

MD/HOMOEOPATHY ORDINANCE

FACULTY OF HOMOEOPATHY UNIVERSITY OF DELHI POST GRADUATE MD/HOMOEOPATHY (DEGREE)

In light of the Regulations of the National Commission for Homoeopathy and published in the Gazette Notification No. F. No. 3-42/2021/NCH/HEB/PG dated 18.03.2024, Reg. F No 3-42/2024/NCH/HEB/PG Reg. Pt .1 dated 14.02.2025



MD (HOMOEOPATHY) ORDINANCE - 2024

t hi

CHAPTER I

PRELIMINARY

1.1 FOCUS AND GOALS

The objectives of homoeopathy post-graduate training programme are as follows:-

- (a) Recognize the importance of Homoeopathy in context with National priorities and health needs of the community;
- (b) Practice Homoeopathy ethically and in step with the principles of the system;
- (c) Develop skills as a self-directed learner recognize continuing education needs, select and use appropriate learning resources;
- (d) Demonstrate competence in basic concepts of research methodology and epidemiology and be able to critically analyse relevant published research literature;
- (e) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures or strategies;
- (f) Diagnose health problems and manage as per the scope of homoeopathy on the basis of clinical assessment, investigations etc.;
- (g) Demonstrate scientific acumen by undertaking Thesis or research project using proper research methodology;
- (h) Play the assigned role in the implementation of national health programmes with homoeopathy, effectively and responsibly;
- (i) Organize and supervise the chosen or assigned health care services demonstrating adequate managerial skills in the AYUSH clinic or hospital or in the field; and
- (j) Develop skills in using educational methods and techniques applicable to the teaching of homoeopathy medical students.

1.2 <u>COMPONENTS OF THE POST-GRADUATE CURRICULUM (GENERAL OBEJECTIVE):</u>

The post-graduate curriculum shall be set in a competency based integrated framework based on the outcomes defined for each specialty subject. Among other specific constituents, it shall comprise the following, namely:

(a) Theoretical and applied knowledge;

المسلام

615

2

- (b) Practical, clinical, community and management related skills pertaining to the specialty subject;
- (c) Completion of Thesis work;
- (d) Publication or submission of a research article in a peer- reviewed scientific journal or presentation of the paper in the National Conference of the concerned society;
- (e) Soft skills and attributes including interpersonal and communication skills;
- (f) Training in Research Methodology, Medical Ethics and Medico legal aspects; and
- (g) Professionalism and commitment to continued learning throughout professional life.

CHAPTER II

ADMISSION, COUNSELLING ETC

2.1 <u>ELIGIBILITY CRITERIA& ADMISSION TO COURSE</u>

- (1) The eligibility for admission to M.D.(Homoeopathy) course shall be the following: -
- (a) No candidate shall be admitted to M.D.(Homoeopathy) course unless he/she possesses the degree of: -
 - (i) Bachelor of Homoeopathic Medicine and Surgery or equivalent qualification in Homoeopathy included in the Schedule or medical qualification recognition list under the provisions of the Act, after undergoing a course of study of not less than five years and six months duration including one-year compulsory rotatory internship; or
 - (ii) Bachelor of Homoeopathic Medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the Second Schedule of the Homoeopathy Central Council Act, 1973 (59 of 1973), after undergoing a course of study of not less than two years duration;

(iii) MD-Homoeopathy:

• For 50% Delhi University Quota: The candidate must have passed the final Bachelor of Homoeopathic Medicine & Surgery (BHMS) examination from the University of Delhi, included in the Second Schedule to the Act, after undergoing a course of study of not less than five years and six months duration including one year compulsory internship in a recognized hospital on or before the specified date notified by the respective regulatory body and must have registration with National Council of Homoeopathic/Board of Homoeopathic System of Medicine/NCH.

Or

5

55

Le Joyes

(e de

Bachelor of Homoeopathic Medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the Second Schedule to the Act, after undergoing a course of study of not less than two years duration.

• For 50% All India Quota: The Candidates must have passed the final Bachelor of Homoeopathic Medicine & Surgery (BHMS) examination from any University established by law and recognized by National Council of Homoeopathic included in the Second Schedule to the Act, after undergoing a course of study of not less than five years and six months duration including one year compulsory internship in recognized hospital on or before the specified date notified by the respective regulatory body and must have registration with National Commission for Homoeopathic/Board of Homoeopathic System of Medicine.

Or

Bachelor or Homoeopathic Medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the Second Schedule to the Act, after undergoing a course of study of not less than two year duration.

- (iv) The dates indicated by candidates in regard to 12 months Compulsory Rotatory Internship i.e. starting date, completion date, shall be treated as final and candidates will be required to submit the original Compulsory Rotatory Internship completion certificate at the time of counselling. The cut-off date for completion of internship towards determination of eligibility for appearing shall be notified by National Commission for Homoeopathy from time to time.
- (b) The candidate has registered himself with the State Board or Council, as the case may be.

2.2 ENTRANCE EXAMINATION: Supplies the state of the latter of the latter

(1) There shall be a uniform entrance examination for all Homoeopathic graduates, namely, All India AYUSH Post-Graduate Entrance Test (AIAPGET) examination for admission to the post-graduate course in medical institution in each academic year and shall be conducted by an authority designated by the National Commission for Homoeopathy:

Provided that for foreign national candidates, any other equivalent qualification approved by the Central Government may be allowed for admission and above provision of this subregulation shall not be applicable.

(2) No candidate obtaining less than 50 percentile in the All-India AYUSH Post-graduate Entrance Test for post-graduate course conducted for the said academic year shall be considered for such admission:

Provided that the candidates belonging to the Scheduled Castes, the Scheduled Tribes and the Other Backward Classes obtain marks not less than 40th percentile and the candidates with the disability as specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016) obtain the marks not less than 45th percentile in case of General category and not less than 40th

Seek 1

Oxfords

percentile in case of the Scheduled Castes, the Scheduled Tribes and the Other Backward Classes shall be considered for admission:

Provided further that when sufficient number of candidates in the respective categories fail to secure minimum marks in the All India AYUSH Post-graduate Entrance Test as specified above, held for any academic year for admission to post-graduate courses, the Commission may, in consultation with the Central Government, lower the marks required for admission to post-graduate course for candidates belonging to respective category and marks so lowered by the Commission shall be applicable for that academic year only.

(3) An All-India common merit list as well as State-wise merit list of the eligible candidates shall be prepared by the designated authority based on the marks obtained in the All-India AYUSH Post-graduate Entrance Test conducted for the academic year and the candidate within the respective category shall be considered for admission to post-graduate course from the said merit list.

2.3 PROCEDURE OF COUNSELLING

- (1) The counselling for all admissions to the post-graduate course for seats under all India quota as well as for all Homoeopathy educational institutions established by the Central Government shall be conducted by the authority designated by the Central Government.
- (2) The admission shall be done:-
 - (a) Through counselling as per sub-regulation (b) of regulation 2.1except for foreign nationals;
 - (b) by any manner other than the manner specified in these regulations shall not be approved and any institution found admitting the students in contravention of the provisions of regulation 2.1 of these regulations shall be denied permission for taking admission for subsequent academic year;

2.4 SURETY BOND: -

A bond worth Rs. 10.00 lacs with two sureties must be executed by the candidates at the time of their admission. The admission will not be valid unless and until the Bond is executed by the candidates. The proforma of Bond is available on website www.fmsc.ac.in.

The students shall have to pay the Bond money of Rs 10.00 lacs to the Institution/University in the following circumstances: -

- a. If the student surrenders seat in violation of AACCC rules/instructions, after joining the allotted institution.
- b. If the student leaves the course before its completion.

c. If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct/indiscipline.

Charles 5

£2

A

Note: - In case, the AACCC confirmed that the seat surrendered by any PG candidate is utilized in the subsequent round of the counselling then the Bond Money i.e Rs. 10 lacs will not be forfeited in such cases.

2.4.1 The original certificates of the students should be kept in the institution and be returned only after paying the said bond money / or on completion of 3 years course. Thirty percent of the bond money i.e. Rs. 3 lacs thus collected will be deposited with the University (Faculty of Homoeopathic Medicine) by the institution by 31st March every year for each such candidate through NEFT/RTGS in favour of the Registrar, University of Delhi in the designated University account and the rest could be utilized by the Institution for development of P.G. teaching and training programmes.

2.5 JOINING REPORT:

The candidates, who have been admitted in the course, shall be required to join the assigned institution by stipulated date. At the time of joining, the candidate would be required to submit the following in the institution:

(i) Security Deposit: The candidates admitted to any of the course are required to deposit Rs.10,000/- as security deposit which will be refunded on completion/leaving of the course.

The provisional admission of a candidate would not be valid, if the candidate does not complete the above mentioned requirements. After complying the above mentioned requirements of joining the course the joining report of the candidate is required to be submitted by the concerned college to the office of the Deputy Registrar/Assistant Registrar (Medical), Faculty of Medical Science, through the Head of Institution concerned.

2.6 <u>GOVERNMENT TO APPPOINT A DESIGNATED AUTHORITY FOR</u> COUNSELLING

(1) The designated authority for counselling of fifty percent **Delhi University Quota** and fifty percent **All India Quota**, for admissions to post-graduate course in all Homoeopathic educational institutions in the States and Union territories including institutions established by the State Government, University, Trust, Society, Minority Institution, Corporation or Company shall be the respective State or Union territory in accordance with the relevant rules and regulations of the concerned State Government or Union territory Administration, as the case may be.

