depending upon latest developments in the field, hands on training in the latest equipment, promoting utilization of rich learning centre, e-resources. & research.
- b. Regular conduction of continuation of medical/ dental/ Physiotherapy/ Nursing/ Pharmacy/ Management Education programs. The experts from the field are invited for such programs & for delivering guest lectures.
- c. To help those activities extensive IT support/facilities are provided in the campus.
- d. The career & competitive examination for (CCEF) gives awareness program for USMLE, PLAB, CPAT, NCLE Management, NBD, CGFNS, IELTS
- e. Training on communication skill, soft skills, situation management, self management & management of self in multicultural, multi linguistic, multinational environment.

- **Inculcating sound value system among students.**

- a) **Attitude building efforts:**

The constituent institutions regularly conduct the programs that address the development of empathy, compassion, honesty, integrity, selfless services, professional help from other professional colleague, adherence to code of conduct such as social code of conduct, medical Code of conduct, code of ethics such as social ethics, bioethics , professional ethics, research ethics.

- b) **Fostering National obligation values;**

Towards this every student is made aware of constitutional rights & responsibility, human right, women rights, child rights, labor rights, rights of the differently able, rights of geriatrics, rights of the patient.

- Responsibility towards implementation of National health program.
- Respect for cultural harmony multilinguism, waste management, conservation of energy, eco-friendly attitude etc.
- **Promoting use of technology:**

Use of technology is intensely promoted for use during lectures, discussion sessions, and continuation of education programs.

All the classrooms have been fitted with LCD projectors with Wi-Fi connectivity Provision of e-library with rich e-learning resources, UG/PG seminars & journal clubs are presented using IT facilities.

To become paperless university all the department of all the constituent units/operational units have been provided with latest computers and internet facilities and LAN/WAN facilities.

The entire campus is provided with Wi-Fi facilities mode for internal communication there is IMS.

All the operational sections such as Library, mess, student section, HR, Examination, accounts, patient care services have developed unique tailor made software. On similar line all the departments will be supported with unique administrative and academic software. All this software so developed will be linked across the campus to be integrated into university node, all these efforts will lead as on to paperless university

- **Quest for excellence:**

**The thrust areas in pursuit of excellence are:**

- a) Stakeholder focused operations, and systems approach.
  - b) Value addition of the curriculum with professional skill building, employability oriented personality development focus.
  - c) Institution- Students- community interaction promoting programs such as conduction of the camps and activities addressing national health program.
  - d) Provision of rich library with e-resources
  - e) Provision of IT support for teaching learning and evaluation including campus wide Wi-Fi facilities.
  - f) Ample opportunities for development of sports, culture, art and literary talents.
  - g) Focus on sound value system addressing various rights, ethics, global citizenry
  - h) Comprehensive feedback systems where in teachers asses themselves, students asses teachers, feedback on campus experience, feedback from alumni, parent teacher interaction, intense analyses of feedback received, improving the issues address in feedback which in turn ensure continued improvement.
  - i) National integration program, preservation of national culture and art;
- To achieve the objectives of thrust areas extensive infrastructure facilities for academics, research, co academic and extra academic activities have been provided. State of the art high tech equipments/ instrument are made available in the department. Rich library, e-resources, campus wide IT support, student and staff amenities have been provided.

- To enhance teaching and learning outcome the concept of the Evidence Based Education System have been implemented in all the institutes.
- For comprehensive formative evaluation, cumulative evaluation system has been implemented in all the institutions.
- Comprehensive Feedback system has been implemented.

**6.1.12 Has the institution been indicted / given any adverse reports by National Regulatory bodies? If so, provide details.**

NO

**6.1.13 What are the projected budgetary provisions towards teaching, health care services, research, faculty development, etc.?**

<b>Sr. no.</b>	<b>Head Of expenses</b>	<b>Budgeted Amount 2015-16 ( Rs.)</b>
<b>A</b>	<b>Academic activities</b>	<b>671221025</b>
1	Salary expenses	665815020
2	Contribution to PF	3891005
3	Staff Welfare expenses	1515000
<b>B</b>	<b>Research Activities</b>	<b>115708000</b>
	% of total budget	12
	Capital expenses	85000000
<b>[a]</b>	<b>For Staff</b>	<b>21596900</b>
1	Salary Expenses	492000
2	Mess / Refreshment Exp.	6000000
3	Lab and Material Exp.	11000000
4	Travelling Exp.	2500000
5	Printing and Stationary Exp.	69500
6	Communication and Postage	20000
7	Other Contingency of committee	15400
8	CDE/CME/ Conference	1500000
<b>[b]</b>	<b>For Students</b>	<b>9111100</b>

1	Salary expenses	333300
2	Student welfare	76000
3	Lab and material Exp.	8538800
4	travelling exp.	102500
5	Printing and stationary exp.	35000
6	Communication and postage	10000
7	other contingency exp.	15500
[c]	Administrative expenses	402809400
1	Hospital & lab Material Expenses.	65849700
2	Travelling & Vehicle Running Exp.	17852500
3	Printing & Stationery Exp.	6840500
4	Postage & Telephone Exp	971000
5	Office Contingency Expenses	1506600
6	Repairs & maintenance	27720000
7	Insurance	1455000
8	Depreciation	145000000
9	Inspection / Conference fees.	9404100
10	Advertisement Exp.	5520000
11	Bank Charges & Commission	721700
12	Bank Interest	500000
13	Professional & Consulting fees.	2991900
14	Examination Charges	10940000
15	Books & Periodicals Exp.	1275000
16	Sanitary charges	12755000
17	Electricity Charges	42600000
18	Donation Expenses	500000
19	Rent, rates and taxes	385000
20	Software Exp.	64000
22	Uniform & washing exp.	1550000
23	Hostel Mess / Diet Expenses	8747400
24	Scholarship	36000000
25	Land Revenue Exp.	60000
26	Convocation expenses	1500000
27	Loss on sale of MRI System	0
28	Fees To Charity Commissioner.	50000
29	Penalty To income tax & TDS	0
30	Land Revenue Exp.	50000
31	Affiliation Fees	0

32	Audit Fees	0
33	EPD Foods Charges	0
	<b>Total Rs.</b>	<b>1104738425</b>

## 6.2 Strategy Development and Deployment

### 6.2.1 Does the institution have a perspective plan for development? If yes, what aspects of the following are considered in the development of policies and strategies?

- \* **Vision and mission**
- \* **Teaching and learning**
- \* **Research and development**
- \* **Community engagement / outreach activities**
- \* **Human resource planning and development**
- \* **Industry interaction**
- \* **Internationalization**
- Yes; university has implemented perspective plan for development and details on how above aspects are considered is given below;

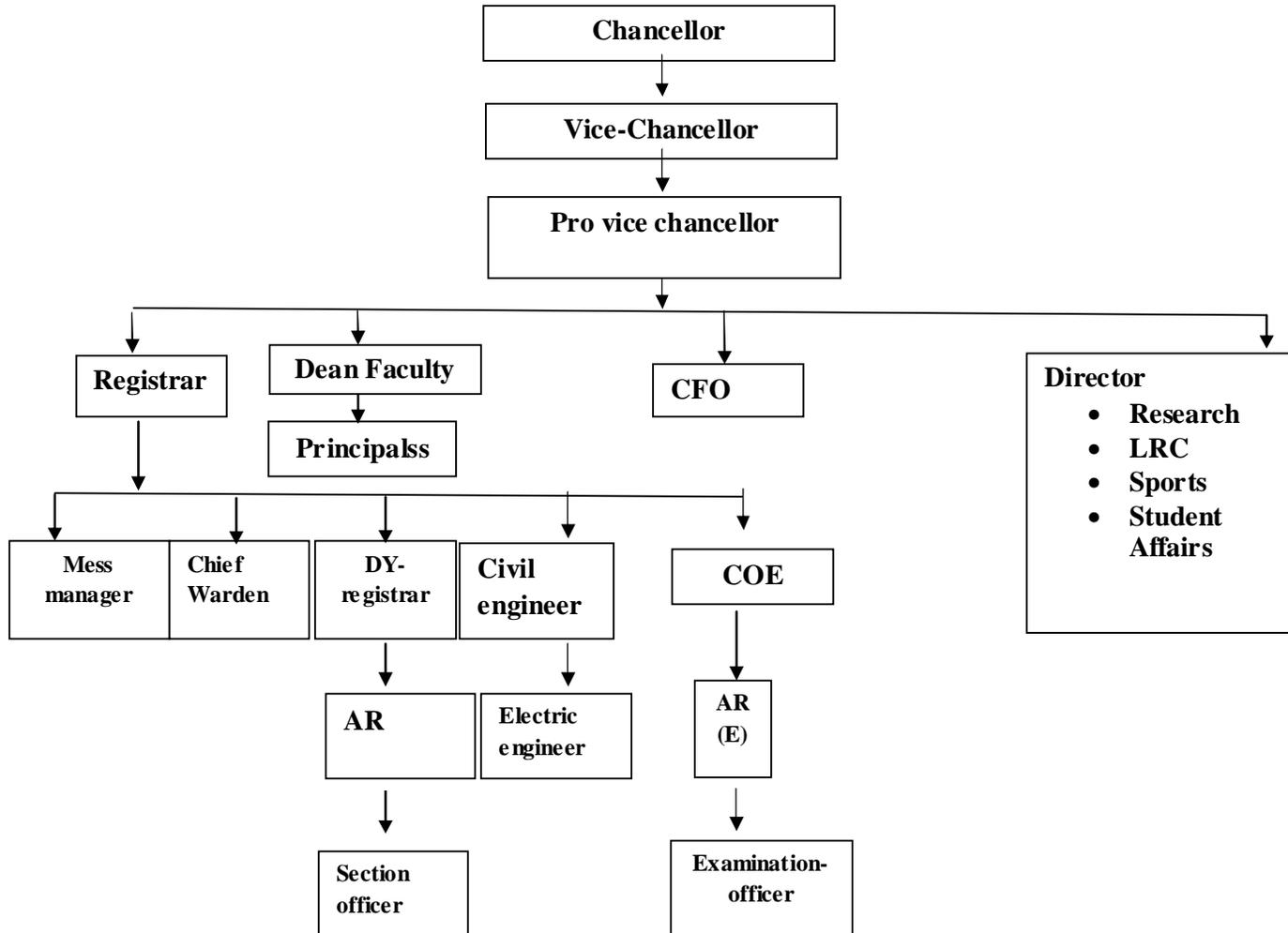
SN	Field of development	Plan
1	Vision & mission	<ul style="list-style-type: none"> <li>• To be university of global excellence and accordingly all activities are in consonance with pursuit of excellence.</li> </ul>
2	Teaching & Learning	<ul style="list-style-type: none"> <li>• Virtual teaching sessions over &amp; above the classroom teaching.</li> <li>• Simulation based clinical learning.</li> </ul>
3	Research & development	<ul style="list-style-type: none"> <li>• Research to produce patent.</li> </ul>

4	Community engagement / outreach activities	<ul style="list-style-type: none"> <li>• Telemedicine,</li> <li>• Adoption of villages</li> <li>• WHO collaborating center for sickle cell disease.</li> </ul>
5	Human Resource planning and development	<ul style="list-style-type: none"> <li>• Appointment of visiting experts/ professor emeritus having national and international recognitions.</li> <li>• Comprehensive used of academic performance indicators for all future academic appointments (over and above statutory norms)</li> <li>• Promoting development through students and faculty exchange programs with institution of international repute including world's best rank university.</li> </ul>
6	Industry instruction	<ul style="list-style-type: none"> <li>• Constituent institutions wise specific industry/organization interactions with centers such as, Central Drug Research Institutes, National institute of Virology, National institution of research in occupational health, BARC, National Tuberculosis Center, Indian cancer research Center, Tata memorial cancer research centre, Central Drug testing lab, Jaipur Foot center</li> </ul>
7	Internationalization	Obtaining reciprocal recognitions of the overseas medical councils, dental councils, nursing councils, pharmacy councils, such as Educational Commission for Foreign Medical graduates

		(ECFMG-US), Malaysian medical council, Malaysian dental council, Sri Lankan Medical council, Sri Lankan Dental council, General medical council (UK), General dental council (UK), Australian Council of Physiotherapy
8	Twining program	In collaboration with overseas universities with good international ranking after obtaining UGC & other statutory approvals.

**6.2.2 Describe the institution's internal organizational structure (preferably through an organogram) and decision making processes and their effectiveness. Is there a system for auditing health care quality and patient safety? If yes, describe.**

**University Organization Chart**



Hospital has implemented comprehensive Quality Policy and Procedures to ensure provision of Quality of Patient services and support services and achieve Continuous Quality Improvement.

