

### महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरीरोड, म्हसरुळ, नाशिक-४२२००४Dindori Road, Mhasrul, Nashik - 422004 Tel:(0253) 2539152/6659152 /☎Student Helpline:0253-2539111/6659111/100 Website: www.muhs.ac.in, E-mail: student \_Cell\_academic@muhs.ac.in



#### डॉ.कालिदास द. चव्हाण

एम.बी.बी.एस.,एम.डी.(न्यायवैद्यकशास्त्र),पीएच.डी.,डी.एससी.

क्लसचिव

Dr. Kalidas D. Chavan M.B.B.S., M.D. (Forensic Medicine), Ph.D., D.Sc.

Registrar

O.No.MUHS/Medical/CRIM/S.C.(A)-1/347 /2022

Date :-28/04/2022

Student Cell (Academic) Notification. No. 17/2022

Sub:- Rules and Regulations Governing Compulsory Rotating Medical Internship (CRMI) Programme for MBBS Final Year pass out Candidates under the Faculty of Medicine based on National Medical Commission, New Delhi (Compulsory Rotating Medical Internship) Regulations, 2021 published on 18<sup>th</sup> November 2021. with effect from Winter -2021 Examination Pass-out batch & onwards

Rules and Regulations made for this University affiliated colleges students for Compulsory Rotating Medical Internship (CRMI) Programme for MBBS Final Year pass out Candidates, made by the committee constituted duly approved by the Academic Council vide its resolution No. 120/2021 dated 09<sup>th</sup> Dec. 2021, based on National Medical Commission, New Delhi (Compulsory Rotating Medical Internship) Regulations, 2021, published on 18<sup>th</sup> November 2021, is attached herewith.

These rules and regulations shall come into force from the date of issuance of this Notification and shall be applicable from Winter-2021 Examination batch & onwards for all old and new pass-out students.

All the Deans/Principals are requested to implement the said Compulsory Rotating Medical Internship (CRMI) Programme and observe it's strict compliance.

Registrar

Enclosed:- As stated.

#### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Rules and Regulations Governing Compulsory Rotating Medical Internship (CRMI)
Programme for MBBS Final Year pass out Candidates under the Faculty of Medicine

[Based on National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021 published on 18<sup>th</sup> November 2021]

**Applicability:-**These Compulsory Rotating Medical Internship rules & regulations shall be applicable to the students who will pass the final MBBS examinations conducted by MUHS from winter 2021 and onwards, irrespective of their year of admission.

#### A. General

 Internship is a phase of training wherein a final MBBS passed candidate will acquire the skills and competencies for practice of medical and health care under supervision in preparation for independent, unsupervised health care and to fulfill their roles as doctors of first contact in the community.

At the end of the internship period, the candidate will possess all competencies required of an Indian Medical Graduate, necessary to function as a:

- a. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
- b. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.
- c. Communicator with patients, families, colleagues and community.
- d. Lifelong learner committed to continuous improvement of skills and knowledge.
- e. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.
- Compulsory rotating medical internship (CRMI) shall be an integral part of undergraduate medical education degree. Candidates undergoing internship shall be considered as undergraduate students.
- 3. No medical graduate shall be eligible to obtain permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India as provided in this regulation.
- 4. No medical graduate shall be considered to have undergone compulsory rotating medical internship unless
  - a) All the essential (practical) aspects of medicine in the areas specified in this regulation are completed during the internship; and.
  - b) The entire course of internship is done under active supervision of the mentor duly qualified in that respect, and the mentor has duly issued certificate in that respect, as per the proforma provided in this regulation.