2.7 **DISTRIBUTION OF SEATS:**

(i) Delhi University Quota – 50% of the total seats in Homoeopathic Post Graduate Course per specialty are reserved for candidates who have passed BHMS from university of Delhi.

(ii) All India Quota – 50% of the total seats in the Homoeopathic Post Graduate course per specialty are open to the candidates who have passed BHMS from other universities in India.

(send)

Manle 6

(iii) If any seat remains vacant under All India Quota the same shall be transferred to Delhi University Quota or Vice-versa.

2.8 PROHIBITION FOR ANY STUDENT SEEKING ADMISSION IN ANY OTHER WAY THAN COUNSELLING

- (1) The candidate who fails to obtain the minimum eligibility marks as referred to under sub-regulation (2.1), shall not be admitted to the post-graduate course in the said academic year.
- (2) No authority or medical institution shall admit any candidate to the post-graduate course in contravention of the criteria or procedure specified in these regulations and any admission made in contravention of these regulations shall be cancelled by the Commission forthwith.
- (3) The authority or medical institution which grants admission to any student in contravention of the provisions of these regulations shall be dealt with in the manner as specified under the clause (f) of sub regulation (1) of regulation 28 of the Act.
- (4) The selected candidate will be required to undergo medical examination by a duly constituted medical board at the assigned institution at their own cost on the specified day. A candidate shall not be allowed to join the course, if he/she is found medically unfit for the course.
- (5) The admission of the candidate shall be provisional in the first instance.

2.9 SUBMISSION OF FINAL LIST OF ADMITTED CANDIDATES

- (1) The medical institutions shall have to submit the list of all admitted students in the format decided by the Commission on or before 6(six) p.m. on the cutoff date for admission decided by it from time to time;
- (2) The medical institutions shall also provide the list of the admitted students who have been allotted seats through the counselling authority (Central, State or Union territory, as the case may be) except foreign nationals.
- (3) The medical institution shall send the final list of admitted students to the Commission within one month of closure of admissions and the Commission shall verify the medical institution to ensure the compliance of the provisions of the regulations at any time.

2.10 RESERVATION OF SEATS

(1) The seat matrix for admission in the University of Delhi for MD (Homoeopathic) shall be fifty percent for Delhi University Quota and fifty percent for All-India quota.

(a) The reservation will be effective as per rules of the University of Delhi.

A

1

Ceruly"

Chowb

4

100000 S

(b) Five percent of the annual sanctioned intake capacity in the Government and Government aided institutions shall be filled up by candidates with disability as specified under the provisions of the Rights of Persons with Disabilities Act, 2016 (49 of 2016).

Explanation.- For the purposes of this regulation, the specified disability contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 (49 of 2016) specified in Appendix "A" and the eligibility of candidates to pursue a course in Homoeopathy with specified disability shall be in accordance with the guidelines specified in Appendix "B". If the seats reserved for the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats shall be included in the annual sanctioned seats for the respective category.

CHAPTER III

3.1 DURATION OF COURSE

i. The Course shall be regular, full time and for duration of three years.

ii. The student shall be regular and will be resident during one year of house-job in the campus and shall be given training as per the provisions of Chapter 5.1 (Training, etc.):

Provided that a student shall complete the course of M.D. (Homoeopathy) in a speciality subject within the duration of maximum six years from the date of his/her admission.

iii. Each programme shall be divided into two parts comprising of eighteen months each in M.D.(Homoeopathy) Part-I and M.D.(Homoeopathy) Part-II respectively.

iv. Postgraduate students shall maintain an e log book / log book of the work carried out by them and the training programme undergone during the period of training.

CHAPTER IV

4.1 MINIMUM STANDARDS OF REQUIREMENT

Medical institution shall satisfy the conditions pertaining to but not limited to physical infrastructure, teaching staff, clinical material and hospital as detailed in the MES and Post Graduate Degree course regulations document for post-graduate medical education of the NCH. The modifications or amendments in the MES notified by the NCH from time to time, shall have to be mandatorily followed by the medical colleges/institutions.

4.2 COMMITTEE OF COURSES AND STUDIES:

a. There shall be a COMMITTEE OF COURSES AND STUDIES (CCS) consisting of post graduate teachers. The following shall be members:-

i. Head of Institution - Chairperson

Carl

Chewb 1615

- ii. One member from each Department by rotation according to seniority.
- iii. Two Associate Professor by rotation according to seniority.
- iv. Two Assistant Professor by rotation according to seniority.
- b. All members shall be a part of the committee for two years except for the Head of the Institution who shall be a permanent member. This Committee shall make and upgrade the list of Supervisors and shall frame the thesis schedule for the session.
- c. The supervisors shall be appointed preferably having teaching experience in the concerned specialty.
- d. The supervisors will be selected on a seniority basis based on the seniority list of supervisors under the chairmanship of the Head of the Institution.

4.3 BOARD OF RESEARCH STUDIES:

- a. The composition of BRS for the Faculty of Homoeopathy consisting of following members:
 - i. Dean of the Faculty Chairperson
 - ii. One Professor (nominee of the Vice Chancellor)
 - iii. Three Professors
 - iv. Two Associate Professor
 - v. Two Assistant Professor
 - vi. One Associate Professor amongst teachers from colleges, if applicable.

The selection under category (iii), (iv), (v) and (vi) above shall be by rotation as per seniority.

CHAPTER V

TRAINING

5.1 PATTERN OF TRAINING

- (1) The period of training for obtaining Homoeopathy post- graduate degree in specialty subject shall be three completed years including the period of examination.
- (2) In the beginning of post-graduate training, there shall be an induction programme for seven days which will comprise of –
- (a) Orientation about post-graduate course; and
- (b) Workshop in concerned subject specialty with subject experts.

(3) The post-graduate students shall be called Junior Resident in M.D.(Homoeopathy) Part-I and senior resident in M.D.(Homoeopathy) Part-II, in all specialty subjects of Homoeopathy post-graduate degree course.

#

Lij

119

28/mb

- (4) During the post-graduate course, the emphasis shall be more on clinical training and less on didactic lectures.
- (5) The student should take part in seminars, group discussions, clinical meetings and journal club meetings.
- (6) The student shall be required to write a Thesis as mentioned in NCH Post-graduate Degree Course Regulation 2024 - Point no. 8.
- (7) The student shall be given graded responsibility in the hospital campus in the management and treatment of patients entrusted to his care as per duty roster.
- (8) The student shall participate in teaching and training of under-graduate students or interns.
- (9) The students shall maintain an e-Log Book or Log book and do the laboratory or clinical work keeping in view the needs of each specialty subject.
- (10) A student pursuing M. D. (Homoeopathy) Course shall study in the concerned Department of the institution for the entire period as a regular student. No student is permitted to work in any laboratory or college or industry or pharmacy, while pursuing the Homoeopathy postgraduate degree programme. No student shall join any other regular degree program in any other University in India or Abroad during the period of Homoeopathy post-graduate degree course.
- (11) University Grants Commission approved Certificate or Diploma courses through open distance learning or online mode may be allowed for post-graduate students for improving various skills with permission of the Head of the institute without disturbing the work or duties assigned for M.D. (Homoeopathy) course.
- (12) Each year shall be taken as a unit for the purpose of calculating attendance.
- (13) Every student shall mandatorily attend symposia, seminars, conferences, journal club meetings and lectures during each year as prescribed by the Department or college or University and not remain absent without any valid reasons and prior permission of the Head of the Institute.
- (14) A student who has secured a minimum of seventy-five percent of attendance and shows satisfactory progress, shall be permitted to appear at M.D. (Homoeopathy) Part-I and Part-II examinations respectively.
- (15) Any student who fails to complete the course in the manner stated above shall not be permitted to appear at the University examinations. A certificate to this effect shall be sent to University by the Principal of the concerned college.

(16) Every student shall maintain an e-Log Book or Logbook (separately Part-I and part-II) for M.D.(Homoeopathy) and record his participation in the training programmes conducted by the Department such as journal reviews, clinical presentations, seminars,

10

- (17) The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution and presented in the University at the time of practical examination, if called for.
- (18) Special mention shall be made of the presentations by the student as well as details of experiments or laboratory procedures conducted by the student.
- (19) The presentations shall be assessed by the faculty members and peers and assessed on numeric rating scale from 1 to 10.
- (20) The Institution having postgraduate training programme shall set up an academic cell/ P. G. cell/ Ethical Committee under the Principal to monitor the Postgraduate teaching and training according to the Ordinance of University of Delhi.

5.2. COMMON MANDATORY COURSE WORK-

(1) For the MD (Homoeopathy) Part-I, the following course work shall be common and mandatory for all post-graduate students irrespective of specialty, namely:-

(a) Course in Basic Cardiac Life Support Skills,-

- (i) All post-graduate students shall complete a course in Basic Cardiac Life Support skills and get duly certified from recognised institute of the Central Government. If any student has already done this course and obtained certificate from recognised institute of the Central Government, he may choose any other course from the list of electives mentioned in clause (3) of this regulation.
- (ii) The students must complete the course work within one year of the commencement of the batch.
- (iii) No post-graduate student shall be permitted to appear in the M.D.(Homoeopathy) Part-I examinations without the above certification.