- \* Provision of Quality and its Continuous Improvement reviewed by;
  - a. Periodically monitoring of patient and staff satisfaction.
  - b. Periodically monitoring quality indicators.
  - c. Periodically monitoring Adverse Drug reactions and medication errors.
  - d. Periodically monitoring patient safety indicators.
  - e. Periodically monitoring medical audit results.
  - f. Periodically monitoring fire safety mock drill twice in a year.
  - g. Periodically monitoring facility safety in patient care areas and non- patient care areas.
  - h. By conducting periodic Hospital Facilities audit, Patient satisfaction audit, Hospital Acquired infection audit , Therapeutic & formulary audit, Hospital Clinical audit and Non-clinical services Audit
- \* Hospital Internal Quality Assurance Committee (HIQAC) reviews the inputs so received intensely analyzed and remedial actions are taken
- \* The report is prepared and submitted to management for review.
- How often are these review meetings held with the administrative staff?

The review meetings are held once in a month; management review once a month, annual Hospital Internal Quality Assurance Report review takes place once in year;

**6.2.3 Does the institution conduct regular meetings of its various Authorities and Statutory bodies? Provide details.**

Yes the university conducts regular meetings of its all important authorities.

Following table gives the details of important meetings held during 2015-16:

<b>2015</b>			
Sr. No.	University Authorities	No. of meetings held	Important resolutions
1	BOM	01	Safety of students on and off campus higher education institutions is implementing.
2	Academic council	01	Uniform Policy for EBES in all the constituents' institute of SV and implementation of grading system. A compliance report for introduction of CBCS and adoption CFSD is submitted to UGC
3	BOS	01	Mentorship program Appointment of Vice Dean Student affair at the college council
4	Finance committee	01	Introduction of Merit scholarship to MBBS and BDS students ( First to Final Year)
6	Board of Exam	03	<ul style="list-style-type: none"> <li>• It is resolved that theory papers of failed students in second MBBS, third MBBS part I, first B.Pharm, second B.Pharm and first Pharm D students reassessed by new eligible examiners.</li> <li>• It is resolved that review of first BPT external exams and decision to grant up to 10 marks grace to the failed students in theory.</li> </ul>
7	Research committee	03	It is resolved that all faculties are required to apply for the research funding schemes of the

			external/government agencies and also to submit minor or major research projects to avail fund from Sumandeep Vidyapeeth research funding scheme.
8	University ethics committee	03	It is resolved that SOPs for SVIEC version 4 prepared and implemented. List of SVIEC members updated as per new requirement of CDESCO/DCGI. There are three clinical trials initiated in 2015.
12	Library committee	01	To consider to create video library as learning aid for UG and PG students. To decide action plan for the fulfillment of the various standards, norms, guidelines, issued by the various regulatory bodies for all the disciplines on the campus.

**6.2.4 Does the institution have a formal policy to ensure quality? How is it designed, driven, deployed and reviewed?**

- Yes; The university has adopted comprehensive Quality Policy; following are the details of its design, deployment and review;

**QUALITY POLICY**

**Introduction**

- Due to globalization the world has been changing at faster pace. This is observed more so in science & technology sector. This development has brought about paradigm change in higher education and health care delivery systems. It has become essential to ensure quality and excellence in all that one does and keep in pace with the changing trends and ensure performance

focused on continual progress. This can be achieved only by achieving Quality Ambience in all functional units of the university.

- In concurrence with the university's pursuit for continued Quality & Excellence, to achieve the desired objectives, to meet the needs of present and future time, university hereby notifies the Quality Policy to be implemented, practiced and reviewed in all constituent institutions/units/sections. This notification shall come into force with immediate effect.

### **Objectives**

1. To develop and adopt system approach for conscious, consistent and catalytic actions to improve the academic and administrative performance of the institution.
2. To promote effective and practical measures for institutional functioning towards quality enhancement by internalization of quality culture and institutionalization of the best practices. The facets of which shall include the following
  - a. To focus on stakeholder's satisfaction by ensuring timely effective, efficient and progressive performance of academic, administrative, financial functions.
  - b. To optimize and integrate modern methods of curriculum development, teaching-learning and evaluation and their implementation.
  - c. To promote high impact and quality research and publications by establishing network with regional, national, international bodies.
  - d. To ensure adequate, well maintained infrastructure & learning resources to facilitate Quality functions.
  - e. Develop and implement student support and progression activities to ensure the development of self attributes, Knowledge attributes, health care attributes, employability attributes & social attributes among students.

- f. Governance and Leadership: To formulate and implement modern concepts of governance that nurtures leadership, delegation, performance review, transparency & accountability etc. to ensure inclusive governance.
- g. Foster the ambience of creativity & innovations in the functioning of the university.
- h. To ensure continual improvement in the functioning and progress of the university

### **Practices**

- To form the quality committees/circles to meet the needs of policy implementation and review the same at university, constituent unit and at section levels by ensuring cross sectional participation.
- \* There shall be one central University Internal Quality Assurance Committee (UIQAC)
- \* Each Constituent unit will have Institutional Internal Quality Assurance Committee(IIQAC)
- \* Hospital shall have Hospital Internal Quality Assurance Committee (HIQAC)
- \* Support units shall have Services Internal Quality Assurance Committee (SIQAC)-units under this include civil, electrical, maintenance, security, hostels, mess and transport and other such services units.
- \* Members on these committees shall be drawn from all functional departments/sections concerned
- \* Head of the institution shall be the Chairman of the committee, University Internal Quality Assurance Committee (UIQAC) member representing the respective institution shall be the Convener of the committee and one of the members shall be the secretary.

- \* Secretary of the committee shall maintain agendas, minutes, reports, proceedings, records and documents etc. concerned to the functioning of the committee
- \* Tenure of committees shall be three years and can be extended for another term.
- \* External Quality Audit
  - To generate and promote awareness about Quality policy and conformity performance.
- **Facilities services**
  - To identify through external and internal interaction, the best practices in areas of functions.
  - To implement policies, procedures, practices and periodically review the implementation status
  - To carry out the training need analysis and conduct training programs for effective participation in quality practices.
  - To ensure periodic audits such as Academic audit, Examinations audit, Hospital audit, Quality audit, Facility audit etc., review the same and facilitate its implementation.
  - Each constituent institution/section/unit shall submit Institutional Quality Indicators Report (IQIR), Hospital Quality Indicators Report (HQIR) and Services Quality Indicators Report (SQIR) in a prescribed Pro forma as per Annexure-Q-I-for constituent institutions, Annexure Q-H-for hospital and Annexure Q-S- for services to University Internal Quality Assurance Committee once in a year by 30<sup>th</sup> of June.
  - University shall prepare comprehensive University Quality Indicators Report (UQIR) and submit it to the Board of Management (BOM) for its review once in a year by 30<sup>th</sup> of August.

**6.2.5 Does the institution encourage its academic departments to function independently and autonomously and how does it ensure accountability?**

- University encourages autonomy to academic departments to function independently through delegation of powers as follows;

HOD's	To prepare departmental calendar, implementation of lesson plan, bridge remedial & enrichment program. Conduct internal examination and prepare Internal Assessment marks of students. Identify thrust areas of research and facilitate research and publication. Utilize the allocated budget
Faculty	To conduct allotted pedagogy sessions, to provide mentorship to allotted students, decide choice of dissertation for PG, framing of question during paper setting & viva voce. Participate in university examinations. Conduct faculty research & publication

- Accountability is ensured by ;
- \* Periodic departmental review
- \* Periodic Management review
- \* Periodic student feedback on faculty performance
- \* Review of faculty Self Appraisal
- \* Academic Performance Indicators (API) review

**6.2.6 During the last four years, have there been any instances of court cases filed by and / or against the institution? What were the critical issues and verdicts of the courts on these issues?**

There are two cases pending in district consumer redressal forum at Vadodara.

The details of the cases is as under

Sr. No	Case number	Parties	Particulars of case	Progress of case
1.	C.C 211/2015	Jagrut Nagvik	Medical	Notice served

		VS Dr. J.D Lakhani & Medical Superintendent, Dhiraj Hospital	Negligence	to us and Vakalathama filed on reply stage 2/12/15
2.	C.C 184/2015	1) Kirtiben Rajnikant Patel 2) Rajnikant Narsinhbhai patel Vs Dhiraj Hospital	Medical Negligence	Notice served to us and Vakalathama filed on reply stage 15/10/15

**6.2.7 How does the institution ensure that grievances / complaints are promptly attended to and resolved effectively? Is there a mechanism to analyze the nature of grievances for promoting better stakeholder-relationship?**

The institute ensures prompt attending & resolution of the grievances as follows:

1. The Grievance received related to various academic hospital teaching, examinations, administrative, campus facilities either by students, teaching or non teaching staff is redressed depending upon the nature of the grievances as per guidelines issued from University.
2. All the grievances so redressed over the period of year are analyzed & the nature of grievances are identified either academic, co academic, clinical services, campus amenities, account problem, maintenance problems, violation of discipline, code of conduct, ragging, woman harassment & other related activities.
3. The group-wise grievances redressed are analyzed by team consisting of members from respective subject/dept/ section etc.
4. The areas for reforms are identified, discussed with concerned stakeholders, reform policies are developed and preventive actions are taken.

5. The preventive measures so taken are reviewed periodically. This has been promoting better institution-stakeholder relationship.

**6.2.8 Does the institution have a mechanism for analyzing student feedback on institutional performance? If yes, what was the institutional response?**

**Each constituent institute has implemented comprehensive performance evaluation system.**

The components of student feedback are as follows:

A. Student feedback on faculty performance: Each year the institution seeks feedbacks from all the students on faculty performance in the prescribed feedback format enclosed.

- The schedule seeking such feedback shall be twice in a year – one month before term end exam and 2<sup>nd</sup> one month before preliminary examination.
- Feedback is analyzed & report is submitted to the Vice Chancellor of the university within 15 days of feedback collection through Head of Institution (with remarks & suggestions for remedial measures)
- The report of the analysis is used for improving the faculty performance in the areas identified either through expert counselor, by conducting Faculty Development Programs, strengthening of teaching-learning evaluation methodology through other teacher training programs through respective education units.
- Identified faculty is also sent for various workshops, seminars, conferences, teacher training programs to institutions of higher learning.
- University also implements reformative policies addressing issues pertaining to teacher performance.

Following are some of the teacher development program conducted by respective constituent units during last 3 yrs.

<b>Sr. No.</b>	<b>year</b>	<b>Program Conducted</b>
<b>SBKSMIRC</b>		
2.	2012	3
3.	2013	4
4.	2014	5
5.	2015	-
<b>K M SHAH DENTAL COLLEGE &amp; HOSPITAL</b>		
3	2012	1
4	2013	1
5	2014	3
6	2015	1
<b>COLLEGE OF PHYSIOTHERAPY</b>		
1.	2014	27
2	2015	4
<b>SUMANDEEP NURSING COLLEGE</b>		
1	2012	1
2	2013	1
3	2014	1
4	2015	-
<b>Department of pharmacy</b>		
1	2013	4
2	2014	6
3	2015	1
<b>DEPARTMENT OF MANAGEMENT</b>		
1	2014	1

Following are the some of the reformative policies implemented by the university:

- a. Mentor System
- b. Bridge, Remedial & Enrichment program policy
- c. Establishment of education units – Medical Education Unit, Dental Education Unit, Physiotherapy Education Unit, Nursing Education Unit, Pharmacy Education Unit etc.

**B. Student feedback on campus experience:**

- Feedback on campus experience is taken from all the students in the prescribed format each year just before Prelim Exam along with student feedback on faculty performance.
- Feedback submitted is analyzed.
- Inputs obtained are referred to respective concerned department/section for correction, prevention, improvements.
- Analysis report is submitted to The Vice Chancellor of the university within one month of such exercise.

**6.2.9 Does the institution conduct performance audit of the various departments?**

- Yes; the university conducts the performance based audit of the various departments as follows.
  - a. Academic audit
  - b. Hospital audit
  - c. Quality audit
  - d. Facilities audit – that involves Hostel, Mess, Residences, Water Management, Security & other student amenities.
  - e. Store's audit
  - f. Administrative audits that involves functioning of HR, student section, Legal sections, Records & document sections & financial audit.
  - g. Environmental audit – that involves conservation of energy, water, plantations & garden, sewage recycling, biogas, waste management.
  - h. Grievance redressal audit
  - i. Anti ragging audit

- j. Anti sexual harassment audit

**6.2.10 What mechanisms have been evolved by the institution to identify the developmental needs of its affiliated / constituent institutions?**

**Following are mechanisms evolved by the university to identify development needs of its constituent institutions:**

1. Academic development plan

- Curriculum development plan
- Teaching learning evaluation development plan
- Hospital teaching development plan
- Community development plan
- Teacher development
- Student development plan

2. Infrastructure development plan

- Learning resources development plan
- Up gradation of therapeutic & diagnostic services development plan
- Teaching laboratories development plan
- Patient services development plan
- Research infrastructure development plan.
- Hostel & residence development plan
- Sport & recreational facilities development plan
- Sophisticated gadgets / instruments / equipment development plan

3. Research & publication development plan

Research development plan:

- UG /PG research
- Faculty research
- Major & minor research
- Collaborative research
- Funded research
- Clinical trials.