- All South 6.
  - Qualifications of mentor.— No person shall be eligible either to supervise a medical internee or certify the completion of compulsory rotating medical internship, unless he possesses all the qualifications specified in clause F(1) of this regulation.
  - The Dean/ Principal shall be responsible for implementation of this Regulation. Further, it shall be his/ her responsibility to issue Internship Completion Certificate to a candidate after being satisfied that a candidate has completed the training programme successfully in prescribed disciplines.
  - 7. The Internship Training Programme shall be commenced by the concerned Deans/Principals not later than **five days** (excluding holidays) from the date of declaration of the final MBBS result, by the MUHS.
  - 8. It shall be binding on the Interns to follow strictly the code of conduct prescribed by the Institution / MUHS/ Government. Breach of code of conduct / discipline by a candidate shall disqualify him from perusing internship training programme for a period as may be specified by the institution/MUHS in such cases.
  - 9. The intern shall be entrusted with clinical responsibilities under direct supervision of mentor/senior medical teacher. They shall not be working independently.
  - 10. Interns will not issue a medical certificate or death certificate or a medico-legal document under their signature.
  - 11. The intern must obtain provisional registration from Maharashtra Medical Council (MMC) within stipulated period prescribed by Maharashtra Medical Council (MMC).If the provisional registration is not obtained within that time limit, the internship shall be discontinued till provisional registration is obtained.

#### B. Duration and period of CRMI

#### 1. Total Duration

Every final MBBS passed candidate shall be required to undergo a compulsory rotating medical internship (CRMI) for a minimum period of twelve months, to the satisfaction of the affiliated college authorities and MUHS after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination (Or Next, whenever applicable), so as to be eligible for the award of the MBBS degree by the MUHS.

#### 2. Period for Completion

- a) The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NexT Step-1 examination, whenever in force.
- b) The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by the mentor / Head of the Unit or Department / Dean / Principal / MUHS / Government, as the case may be, for reasons including but not limited to
  - i. Insufficient period of attendance; or
  - ii. Unsatisfactory performance, or
  - iii. Any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.



The duration of internship may be temporarily suspended or even withdrawn or cancelled at any time by the institution or MUHS, due to any of the following reasons -

- i. The registrant, due to any reason whatsoever, desires not to pursue CRMI; or
- ii. The registrant is not found to have fulfilled eligibility requirements; or
- iii. There are proven acts of indiscipline; or
- iv. There are proven acts of professional misdemeanor or misconduct; or
- v. Any other acts or actions including those violating law of the land.

#### 3. Leaves applicable

An intern shall be allowed to avail the following leaves;-

- (a) Normal Leave:
  - (i) Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
  - (ii) The entire period of fifteen days cannot be availed during any of the one week or two weeks postings applicable to a single department or specialty
- (b) Maternity Leave:
  - Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the State Government (Please see clause (e) for extension)
- (c) Paternity Leave: Male interns may be permitted paternity leave for two weeks either in continuation or in intervals of one week each within one year of internship (Please see clause (e) for extension)
- (d) Medical Leave:
  - (i) Medical Leave shall be included within the fifteen days of normal leave.
  - (ii) Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board (Please see clause (e))
- (e) The internship shall be extended if the total leave of absence of any kind exceeds beyond 15 days:
  - (i) The period of extension shall be equivalent to the period beyond permissible fifteen days of leave, irrespective of type of leaves (including leaves described under clause (a) to (d)) This is must to inculcate requisite skills and competencies to work as effective Indian Medical Graduate (IMG)
  - (ii) The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

#### C. Eligibility Criteria for starting / completion of CRMI in MUHS affiliated institute

The following requirements need to be fulfilled to be eligible for CRMI in MUHS affiliated institute.

1. Candidates who have passed final MBBS MUHS examination:



The applicant should have successfully completed the MBBS course from a college affiliated to MUHS and passed final MBBS MUHS examination (or NeXT-1, whenever applicable)

All such candidates shall complete their entire period of compulsory rotating internship training (CRMI) in the institution where they have pursued and completed their Bachelor of Medicine and Bachelor of Surgery (MBBS) No candidate shall be allowed for internship transfer. (Please see section C (1)(c), for exception)

(c) One-year approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre- registration training (CRMI); and such training shall, as far as possible, be at the Base or General Hospital. The training in Community Medicine should fulfill the norms of the NMC. (However NeXT step 2 will be mandatory for these candidates also, whenever applicable for all the candidates.) Candidates passing from Armed Forces institutions can be posted by Dean, after following a due procedure as per rules. No separate permission is required from MUHS in such cases. However, it shall be the ultimate responsibility of the Dean of the Armed Forces institutions to issue internship completion certificate to such candidate, after being satisfied that the candidate has completed One-year approved service in the Armed Forces Medical Services / training.