(b) Course in Bioethics, -

(rend)

- (i) All post-graduate students shall complete a course in Bioethics including Good Clinical Practices, to be conducted by the Institutes themselves or by any other method.
- (ii) The students must complete the course within one year of the commencement of the batch.
- (iii) No post-graduate student shall be permitted to appear in the M.D. (Homoeopathy) Part-I examination without completing the above course.
- (2) For the MD (Homoeopathy) Part-II the following course work shall be common and mandatory for all post-graduate students irrespective of specialty: -

(a) All post-graduate students shall complete a basic course in medical education technology and be duly certified by the recognized Institute of the Central Government.

- (b) All post-graduate students shall complete a course in scientific writing and be duly certified from the recognized Institute of the Central Government.
- (3) The institutions shall arrange training programmes on electives such as Telemedicine, making effective presentations, use of Pub Med, Awareness in medical audit management, Health economics, Health information system, basics of statistics, exposure to human behavior and study and knowledge of homoeopathic pharmacy. It is mandatory for each student to complete any one of the above electives in the entire duration of post-graduate course.

CHAPTER VI

6.1 <u>MIGRATION:</u> -Under no circumstances, migration or transfer of student undergoing Homoeopathy post-graduate degree course from one college to other shall be permitted by any University or Authority.

CHAPTER VII

7.1 DEPARTMENTS, UNITS, FACULTY& COURSE OF STUDY

(1) Departments.

The subjects of specialization for Post Graduate programmes shall be as follows:-

- (a) M.D. (Homoeopathy) Homoeopathic Materia Medica
- (b) M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy
- (c) M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking
- (d) M.D. (Homoeopathy) Homoeopathic Pharmacy
- (e) M.D. (Homoeopathy) Practice of Medicine
- (f) M.D. (Homoeopathy) Pediatrics
- (g) M.D. (Homoeopathy) Psychiatry
- (h) M.D. (Homoeopathy) Community Medicine
- (i) M.D. (Homoeopathy) Dermatology

(2) The Courses under Part-I of each programme shall be as follows:-

- (a) M.D. (Homoeopathy) Homoeopathic Materia Medica,-
 - (i) Fundamentals of Homoeopathic Materia Medica;
 - (ii) Fundamentals of Clinical Medicine in Homoeopathic Materia Medica; and

X

CDI. wb

- (iii) Research Methodology and Biostatistics.
- (b) M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy, -
 - (i) Fundamentals of Organon of Medicine and Homoeopathic Philosophy;
 - (ii) Fundamentals of Clinical Medicine in Organon of Medicine and Homoeopathic Philosophy; and
 - (iii) Research Methodology and Biostatistics.
- (c) M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking, -
 - (i) Fundamentals of Repertory and Case Taking;
 - (ii) Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking; and
 - (iii) Research Methodology and Biostatistics.
- (d) M.D. (Homoeopathy) Homoeopathic Pharmacy, -
 - (i) Fundamentals of Homoeopathy Pharmacy;
 - (ii) Fundamentals of Clinical Medicine in Homoeopathic Pharmacy; and
 - (iii) Research Methodology and Biostatistics.
- (e) M.D. (Homoeopathy) Practice of Medicine, -
 - (i) Fundamentals of Practice of Medicine;
 - (ii) Fundamentals of Homoeopathy in Practice of Medicine; and
 - (iii) Research Methodology and Biostatistics.
- (f) M.D. (Homoeopathy) Pediatrics, -
 - (i) Fundamentals of Pediatrics;
 - (ii) Fundamentals of Homoeopathy in Pediatrics; and
 - (iii) Research Methodology and Biostatistics.
- (g) M.D. (Homoeopathy) Psychiatry, -
 - (i) Fundamentals of Psychiatry;
 - (ii) Fundamentals of Homoeopathy in Psychiatry; and
 - (iii) Research Methodology and Biostatistics.
- (h) M.D. (Homoeopathy) Community Medicine, -

H

H

Jen Go

- (i) Fundamentals of Community Medicine;
- (ii) Fundamentals of Homoeopathy in Community Medicine; and
- (iii) Research Methodology and Biostatistics.
- (i) M.D. (Homoeopathy) Dermatology, -
 - (i) Fundamentals of Dermatology;
 - (ii) Fundamentals of Homoeopathy in Dermatology; and
 - (iii) Research Methodology and Biostatistics.
- (3) For M.D. (Homoeopathy) Part-II examination, there shall be main specialty subject only with two papers.
- (4) UNITS- All departments with inpatients bed will have unit structure (if applicable)

(5) FACULTY

(1) Teaching staff— There shall be minimum full time teaching staff for M.D.(Homoeopathy) (Additional to minimum teaching staff specified in the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024 course as per the following table, namely:

| Sr. No. | Name of Department | Professor | Associate Professor | Assistant Professor |
|---------|---------------------------------|-----------|--------------------------------|------------------------|
| (1) | Homoeopathic Materia Medica | 1 | 1 | 1 |
| (2) | Organon of Medicine and | 1 | 1 | 1 |
| | Homoeopathic Philosophy | a i mari | aga tagah sa | |
| (3) | Homoeopathic Repertory and Case | 1 | 1 | 1 |
| | Taking | | mengan se di di anti Tanàna | |
| (4) | Homoeopathic Pharmacy | 1 | 1 | 1 |
| (5) | Practice of Medicine | 1 | 1 | 1 |
| (6) | Pediatrics | 1 1 | - 1 0-66-54-53 | 1 |
| (7) | Psychiatry | 1 | 1 | 1 |
| (8) | Community Medicine | 1 | 1 | 1 |
| (9) | Dermatology | 1 | 1 | 1 |
| (10) | Research Methodology and | 1 | 1 | |
| | Biostatistics | 198 T | in the second section of | San San San San |

(2) One Full-time Statistical Assistant shall be appointed to assist the teachers and students for statistical analysis.

To de la constitución de la cons

1

Alento Chento

No. 2

CHAPTER VIII

8.1 EXAMINATIONS

- (1) Eligibility for Post-graduate guide or examiner- (1) A person shall possess the following qualifications and experience for being eligible to become a guide or examiner, namely:-
 - (a) M.D (Homeopathy) included in the Second Schedule of the Homeopathy Central Council Act, 1973 (59 of 1973) or Medical qualification recognition list of the National Commission for Homeopathy Act, 2020 (15 of 2020); and
 - (b) A teacher in a Homeopathy medical institution who is in post of Associate professor or Professor in concerned speciality subject after obtaining post-graduate degree in concerned subject: Provided that teachers who are already approved as post-graduate guide shall continue to remain post-graduate guide.

Provided further that in the newly instituted speciality subjects like Dermatology and Community Medicine, teachers from under-graduate Department of Practice of Medicine and Community Medicine with Post-graduate qualification in Homeopathy and who are posted as Associate Professor or Professor shall be eligible for becoming post-graduate guide or examiner respectively. These provisions shall remain in force up to ten years from the date of notification of these regulations:

Provided also that the guide or supervisor of a post-graduate speciality shall remain the guide or supervisor for that speciality only and he cannot become guide or supervisor for more than one speciality subject.

- (2) Education qualification and experience for selection of Co-guide-post-graduate degree qualification in the speciality subject as stated in clause (a) or seven years teaching in a college recognized by the National Commission for Homoeopathy:
- (3) The teaching faculty of a particular medical institution are only eligible to become guide or supervisor of the post-graduate students of that institution. The subject wise guide list shall be approved by the concerned University.
- (4) Student guide ratio-
 - (i) The student guide ratio shall be 3:1 if the guide is a Professor cadre.
 - (ii) Guide ratio shall be 2:1 if the guide is of Associate Professor cadre.
 - (iii) Guide ratio shall be 1:1 if the guide or Supervisor is of Lecturer cadre.

8.2 SCHEME OF ASSESSMENT-

(1) The Assessment for each programme shall be formative and summative type. The details of the formative assessment shall be worked out separately for each specialty in the framework of competency based assessment framework. A record of these would be

I feel hi

Chewb

15 H f Joseph

maintained and due weightage may be accorded to these. The candidate shall be required to perform satisfactorily in formative assessment before being eligible to appear for the summative assessment. This will hold true for M.D. (Homoeopathy) Part-I as well as M.D. (Homoeopathy) Part-II and the summative assessment would comprise of:-

- (a) Written paper; and
- (b) Clinical or practical and Viva-Voce examination.
- (2) Schedule of assessment: Schedule of assessment shall be as following table, namely:-

Table

| | Formative Assessment (Internal Assessment) | Summative Assessment (University Examination) | |
|--|---|--|--|
| M.D.(Hom.) Part-I | 1st term test - During sixth month of training | During eighteenth month of | |
| | 2 nd term test :- During twelfth month of training | training | |
| M.D.(Hom.) Part- II | 1st term test - During twenty fourth month of | During thirty sixth month of | |
| I standarda Media | consistent and a straining | training | |
| La granda de la compansión de la compans | 2 nd term test: During | Test on special | |
| | thirtieth month of training | and the second s | |

- (3) M.D. (Homoeopathy) Part-I examination —Maximum marks for each subject and minimum marks required to pass shall be as follows, namely: -
 - (a) M.D. (Homoeopathy) Homoeopathic Materia Medica:-

| | And the property of the participative was restain Subjects The property of the participation of the participat | year treatment of | | Practical or Clinical examination including Viva-Voce | |
|-----------|--|----------------------|---------------|---|-----------------------|
| | ganage, a code minimulata are T | Maximu m marks | Pass marks | Maximum marks | Pass marks |
| Paper-I | Fundamentals of Homoeopathic Materia Medica | 100 | 50 | 200* | 100* |
| Paper-II | Fundamentals of Clinical Medicine in Homoeopathic | 100 | 50 | (160+40) | (80+20) |
| - | Materia Medica | al bassa | | [Summativ | [Summativ |
| | · · · · · · · · · · · · · · · · · · · | | | е | e |
| | | | 7344 | assessment- | assessment- |
| | | | | 160 marks] | 80 marks] |
| | en en gradeta en a Candon por en en | i late v | Milita | [Internal assessment- | [Internal assessment- |
| | Sang and special applementation with the contract of | | 1.34 | 40 marks] | 20 marks] |
| Paper-III | Research Methodology and Biostatistics | 100 | 50 | 1991 (1) 4 (1) 1 (1) | -n . |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva voce) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20) marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment.