Publication development plans:

- Institutional journal publication
- National journal publication
- International journal publication
- Book publication
- Catalogue publication
- Benchmark practices publication

4. Students & staff holistic development / welfare plans.

- Career & competitive examinations facilitation plans.
- Sport, cultural, literary & talent development plans

**6.2.11 Does the institution and hospital has their own updated websites? If so, is the information regarding faculty and their areas of specialization, days of availability, timings, consultation charges available on the website?**

- Yes
- The university has its own website which is updated on day to day basis & regularly once in a months.
- Each constituent unit & hospitals have been given separate domain space.

- All the essential information such as faculties, areas of specialization, patient care, OPD timings, emergency services timings, diagnostic services available & their timings and details of service wise charges are available on websites.

**6.2.12 What are the feedback mechanisms and documentations to evaluate the outcomes of these exercises?**

To evaluate the outcome of the exercise addressed in 6.2.1 & 6.2.11, following are the mechanisms:

1. Students feedback on faculty performance
2. Students feedback on campus experience
3. Faculty self appraisal, alumni feedback, academic audit, operational area audit, administrative audit including financial audit, quality audit, anti sexual harassment audit, patient service audit including feedbacks.

The documentations are collected regarding above mechanisms in the form of reports for management review.

**6.3 Faculty Empowerment Strategies**

**6.3.1 What efforts have been made to enhance the professional development of teaching and non-teaching staff? What is the impact of Continuing Professional Development Programs in enhancing the competencies of the university faculty?**

Following efforts have been made by the university to enhance the professional development of teaching and non-teaching staff:

**For teaching staff:**

<b>S. No .</b>	<b>Faculty development efforts</b>	<b>Impact / competencies enhanced</b>
1	Induction programs:	Awareness of roles & responsibilities of the post, adherence to discipline of conduct, cordiality with other department staff
2	Reorientation programs:	Delivery of effective performance on reforms done

3	Exam reform program Research development	Institutionalization of microteaching, OSCE/OSPE. <ul style="list-style-type: none"> <li>• Research infrastructure</li> <li>• Staff enrichment for research</li> <li>• Research projects &amp; publication</li> </ul>
4	Academic innovations	Evidence Based Education System: Evidence Based Medicine, Evidence Based Dentistry, Evidence Based Physiotherapy, Evidence Based Pharmacy, Evidence Based Nursing
5	Refresher courses conducted by institutional educational units such as;	
	Medical Education Unit	<ul style="list-style-type: none"> <li>○ S.B.K.S.M.I.R.C. Refresher courses conducted by MEU :</li> <li>Each year 2 basic MET workshops are conducted by the Medical Education Unit of our college under the observation of MCI observer through MCI nodal centre.</li> </ul>
	Dental Education Unit	2011-12 Dental education technology Workshop 2012-13 Dental education technology Workshop 2013-14 Teachers training program under MEU 2015—Ug orientation Pg orientation Pharmacovigilance
	Physiotherapy Education	INTERNALLY, WEEKLY PEU SESSIONS
	Nursing Education Unit	Sensitization programs on Nursing education and related activities. Orientation Programs, Exhibition on Nursing care appliances, Workshops, Seminars and CNE are periodically organized.
	Pharmacy Education Unit	<ul style="list-style-type: none"> <li>▪ Workshop (SYSTAT 13) conducted by Pharmacy Education Unit (PEU) to enhance the statistical knowledge.</li> <li>▪ A guest lecture was arranged for all the</li> </ul>

		<p>faculty by PEU to enrich the knowledge in Drug Information through Micro Medex database software</p> <ul style="list-style-type: none"> <li>▪ A refresher course on research methodology was conducted for all staff members to improve the research skills.</li> </ul> <p>A sensitizing program on plagiarism was conducted to create awareness about the problems occurs in scientific writing</p>
6	<p>Other Efforts:</p> <ul style="list-style-type: none"> <li>• Curriculum development program</li> </ul>	<p>Implementation of curriculum bank, value addition with professional development that includes practice skill development, employability skill &amp; holistic personality development.</p>
	<ul style="list-style-type: none"> <li>• Weekly clinical meeting</li> </ul>	<p>Updating clinical knowledge</p>
	<ul style="list-style-type: none"> <li>• CME/CDE/Conference</li> </ul>	<p>Awareness of current trends &amp; best practices</p>
	<ul style="list-style-type: none"> <li>• Workshops</li> </ul>	<p>Group discussion &amp; brainstorming</p>
	<ul style="list-style-type: none"> <li>• Seminars</li> </ul>	<p>Integrated Teaching</p>
	<ul style="list-style-type: none"> <li>• Stress management programs such as yoga, meditation</li> </ul>	<p>Inculcation of healthy life scientific presentation skill further evaluate with research presented</p>

**For Non teaching staff:**

SN	Development Efforts	Impact/ outcome
1	Induction training	Awareness of roles & responsibilities of job, adherence to discipline & code of conducts
2	Periodic computer training	Enhancement of computer efficiency, Ability to use specific functional software including research software

		development
3	Administrative training	Betterment of filing & records system, good interpersonal communication, time management, Active participation in various audits
4	Technical training	Increase efficiency in performance of various diagnostic tests, Better handling & maintenance of instruments / equipments / gadgets

**6.3.2 What is the outcome of the review of various appraisal methods used by the institution? List the important decisions.**

Following are the details of outcome of the review of various appraisal methods used by the institution:

S. No.	Appraisal methods	Area identified	Decisions made
1	<u>Staff self appraisal:</u> – on analyses of self appraisal it was observed & suggested by most of the faculty that use of latest evidence is very much essential for teaching- learning activities, clinical learning & for provision of patient care services	Evidence while teaching & treating	Evidence based education system policy (Evidence based Medicine, Evidence based Dentistry, Evidence based Physiotherapy, Evidence based Nursing, Evidence based Pharmacy) & its extensive implementation
2	<u>Students feedback on staff performance</u>	- Need of one to one contact between teachers & student	- Mentorship system policy - Policy of teacher training program & establishment of institutional education

		- lack of uniformity in scientific approach to teaching methodology	units such as Medical Education Unit, Dental Education Unit, Physiotherapy Education Unit, Nursing Education Unit.
		- Need for use of IT support in teaching & learning	- Installation of LCD projector in all the class room - Purchase of e-resources
		- Lack of specific improvement program for slow learners/ fast learners	- Policy on bridge, remedial enrichments programs
3	Student feedback campus experience	-Non availability of R.O. water for drinking  -Need of lawn tennis court & swimming pool -Requirement of career counseling	-Installation of R O system in all the establishments of campus. -Lawn tennis court provided -Swimming pool is being constructed. -Establishment of career & competitive examination forum
4	Alumni feedback	-Need for strengthening	-Value addition by implementing professional skill

5	Patient feedback on clinical / Para-clinical & allied clinical services	professional skills –Need for treatment at doorstep of community –Non availability of insurance guidance centers	development programs –Policy on therapeutic camps –Establishment of single window insurance service
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**6.3.3 What are the welfare schemes available for teaching and non-teaching staff? What percentage of staff have benefitted from these schemes in the last four years? Give details.**

Following are the welfare schemes available:

Teaching staff/non teaching:

- 1) Rent free furnished residential quarters
- 2) Free transportation
- 3) Interest Free Loans
- 4) Subsidized Health card
- 5) Reimbursement of tuitions fees for the children of non teaching staff up to 12<sup>th</sup> standard through Gyanvardhak Yojna.
- 6) Cultural programs and Festivals celebration for staff

**Sumandeep figures**

2011 - 2012		
SR.NO.	Welfare Scheme	No. of beneficiations
1	Gyanvardhak Scholarship	77
2	rent free residential quarter	70

		124
3	subsidized health card	185
<b>2012-2013</b>		
<b>SR.NO.</b>	<b>Welfare Scheme</b>	<b>No. of beneficiations</b>
1	Gyanvardhak Scholarship	120
2	Free Transportation	333
3	rent free residential quarter	70
		124
4	subsidized health card	197
<b>2013-2014</b>		
<b>SR.NO.</b>	<b>Welfare Scheme</b>	<b>No. of beneficiations</b>
1	Gyanvardhak Scholarship	195
2	Free Transportation	452
3	rent free residential quarter	95
		124
4	subsidized health card	179
<b>2014-2015</b>		
<b>SR.NO.</b>	<b>Welfare Scheme</b>	<b>No. of beneficiations</b>
1	Gyanvardhak Scholarship	141
2	Free Transportation	513
3	rent free residential quarter	95
		124
4	subsidized health card	193

**6.3.4 What are the measures taken by the institution for attracting and retaining eminent faculty?**

Following are the measure taken by the institution for attracting & retaining eminent faculty:

- 1) High degree of academic ambience in campus & facilitative work culture
- 2) Attractive pay packages, perks & promotion potential
- 3) Free residential accommodation
- 4) Rich research & collaborative facility
- 5) Rich library & E resources
- 6) Extensive promotion of faculty development programs
- 7) Lawn tennis court, swimming pool, faculty recreation club

**6.3.5 Has the institution conducted a gender audit during the last four years? If yes, mention a few salient findings.**

- Yes; each institution of university conducts the gender audit every year. Following are salient findings

<b>2014-15</b>	
Male/Female student ratio:	1:1.7
Male/female teaching staff ratio	1.7:1
Male/ Female Non teaching Staff ratio	1:0.64
Ratio of passing % among Male/Female (UG & PG)	1.67
Male/female ratio of participation in extracurricular activities	1:7

**6.3.6 Does the institution conduct any gender sensitization programs for its faculty?**

Yes; following are gender sensitization program for faculty:

- Anti sexual harassment program

- Women empowerment program
- University women welfare club activities
- Programs addressing work-family balance
- Finance related sensitization program such as Computation of tax
- Investment modalities
- Women beneficial insurance plans
- Discounted education loan, personal loan, housing loan available
- Awareness about statutory laws & regulations about women

**6.3.7 How does the institution train its support staff in better communication skills with patients?**

University trains its support staff for effective management of patient as follows:

- Training on documentation
- Training on anger management, empathetic approach, responding to patient needs, body language, eye to eye contact
- Situation management
- Training on disease related counseling
- Complaint handling & timely Redressal
- Provision of information regarding patient welfare measures, subsidies & drug bank.

**6.3.8 Whether the research interests of teaching faculty are displayed in the respective departments?**

Yes; departmental thrust areas for research and the research interests of the faculty are displayed in the respective department; display also contains the ongoing research projects

### **6.3.9 Do faculty members mentor junior faculty and students?**

Yes; senior faculty members mentor the junior faculty

- The faculty members mentor the junior staff during the induction period.
- The faculty members mentor the students through comprehensive mentorship program.

### **6.3.10 Does the institution offer incentives for faculty empowerment?**

- Yes; following are the incentives given for faculty empowerment:
  1. Publication grant
  2. Research grant
  3. Faculty Development Program grant
  4. Academic leaves
  5. Faculty participation in authorities of university & in various committees of constituent institutions of university
  6. Provision of TA/DA for on duty outstation task.
  7. Separate remuneration for participation in university examination as internal examiners.

## **6.4 Financial Management and Resource Mobilization**

### **6.4.1 What is the institutional mechanism available to monitor the effective and efficient use of financial resources?**

Suitable institutional mechanism is available to monitor the effective and efficient use of financial resources. The annual budget of Revenue expenditure and capital Expenditure are recommended annually by the Finance committee and approved by the Board of Management of the University. Results are compared and analyzed. Generally recurring expenses and the capital expenditure are projected to be within the budgeted resources of the institutions.

Apart from the above there is a regular internal audit of all the day to day transactions in addition to the annual statutory audit.

The university has mechanism of Internal and external Audit. The university has engaged external auditors to verify and certify the

entire income and expenditure and capital application of the university every year.

**6.4.2 Does the institution have a mechanism for internal and external audit? Give details.**

Yes. The institution has proper and effective mechanism for internal and external audit.

The university's internal auditor considers that the major financial controls are there like cost centers management through proper budgeting and variances analysis on half yearly basis. Other area such as receipting, ordering, invoice authorization and the control of fixed assets and stock are also monitored.

Unless circumstances dictate otherwise, the internal audit unit shall inform the cost centre head or appropriate management. Generally at the completion, the observations and findings are discussed with the respective head and opportunity provided for any comments to be included before the final reporting.