#### 2. Foreign Medical Graduates

- a) All Foreign Medical Graduates, as regulated by the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021, are required to undergo internship at par with Indian Medical Graduates if they desire to seek Permanent Registration to practice Medicine in India.
  - (i) All Foreign Medical Graduates, unless otherwise notified shall be required to undergo CRMI at par with Indian Medical Graduates after the National Exit Test Step-1 after NexT becomes operational.
- b) Indian citizens (including overseas Indian citizens) who are Foreign Medical Graduates who do not fall under the purview of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021shall be regulated by the provisions of sub-section (3) of section 13 of the Indian Medical Council Act, 1956 (102 of 1956) in accordance with the Advisory no MCI-203(1)(Gen)/2020- Regn./118239, dated the 2<sup>nd</sup> September, 2020 and shall be required to complete CRMI in India if they have not undergone such practical training after obtaining such qualification as may be required by the rules and regulations in force in the country granting such qualification or has not undergone any practical training in that country.



- c) Foreign Medical Graduates who require to complete a period of Internship shall do so only in medical colleges or institutions approved for providing CRMI to Indian Medical Graduates;
- i) Foreign Medical Graduates may be posted first in colleges which have been newly opened and have yet to be recognized. Also these candidates may be posted to different medical colleges or institutions through a counseling or seat allocation process based on the merit.
- ii) Maximum number of Foreign Medical Graduates posted for internship in a Medical college or institutions shall be up to 7.5 per cent of their intake capacity / permitted quota of interns to accommodate internship by FMG.
- iii) Eligible Foreign Medical Graduates must apply to MUHS in prescribed format along with requisite documents and fees to start internship in MUHS affiliated college.
- iv) No MUHS affiliated college shall allow internship to Foreign Medical Graduates without the permission of MUHS.

# D. CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

#### 1. COMMUNITY MEDICINE

The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and recognize the importance of community involvement. He/she shall acquire competence to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands —on experience in the affiliated RHC/ UHC/ Primary Health Centre /. The details are as under:-

Duration: 12 weeks (Total) - compulsory residence in center. For details, please refer

#### **Objectives:**

#### Rural Health Centre (RHC) :-

- a. Tasks an intern must be able to do without assistance:
- 1. An intern must:
  - a) Be able to diagnose common ailments and advise primary care;
  - b) Demonstrate knowledge on 'Essential drugs' and their usage;
  - c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.
- 2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.
- 3. An intern must:
  - a) Gain full expertise in immunization against infectious disease;
  - b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;



c) Learn skills in family welfare planning procedures.

An intern must:

- a) Gain capabilities to conduct programmes on health education;
- b) Gain capabilities to use Audio visual aids;
- c) Acquire capability of utilization of scientific information for promotion of community health.

#### b. An intern must have observed or preferably assisted at the following:

- 1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental or social agencies.
- 2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

#### Primary Health Centre / Urban Health Centre

#### a. An intern must be able to do without assistance the following:

- (i) Participate in family composite health care (birth to death), inventory of events;
- (ii) Participate in use of the modules on field practice for community health, e.g., safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders, etc;
- (iii) Participate in and maintain documents related to immunization and cold chain;
- (iv) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure, etc.

#### b. An intern must be able to do under supervision the following:

- (i) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception, etc.);
- (ii) Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres;
- (iii) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

#### 2. GENERAL MEDICINE

- 1. Goal:-The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.
- 2. An intern must have observed/assisted or preferably performed at the following operations/procedures:
  - (a) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy;
  - (b) Therapeutic procedures;
  - (c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid

nation;

Cerebrospinal Fluid (CSF) aspiration, Air way tube installation;

Oxygen administration, etc.;

Biopsy Procedures: Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision;

#### (g) Skills that an intern should be able to perform under supervision:

- (i) Should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser;
- (ii) Should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non-communicable diseases and tuberculosis, HIV patients, etc.;
- (iii) Should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements;
- (iv) Should be able to demonstrate understanding of the coordination with local and national epidemic management plans;
- (v) Should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco –vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