Alaro X

16

XV/-

A CONTRACTOR OF THE PROPERTY O

W)

(b) M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy:-

| | Theory | | Practical or Clinical examination including Viva-Voce | | |
|------------|--|------------------|--|---|---|
| pajAnt. | 一种技术工程 一种技术工程 一种工程 一种工程 一种工程 一种工程 | Maximum marks | Pass marks | Maximum marks | Maximum marks |
| Paper- I | Fundamentals of Organon of Medicine and Homoeopathic philosophy | 100 | 50 | 200* (160+40) [Summative assessment-160 marks] [Internal assessment-40 marks] | 100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks] |
| Paper- II | Fundamentals of Clinical Medicine in Organon of Medicine and Homoeopathic philosophy | 100 48 | 50 | Northwester, so | ** %* ** ** |
| Paper- III | Research Methodology and Biostatistics | 100 | 50 | | 9 M. |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(c) M.D.(Homoeopathy)Homoeopathic Repertory and Case taking: -

| Subjects The second to the se | | eren Referen | Theory | | Practical or Clinical examination includ Viva-Voce | |
|--|---|-----------------|--------|--|---|-----------------|
| | | | | Pass mark | Maximum marks Pass ma | |
| Paper- I | Fundamentals of Homoeopal Case Takin | V. 100 | 100 | 50 | 200* (160+40) | 100* (80+20) |
| Paper- II Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking | | 100 | 50 | [Summative assessment- 160 marks] [Internal | [Summative assessment- 80 marks] [Internal | |

| 100 | Fadri Josefferson Jacobs III | | | wi Na ji | assessment- 40 marks] | assessment- 20 marks] |
|---------------|---|------|-----|----------|--------------------------|--------------------------|
| Paper- III | Research Methodology and Biostatistics | - 40 | 100 | 50 | on the books | |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40

17

olab B

Jago Jago

marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(d) M.D.(Homoeopathy)Homoeopathic Pharmacy:-

| | Subjects | | | Practical or Clinical examination including Viva-Voce | | |
|------------|--|------------------|---------------|---|--|--|
| | 14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (| Maximum marks | Pass marks | Maximum marks | Pass marks | |
| Paper- I | Fundamentals of Homoeopathic Pharmacy | 100 | 50 | 200* (160+40) | 100* (80+20) | |
| Paper- II | Fundamentals of Clinical Medicine in Homoeopathic Pharmacy | 100 | 50 | [Summative assessment-160 marks] [Internal assessment-40 marks] | [Summative assessment-80 marks] [Internal assessment-20 marks] | |
| Paper- III | Research Methodology and Biostatistics | 100 | 50 | | | |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(e) M.D.(Homoeopathy)Practice of Medicine:-

| e Section of Control o | | Theory | | Practical or | | |
|--|--|------------------|---------------|---|--|--|
| | | | | Clinical examination | including Viva-Voce | |
| | | Maximum marks | Pass marks | Maximum marks | Pass marks | |
| Paper-L | Fundamentals of Practice of Medicine | 100 | 50 | 200* (160+40) | 100* (80+20) | |
| Paper- II | Fundamentals of Homoeopathy | 100 | 50 | [Summative assessment- 160 marks] [Internal | [Summative assessment- 80 marks] [Internal | |
| | in Practice of Medicine | | , see | assessment- 40 marks] | assessment- 20 marks] | |
| Paper- III | Research Methodology and Biostatistics | 100 | 50 | | STATES AND THE STATES | |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

end

\/\

1/3/

Charle Colo

(f) M.D.(Homoeopathy) Paediatrics:-

| | Subjects | | eory | Practical or Clinical examination including Viva-Voce | | |
|--------------|--|------------------|---------------|--|--|--|
| wife drivers | | Maximum marks | Pass marks | Maximum marks | Pass marks | |
| Paper- I | Paper- I Fundamentalsof Pediatrics | | 50 | 200* | 100* | |
| Paper- II | Fundamental of Homoeopathy in Pediatrics | 100 | 50 | (160+40) [Summative assessment-160 marks] [Internal assessment-40 marks] | (80+20) [Summative assessment-80 marks] [Internal assessment-20 marks] | |
| Paper- III | Research Methodology and Biostatistics | 100 | 50 | 1 | Mar say | |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(g) M.D.(Homoeopathy)Psychiatry:-

| The state of the Common Court of the Common of the Court | | and the Architecture in the | | | |
|---|--|--|---|--|---|
| | | Maximu m marks | Pass mark s | Maximum marks | Pass marks |
| Paper-I | Fundamentals | 100 | 50 | 200* | 100* |
| | of Psychiatry | | 1 x 3 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 | (160+40) | (80+20) |
| Paper-II | Fundamentals of Homoeopathy in Psychiatry | ************************************** | 50 | [Summativ e assessment- 160 marks] [Internal assessment- 40 marks] | [Summativ e assessment- 80 marks] [Internal assessment- 20 marks] |
| Paper-III | Research Methodology and Biostatistics | 100 | 50 | Fire and the second | - |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40

19

f

200900

f (een)

marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(h) M.D.(Homoeopathy)Community Medicine:-

| | Subjects | Theory | | Practical or Clinical including Viva-V | examination oce |
|--|--|--|-------------------------|--|--|
| : | | Maximum marks | Pass marks | Maximum marks | Pass marks |
| Paper-I | Fundame ntals of Communi ty Medicine | 100 | 50 | 200* (160+40) [Summative assessment- 160 marks][Internal | 100* (80+20) [Summative assessment- 80 marks][Internal |
| Paper-II | Fundamenta ls of Homoeopath | | assessment-40 marks] | A The second of the Artist of | 7. |
| dade Gelevie Se Hille Selve Se el Se | Community Medicine | erteracij eleviles Caspropara (Spi Spilosof (Spilosof) | assessment- 20marks] | er may be the access of the second agreement of the se | i Aldaroare, o Legis Fried Kord |
| Paper- III Research Methodolog y and Biostatistics | 9 (100 (1994) | **** {\(\sigma\) \(\sigma\) \(\si | | are train as declar to the training of training of the training of trainin | ander of the second the second second second the second second |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(i) M.D.(Homoeopathy)Dermatology: -

| Subjects | | Theory | | Practical or Clinical examination including Viva-Voce | | |
|-----------|--|----------------------|-------------------|---|---|--|
| | Specification (1975) Specification (1977) | Maximu m marks | Pass mark s | Maximum marks | Pass marks | |
| Paper - I | Fundamentals of Dermatology | 100 | 50 | 200* (160+40) [Summative assessment- | 100* (80+20) [Summative | |
| Paper-II | Fundamentals of Homoeopathy in Dermatology | 100 | 50 | 160 marks][Internal assessment-40marks] | assessment- 80 marks] [Internal assessment- 20marks] | |
| Paper-III | Research | 100 | 50 | | | |
| 100 303 | Methodolog | Seculiar S | 1. 14 | a Armayar 🕳 🧸 🛍 🏗 | and the stage of the | |
| | And | | : | | | |

Cherry X

20

XX

CAlomb 1615

 \ll

| Biost | tatistics | | 744 447 | | |
|-------|-----------|---|---------|--|------|
| . 1 | j | Ì | | | |
| | | | | | 1 |
| | l | | | | |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(4) M.D. (Homoeopathy) Part-II examination —Maximum marks for each subject and minimum marks required to pass shall be as follows:-

| Subjects | Theory | | Practical or clinical exams including Viva-Voce and Thesis | | | |
|--|----------------------|---------------|--|--|--|--|
| A STATE OF S | Maximu m marks | Pass marks | Maximum marks | Pass marks | | |
| (i)Specialty Subject Paper-I | 100 | 50 | 200*(160+40) | 100* (80+20)[Summative assessment- 80marks][Internal assessment- 20marks] | | |
| (ii) Specialty Subject Paper-II | 100 | 50 | anders of the Control | i degli i se servici i se ga regestio. Secretari i chercatici i e e e e e e e | | |

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

8.3 GUIDELINES FOR EXAMINATION SHALL BE AS FOLLOWS:-

(a) The theory examination shall have **forty percent** marks for short answer questions and **forty percent** marks for long explanatory answer questions that includes descriptive, case scenario and clinical application-based questions and **twenty percent** marks for problem-based question and these questions shall cover the entire syllabus of the subject;

(b) Minimum marks required for passing the examination shall be **fifty percent** in theory component and **fifty percent** in practical or clinical component (that include practical, clinical, Viva-Voce) separately in each subject;

ed by

Chewb 1615 B

1) 2000

- (c) Each theory examination shall be of three hours duration;
- (d) viva-voce or practical or clinical examination and assessment of Thesis in each specialty subject, to be held by not less than four examiners together, out of whom two shall be external examiners and two shall be internal examiners;
- (e) Four examiners shall jointly assess the knowledge of each student for recommending the result to the University. Average marks of four examiners shall be considered for assessment of the student;
- (f) The University shall allow to conduct the examination for failed students within six months from declaration of the results;
- (g) The University shall conduct not more than two examinations in a year, for any subject, with an interval of not less than six months between the two examinations;
- (h) M.D. (Homoeopathy) Part-I examination is to be held in eighteenth month after completion of house job of one year duration;
- (i) a student not passing examination in a subject of M.D. (Homoeopathy) Part-I course shall reappear in all parts of that subject but only one chance to re-appear in that subject of examination shall be provided failing which he has to re-appear in examination in all the subjects (in all parts) of M.D. (Homoeopathy) Part-I course;
- (j) Results declared by the University shall be displayed as marks obtained in theory or practical or clinical or Viva-Voce examination as well as Thesis assessment separately;
- (k) The maximum number of students to be examined in clinical or practical and Viva-Voce examinations on any day shall not exceed ten for M.D. (Homoeopathy) examinations.