The internal auditor identifies the practice that does not comply with university policies or with the requirements of the external auditor and these corrective manners like identifying the procedures, errors, deficiency in policy and formulate new sets of methods for alignment and compliance.

The university has mechanism to have audit and verification and independent reports from the external auditors also.

**6.4.3 Are the institution's accounts audited regularly? Have there been any audit objections, if so, how were they addressed?**

The accounts of the university are audited regularly by the independent duly qualified independent chartered accountants.

So far there have been no major findings / objections. Minor errors or omissions and commissions when pointed out by the Audit team are immediately corrected / rectified and precautionary steps are taken to avoid recurrence of such error in future.

**6.4.4**

**Provide the audited statement of accounts with details of expenses for academic, research and administrative activities of the last four years.**

SN	Head Of expenses	2010-2011		2011-2012		2012-2013		2013-2014		2014-15		Budgeted Amount 2015-16 Rs.
A	Academic activities		231205690		296105064		383044943		449245079		559744417	671221025
1	Salary expenses		226805362		291537077		378953461		445906212		554589799	665815020
2	Contribution to PF		4226400		3730071		3455907		2844267		3430953	3891005
3	Staff Welfare expenses		173928		837916		635575		494600		1723665	1515000
Sr. no.	Particulars	Budgeted Amount 2010-11 Rs.	Actual Utilization 2010-11 Rs.	Budgeted Amount 2011-12 Rs.	Actual Utilization 2011-12 Rs.	Budgeted Amount 2012-13 Rs.	Actual Utilization 2012-13 Rs.	Budgeted Amount 2013-14 Rs.	Actual Utilization 2013-14 Rs.	Budgeted Amount 2014-15 Rs.	Actual Utilization 2014-15 Rs.	Budgeted Amount 2015-16 Rs.
B	Research Activities	25780000	22592890	43485000	41220828	50495000	47924938	55395000	51583676	87075000	81275825	115708000
	% of total budget	5		8		8		8		10		12
	Capital expenses	15000000	12934674	30000000	29095755	30000000	29288401	35000000	32699999	65000000	61495715	85000000

<b>a</b>	<b>For Staff</b>	<b>10300000</b>	<b>9222514</b>	<b>12715000</b>	<b>11395564</b>	<b>19330000</b>	<b>17505352</b>	<b>19100000</b>	<b>17612537</b>	<b>20330000</b>	<b>18173748</b>	<b>21596900</b>
1	Salary Expenses	100000	98250	115000	112520	180000	178400	200000	198500	230000	225800	492000
2	Mess / Refreshment Exp.	3000000	2726830	4000000	3931141	5100000	5019396	6000000	5296984	5000000	4101077	6000000
3	Lab and Material Exp.	2000000	1819273	4000000	3618294	4000000	3728055	6000000	5804647	8000000	7283052	11000000
4	Travelling Exp.	3000000	2540094	1500000	1275320	2000000	1532763	2000000	1877552	2000000	1794496	2500000
5	Printing and Stationary Exp.	350000	314279	500000	411289	550000	513234	500000	452336	600000	594565	69500
6	Communication and Postage	200000	176042	400000	339766	200000	154524	200000	185816	300000	278066	20000
7	Other Contingency of committee	150000	112661	200000	192652	300000	251383	1200000	1147856	200000	168181	15400
8	CDE/CME/ Conference	1500000	1435084	2000000	1514582	7000000	6127597	3000000	2648846	4000000	3728511	1500000
<b>b</b>	<b>For Students</b>	<b>480000</b>	<b>435702</b>	<b>770000</b>	<b>729510</b>	<b>1165000</b>	<b>1131185</b>	<b>1295000</b>	<b>1271141</b>	<b>1745000</b>	<b>1606362</b>	<b>9111100</b>
1	Salary expenses	55000	54850	70000	62800	400000	397807	225000	223173	300000	277547	333300
2	Student welfare	5000	374	10000	8379	35000	31779	25000	24730	90000	86183	76000

3	Lab and material Exp.	300000	272891	550000	520758	575000	559208	875000	870697	1200000	1092458	8538800
4	travelling exp.	65000	63502	65000	63766	80000	76638	100000	93878	90000	89725	102500
5	Printing and stationery exp.	20000	15714	20000	20564	30000	25662	30000	22617	30000	29728	35000
6	Communication and postage	20000	17604	35000	33977	20000	15452	15000	13082	15000	13903	10000
7	other contingency exp.	15000	10766	20000	19265	25000	24638	25000	22964	20000	16818	15500
<b>Sr. no.</b>	<b>Particulars</b>	<b>Budgeted Amount 2010-11 Rs.</b>	<b>Actual Utilization 2010-11 Rs.</b>	<b>Budgeted Amount 2011-12 Rs.</b>	<b>Actual Utilization 2011-12 Rs.</b>	<b>Budgeted Amount 2012-13 Rs.</b>	<b>Actual Utilization 2012-13 Rs.</b>	<b>Budgeted Amount 2013-14 Rs.</b>	<b>Actual Utilization 2013-14 Rs.</b>	<b>Budgeted Amount 2014-15 Rs.</b>	<b>Actual Utilization 2014-15 Rs.</b>	<b>Budgeted Amount 2015-16 Rs.</b>
<b>C</b>	<b>Administrative expenses</b>		<b>212982344</b>		<b>244189684</b>		<b>291765449</b>		<b>325133153</b>		<b>341316285</b>	<b>402809400</b>
1	Hospital & lab Material Expenses.		16100568		30578165		32993289		51371129		64455007	65849700
2	Travelling & Vehicle Running Exp.		10096874		11414118		13718225		16804094		16060740	17852500
3	Printing & Stationery Exp.		2812800		3681034		4593446		4048403		5321354	6840500

4	Postage & Telephone Exp		1566777		3023915		1375260		1109258	1098361	971000
5	Office Contingency Expenses		953179		1714605		2187809		1125605	1496814	1506600
6	Repairs & maintenance		4450803		9935925		4684170		6752097	7607507	27720000
7	Insurance		522061		584239		715749		267750	627213	1455000
8	Depreciation		67598125		80044396		101097989		111543190	130704588	145000000
9	Inspection / Conference fees.		4393230		9066622		2955993		4204397	4536609	9404100
10	Advertisement Exp.		9632183		8895265		8570141		11602795	4352057	5520000
11	Bank Charges & Commission		42078		94003		3086933		269086	133738.5	721700
12	Bank Interest		11228706		8425742		360136		556944	465680	500000
13	Professional & Consulting fees.		5349644		1369624		1427090		1199466	2995136.5	2991900
14	Examination Charges		4360621		3537834		7537969		10956414	9376493	10940000
15	Books & Periodicals		113083		5339506		5254239		1329036	986562	1275000

	Exp.										
16	Sanitary charges		4971780		5636400		7926344		7748200	7247397	12755000
17	Electricity Charges		16778510		19372903		26853917		30915826	38886013	42600000
18	Donation Expenses		1909507		4073064		3670360		1673000	1175110	500000
19	Rent, rates and taxes		817500		516000		568000		1596000	233280	385000
20	Software Exp.		1171072		176476		35519		528635	13373448	64000
22	Uniform & washing exp.		151935		769522		243652		553385	1480009	1550000
23	Hostel Mess / Diet Expenses		24541473		35380267		45174561		47672858	24300175	8747400
24	Scholarship		23405554	0	0	0	15550000		9435783	0	36000000
25	Land Revenue Exp.		0	0	0	0	0		330000	4352993	60000
26	Convocation expenses		0	0	0	0	766375		129567	0	1500000
27	Loss on sale of MRI System		0	0	0	0	0		1360236	0	0
28	Fees To Charity		0	0	150000	0	0		50000	50000	50000

	Commissioner.										
29	Penalty To income tax & TDS		14280	0	160559	0	88282		0	0	0
30	Land Revenue Exp.		0	0	0	0	330000		0	0	50000
31	Affiliation Fees		0	0	124500	0	0		0	0	0
32	Audit Fees		0	0	125000	0	0		0	0	0
33	EPD Foods Charges		0	0		0	0		0	0	0
	<b>Total Rs.</b>		<b>453846249</b>		<b>552419821</b>		<b>693446929</b>		<b>793261910</b>	<b>920840812</b>	<b>1104738425</b>

**6.4.5 Narrate the efforts taken by the institution for resource mobilization.**

The resources mobilization is the process by which the organization acquires and manages the financial, human and logistic resources needed to fulfill its mission. These resources can be internal or external and broadly categories as monetary and non monetary.

Following criteria/ features are adopted by the universities for effective and efficient recourses mobilization:

1. Legitimacy:

In addition to the elements relating to the legal recognition of the university in accordance with government standards, the letter refers to the ability of the university to fulfill its mission and prove its social ability.

The university has given tremendous contribution for the uplifting the basic health requirement of the people by adoption scheme and programs offered by the government like EPD food scheme, village adaption programs, NRC , healthy mother to healthy child, etc.....

2. Transparency:

By transparency of the university we assume there is an open and ongoing communications with internal and external managerial systems and its activities and results.

3. Accountability:

We assume efficient accountability of our recourses by proper and guiding budgeting of recourses, its analysis on recurrent basis, and strengthening the weaknesses and errors

By avoiding its recurrence

**6.4.6 Is there any provision for the institution to create a corpus fund? If yes, give details.**

The university has created corpus of Rs.6, 00, 00,000/- (Rs. six cores only) in addition to its founders' corpus of Rs. 11, 41,339/- (Rs. Eleven laces forty one thousands three hundred thirty nine only).

**6.4.7 What are the free / subsidized services provided to the patients in the hospital?**

All the Patient related facilities are provided at highly subsidized rate at the individual institute level. The subsidy provided if compared, with the routine rates suggested by respective professional bodies; is in the range of 40%-60%, which can be validated by our treatment list comparisons.

**Dhiraj General Hospital**

<b><u>FREE/ SUBSIDIZED SERVICES PROVIDED TO THE PATIENTS</u></b>		
<b>SERVICES</b>	<b>SURGEON'S ASSOCIATION, BARODA (RATES IN RS.)</b>	<b>OUR RATES (IN RS.)</b>
OPD REGISTRATION	100	0
OPD CONSULTATION	400	0
IPD REGISTRATION (ADMISSION CHARGE)	100	0
IPD CONSULTATION	Rs. 250/-, if not part of package deal	0
BED CHARGES (IN GENERAL WARD)	300	0
<b><u>OPERATION CHARGES</u></b> (in General Ward excluding Consumable)		
MINOR	6000	0
MODARATE	12000	0
MAJOR	25000	0
SUPRA MAJOR –I	40000	0
SUPRA MAJOR -II	50000	
ANESTHESIA CHARGES (in General Ward excluding Consumable)	25% of Operative charges	0
DIETERY CHARGE	Rs. 200/-, if not part of package deal	0
GENERAL LABARATORY	Varies from test	75% Discount in all

INVESTIGATION CHARGES	to test	General Laboratory Investigation Charges of Hospital rates
GENERAL RADIODIAGNOSIS INVESTIGATION CHARGES	Varies from test to test	75% Discount in all General Radio-diagnosis Investigation Charges of Hospital rates
<b><u>BRIEF DETAILS ON SOME OTHER SPECIALISED INVESTIGATIONS &amp; PROCEDURES</u></b>		
ECHO CARDIOGRAPHY	1500	250
ECG	300	30
TMT	1000	300
PFT	800	200
CORONARY ANGIOGRAPHY	7500	3000
CORONARY ANGIOPLASTY WITH DRUG ELUTING STENT	150000	80000
BYPASS SURGERY	225000	80000
VALVE REPLACEMENT WITH VALVE	225000	110000
ESWL	12000	6000
UROFLOWMETERY	1000	300

**KM Shah Dental College & Hospital**

Service	IDA recommend charges in Rs.	Our Hospital Charges
CONSULTANTION & REGISTRATION NORMAL	200	0
CONSULTANCY- SPECIALIZED CONSULTATION	400	0

IOPA/ DIGITAL RVG	200	25
ROOT CANAL TREATMENT/RCT- ANTERIOR	2500/TOOTH	250
ROOT CANAL TREATMENT/RCT- POSTERIOR	3500/TOOTH	300
RE-ROOT CANAL TREATMENT/RE- RCT	4000/TOOTH	250(anterior ) & 300(posterior)
PULPECTOMY	1500/TOOTH	100
POST & CORE	1000/TOOTH	250
INDIRECT PULP CAPPING	1000/TOOTH	50
COMPOSITE RESTORATION	1200/TOOTH SITE	150
AMALGAM/ SILVER FILLING	1000/TOOTH	50
GIC RESTORATION	800/TOOTH	80
LAMINATES & VENEERS	8000/ TOOTH	1000
DIRECT COMPOSITE VENNERS/ ANT. COMPOSITE FILLING	20000/TOOTH	250
TEETH BLEACHING/ WHITENING- IN OFFICE	8000/PER SITTING	450
TEETH BLEACHING/ WHITENING- IN HOME	5000	400
DENTAL JEWELLARY	2500	500
SEALANTS	800/ TOOTH	100
FLUORIDE APPLICATIONS	1000-2000	0
WHITE METAL CROWN	1200/TOOTH	300
PFM/ PORCELAIN FAUSED TO METAL CROWN	4000/TOOTH	1000
METAL FREE/ ZIRCONIA CROWN	8000-12000/ TOOTH	2000
CAD-CAM PFM CROWN	5000/TOOTH	>50% discount
METAL CROWNS WITH ACRYLIC FACING	1500/TOOTH	300
REMOVABLE PARTIAL DENTURES	800+300/TOOT H	50+20/TOO TH