#### 3. PEDIATRICS

1. Goal:- The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

# An intern must have observed / assisted or preferably performed the following procedures:

- (i) Diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information;
- (ii) Diagnostic techniques: blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine;
- (iii) Techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;
- (iv) Use of equipments: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;
- Institute early management of common childhood disorders with special reference to paediatric dosage and oral rehydration therapy;
- (vi) Screening of new born babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;



Recognize growth abnormalities; recognize anomalies of psychomotor development; Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:

- Protein-energy malnutrition
- Deficiencies of vitamins especially A, B, C and D;
- Iron deficiency

#### Skills that an intern should be able to perform under supervision:

- (i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.
- (ii) An intern should be able to advise about management and prognosis of acute and chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

#### 4. PSYCHIATRY

- 1. Goal:-The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses and differentiate them from psychiatric disorders.
- 2. **Therapeutic-** An intern must have observed or preferably assisted at the following operations/procedures:
  - (i) Diagnose and manage common psychiatric disorders;
  - (ii) Identify and manage psychological reactions;
  - (iii) Diagnose and manage behavioral disorders in medical and surgical patients;
  - (iv) ECT administration;
  - (v) Therapeutic counseling and follow-up.

#### 5. DERMATOLOGY, VENEREOLOGY AND LEPROSY

1. Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral infections, and cutaneous manifestations of systemic illnesses.

#### 2. THERAPEUTIC-

#### a. At the end of internship an intern must be able to:

- (i) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies;
- (ii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.



# b. An intern must have observed or preferably assisted at the following procedures:

Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases;

Skin biopsy for diagnostic purpose.

#### 6. RESPIRATORY MEDICINE-

1. Goal:-The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

#### 2. THERAPEUTIC -

#### a. An intern must perform or assist in:

- (i) Diagnosing and managing common respiratory disorders and emergencies;
- (ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests;
- (iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

# b. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Laryngoscopy;
- (ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage aspiration;
- (iii) Therapeutic counseling and follow up.

#### 7. GENERAL SURGERY

- 1. Goal- The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.
- 2. Therapeutic-
- a. An intern must have observed / assisted or preferably performed the following procedures:
- (i) Venesection or venous access;
- (ii) Tracheostomy and endotracheal intubation:
- (iii) Catheterization of patients with acute retention or trocar cystostomy;
- (iv) Drainage of superficial abscesses;
- (v) Basic suturing of wound and wound management (including bandaging);
- (vi) Biopsy of surface tumours:
- (vii) Perform vasectomy.

#### b. Skills that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same;
- Advise about rehabilitation of patients after surgery and assist them for early recovery;
- (iii) Should be able to demonstrate understanding of World Health Organization cause of death reporting and data quality requirements;
- (iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics.
- c. An intern must have observed or preferably assisted at the following operations/procedures:
  - (i) Resuscitation of critical patients;
  - (ii) Basic surgical procedures for major and minor surgical illnesses;
  - (iii) Wound dressings and application of splints;
  - (iv) Laparoscopic/ Minimally Invasive surgery;
  - (v) Lymph node biopsy.

#### 8. Orthopedics

1. Goal:- The aim of posting of an intern in Orthopaedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congenital deformities such as congenital talipes equinovarus (CTEV) and dislocation of hip (CDH)

#### 2. THERAPEUTIC-

- a. An intern must have observed or preferably assisted in:
  - (i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint;
  - (ii) Manual reduction of common fractures phalangeal, metacarpal, metatarsal and Colles' fracture;
  - (iii) Manual reduction of common dislocations-interphalangeal, metacarpophalangeal, elbow and shoulder dislocations;
  - (iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;
  - (v) Emergency care of a multiple injury patient;
  - (vi) Transport and bed care of spinal cord injury patients.
- b. Skill that an intern should be able to perform under supervision:
  - (i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;
  - (ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.
- c. An intern must have observed or preferably assisted at the following operations:
  - (i) Drainage for acute osteomyelitis;
  - (ii) Sequestrectomy in chronic osteomyelitis;
  - (iii) Application of external fixation;
  - (iv) Internal fixation of fractures of long bones.