8.4 VALUATION OF EXAMINATION PAPERS SHALL BE AS FOLLOWS: -

- (a) All eligible examiners for post-graduate examinations can perform the valuation of the answer scripts;
- (b) All the answer scripts shall be subjected for two valuations by the concerned University. The highest of the total marks awarded by the two evaluators for the paper, which is rounded off to the nearest value, shall be considered for computation of the results;
- (c) All the answer scripts, where the difference between two valuations is more than ten per cent of the total marks prescribed for the paper, may be subjected to third valuation;
- (d) the highest of the best two total marks, awarded by the three valuators for the paper, rounded off to the nearest value, shall be considered for final computation of the results;
- (e) After the computation and declaration of the results, re-evaluation is not permitted by any authority under any circumstances;

M

22 Charob

AND STA

X

(f) All the Health Universities or Institutions imparting post-graduate courses shall develop a platform for bar-coded digital valuation.

8.5 EVERY CANDIDATE SEEKING ADMISSION TO M.D. (HOMOEOPATHY) PART-I OF THE EXAMINATION SHALL SUBMIT APPLICATION TO THE UNIVERSITY WITH THE FOLLOWING DOCUMENTS:

- (a) A Certificate from the Principal or Head of the institution or college (where course is imparted) about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination;
- (b) A Certificate of having completed one-year house job in a Homoeopathic hospital as an essential part of the course;
- (c) A Certificate from the Guide regarding submission of protocols within the time specified in these regulations;
- (d) Minimum seventy-five percent attendance is required to become eligible for appearing in M.D.(Homoeopathy) Part I examinations;
- (e) No post-graduate student shall be permitted to appear in the examination without completing the mandatory course work and internal assessment as per these regulations.

8.6 EVERY CANDIDATE SEEKING ADMISSION TO M.D. (HOMOEOPATHY) PART-II EXAMINATION SHALL SUBMIT APPLICATION TO THE UNIVERSITY WITH THE FOLLOWING DOCUMENTS:

- (a) A mark sheet or result showing that the student has passed M.D. (Homoeopathy) Part-I examinations;
- (b) A certificate from the guide in support of submission of the Thesis and accepted by the guide within the time specified in these regulations;
- (c) A certificate from the Principal or Head of the Institution or College (where course is imparted) about the completion of the course of studies in the subject in which the candidate seeks admission to the examination;
- (d) There shall be minimum of seventy-five per cent attendance of post- graduate student to become eligible for appearing in M.D. (Homoeopathy) Part-II examination;
- (e) No post-graduate student shall be permitted to appear in the examination without completing the mandatory course work and internal assessment as per this regulation.

8.7 FOR THE EXAMINERS, THE FOLLOWING CONDITIONS SHALL BE TAKEN INTO CONSIDERATION: -

(a) The criteria for examiners shall be the same as in the post-graduate guide;

(b) There shall be two internal examiners; and

H

23 Chant?

Jongson Land

Cone

(c) At least fifty percent of the examiners shall be external examiners.

9.1 THESIS - PROTOCOLS AND THESIS:

(1) Every student shall submit to the competent authority of the University in the prescribed Performa given at Annexure, a protocols containing particulars of proposed research study within a period of nine months from the date of commencement of the course or before the date notified by the University.

The protocols shall be submitted through the Guide, Head of Department of concerned speciality and countersigned by the Head of the institution.

- (2) Every post-graduate student shall write Thesis about his research study in the format specified by the University, under the supervision of his Guide, and submit to the University. It includes identification of the problem, formulation of research question, hypothesis, review of literature, research methodology including the study design, discussing results and methods of conducting research study, collection of data, statistical analysis and drawing conclusions.
- (3) Every student pursuing M.D.(Homoeopathy) degree course is required to submit three printed copies of Thesis or as required by the concerned University and soft copies, if required, of not less than ten thousand words embodying his own research study to the University for approval, not later than six months prior to holding of M.D.(Homoeopathy) Part-II examination.
- (4) In case of rejection of protocols, the student has to resubmit the protocols to the University concerned through his Guide, in any case three months prior to the M.D. (Homoeopathy) Part-I examination.
- (5) The protocols of the proposed study has to be registered with clinical trials registry of India after obtaining ethical approval from Institutional ethical committee.
- (6) The Thesis should be written under the following headings, namely:
- (a) Abstract;
- (b) Introduction;
- (c) Aim and objectives of study;
- (d) Review of literature;
- (e) Material and methods;
- (f) Observation and result;
- (g) Discussion;

- (h) Conclusion;
- (i) References; and
- (j) Annexure or appendices.
- (7) The written text of Thesis shall not be less than fifty pages and shall not exceed two hundred pages, excluding references, tables, figures and annexure. It should be neatly typed with double line spacing on one side of the bond paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. The Thesis shall be certified by the guide and Co-guide (if any), Head of the Department and Head of the Institution.
- (8) A student shall adhere to plagiarism policy and the Copyright Act, 1957(14 of 1957) as amended from time to time, and give an undertaking in writing for the same.
- (9) The Thesis shall be submitted to the guide at least three months before the time fixed for submitting it to the University. The guide or supervisor shall certify that the contents of the Thesis are the original work of the candidate and has not been submitted to any other University for the award of any degree or diploma. The student, whose Thesis has not been accepted by the University, may be permitted to resubmit the same within a period of three months prior to M.D. (Homoeopathy) part-II examination.
- (10) The student is expected to write a research paper on the basis of his Thesis and submit to a peer reviewed scientific journal or present in National level seminar.
- (11) No extension of time shall ordinarily be granted for submitting the thesis-protocol/ thesis beyond the last date stipulated for the purpose. The BRS may allow submission of the thesis-protocol/ thesis beyond the last date for genuine reasons on recommendations of Head of the institution. Extension for thesis submission for MD beyond last date may be granted to a maximum of one month with late submission fee of Rs. 1000/- per day (as per University Notification no. Exam1/Secrecy/2024-25/690 dated 19.02.2024). In case of such late submission, of thesis beyond one month the student shall not be allowed to appear in the final examination at the end of normal duration of the course. He/she may be allowed to appear in supplementary or subsequent examinations at least six months after submission of the thesis, subject to approval of thesis. No relaxation will be granted in this regard.
- (12) A student may be debarred from appearing in the examination / and his/her registration for postgraduate course may be cancelled on the recommendations of BRS, if he/she fails to submit the thesis-protocol/ thesis to the department within six months of the last date fixed for the purpose and his/her work or conduct is reported to be not satisfactory by the Supervisor/ the Head of the department/ Head of the institution. Such student shall be debarred from joining any other PG/ Post-Doctoral course for a period of three years from the date of cancellation of his/her registration.
- (13) One hard copy and one electronic/softcopy of the thesis should be submitted in the following general format Title Page: title page should mention the topic of the thesis, Degree (with discipline) for which the thesis is being submitted, name and educational qualifications of the candidate, supervisor and co-supervisor(s), name of the institution where the thesis has been undertaken, and duration of the course.

Seeds & M

11

Soul

B

Jargo 16/3

Declaration by candidate: The candidate must submit a declaration that the contents of the thesis have not been submitted earlier in candidature for any degree. The candidate should also give a written consent for permitting availability of the thesis for photocopying and inter-library loan to other institutions.

Certificate from Institution: The thesis should be accompanied by a certificate issued by the Supervisor, and Co-supervisor, Head of the Department, and countersigned by the Head of the institution certifying that the candidate has undertaken the thesis work in the Department under the direct guidance of the Supervisors and that the thesis fulfils all the requirements stipulated by Faculty of Homoeopathic Medicines, University of Delhi.

Note:- Thesis is to be submitted at college/institution level by the last date of submission. The college/institute will be required to submit the collected thesis (one hard copy and softcopy) with all relevant documents by the next working day of the last date of thesis submission. The College/institution will be required to submit the data in the prescribed format (Annexure-8) related to thesis for all the PG's duly complied of each department in the separate pen drive for submission to the Office of the Faculty of Homoeopathic Medicines.