REMOVABLE PARTIAL DENTURE-FLEXIBLE	3000+750/TOOTH	>50% discount
CAST PARTIAL DENTURE	10000/ARCH	850
REMOVABLE FULL MOUTH COMPLETE DENTURE	10000-20000	750 (LESS THAN 60 YEARS & FREE FOR ABOVE 60 YEARS)
CROWN & BRIDGE REFITTING	250/ABUTMENT	50
NORMAL EXTRACTION	500/TOOTH	0
ROOT PIECE	600/ TOOTH	50
SURGICAL EXTRACTION	1500/ TOOTH	50
UPPER- IMPACTED THIRD MOLAR/ WISDOM TOOTH EXTRACTION	1500-2500/TOOTH	150
LOWER- IMPACTED THIRD MOLAR/ WISDOM TOOTH EXTRACTION	2000-5000/TOOTH	150
APICETOMY	2500/TOOTH	600
PRE- PROSTHETIC SURGERY-LOCAL	1000/SITE	25 FOR BOTH
PRE- PROSTHETIC SURGERY-ARCH	5000/ARCH	
I & D- EXTRAORAL	2500/SITE	1000 FOR G A
I & D- INTRAORAL	800-1000/SITTING	250 FOR L A
BIOPSY	2500/SITE	100
SINGLE IMPLANT (WITHOUT CROWN)	25000	12000 (WITH CROWN)
BONE GRAFTING	5000/SITE	>50% discount
SINUS LIFTING PROCEDURE	10000/TOOTH	>50% discount
REMOVABLE PLATE	7000/ARCH	400
MYOFUNCTIONAL APPLIANCE	15000	1500
CONVENTIONAL METAL BRACES	25000-30000	6000
CERAMIC BRACES	40000-45000	9000

SELF LIGATING BRACES	55000	9000
LINGUAL/ INVISIBLE BRACES	90000	20000
RETENTION PLATE	1500/ARCH	100/ ARCH
ESSIX (CLEAR) RETAINER/ FIXED BONDED RETENTION	2500/ARCH	100/ ARCH
ORAL PROPHYLAXIS/ SCALING	700/SITTING	50- ultrasonic & free- hand scaling
FRENECTOMY	2500/SITTING	100
GINGIVECTOMY	2000/SEGMENT	150
FLAP SURGERY	6000-8000/ QUADRANT	150
BONE GRAFTING	5000/SITE	1500
OPERCULECTOMY	800-1000/ TOOTH	100

**6.4.8 Does the institutions receive fund from philanthropic organizations / individuals towards patient care? If yes, give details.**

SUMANDEEP VIDYAPEETH						
DONATION INCOME						
Sr.No.	Name	2012-2013	2013-2014	2014-2015	2015-2016	
1	Jeevan Akshay Trust	177500	157000	54085	259200	
2	St. jones health care Research Unit	0	4387	0		
3	Balmer Trust	0	0	185000	0	
4	Refai Academy & welfare trust	20000	0	0	0	
5	Mr.Navinkumar Nanalal shah	90000.00	0	0	0	
6	Mrs. Kalpana Navinchandra Shah	70000.00	0	0	0	
7	Mr.Smit	40000.00	0	0	0	

	Navinkumar shah				
8	camp Donation	5100.00	0	0	0
9	Pawan Edifice Pvt Ltd	0	500000.00	0	0
10	Pawan Edifice Pvt Ltd	0	360000.00	0	0
11	Uday Education Society	0	2500000.00	0	0
12	Uday Education Society	0	2500000.00	0	0
13	Uday Education Society	0	3000000.00	0	0
14	Uday Education Society	0	3000000.00	0	0
15	Mrs. Kalpana Navinchandra Shah	0	51000.00	0	0
16	Mrs. Taraben P.Patel	0	5000.00	0	0
17	Janki Ratilal Joshi	0	5000.00	0	0
18	Vyom Agency (for toy room)	0	0	100000.00	0
19	Uday Education Trust	0	0	10000000.00	0
20	Uday Education Trust	0	0	1925000.00	0
21	Janki Ratilal Joshi	0	0	2700.00	0
22	Mrs.Gunvantiben Devchand Shah (For water cooler near medical store)	0	0		9000.00
	<b>Total</b>	<b>402600.00</b>	<b>11921000</b>	<b>12027700</b>	<b>9000</b>
Total: Rs.24360300.00					
For Last 3 years: 24351300.00					

**6.4.9 Do patients from other states / abroad come for treatment, reflecting the unique quality health care provided by the institution?**

- Yes; the patients from the neighboring states & NRIs come for treatment in medical & dental Hospitals because of timely, qualitative & cost effective health care provided in hospitals
- Following are the details on this for last 3 yrs.

**Dhiraj General Hospital & KMSDCH (concise table)**

		<u>Dhiraj General Hospital</u>		<u>KMSDCH</u>
S. No	State	Services	2012/2013/2014 ( in %)	2103/2014/2015 (in %)
1	Madhya Pradesh	OPD	21.70/24.80/29	7.3/6.8/7.1
		IPD	23.50/28.5/33.00	NA
		Surgical	12.80/15.50	
2	Rajasthan	OPD	1.10/1.70/2.80	Less than 1%
		IPD	1.70/2.40/1.30	NA
		Surgical	0.27/0.80/1.30	
3	Maharashtra	OPD	0.50/0.80/1.00	Less than 1%
		IPD	0.10/0.20/3.20	
		Surgical	0.05/0.10/0.30	

**6.5 Internal Quality Assurance System**

**6.5.1 Does the institution conduct regular academic and administrative audits? If yes, give details.**

- Yes; University conducts regular academic & administrative audit.
- Following is the details of such audits conducted & its periodicity.

S N	Audit Type	Objective	Periodicity
1	Academic Audit	1. Status of adherence to academic statutory compliances	Once in year

		<ul style="list-style-type: none"> <li>2. To ascertain the quality of status of achievement of academic goals that included teaching, learning etc.</li> <li>3. To analyze the gaps identified for further improvement in academic performance.</li> <li>4. Audit of research output: Projects &amp; Publications</li> </ul>	
2	Examination Audit	<ul style="list-style-type: none"> <li>1. Status of adherence to examination related statutory norms</li> <li>2. To suggest reforms for further development</li> </ul>	Once in a year
3	Hospital Audit		
	a. Facilities audit	<ul style="list-style-type: none"> <li>1. Academy of facilities &amp; it's up-keeping</li> <li>2. Adherence to safety &amp; security norms</li> <li>3. To suggest improvement required</li> </ul>	6 monthly
	b. Patient satisfaction audit	<ul style="list-style-type: none"> <li>1. Status of achievement of patient satisfaction index such as clinical effectiveness &amp; outcomes, access to services, organization of care, humanity of care, adherence to patients rights, care environment.</li> <li>2. Provision of quality in all its facets.</li> </ul>	6 monthly
	c. Hospital Acquired infection audit	<ul style="list-style-type: none"> <li>1. To assess status of implementation of hospital wide infection control program. &amp; its outcomes</li> <li>2. To suggest remedies for corrective &amp; preventive actions</li> </ul>	Quarterly
	d. Therapeutic & formula	<ul style="list-style-type: none"> <li>1. To assess the status of adherence to principles of rational drug therapy including</li> </ul>	6 monthly

	ry audit	antibiotic policy 2. To assess effective implementation of Pharmaco - vigilance activities.	
	e. Clinical Audit	1. To measure quality of appropriateness, timeliness, effectiveness of the treatment given, efficiency acceptability, accessibility & equity 2. To identify inputs for development of quality standards.	6 monthly
	f. Morbidity audit	1. To measure morbidity rate, corrective 2. To identify its causes & to suggest preventive measure	6 monthly
	g. Mortality audit	1. To measure the mortality rates 2. To analyze clinical course taken by the disease & whether clinical management was appropriate. 3. To suggest preventive measures.	6 monthly
4	Quality audit	1. To audit the adherence of functions to quality policy interns of implementation of quality plan, performance consistent with the set standard, periodic review of performance, analysis of the results against the objectives set, level of satisfaction of the target stakeholder group, status of preventive & corrective actions. 2. To suggest remedies for continual improvement	Annually
5.	Facility audit		
	a. Hostel services audit	1. To assess the quality of facilities provided & the level of provision of the services to	6 monthly

		stakeholder	
	b. Mess & dining service audit	<ol style="list-style-type: none"> <li>1. To audit the quality of mess &amp; dining services provided &amp; involvement of stakeholders in these services.</li> <li>2. Level of adherence to hygiene &amp; sanitary measures, health status of workers, waste disposal, collection of student feedback &amp; its use for further improvement.</li> </ol>	6 monthly
	c. Water management audit	<ol style="list-style-type: none"> <li>1. Actions taken for providing adequate potable drinking water</li> <li>2. Actions taken for providing adequate domestic water</li> <li>3. Water conservation measures &amp; water harvesting measures</li> </ol>	Quarterly
	d. Safety & security audit	<ol style="list-style-type: none"> <li>1. Status of provision of safe &amp; secure campus environment</li> <li>2. Assess the preparedness of security personnel for the taking various types of emergencies.</li> <li>3. Status of adherence to anti razing measures</li> <li>4. Provision of adequate lighting &amp; security pickets</li> </ol>	6 monthly
	e. Student amenities audit	<ol style="list-style-type: none"> <li>1. To assess the status of up keeping of student support amenities such as sport fields, auditoriums, recreation rooms, shopping complex</li> <li>2. To suggest remedies for improvements</li> </ol>	Annually
6	Store audit	<ol style="list-style-type: none"> <li>1. To Audit procurement &amp; its timely distributions</li> <li>2. To audit quality measures taken to ensure the quality of products</li> <li>3. Measures taken for prevention of damage pilferages, misappropriation</li> </ol>	Quarterly

7	Maintenance audit	<ol style="list-style-type: none"> <li>1. Audit of maintenance work done during the quarters</li> <li>2. Certification of quality of maintenance work done by complaints</li> <li>3. Adherence to preventive &amp; breakdown maintenance policy guidelines</li> <li>4. To suggest remedies for improvements</li> </ol>	Quarterly
8	Administrative Audit		
	a. HR audit	<ol style="list-style-type: none"> <li>1. To audit the compliance to recruitment policy of university.</li> <li>2. To audit the personal files of new appointees for validations of credentials</li> <li>3. Review of absenteeism, violation of disciplines &amp; remedial measures</li> <li>4. Reviews of training calendars, training syllabus, training feedback, training outcome reports.</li> <li>5. Review of welfare activities conducted &amp; employee participation in these activities.</li> <li>6. Review of status of legal matters</li> </ol>	Yearly
	b. financial audit	<ol style="list-style-type: none"> <li>1. To audit the status of the compliance to various statutory &amp; regulatory norms.</li> <li>2. Audit of books of accounts, internal audit findings, corrective &amp; preventive actions taken.</li> <li>3. Correction of external audit compliance</li> <li>4. Implementation status of accounting best practices</li> </ol>	Monthly
9	Performance	<ol style="list-style-type: none"> <li>1. Compliance to comprehensive</li> </ol>	Annual

	ce Audit	<p>feedback policy that includes self appraisal by faculty, student feedback on faculty performance, Alumni feedback, patient feedback</p> <p>2. Audit of faculty research &amp; publication, PG activities, dissertation review</p> <p>3. Audit of faculty participation in additional academic activities &amp; committees, meeting etc.</p> <p>4. Audit of attendance/active participation in FDPs</p>	
10	Grievance Redressal Audit	1. To analyses the nature of grievances & appropriateness of the redressal done & further suggest remedial measures.	Yearly
11	Anti raging activities Audit	<p>1. Audit of adherence &amp; compliance to statutory guidelines on anti raging measures</p> <p>2. To review the cases reported, actions taken &amp; giving suggestions for further improvements.</p>	Yearly
12	Anti sexual harassment/ women Empowerment activities Audit	<p>1. Audit of programs conducted to address women empowerment issues</p> <p>2. Analysis of cases reported, redressal done &amp; recommendation for further functional improvement</p>	Yearly
13	Environmental audit		
	a. Waste Management Audit	Status of waste management measures in the campus & compliance with statutory requirements.	Quarterly

	b. Electricity conservative audit	Analysis of report of electricity consumption audit & action taken for improvement	Yearly
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**6.5.2 Based on the recommendations of the Academic Audit, what specific follow up measures have been taken by the institution to improve its academic and administrative performance?**