#### PHYSICAL MEDICINE AND REHABILITATION

1. Coal: The aim of posting of an intern in Physical Medicine & Rehabilitation is to HS impart such knowledge and skills that may enable him/ her to diagnose and treat common the impart such knowledge and neurologic illnesses requiring physical treatment. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

#### 2. THERAPEUTIC-

#### a. An intern must have observed or preferably assisted in:-

- (i) Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations, etc.;
- (ii) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions;
- (iii) Procedures of fabrication and repair of artificial limbs and appliances.

# b. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Use of self-help devices and splints and mobility aids;
- (ii) Accessibility problems and home-making for disabled;
- (iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee, etc.;
- (iv) Therapeutic counselling and follow-up.

#### 10. OTORHINOLARYNGOLOGY (ENT)-

1. Goal:- The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngologic conditions such as ear pain, foreign bodies and acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neoplasms of the head and neck.

#### 2. THERAPEUTIC

#### a. An intern must have observed or preferably assisted in:

- (i) Ear syringing, antrum puncture and packing of the nose for epistaxis;
- (ii) Nasal douching and packing of the external canal;
- (iii) Removing foreign bodies from nose and ear;
- (iv) Observing or assisting in various endoscopic procedures and tracheostomy.

#### b. Skill that an intern should be able to perform under supervision-

- (i) Intern shall have participated as a team member in the diagnosis of various ENT-related diseases and be aware of National programme on prevention of deafness;
- (ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes.

An intern must have observed or preferably assisted at the following operations/ procedures:

Butern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.

#### OPHTHALMOLOGY

1. Goal:- The aim of posting of an intern in ophthalmology is to impart such knowledge and common and skills that may enable him diagnose treat Acute conjunctivitis, ophthalmological conditions such Trauma, allergic as corneal ulcer, iridocyclitis, myopia, conjunctivitis. xerosis. entropion. hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

#### 2. THERAPEUTIC-

- a. An intern must have observed or preferably assisted in:
  - (i) Sub-conjunctival injection;
  - (ii) Ocular bandaging;
  - (iii) Removal of concretions;
  - (iv) Epilation and electrolysis;
  - (v) Corneal foreign body removal;
  - (vi) Cauterization of corneal ulcers:
  - (vii) Chalazion removal;
  - (viii) Entropion correction;
  - (ix) Suturing conjunctival tears;
  - (x) Lids repair;
  - (xi) Glaucoma surgery (assisted);
  - (xii) Enucleation of eye in cadaver.
- b. Skill that an intern should be able to perform under supervision:

Advice regarding methods for rehabilitation of the blind.

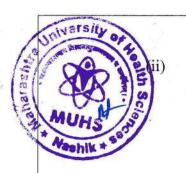
- c. An intern must have observed or preferably assisted at the following operations/procedures:
  - (i) Assessment of refractive errors and advise its correction;
  - (ii) Diagnose ocular changes in common systemic disorders;
  - (iii) Perform investigative procedures such as tonometry, syringing
  - (iv) Direct ophthalmoscopy, subjective refraction and fluorescin staining of cornea.

#### 12. OBSTETRICS AND GYNAECOLOGY

1. Goal-The aim of posting of an intern in Obstetrics & Gynecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynecologic ailments.

#### 2. THERAPEUTIC-

- a. An intern must perform or assist in:
- (i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic



assessment and detection of cephalo-pelvic disproportion;

Diagnosis of pathology of pregnancy related to:

- Abortion;
- Ectopic pregnancy;
- Tumours complicating pregnancy;
- acute abdomen in early
- Pregnancy; hyperemesis gravidarum;
- (iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;
- Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perennial tears,
- (vi) Assist in forceps delivery;
- (vii) Detection and management of abnormalities of lactation;
- (viii) Evaluation and prescription oral contraceptives with counseling;
- (ix) Per speculum, per vaginam and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;
- (x) Medico-legal examination in Gynecology and Obstetrics.