9.2 THESIS-APPLICABILITY AND ALLOCATION OF SUPERVISORS

- (1) Every candidate pursuing Post Graduate Degree Course shall carry out work on an assigned research project, under guidance of recognized postgraduate teacher(s), the results of which shall be written up and submitted in the form of a thesis. On acceptance of the thesis by the examiners, the candidate shall appear for the final examination.
- (2) Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical sciences, and the manner of identifying and consulting available literature. Thesis shall be submitted as per the schedule decided by the Board of Research Studies and not later than **six months** prior to holding of MD (Homoeopathy) Part II Examination.
- (3) The Head of the Department in institution shall appoint recognized P.G. teachers as supervisor/ co supervisor for thesis in such a manner that each recognized P.G. teacher gets equal opportunity to supervise thesis, under intimation to the Head of Institution along with a statement showing allocation of students to recognized P.G. teachers in the department for the preceding five years. The Head of Institution, on the violation of guideline, may reallocate the supervisor/ co-supervisor at his/her discretion.
- (4) Incorporation of recognized PG teachers as co-supervisor should be included in the department where the number of recognized PG teachers is more than the yearly uptake of PG student. However, the number of co-supervisors, including those from parent department, should not exceed three for any PG Student. Before incorporating a PG teacher from department other than parent department as Co-Supervisor, the consent of the HOD of the PG teacher should be obtained.
- (5) In case a co-supervisor is required to be included, due the nature of the research, from a non-teaching department/ institution, the Board of Research Studies may grant necessary permission, on recommendation of the PG Cell, for the person to be associated as co-supervisor in the particular thesis after considering the qualification, experience, and designation of the person.

(sent)

26 Charles

100 P. 2

~)

- (6) In case, the supervisor leaves the institute before submission/acceptance of a thesis, co-supervisor or any other PG teacher from the parent department may be appointed as supervisor provided he/she fulfils the criteria, for getting the thesis completed by Head of Department of the Institution, under intimation to Faculty of Homeopathic Medicines.
- (7) In case a P.G. student leaves the course in between the supervisor concerned should be allotted a student next year on priority basis.
- (8) If a teacher is superannuating within 4 months of the last date of submission of thesis, he/she cannot be supervisor, however, he/she can be one of the co-supervisor.

CHAPTER X

10.1 FEE STRUCTURE:

M.D. Fees as mentioned below:

| Fees as mentioned below: | | S. T. S. C. S. S. |
|---|----|-------------------|
| Tuition Fees (Annual) | Rs | 13000.00 |
| University Students Welfare Fund | Rs | 250.00 |
| University Development Fund | Rs | 1200.00 |
| University Facilities and Services Charges | Rs | 1250.00 |
| Economically Weaker Section Support University Fund | Rs | 200.00 |
| Delhi University Student Union Fee | Rs | 40.00 |
| Faculty Management Fees (Annual) | Rs | 1465,00 |
| TOTAL FEES (Annual) | Rs | 17,405.00 |

Note:- The fee, as revised by the University Authorities, time to time, shall be applicable to the respective academic session/batch, accordingly.

10.2 Payment of Annual Tuition Fee by 2nd & 3rd year PG students (MD - Homoeopathy):- The tuition fee amounting to Rs. 17,405/- (Seventeen thousand Four Hundred Five only) is required to be paid by Post-Graduate students for the 2nd year and 3rd year WITHIN FIRST MONTH OF THE STARTING OF RESPECTIVE ACADEMIC SESSION (2nd & 3rd), as notified by the NCH, time to time. Thereafter, Rs. 1000/- per week fine will be charged as late fees. No claim shall be there on College/Faculty if a candidate fails to submit the University Fees on time.

Note: - All the concerned medical colleges/institutions are required to provide the details of the fee deposited by the students (Batch wise) along with copies of the receipts within one week of the last date of deposited of the annual fee to the office of the faculty in hardcopy and softcopy for verification and record.

10.3 The fee structure shall be as per Bulletin of Information each Academic Year. Each student shall deposit Rs.10,000 – as security in the institution at the time of admission which will be returned only after completion of course.

Leon.

March 277

20065

CHAPTER XI

11.1 SPAN PERIOD

Students admitted to MD courses should pass the degree examination within 6 years after registration to the course.

Salary in lieu of the training period will only be payable for the regular training period ie. three years.

11.2 <u>VACATIONS/LEAVE</u>

No vacation is permitted to any Post Graduate (PG) Degree course student.

- (1) The students will get a total of 30 days leave during the 1st academic year and 36 days leave during 2nd and 3rd academic year respectively. The leave includes leave taken on any ground except maternity, miscarriage and abortion leave.
- (2) Subject to exigencies of work, post-graduate students will be allowed one weekly holiday.
- (3) Female post-graduate students shall be allowed maternity leave as per existing Government rules and regulations.
- (4) Male post-graduate students shall be allowed paternity leave as per existing Government rules and regulations.
- (5) No vacation is permitted to any Postgraduate (PG) Degree (MD) Course student.
- (6) During pregnancy: 180 days Maternity Leave are admissible only to candidates with less than two surviving children subject to the condition that the students will have to complete the required period of training before being allowed to appear in the examination. Any amendments on the duration & condition of the maternity leave, notified by the Central Govt. will stand applicable.
- (7) During miscarriage/ abortion (induced or otherwise): total leave of 45 days are admissible during the entire course. Leave are admissible irrespective of number of surviving children. Application should be supported by a certificate from a Registered Medical Practitioner/ Authorized Medical Attendant subject to the condition that the students will have to complete the required period of training before being allowed to appear in the examination.
- (8) The leave remaining un-availed during a particular academic year would lapse at the end of the academic year, and will not be carried over to next year of the course.
- (9) In case a student takes more leave than the prescribed leave, or remains absent from training without proper permission, he/she shall not be allowed to appear in the university examination until he/she completes the shortage of training, which may have occurred due to extra leave/unauthorized absence, by undergoing further training beyond the normal duration of the course. The student will not be entitled for any pay for this training period. Extra duties undertaken during the normal duration of the course would not compensate the shortage of training.

Cherry

28 Chops

11

- (10) The conditions mentioned in clause 5.1 are to be fulfilled by all candidates independent of requirements to be eligible for appearing in the examination for the post graduate Degree/Diploma and Super specialty courses.
- (11) The concerned Head of the institution should issue a notice to the student(s), who remains absent from training without permission of competent authority (HOD/ Head of the Institution) for a period exceeding 7 days. The name of any student, who remains absent from training with out proper permission of competent authority (HOD/ Head of the Institution) for a period exceeding 30 days, would be removed, on the advice of concerned Head of the Institution, from the rolls of the Institution and the University, and his/her registration for the course would be cancelled. Such student would not be allowed to join any other PG/ Post Doctoral course during the remaining duration of the course from which the registration has been cancelled.

Note: The Training Period shall be as per the Chapter V If candidate avails leave in excess of the permitted number of days, his/her term of course shall be extended by the same number of days to complete the training period. However, one shall be able to appear in the examination if one has 75% (Seventy-Five percent) of the attendance.

- 11.3 The infrastructure requirement and conditions for Post Graduate Homoeopathic Medical Institutions as laid down by the National Commission for Homoeopathic (Minimum Essential Standards for Homoeopathic College and Hospitals) Regulation 2024 and subsequent amendments, time to time, shall be followed by the Homoeopathic Medical Institutions.
- 11.4 For all other matters which have not been provided in this ordinance, the guidelines issued by NCH/Ministry of AYUSH, from time to time, will be followed.

Appendix A

(See sub-regulation (5) of regulation 5)

SCHEDULE relating to "SPECIFIED DISABILITY" referred to in clause (zc) of section 2 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), provides as under:-

- 1. Physical disability-
- (a) Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including-
 - (1) "Leprosy cured person" means a person who has been cured of leprosy but is suffering from-
 - (a) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

of Ceens

Af

· Haule

8

Jon pao

- (b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- (c) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured shall construed accordingly.
- (ii) "Cerebral palsy" means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.
- (iii) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less.
- (iv) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for health of muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.
- (v) "Acid attack victim" means a person disfigured due to violent assaults by throwing acid or similar corrosive substance.

(b) Visual impairment-

- (i) "blindness" means a condition where a person has any of the following conditions, after best correction-
- (a) Total absence of sight, or
- (b) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction, or
- (c) Limitation of the field of vision subtending an angle of less than 10 degree.
- (ii) "Low-vision" means a condition where a person has any of the following conditions, namely:-
- (a) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
- (b) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

Cherry /

36 Abu

XX

4932

- (c) Hearing impairment-
- (1) "Deaf" means persons having 70 decibels hearing loss in speech frequencies in both ears;
- (ii) "Hard of hearing" means person having 60 decibels hearing loss in speech frequencies in both ears.
- (d) "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes;
- (e) Intellectual disability a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in a dative behaviour which covers a range of every day, social and practical skills, including-
 - (i) "Specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematic calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia
 - (ii) "Autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others and is frequently associated with unusual or stereotypical rituals or behaviors.
- 2 "Mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviors, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person,

3 Disability caused due to

- (a) Chronic neurological conditions, such as
 - (i) "Multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.
 - (ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder-

(i) "Haemophilia" means an inherited disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding,

- (ii) "Thalassemia means a group of inherited disorders characterized by reduced or absence of haemoglobin.
- (iii) "Sickle cell disease" means a haemolytic disorder characterized by chronic anaemia, painful events, and various complications due to associated tissue and organ damage "Haemolytic" refers to the destruction of cell membrane of red blood cells resulting in the release of haemoglobin,
- 4. Multiple Disabilities (more than one of the above specified disabilities) including deaf, blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
- 5. Any other category as may be notified by the Central Government from time to time

Appendix B

(See sub-regulation (5) of regulation 5)

Guidelines regarding admission of students, with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), in Homoeopathy Post-Graduate Degree Course Doctor of Medicine in Homoeopathy.