Based on the recommendation of academic and administrative audits following are the recommendation

SN.	Audit	Measures taken for improvement
1	Academic Audit	<ul style="list-style-type: none"> <li>a. Curriculum bank, value addition of curriculum with professional skill development &amp; holistic personality development component.</li> <li>b. Bridge remedial &amp; enrichment program</li> <li>c. Mentorship program</li> <li>d. Evidence based education system</li> </ul>
2	Examination Audit	<ul style="list-style-type: none"> <li>a. Formative evaluation – continuous cumulative evaluation system</li> <li>b. Evidence based evaluation system</li> <li>c. Improvement examinations for failed candidates &amp; calculation of fresh internal marks</li> <li>d. Feedback of the university examination system from students &amp; examiners.</li> </ul>
3	Hospital Audit	
	a. Facility Audit	Procurement of latest diagnostic & Therapeutic instruments/equipments such as optical coherence tomography, B-scan, MRI, BACTEC, Genio-

		electrophoresis
	b. Patient satisfaction audit	1)Single windows insurance services unit 2)Health care delivery at doorstep
	c. Therapeutic & formulary audit	Pharmaco-vigilance drug information & toxicology center
4	Quality Audit	Formulation & implementation of University Internal Quality Assurance Policy
5	Facility audit	<ul style="list-style-type: none"> <li>• R. O system plants for campus wide supply of R.O water</li> <li>• Biogas plants</li> </ul>

**6.5.3 Is there a central unit within the institution to review the teaching-learning process in an ongoing manner? Give details of its structure, methodologies of operations and outcome?**

- Yes; there is central unit in the university to review teaching-learning process in an ongoing manner
- At university level there is University Internal Quality Assurance committee.
- At each constituent unit level Institutional Internal Quality Assurance Committee reviews and reports the teaching-learning in an ongoing manner.

Structure of university internal quality assurance committee (UIQAC):

- Membership of UIQAC is drawn from each constituent unit who undergone the basic training in quality management system
- The chairman of the committee is university head of quality operations.

- It is ensured that at least one member is female member.
- One of the members shall act as member secretary.
- At each constituent unit level the membership is drawn from various department/subject teachers.
- One of the senior member of university quality assurance committee (UQAC) shall be convener of this institutional internal quality assurance committee (IIQAC)
- Each of the above committee shall have co-opted members from the administrative units, student members, alumni members and members of industry/hospital.
- The UIQAC reports to The Vice-chancellor of university.
- The IIQAC report to UIQAC.
- The objectives of these QAC are :
  - 1) To develop system for conscious, consistent & catalytic action to improve the academic & administrative performance of the institution.
  - 2) To promote the measures for institutional functioning towards quality enhancement in following area through institutionalization of quality control & institutionalization of best practices.

Actions:

- 1) Ensure timely efficient & progressive performance of academic, administrative & financial tasks.
- 2) To evolve the procedure for the relevance & quality of academic & research programs.
- 3) To evolve mechanism for optimization & integration of moderns methods of teaching & learning & create learner centric environment conducive to quality education.
- 4) To evolve mechanism for ensuring adequacy, maintenance & proper allocation of support structure & services:

- A) In curriculum development, curriculum value addition, curriculum revision, ensuring relevance of curriculum
  - B) Teaching – learning evaluation: - Effective teaching, Imparting knowledge, inculcating skills, promotion of attitude, monitoring of continuous cumulative evaluation system using standardize formative & summative evaluation process
  - C) Research: - Activity directed towards research, development of research culture in campus, providing research infrastructure, FDP addressing research conducting, ensuring quality of research, and promoting national / international publication providing financial support & incentives.
  - D) Ensuring quality of library services, IT services, Hostel, Mess services, sport & recreation support & providing other students amenities.
  - E) Ensuring efficacy of mentorship program, counseling activities, nurturing culture, sport & literary talent, involvements of student in governance, evaluate functioning of Hostel, Mess service & R.O water supply, Alumni interaction.
  - F) Periodic review of implementation of quality assurance program in all functioning of the university, practice of delegation, transparency & accountability in all operations, conduct of audits for improving campus wide quality by implementing innovative benchmark practices.
- 5) To receive feedback from students, parents, alumni, subject matter expert on quality related institutional processes, analyze the feedback & suggest remedial measures.
  - 6) To create awareness & constantly update the information on quality parameters of higher education.

- 7) To disseminate the information on importance of documentation of various activities, programs & processes that lead to quality improvement.
- 8) To prepare & submit Annual Institutional Quality Assurance Report (AIQAR)

Outcomes:

Following are some of the important outcomes of efforts done by Quality Assurance Committee:

- 1) Focus on
  - A) E-governance
  - B) System development, implementation & continuous improvement.
  - C) Enhanced stakeholder interaction through implementation of mentor system, comprehensive feedback system, analysis & its use for further development, parents- teacher interaction.
  - D) Promotion of culture of participative management-through various university authorities and University Central Committees( paste list of committees )
  - E) Nursing of academic & administrative leadership
  - F) Reflection of values in functioning that addresses contribution to national development, fostering global competencies & sound value system among students.
  - G) Conduct of regular academic & administrative audits, grievances readressal initiatives, women empowerment initiatives.

**6.5.4 How has IQAC contributed to institutionalizing quality assurance strategies and processes?**

Following are the contributions made by University Internal Quality Assurance committee to institutionalize quality assurance strategies & processes:

A) Stakeholder Focus: stakeholder satisfaction

All academic & the administrative activities are directed towards achieving compliance to statutory norms, student satisfaction employee & patient satisfaction.

B) System approach.

By institutionalizing setting of objectives based on scientific, measurable, achievable, realistic, time bound principles, planning culture, performance based on step by step consolidation.

Analysis of the results, finding of the causes of non performance, taking corrective & preventive actions & perform again, thus ensuring continuous improvements.

C) Period performance evaluation in the form of adequate mix of summative & formative evaluation methods.

- By practicing comprehensive feedback system.
- Emphasizing the importance of maintaining of records & documents of various functioning, analyzing the same by conducting various audits to identify shortcoming, brainstorming exercises on shortcomings, adoption of formulation of new policies, their implementation, periodic review etc.

**6.5.5 How many decisions of the IQAC have been placed before the statutory authorities of the institution for implementation?**

Following are the recommendation of University Internal Quality Assurance Committee placed before the authorities of the University for Implementation:

SN	UIQAC Recommendations	Authorities
1	<ul style="list-style-type: none"><li>• Curriculum bank</li><li>• Bridge, remedial &amp; enrichment program</li><li>• Mentorship program</li><li>• Evidence Based Evaluation System</li></ul>	Boards of Studies & Academic Council

	<ul style="list-style-type: none"> <li>• Continuous Cumulative Evaluation System</li> </ul>	
2	<ul style="list-style-type: none"> <li>• Procurement of latest diagnostic &amp; therapeutic equipment/ instruments</li> <li>• Campus wide Wi-Fi</li> <li>• R. O plants</li> <li>• Water harvesting measures</li> <li>• Solar system</li> <li>• Biogas plant</li> <li>• Lawn tennis &amp; swimming pool</li> </ul>	Monitoring & Development Committee, Finance Committee.
3	Research <ul style="list-style-type: none"> <li>• High impact research &amp; infrastructural provision for same</li> </ul>	University Research Committee
4	University Women Welfare Club	Women Empowerment & Anti Sexual Harassment Committee

**6.5.6 Are external members represented in the IQAC? If so, mention the significant contribution made by such members.**

- Yes; the external members are inducted into the University Internal Quality Assurance Committee.
- Following are some of the importance contributions made by the external members:

SN	External member	Contribution
1	Alumni	<ul style="list-style-type: none"> <li>• Alumni feedback</li> <li>• Established Alumni-students interaction opportunities</li> </ul>
2	Industry member	<ul style="list-style-type: none"> <li>• Facilitated interface between university &amp; industry, industrial visits &amp; campus visit.</li> <li>• Value addition of syllabus</li> </ul>

3	Research scientist	<ul style="list-style-type: none"> <li>• Research data collection &amp; analysis</li> <li>• Facilitation of procurement of grants for research</li> </ul>
4	Academician	<ul style="list-style-type: none"> <li>• Teaching learning methodologies</li> </ul>
5	Community / NGO	<ul style="list-style-type: none"> <li>• Community involvement in specific target related research &amp; facilitation of therapeutic camps.</li> </ul>

**6.5.7 Has the IQAC conducted any study on the incremental academic growth of students from disadvantaged sections of society?**

- The University Internal Quality Assurance Committee is conducting study on incremental growth of students from disadvantaged sections of society.
- The incremental academic growth is being addressed for:
  - a. Socially disadvantaged
  - b. Economically disadvantaged
  - c. Differently able student community in campus
- Following components are being evaluated:
  - a. Number of attempts
  - b. Passed to 1<sup>st</sup> class & distinction
  - c. Equity of participation in co & extracurricular activities
- The responsibility of conducting the study, reviewing & analyzing the result & submission of reports is delegated to Institutional Internal Quality Assurance Committee in each constituent unit.
- The committees have been instructed to analyses data for last 3 years & submit their report by the end of academic year 2015-16 to University Internal Quality Assurance Committee.

**6.5.8 Are there effective mechanisms to conduct regular clinical audit of the teaching hospital? Give details.**

- Yes; there exists Clinical Audit Committee in the hospital which is responsible for the implementation, periodic review & continual improvement in Clinical Audit Policy.
- The Clinical Audit Policy facilitates the monitoring of ongoing patient care service provided by hospital staff.
- The committee members visit various locations to review the clinical as well support services provided in the hospital
- Following are the parameters of Clinical Audit:
  - a. Review of data for inpatient, cash-sheet records that pertains to the proper entry of registration number, personal data, diagnosis, therapy given, days of hospital stay, discharge, transferred, discharged against medical advice.
  - b. Particulars of clinician treatment, the care pertaining to the specialty, council registration number, qualification etc.
  - c. Relating to the records such as whether assessment of patient has been done adequately, are the record duly named/signed/dated/timed by treating doctor, whether the consent has been properly obtained, whether contents of discharge summary are appropriate & correctly represents action taken by the hospitals.
  - d. Relating to diagnosis: to ascertain whether the provisional diagnosis is endorsed with final diagnosis & investigations relating to same.
  - e. Relating to treatment: to ascertain whether operation notes are legible, correct & adequate, whether anesthesia notes legible, correct & adequate, analysis of the complications including surgical wound infections & status of hospital acquired infection, length of stay of the patient, the reasons for overstay of the patient, status of radiation safety measures.

- f. Post event analysis pertaining to the CPR conducted, blood transfusion, adverse drug events etc.
- g. Rational prescription of Drugs, ADR reporting and Implementation of antibiotic Policy
- h. Death reviews
- i. Incidence reporting and analysis of accidents occurring to patients during hospitalization and their remedial measures.

The clinical audit is conducted once in 6 months & the report is submitted to administrative head of hospital with necessary recommendations who intern initiates the actions as suggested & submits the action taken report to the Vice- Chancellor.

**6.5.9 Has the institution or hospital been accredited by any other national / international body?**

- All the constituent institutions including the hospital have been accredited by National Statutory Council such as Medical Council of India, Dental Council of India, IAP, Pharmacy Council of India, and Indian Nursing Council as applicable.
- The radiology unit is recognized by Atomic Energy Regulatory Board.
- The university including constituent units are preparing for National Assessment & Accreditation Council (NAAC).
- Once accredited by the NAAC, the university plans to get the reciprocal recognition from Sri-Lankan Medical/Dental/Nursing/Physiotherapy councils, Malaysian Medical/Dental/Nursing/ Physiotherapy council.

**6.5.10 Does the hospital have institutional and individual insurance schemes to cover indemnity claims?**

- Yes; following are the details of schemes to cover indemnity claims:

SN	Hospital Name	Indemnity Insurance scheme
1	Dhiraj General	Consultant are covered by

2	Hospital  KMSDC Hospital	individual indemnity insurance scheme Consultant are covered by individual indemnity insurance scheme
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**Criterion – VII**  
**Innovation & Best Practices**

## **CRITERION VII: INNOVATIONS AND BEST PRACTICES**

### **7.1 Environment Consciousness**

#### **7.1.1 Does the institution conduct a Green Audit of its campus?**

Yes, the university conducts Green Audit of the campus.

Following are the components of Green Audit carried out in the campus:

- 1) Water audit related to provision of safe drinking water, water testing, water wastage, water conservation measures such as rain water harvesting, water control taps and water recycling.
- 2) Waste management audit that involves audit of management of domestic & biomedical waste.
- 3) Energy conservation audit: it involves status of consumption of electric energy & its trends, efforts done to conserve the electricity
- 4) Use of renewable alternate sources of energy such as solar energy and bio gas plant.
- 5) Plantation & garden audit: It involves new plantations added during the year, whether the botanical or medicinal importance is ascertained before plantation, upkeep of the plants & the gardens.
- 6) E-waste audit that involve degree of generation of e-waste & efforts done to manage the e-waste generated.
- 7) Animal experiment audit: It involves Audit of number of experiments involving animals and adherence to CPCSEA (committee for the purpose of control & supervision of experiments on animals) guidelines.

#### **7.1.2 What are the initiatives taken by the institution to make the campus eco-friendly?**

- Energy conservation
- Use of renewable energy

- Water harvesting
- Solar panels
- Efforts for carbon neutrality
- Plantation - Botanical or Medicinal significance
- Bio-hazardous waste management
- E-waste management
- Effluent treatment and recycling plant
- Recognition / certification for environment friendliness
- Any other (specify)

Following are the details of initiatives taken by the university to make the campus eco-friendly:

SN	Eco-components	Initiatives
1	Energy conservation	<ul style="list-style-type: none"> <li>• Energy conservation week observation in campus to emphasize need for energy conservation.</li> <li>• Use of CFL/LED lights.</li> <li>• Electric Leakage Circuit Breakers &amp; Main Circuit Breakers are installed.</li> <li>• Installation of individual meters in all locations</li> <li>• Restriction of high voltage equipments in hostel &amp; residences.</li> </ul>
2	Use of renewable energy	<ul style="list-style-type: none"> <li>• Biogas plant</li> </ul>
3	Water harvesting	<ul style="list-style-type: none"> <li>• Rain water harvesting &amp; underground water recharging.</li> </ul>
4	Solar panel	<ul style="list-style-type: none"> <li>• Installation of solar panels in all hostels for water heating.</li> </ul>
5	Efforts for carbon neutrality	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>
6	Plantation – botanical or	<ul style="list-style-type: none"> <li>• During all plantation activities/functions</li> </ul>

7	medicinal significance Bio-hazardous waste management	majority of the plants planted are of botanical or medicinal significance. • Bio-hazardous waste management as per statutory norms.
8	e- waste management	• Awareness programs on reduction of e-waste.
9	Effluent treatment & recycling plant	• Yes sewage generated in the campus is treated in the facility provided in the campus in the form of sewage treatment plant and the water is used for gardening & solid waste is used as manure.
10	Recognition / certification for environment – friendliness	• GPCB (Gujarat Pollution Control Board) permission for bio-hazardous waste management. • AERB recognition for Radiology Departments
11	Any other (specify) : • Paper conservation • Swachh Sumandeep campus se Shudhha Paryavaran se Swasthya for all mission	• Initiatives to be a Paperless University. • All the components of Swachh Sumandeep campus mission are practiced and reviewed throughout the year

**7.1.3 How does the institution ensure that robust infection control and radiation safety measures are effectively implemented on campus?**

Following are the details of methods adopted by the university to ensure robust infection control & safety measures implemented on campus:

A) Infection control:

- The university has implemented campus wide comprehensive Infection Prevention & Control Program to effectively prevent, identify, monitor & control the spread of infectious diseases in all the healthcare facilities & settings.
- The infection control policy addresses following dimensions:
  - 1) Use of scientifically sound measures consistent with the standard policies & guidelines
  - 2) Monitoring, surveillance & reporting of infection control activities
  - 3) Adequacy of infrastructure & appropriate equipment
  - 4) Education / training to all the staff, patients & their families.
  - 5) Periodic Evaluation of adherence to protocol.
- The key components of Infection control policy are:
  - 1) To implement comprehensive infection prevention & control practices
  - 2) Efficient supervision & support of resources.
  - 3) Standard precautions to be taken while handling the blood, body fluids, secretions, excretions, non intact skin, mucous membrane etc.
  - 4) To constitute proactive Infection Prevention & Control Committee (IPCC) represented by all disciplines/sections involved in the health care delivery system. This committee is empowered to monitor compliance with infection prevention & control policies & guidelines. Medical microbiologist shall be the Infection Control & Prevention Officer.
  - 5) Infection Prevention & Control Committee prepares manual of Infection Control & Prevention Policy Guidelines; ensures its availability & use in all departments/ wards/ units/ laboratories etc.

- 6) IPCC organizes the periodic training programs on hospital infection control measures & practices.
  - 7) Transmission based precautions: Policy also addresses precautions for control & Prevention of transmissible diseases which are to be used either singularly or in combinations based on the modes of transmission such as air borne, droplet & contact transmission.
- The elements of standard precautions are:
    - Hand washing
    - Personal protective equipments
    - Patient care equipments, their periodic sterilization / disinfection.
    - Handling of sharps
    - Urine & feces disinfection
    - Environment control
    - Patient transport
    - Visitor precautions
    - Handling of lab specimens.
    - Management of waste generated in clinical lab, diagnostic lab, transfusion area, histopathology lab, patient care area, post mortem area etc.
    - Collection & handling of laundry.
    - Prevention of infection in health care workers.
    - Maintaining records & documents pertaining to surveillance, data collection, monitoring, reporting & analysis of training outcomes.
    - Records pertaining to committee meetings & minutes.

- To enhance the degree of adherence to best infection control practices & to make continual improvement.

B) Radiation safety:

- The Radio Diagnosis department of hospital in campus has institutionalized the Radiation Safety Policy to set out the structure for management of Radiation Safety.
- The policy ensures compliance to radiation safety measures given by Atomic Energy Regulatory Board. The policy also guides on the responsibility of the management, radiologist, radio-technician & all those health care personnel involved in use of radiographic services. Post radiation exposure awareness & actions to be taken are also incorporated in safety programs.
- Policy also defines the functions of Radiation Safety Committee in monitoring the compliance with the policy.
- The Radiation Safety Committee generates periodic report of compliance / non compliance to radiation regulations & the reports on corrective & preventive actions taken.
- There is also mandate for appointment of Radiation Safety Officer.
- The committee also organizes training program that is suitable & appropriate to the level of duties & responsibilities in maintaining radiation safety.
- The reports submitted are reviewed by the university authorities for their further actions.
- The data is collected on provision of radio diagnostic services in concurrence to safety guidelines & is used for analysis.

C) Infection Control Measures for the Residents of Campus

- Periodic water treatment to prevent water borne diseases.
- Anti fly and anti mosquito measures.

- Rodent control measures.
- Avoidance of dog and monkey nuisance
- Periodic health checks up of health workers and deforming.

**7.1.4 Has the institution been audited / accredited by any other agency such as NABL, NABH, etc.?**

- The university is undergoing National Assessment & Accreditation Council accreditation in compliance to the statutory guidelines.
- Once the NAAC accreditation is obtained the university has planned to undergo NABH accreditations of its hospitals & NABL accreditation of its clinical laboratories.

**7.2 Innovations**

**7.2.1 Give details of innovations introduced during the last four years which have created a positive impact on the functioning of the institution.**

- Following are the innovations introduced during last 4 years which have created positive impact on the functioning of the university:

SN	Area	Innovative practices	Positive impact
1	Curriculum development	Curriculum bank	The practice has ensured exposure of student community to current trends, development of professional & employability skills necessary to be globally competent professionals. Such programs are training on Cardio Pulmonary Resuscitation, Basic Life Support, Advanced Life Support, Neonatal Resuscitation training, waste

			disposal, animal handling skills, triage training, response to emergency codes, training on quality assurance techniques, interpersonal communication & counseling skills, situation management, handling of emotions, management in multicultural & multi linguistic atmosphere etc.
		Evidence Based Education System	The entire curriculum in each of constituent unit is revised using the concepts of EBES
2	Teaching Learning	Evidence Based Education System	Students search for authentic evidences while they learn the curriculum components, disease, patient evaluation, treatments, preventive measures etc. Thus ensuring ability to practice up-to-date, safe & quality health care service.
		Education units: Medical Education Unit, Dental Education Unit, Physiotherapy Education Unit, Nursing Education Unit, Pharmacy Education Unit	Use of modern education technology in teaching of respective specialty. MCI recognition for allotting credit hours for attending training on teaching technologies.
		Bridge remedial & enrichment	The provision of specific training to educationally disadvantaged, educationally

		program  Community learning	weak & advanced learners based on identified needs. Implementation of comprehensive community practices such as mini camps, multi diagnostic camps & therapeutic camps.
3	Evaluation	Comprehensive feedback on teachers performance  Continuous cumulative evaluation system	Identification of faculty training needs, conduct of in-house Faculty Development Programs (FDP) & deputation for FDPs conducted outside the institution.  The departments are now able to identify incremental growth of the students every day, every month & have further strengthened the process of identification of differential needs of learners.
		OSCE (Objective structured clinical examination) & OSPE (Objective structured practical examination)	The implementation of OSCE & OSPE have ensured uniform assessment & marking system for all students in internal examinations.
4	Research	Comprehensive research training to UG & PG	Increase in number of UG research projects & high quality PG dissertations
		Periodic training sessions on high impact research	40% increase in national & international publications during last year compared to previous year

		publication	
5	Infrastructure & learning resource	Provision of e-recourses	<ul style="list-style-type: none"> <li>• Campus wide Wi-Fi</li> </ul> Procurement of: <ul style="list-style-type: none"> <li>• e-Journal=12561</li> <li>• e-Books=30637</li> <li>• Electronic databases=08</li> </ul>
		Paperless university policy	University is constantly upgrading the IT facilities & utilities with a goal to become Paperless University.
6	Students support & progression	Mentorship program	Increased students-teacher interaction by means of academic, social & psychological counseling.
		Career & Competitive Examination Forum	Conduct of awareness program on national PG entrance examination, international licentiate examinations, training on soft skills, time management, yoga & meditation.
7	Governance & leadership	Participative management	<ul style="list-style-type: none"> <li>• Involvement of students &amp; staff in various committees</li> <li>• Delegation of the authority to Head of Departments, Head of Institutions, Controller of examinations , Head of Accounts etc.</li> </ul>
		Performance evaluation	Establishment of comprehensive performance evaluation system through self appraisal review system & use of Academic Performance Indicator to foster career growth & increment.

		Conduct of Audits	<p>The functional improvement in all the operations of the campus by conducting audits, analysis of audits &amp; implementation of recommendations for improvements.</p> <p>Following are important audits conducted:          Academic Audit,          Examination Audit, Hospital Audit, Quality Audit,          Facilities Audit          (Hotel/Mess/Water Management /Maintenance/ Security), Administrative Audit (HR/Financial),          Grievances Redressal Audit, Women Empowerment Services Audit, Discipline &amp; Anti Ragging Activity Audit, Energy Audit, Waste Management Audit.</p>
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### **7.3 Best Practices**

#### **7.3.1 Give details of any two best practices that have contributed to better academic and administrative functioning of the institution.**

##### **Format for Presentation of Best Practices**

##### **1. Title of the Practice**

This title should capture the keywords that describe the practice.

##### **2. Objectives of the Practice**

What are the objectives / intended outcomes of this “best practice” and what are the underlying principles or concepts of this practice (in about 100 words)?

### **3. The Context**

What were the contextual features or challenging issues that needed to be addressed in designing and implementing this practice (in about 150 words)?

### **4. The Practice**

Describe the practice and its uniqueness in the context of India higher education. What were the constraints / limitations, if any, faced (in about 400 words)?

### **5. Evidence of Success**

Provide evidence of success such as performance against targets and benchmarks, review results. What do these results indicate? Describe in about 200 words.

### **6. Problems Encountered and Resources Required**

Identify the problems encountered and resources required to implement the practice (in about 150 words).

### **7. Notes**

Optional: Add any other information that may be relevant for adopting/ implementing the Best Practice in other institutions (in about 150 words).

- Of the many innovative practices which are mentioned in 7.2.1, following are the best practices that have contributed in the betterment of academic & administrative functioning of the institution.

#### **1. Evidence Based Education System**

#### **2. Continuous Cumulative Evaluation System**

#### **3. Comprehensive Feedback System**

### **1. EVIDENCE BASED EDUCATION SYSTEM (EBES)**

#### **1) Title of the Practice**

Evidence Based Education System (EBES)

## **2) Objectives of the Practice**

There are two main aspects of the system:

- i. First is to prepare and train the student to be able to access the best contemporary evidence on any matter under consideration, to be able to appraise it regarding its veracity, to be able to apply it to the given situation and to audit its outcome for future application in similar situations and research.
- ii. The other equally important aspect is to initiate, implement and assess the best methods of teaching and learning, as supported by recent evidences in all the academic activities of the university.