- (1) The "Certificate of Disability" shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017.
- (2) The extent of "specified disability" of a person shall be assessed in accordance with the guidelines published in the Gazette of India, Extraordinary, Part II, Section 3, Subsection (ii), vide number S.O. 76 (E), dated the 4th January, 2018 under the Rights of Persons with Disabilities Act, 2016 (49 of 2016).
- (3) The minimum degree of disability should be forty per cent. (Benchmark disability) in order to be eligible for availing reservation for persons with specified disability.
- (4) The term 'Persons with Disabilities' shall be used instead of the term 'Physically Handicapped'.

TABLE

| Sr. | Disability | Types of | Specifi | Disability Range | . : | |
|-----|------------|----------------|----------------|--------------------|--|--------------|
| No. | Category | Disabilit v | ed Disabili | 1 | Han healthan | |
| | | | ty | | The state of the s | |
| (1) | (2) | (3) | (4) | Eligible for | Eligible for | Not |
| | | , , | | Homeopathy | Homeopathy | Eligible for |
| | | | | Post-Graduate | Post-Graduate | Course |
| 1.1 | | | | Degree Course- | Degree | 40.0 |
| | | | | Doctor of | Course-Doctor | |
| | | | | Medicine in | of Medicine in | |
| - | | | ···· | Homeopathy, | Homeopathy, | |
| | | | | Not Eligible for | Eligible for | |
| | | | | persons with | Persons with | |
| L | | | | Disabilities Quota | NAME OF THE OWN ASSESSED. | |

(per)

* Mi

31

of the state of th

| 1000 | Disability |
|------|------------|
| | Quota |

| 2. Intell disab | ectual ility | (a)Specific Learning disability | available to a | ere is no qualific ssess the severity | cation scale |
|---|--|--|------------------|--|--------------|
| 4 14 7 13 | | | available to a | ssess the severity | ^ ~ |
| | ayab biyaa He | uisability | 7 | 30,0110 | of Specific |
| | | /Danagan/ 1 | Learning Disabi | ility; therefore the cu | t-off of 40% |
| | T I | (Perceptual | arbitrary and mo | ore evidence is neede | d. |
| | e Avgreden | disabilities, | T 1 | 1 | T |
| | Lai Norte I | Dyslexia, | Less than 40% | Equal to or more | |
| [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] [1784] | | Dyscalculia, | disability | than 40% | ł |
| 5 | and service | Dyspraxia and | | disability but | |
| -1 W 19-8 | and twice a | Developmental | | selection will be | |
| | | aphasia)# | | based on the | |
| | 1 | The second | | learning | |
| 1.643 | | 94343.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | competency | |
| a diibah | rdi - | | | evaluated with the | 1 |
| 14414.7 | i de la companya de l | 1000 | | help of the | |
| -97122 - | ENNE H | 1 4 3 4 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 | | remediation or | |
| | | A CANADA A A CANADA A | | assisted | |
| | * * | | | technology or aids | |
| | | | | or infrastructural | |
| 144 | | The state of the s | | changes by the | |
| | | | | expert panel. | · |
| | | (b) Autism | Absence of | Currently, not | Equal to or |
| 20012 - 1 100 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | spectrum | Mild | recommended due | more than |
| | 374 3 4 4 5 | disorders | Disability, | to lack of | 60% |
| | | The sales of the party of the p | Asperser | objective method. | disability |
| Ballion of the Congress | | | syndrome | However, the | or |
| | 14 1 N | | (disability of | benefit of | presence |
| | | | 40-60% as per | reservation or | of |
| | | 1.4 | ISAA) where | quota may be | cognitive |
| SECRETAL SECTION SECTION | The House | | the individual | considered in | or |
| 1 A 1804 (1) | | Material Company | is deemed fit | future after | intellectua |
| 200 P. D. H. S. | | | for | developing better | l disability |
| distant distribute | WILL III | | Homoeopathy | methods of | and or if |
| | Parties 1979 | e diposity d | course by an | disability | the person |
| | leuni dang | Full park (b) | expert panel | assessment. | is deemed |
| न्त्र स्थितिका | MIJAMU H | | | | unfit for |
| | | | | | pursuing |
| | | The Million was | | | Homeopat |
| enseral particle | Arrive A | A STATE OF THE STA | | | hy Post- |
| 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | The Bull Res | | | Graduate |
| | | | | | Degree |
| | | [| | | course - |
| | | 74.13 | | | Doctor of |
| | | | | | Medicine |
| | | + 9 ts /* 1 | | | in |
| | Tagana Tagana | A NAT OF A | | | Homeopat |
| | | | | | hy by an |

A A

Chub

| | | | expert |
|--|----------|--|------------|
| | 4.5,714. | | panel. |
| | | | |

| 3. Mental | Mental | Absence or mild | Currently, not | Equal to or |
|------------------|--|--|-------------------|----------------|
| Behaviour | illness | disability: less | recommended due | more than |
| gastinan i | A MARKET AND THE PARTY OF THE P | than 40% (under | to lack of | 40% |
| | | IDEAS) | objective method | disability or |
| | | A STATE OF THE STA | to establish | if the person |
| | 2/3 | | presence and | |
| | | | extent of mental | unfit to |
| 1999 | | | illness. However, | perform his |
| *. | | | the benefit of | or her duties. |
| | | | reservation or | Standards |
| | | | quota may be | may be |
| A CALL | Service Services | | considered in | drafted for " |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | future after | fitness to |
| | gara Marana | | developing better | practice |
| | | | methods of | medicine". |
| 9.57 | | | disability | |
| Fe sign of All S | | | assessment. | · |

| 4. | Disabilit y caused | (a) Chronic neurologica | (i)Multiple Sclerosis | Less than 40% | 40% -80% disability | More than 80% |
|---------|--|-------------------------|---------------------------|------------------------------------|--------------------------|---|
| | due to | 1 conditions | (ii)Parkinsonism | disability | | disability |
| | | (b)Blood | (i)Haemophilia | Less than | 40% -80% | More than |
| 1 | | disorders | (ii)Thalassemia | 40% | disability | 80% |
| | in the second se | | (iii) Sickle cell disease | disability | | disability |
| | Multiple | | More than one of | Must cor | | bove while |
| 10.15 | disabiliti | | the above | | in individ | |
| 1.64 | es | | specified | 1 | dations with | * |
| | including | | disabilities | - | my of the abo | * |
| search. | deafness | | f sampfort | | ring, speech a | |
| 1,114 | blindness | | and the grade of | | and mental | |
| | Profession 1 | | , | component | t of multiple d | isabilities. |
| | | | | Combining | r formula oc | notified by |
| 1.00 | | | | | g formula as ed Gazette | • 1 |
| | | | | | he Governme | 5 |
| | Maria di A | | | issued by t | ne dovernine, | in of fildra. |
| | | | | a+b(90-a) | | |
| | | | | $\frac{a \cdot b(y) \cdot ay}{90}$ | | |
| | | * | | | | |
| | | | | (where a=1 | higher value | of disability |
| | | | | % and b=lo | ower value of alated for | |

disabilities) is recommended for computing the disabilities are when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and or reservation made as per specific disabilities present in a given individual.

Note 1: For selection under person with disability category, candidate shall be required to produce Disability Certificate before his scheduled date of counseling issued by the disability assessment boards as designated by concerned authority of Government of India.

Note 2:In case of non-availability of eligible candidates in any category the unfilled seats shall be converted into the general category of All India Quota seats or State Quota seats as the case may be.

ANNEXURE

PROTOCOL EVALUATION PROFORMA

(See sub-regulation (1) of regulation 8)

| SI. | PARTICULARS OF T | TITLE AND PROTOCOL SUBMITTED |
|-----|--|--|
| No. | The second of th | |
| 1. | College: | College Code College Name |
| 2. | Course: | Name of the P.G Degree course along With subject or specialty |
| 3. | Scholar: | Name of the student (first name middle name last name)Contact no.: email id.: |
| 4. | Batch: | Student admitted in academic year— Date of admission (dd/mm/yyyy) |
| 5. | Guide/Supervisor: | Name of the Guide or Supervisor: Contact no.: email id.: PG recognition status: |
| 6. | Eligibility: | Letter of permission to the student issued by affiliating university and eligibility of the Post-graduate department. (date And reference number of letter) |
| 7. | Research methodology workshop: | Whether attended: Yes/No Ifyes,dateofattendance(dd/mm/yyyy)Certificateofparticipationattached: Yes/No |
| 8. | Title of protocols: | (Submitted to University) |

of Seener

CDAND 1615

Name of Student:

Subject specialty:

Year of Admission:

Date of submission of protocol:

Date of approval from Post-graduate Guide:

Protocol evaluation checklist for all the Homoeopathy Post-graduate Institutes to evaluate protocol of each student in each subject specialty admitted to institute.