## **3) The Context**

The biggest challenge was the lack of any precedence or benchmark for reference or to measure up to. Evidence based practice is a relatively new field with a well defined history not going beyond quarter of a century. Hence we had to literally start from scratch.

The second challenge was to mould the mindset of all involved stakeholders as EBES is not only a system; but almost a way of living. Faculty and students used to generations of conventional methods of dealing with their subjects had to undergo sustained and substantial capacity building before they could become part of the system.

Almost all our courses are strictly and minutely bound by regulations of respective statutory councils. To be able to implement this radically novel system within the straight jacket of the rules and regulations of statutory councils was also another major challenge.

## **4) The Practice**

The university has devised a ten staged comprehensive strategy to practice EBES which is based on two Fundamentals.

1. Evidence Based Education.
2. Evidence Based Practice.

**Ten stages of Practice are:**

- **Stage-1-** Infrastructural up gradation
  - **Stage-2-** Faculty Training programs
  - **Stage-3-**Teaching for UGs-through Evidenced Based Medicine, Evidenced Based Dentistry,Evidenced Based Physiotherapy, Evidenced Based Pharmacy, Evidenced Based Nursing as a separate subject in all the years of study.
  - **Stage 4-**Incorporation of Evidence Based Component in present teaching;
- e. UG : Incorporation of Evidence Based Teaching in traditional teaching, i.e.:
- Theory (lecture series preparation and taking lectures in Evidence Based form)
  - Practical (Assignments)
  - Clinics (Role modeling and assignments)
- f. PG : conducting Journal Clubs and ward rounds in Evidence Based form (Role modeling and assignments)
- Stage-5-** Evaluation of UG and PG students after teaching them in EBE format

**Evidence Based Practice:** It entails management through

- a) Individual experience
- b) Empirical Knowledge
- c) Searching Best available Evidence
- d) Local factors

**Stage-6-** Preparation of Treatment protocols in all subjects with best available evidence.

**Stage-7-**Apply prepared protocols on the patients in Research format to evaluate the impact on local population

**Stage-8-**Modify the prepared protocols based on the outcome of Research and impact on local population (Identification of effect of Local Factors)

**Stage-9-**Application of protocols on a larger scale in the community and initiate Community Based Research.

**Stage-10-**Evaluate outcome/impactof EBES by doing Research

## 5) Evidence of Success

EBES being a totally novel system, there exists, as of today no benchmarks or validated measures of implementation and success. Hence we derive our validation from our ability to achieve the milestones in our roadmap.

There also exists significant external recognition of our endeavor in the form of appreciation by many prominent academicians from across the globe.

**Dr Gordon Guyatt** the person who coined the term ‘EVIDENCE BASED MEDICINE’ participated as key note speaker in the second International conference on evidence based education system in June 2014 not only expressed appreciation about our initiative but placed his happiness on record about our implementation.

During the same conference Dr. Dibyendu Mazumder, Honorable President, Dental Council of India speaking as the Chief Guest of the function said that he will be too happy if Sumandeeep Vidyapeeth be made the nodal centre for training for all Dental colleges of India. Padmshree Shri R K Bali, president of the Indian Association of public health dentistry and Ex president Dental Council of India remarked – “ the consideration of the course, curriculum and the comparative presentation between the pre- existing system

and under the evidence based education system was an eye opener and has put at rest any skepticism on the subject.”

Dr H P Bhalodiya Ex Faculty Dean of Gujarat University remarked – “after understanding the implementation of EBES in your university, I compliment you to bring the education system to global standards and I would also like to encourage Gujarat University’s vice- chancellor to send teachers to Sumandeep Vidyapeeth to understand the concept and gradually introduce it in our syllabus.” It is important to note that our University was affiliated to this very Gujarat University before we got our Deemed to be University status.

Dr Prof Ramesh Goyal Vice Chancellor M S University Baroda remarked – “your faculty has incorporated EBM in routine curriculum and developed EBES. Our University does not have it. This is really innovative and for the first time in the country.”

#### **6) Problems Encountered and Resources Required**

There are two main requirements for implementing this system: trained manpower and infrastructure. In terms of infrastructure there is a need for access to computers or hand held devices for every student and faculty. There is also a need for a good internet connection with good bandwidth to access data in real time. Access to good updated databases, classified according to levels of evidence is an added facility which is desirable.

The human resources needed present a special challenge. As there exists no similar courses all faculty as such were untrained to begin with. The teacher and student had to be trained at the same time. This was a unique challenge – to train the trainer.

#### **7) Notes**

Any other institution attempting to implement this best practice is likely to run into similar problems as all are regulated by the same statutory councils. Particular local

factors impeding or facilitating the implementation may vary from case to case.

## **2. CONTINUOUS CUMULATIVE EVALUATION SYSTEM (CCES)**

### **1. Title of the Practice**

Continuous Cumulative Evaluation System (CCES)

### **2. Objectives of the Practice**

Following are the objectives of CCES:

- Continuous evaluation of the students on objectives of all teaching-learning activities which are expected from the students to fulfil during their learning process.
- Active participation of the students in all the activities of teaching & Learning like Lectures, Clinical Procedure performances discussion.
- To help the students to identify areas of improvement on their own and to know their present status of performance in all academic activities
- To improve attendance of students & develop culture of discipline, sense of attire and communication among students

### **3. The Context**

- The University identified areas to focus to implement this system and necessary actions were taken. The efforts focused on training of Teaching staff, support staff, record keeping method, logistics required etc.

### **4. The Practice**

- Each student is assessed on intended learning objective at the end of every teaching learning activity.

### **Theory Lectures:**

At the end of every lecture the students are assessed on 5 MCQs related to the discussed topic. Each MCQ has 1 credit point. Student enters their responses into the CCES Record sheet provided to them. The faculty in charge of the session collects all CCES Record Sheets of all the students. The sheets so collected are submitted along with answer key to the student section where it is evaluated & the result is tabulated.

### **Practical Sessions & Clinics:**

During every Practical/ Clinical session each student is assessed on predetermined criteria like Punctuality of time, Attire of the student, Communication skill with the patient, Performance of procedure, discussions including their participation and subject knowledge. The faculty in charge of the session assess the students & enters the score in CCES record book.

These total collected credits are converted at the end of the year into internal assessments and it works as criteria for eligibility to appear in the examination.

## **5. Evidence of Success**

Because of this system, the attendance and attentiveness of the students during theory got improved as they have to be attentive to give answers of MCQs at the end of lecture.

- Skill enhancement of students & improvement in their discipline and attire habits during Practical and Clinical hours noted.
- Students know the area of improvements and where they are committing mistakes as the credit are entered in their log book for each activity on daily basis.
- So overall improvement in the student's performance is visible.

- As the accumulated credits are getting converted into internal assessment and it works as eligibility criteria it further helps in active participation from the students in all teaching learning activities.

#### **6. Problems Encountered and Resources Required**

The implementation of this system was easy and the constituent units did not face any major challenges.

#### **7. Notes**

The practice of CCES is easy, affordable method and can bring overall improvement in student's performance with very little efforts.

### **3. COMPREHENSIVE FEEDBACK SYSTEM**

#### **1. Title**

Comprehensive Feedback System

#### **2. Objectives of the practice:**

- To promote & enhance stakeholder satisfaction index.
- To ensure continual improvement of academic, co-academic, extra academic activities including that of campus support services & administrative services.
- To promote the continual performance improvement of faculty, non teaching staff, Secretarial staff, house-keeping staff.

Underlying principles of this practice are:

- Enhanced interaction with all the stakeholders & gathering their perception about the activities done & services provided.
- Ascertaining the quality of the activities/services to meet the needs that are specific to the expectations of mainly students of the campus.

- Inculcating the use of planning culture, identification of step-by-step component of the performance, performance in adherence to standard operating procedures, objective analysis of the results, identification of non performing areas/system failure, taking corrective & preventive actions to improve the conformance to the system, human resource & ensure achievement of quality & continual improvement.

### **3. The context:**

- During the last decade due the globalization the inter country barriers have disappeared. There is free flow of services & human resource across the countries of the globe. This has led to the enhancement of expectations for provision of quality services and quality human resource those are globally competent.
- Further the rapid changes in the development of medical, dental & allied medical sciences also make it essential that organization imbibes changing trends & inculcates the same in development of quality professionals in the service of mankind.
- In this background the university initiated the campus wide review of its services provided to the student community & the patient community who are the most important stakeholders of the organization to ascertain the quality of service provided.
- Initially university focused on students' development through classroom & hospital based teaching-learning, library, basic support services such as hostel, mess, and water& sports field. Need was felt to implement the feedback system that can give the inputs on areas for further improvement mainly in student focused & patient oriented services. Therefore the practice of comprehensive feedback system was implemented.

### **4. Practice:**

- Following component are identified under comprehensive feedback policy:
  - I) Faculty self appraisal
  - II) Students feedback on faculty performance
  - III) Patient feedback
  - IV) Student Feedback on Campus experience
  - V) Alumni feedback
- These components of the feedback system address teaching learning activities, status of patient services, status of functioning of the secretarial services, hostel, mess, water supply etc.
  - I) Faculty self appraisal
    - Every faculty at the end of each academic year generates individual self appraisal report. This is reviewed by the Head of department who then analyses the strength, weakness, opportunities & challenges (SWOC) & then submits it to the Head of Institution with remarks for improvements.
    - At College Council meeting the remedial measures to be implemented for faculty performance are identified.
    - The Vice Chancellor reviews the institutional SWOC & approves the implementation of remedial programs mainly focusing on specific trainings.
  - II) Students feedback on faculty performance:
    - The respective constituent units take students' feedback on faculty performance twice each year.
    - The feedback taken is analyzed & it is discussed in College Council Meeting.

- The remedial measures to be taken to develop the faculty are enumerated.
- The Vice Chancellor reviews & approves the implementation of remedial programs mainly focusing on specific trainings.

### III) Patient feedback:

- The feedback is collected from the patient at the end of OPD based management and at the time of discharge.
- The feedbacks so collected are analyzed once in three months by respective departments & the analysis report is submitted to the Medical Superintendent.
- The Medical Superintendent then discusses the report during hospital committee meetings. The rectification / improvement measures needed to ensure the patient satisfaction are implemented on the priority basis.
- The rectification measures so implemented are reviewed during Quality Audit conducted in the hospital.

### IV) Student Feedback on campus experience:

- The constituent institutions take students' feedback on campus experience once a year.
- The feedback so collected is analyzed at the Head of Institute level & the improvement areas so identified are sent to the respective departments / sections.
- The rectification / improvement measures taken are audited during Facilities Audit.

### Alumni feedback:

- It is obtained once in two years.
- The feedback is analyzed by the alumni association & report is submitted to the Vice Chancellor, who then refers the matters to the concerned departments/ sections for addressing the issues raised by the alumni.
- All the feedback analysis reports & actions initiated are placed before the respective authorities of the University for their Ratification.

#### 5. Evidence of success:

Based on the feedback received, following are some of the important results that have been achieved:

- Feedback received from students & alumni suggested that there is a need for creating awareness about current trends, professional skill development, development of employability & soft skills.
- This resulted in implementation of Curriculum Bank, Career & Competitive Examination Forum etc.
- The efforts have resulted in conduction of following programs:

SN	Objectives	Programs
1.	Curriculum Development	Development of Compendium of curriculum by each department highlighting the current concepts in their subjects.
2.	Professional skill development program	BLS, ALS, CPR, NRP, triage, response to emergency codes in healthcare set up (code red, code blue, code violet, code pink), biomedical waste management etc.
3.	Employability skill	<ul style="list-style-type: none"> <li>• Interpersonal communication &amp; counseling skills, situation</li> </ul>

development & promotion of competitive examination preparation	management skills, handling of emotions, management in multicultural & multi linguistic environment, Training on local language <ul style="list-style-type: none"> <li>Awareness &amp; training programs on Competitive examination and PG professional entrance examinations.</li> </ul>
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Following are the detail of results achieved from the students' feedback on campus experience:

SN	Feedback finding	Actions taken
1	Potable/ pure drinking water not up to the satisfaction of students	Installation of campus wide R.O system
2	Interruption in power supply	24 hours electricity supply
3	Demand for E resources & Wi-Fi	e-Resources made available in library which are accessible everywhere in campus through campus wide Wi-Fi
4	Demand for lawn tennis court & swimming pool	- Lawn tennis court provided - Swimming pool is under construction

#### 6. Problems encountered & resources required:

During the course of implementation of the practice; following problems were encountered:

- The collection of quality & adequacy of feedback is felt to be insufficient due to preoccupation of students in

academic programs & professional commitments of alumni.

- To address this issue university has planned to provide for online feedback system.
- Interruption in availability of internet is due to external factors. The issue is being discussed with the service providers.