The compiled information of all the students is to be sent to the University for approval in the checklist as mentioned below.

| | col Evaluation Che | | | Υ | | |
|----------|----------------------|--|---|---------|-----------|---------|
| S No. | Item | Component | | | | . : 15 |
| 1. | Title | 1. Clear and brief | | | | |
| | | 2.Importantvariablementioned | | | | |
| | The Mark Contract | 3.Patient or Participant | | | | |
| | 1 | 4.Intervention | | | | |
| | | 5.Comparator | | | | |
| | | 6.Outcome | | | | 4 |
| | | 7.Reflectsstudydesign | | | | |
| | | 8.Reflectsprimaryobjectives | 4:4 8 | - 1 a | (8 N° 58) | pián ga |
| | | 9.Includestarget population | *************************************** | | *** | |
| | | 10. Whetherthetitleorstudyhas | | 14.00 | 18-11-1 | |
| | | Been repeated | | | | |
| 2. | Research Gap | 1.Gaps in research done till now | ita isi | (17.74) | | 3/1 |
| | | Have been identified | ĺ | | | |
| 3. | Research | 1.Feasible | | | | |
| | Question | 2.Interesting | | | | |
| | | 3.Novel | | | | |
| | · . | 4.Ethical | | 3.15 | | |
| - | | 5.Relevant | | | | |
| | | 6. Socially relevant | | | | |
| 1. | Hypothesis | Clearly stated | | | | |
| | 31 113 | 2. Reflects relation between two or more variables | | | | |
| ·. | Introduction | 1. Rationale of the study | | | | ···· |
| | | 2. Relative epidemiological data | | | | |
| | | 3. Existing knowledge gaps and how to bridge such gaps | | | 1 | |
| • | Review of Literature | Includes recent research studies relevant to the present study | | | | |
| | | 2. Presents knowledge gap for the stated problem | | | | |
| | | 3. Justifies Research Question | | | | |

Com di

36 Chalo

 \bigvee

| 4. References from the following sources: Journals, Textbooks, Govt. reports, classical textbooks, reference books, databases, websites etc. Meets Smart Criteria? Specific target a specific area for improvement Measurable-quantity or at least suggest an indicator of progress Assignable-specify who will do it Realistic state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. 8. Methodology 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria 5. Method of selection of comparison or control group 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 1. Sample methodology specified and explained for data collection of data collection 6. Sampling Technique 2. Sampling Technique 3. Method for data collection relevant to objectives 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Patient's information sheet and informed consent form (including vernacular language) 3. Abbreviation validated and authentic | Г | | | | | | |
|--|-----------|------------------|---|----------|------|--------------|-----|
| Govt. reports, classical textbooks, reference books, databases, websites etc. Meets Smart Criteria? Specific- target a specific area for improvement Measurable-quantity or at least suggest an indicator of progress Assignable-specify who will do it Realistic- state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. 8. Methodology 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria -Exclusion criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection data collection 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection computers) 6. Plans for statistical analysis procedure (coding and use of computers) 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Patient's information sheet and informed consent form (including vernacular language) | 1 | | 4. References from the following | 3 | | | |
| textbooks, reference books, databases, websites etc. Meets Smart Criteria? Specific- target a specific area for improvement Measurable-quantity or at least suggest an indicator of progress Assignable-specify who will do it Realistic-state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. 8. Methodology 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria -Exclusion criteria -Exclusion of succion of comparison or control group 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection explained for data collection 2. Sampling Technique 3. Method for data collection relevant to objectives data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Annexure: 1. VANCOUVER 13. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | sources:- Journals, Textbooks | , | | | |
| Adatabases, websites etc. | | | F O1455104 | 1 | | | |
| Actabases, websites etc. | ļ | | textbooks, reference books, | | | | |
| Meets Smart Criteria? Specific - target a specific area for improvement Measurable-quantity or at least suggest an indicator of progress Assignable-specify who will do it Realistic - state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. 8. Methodology 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria -Exclusion criteria -Inclusion criteria -Inclusion criteria -Inclusion criteria -Inclusion of instruments and related measurements 8. Specification of instruments and related measurements 1. Sample 2. Sampling Technique 3. Method for data collection relevant to objectives data collection relevant to objectives 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis procedure (coding and use of computers) 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Patient's information sheet and informed consent form (including vernacular language) | | | databases, websites etc. | | | 1 | |
| Specific- target a specific area for improvement Measurable-quantity or at least suggest an indicator of progress Assignable-specify who will do it Realistic- state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. | 7. | Objectives: | Meets Smart Criteria? | | | - | |
| Improvement Measurable-quantity or at least suggest an indicator of progress Assignable-specify who will do it Realistic state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. | | | | - | _ | |]. |
| Measurable-quantity or at least suggest an indicator of progress Assignable-specify who will do it Realistic- state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. | | | improvement | - | _ | | |
| an indicator of progress Assignable-specify who will do it Realistic—state what results can realistically be achieved, given available resources Time-related-specify when the results can be achieved. 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria -Exclusion criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection at a collection data collection 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| Assignable-specify who will do it Realistically be achieved, given available resources Time-related-specify when the results can be achieved. 8. Methodology 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria -Exclusion or control group 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection explained for data collection 1. Sample 2. Sampling Technique specified and explained for data collection relevant to objectives 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | an indicator of progress | - | | | |
| Research methodology specified and explained for data collection and explained for data collection at a collection to study instrument or data collection to study instrument and analysis procedure (coding and use of computers) 10. Ethical clearance 11. Reference style: Reference | | | | <u> </u> | | | |
| realistically be achieved, given available resources Time-related-specify when the results can be achieved. 8. Methodology 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria -Exclusion criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection explained for data collection 2. Sampling Technique 3. Method for data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Annexure: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | . | Doolistic state 1 | | | 1 | |
| Research methodology | 1 | j | - the tribe leading call | | | 1. | |
| Time-related-specify when the results can be achieved. | | | | | | N | |
| Research methodology | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | 1 2, | 100 | |
| 8. Methodology 1. Type of study design 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria -Exclusion of study 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 1. Sample 2. Sampling Technique 3. Method for data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. Annexure: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | rime-related-specify when the | | | 1 44 | |
| 2. Setting (location of study) 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion of selection of comparison or control group -Exclusion of instruments and related measurements -Exclusion criteria -Exc | 0 | | | | | N. S. S. | |
| 3. Duration of study 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria 5. Method of selection of comparison or control group 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 1. Sample 2. Sampling Technique 3. Method for data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Annexure: to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | 0. | ivietnodology | | | | | |
| 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion control group substitution of control group -Inclusion of control -Inclusi | | | 2. Setting (location of study) | | | | |
| 4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion control group substitution of control group -Inclusion of control -Inclusi | | | 3. Duration of study | | | | |
| subjects (eligibility criteria) -Inclusion criteria -Exclusion of selection of comparison or control group 6. Matching criteria -Exclusion of instruments and related measurements | | | 4. Method of selection of study | | | | : |
| -Inclusion criteria -Exclusion of selection of comparison or control group 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection explained for data collection -Evant to objectives 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | subjects (eligibility criteria) | | | | |
| Security | 1 4,4 1.3 | Anna Amadrak (ki | | | | | |
| 5. Method of selection of comparison or control group 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection relevant to objectives 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Annexure: 1. VANCOUVER Annexure: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | 1 | | | | İ | | |
| Comparison or control group | | | | - | _ | | |
| 6. Matching criteria 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. Annexure: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| 7. Operational definitions 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Annexure: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | 2 | 6 Metabing oritoria | | | | |
| 8. Specification of instruments and related measurements 9. Research methodology specified and explained for data collection 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | 7 Operational J. C. 4: | | | | |
| 9. Research methodology specified and explained for data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. Annexure: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | 1.5 |
| 9. Research methodology specified and explained for data collection data collection 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | 8. Specification of instruments and | | | . | |
| methodology specified and explained for data collection data collection 4. Study instrument or data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. Annexure: Annexure: 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| specified and explained for data collection relevant to objectives 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | 9. | - 1 | | | | | |
| explained for data collection 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| data collection 4. Study instrument or data collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | 3. Method for data collection | | | | |
| collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | relevant to objectives | | | | |
| collection tool. 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | data collection | 4. Study instrument or data | | | | |
| 5. Data management and analysis procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| procedure (coding and use of computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| computers) 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| 6. Plans for statistical analysis 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | 1 | | ļ |
| 10. Ethical clearance 11. Reference style: 1. VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | | |
| clearance 11. Reference style: 1.VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | 10. | Ethical | | | | | |
| 11. Reference style: 1. VANCOUVER 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | 1 | | | • | | |
| 12. 1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | 11 | | 1 VANCOLIVER | | 1 | | |
| Annexure: Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | | recipione style. | | ***** | | | |
| Annexure: to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) | 12. | | Domestion or questionnaire or | | | | |
| 2. Patient's information sheet and informed consent form (including vernacular language) | | | | | | 1. | |
| informed consent form (including vernacular language) | | 1 | | | | | |
| vernacular language) | | 1 | | | | | |
| | | | (| | . | | |
| 3. Abbreviation validated and authentic | | | | | | | |
| | | 1 | 3. Abbreviation validated and authentic | | | | |

Chlarb 1615

| | | | | Apple parameters and the second secon |
|-----|---------------------------------|---|---|--|
| | | 4. Parameters for assessment of study outcomes. 5. Authentic documents of collaborative research work, if any (utilization of infrastructure, human resources etc.) 6. Appendix 'A' (Title of Protocols submission letter) 7. Appendix 'B' (Approval of Ethics Committee) 8. Certificate of research methodology workshop attended by student | | |
| 13. | Concluding remarks by assessor: | Accepted Accepted with modifications. Rejected | | |
| 14. | Modifications suggested. | | 1 | |

Signature

Date:

Name, Designation and Address of Evaluator

F

Jongo

Charb 1613