#### b. Skills that an intern should be able to perform under supervision:

- (i) Dilatation and curettage and fractional curettage;
- (ii) Endometrial biopsy;
- (iii) Endometrial aspiration;
- (iv) Pap smear collection;
- (v) Intra Uterine Contraceptive Device (IUCD) insertion;
- (vi) Mini-lap-ligation;
- (vii) Urethral catheterization;
- (viii) Suture removal in post-operative cases;
- (ix) Cervical punch biopsy.

# c. An intern must have observed or preferably assisted at the following operations/procedures:

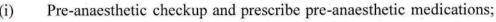
- (i) Major abdominal and vaginal surgery cases;
- (ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

#### 13. ANESTHESIOLOGY

1. **Goal:**- The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio- pulmonary resuscitation correctly, including recognition of cardiac arrest.

#### 2. THERAPEUTIC-

a. An intern must have observed or preferably assisted in:



Venepuncture and set up intravenous drip;

Laryngoscopy and endotracheal intubation;

Lumbar puncture, spinal anaesthesia and simple nerve blocks;

Simple general anaesthetic procedures under supervision;

i) Monitor patients during anaesthesia and in the post-operative period;

(vii) Maintain anaesthetic records;

(viii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

#### b. Skill that an intern should be able to perform under supervision:

- (i) Counseling and advise regarding various methods of anaesthesia;
- (ii) Recognize problems associated with emergency anaesthesia;
- (iii) Recognize and assist in treating complications in the post-operative period.

# c. An intern must have observed or preferably assisted at the following operations/ procedures

Anaesthesia for major and minor surgical and other procedures.

#### 14. RADIO-DIAGNOSIS

1. Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.

#### a. An intern must acquire competency in:

- (i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis;
- (ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries;
- (iii) Recognizing basic hazards and precautions in radio-diagnostic practices specially related to pregnancy;
- (iv) Demonstrating awareness of the various laws like Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994)

#### 15. CASUALTY SERVICES/ EMERGENCY MEDICINE

1. Goal:-The aim of posting of an intern in casualty is to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head; spine, chest, abdominal and pelvic injury as well as acute abdomen.

#### 2. THERAPEUTIC-



#### An intern must perform or assist in:

- (i) Identification of acute emergencies in various disciplines of medical practice;
- (ii) Management of acute anaphylactic shock;
- (iii) Management of peripheral-vascular failure and shock;
- (iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF);
- (v) Emergency management of drowning, poisoning and seizure;
- (vi) Emergency management of bronchial asthma and status asthmaticus;
- (vii) Emergency management of hyperpyrexia;
- (viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries;
- (ix) Assessment and administering emergency management of burns;
- (x) Assessing and implementing emergency management of various trauma victims;
- (xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

#### b. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same;
- (ii) Electrocardiogram (ECG);
- (iii) Routine radiographs of chest, abdomen, skull, etc.

# c. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Resuscitation of critical patients;
- (ii) Documentation medico legal cases;
- (iii) Management of bleeding and application of splints.

#### 16. FORENSIC MEDICINE AND TOXICOLOGY

Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him to identify and know the basic procedures related to medico-legal cases.

If the college/ institute is deficient in autopsy facilities, MOU shall be signed with center in the same district so as to provide training to interns.

#### An intern must have observed or preferably assisted in:

- (i) Documentation and certification of trauma;
- (ii) Diagnosis and certification of death;
- (iii) Legal documentation related to emergency cases;
- (iv) Certification of medical-legal cases e.g. Age estimation, sexual assault, etc.;
- (v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.

An intern must have observed a medico-legal autopsy/ post-mortem.

# BORATORY SERVICES CONSISTING OF CLINICAL PATHOLOGY, LABORATORY MEDICINE, BIOCHEMISTRY AND HEMATOLOGY SERVICES ALONG WITH BLOOD BANKING

An intern must be able to PERFORM without assistance and interpret the results the following laboratory investigations:

- (i) Blood: Complete blood count including Platelet count, peripheral blood smear preparation and examination including malarial parasites;
- (ii) Urine: (Routine chemical and microscopic examination);
- (iii) Stool: (for ova/cyst and occult blood);
- (iv) Blood Banking: Blood grouping (manual), saline cross-matching;
- (v) Sputum and throat swab for Gram stain and acid-fast stain;
- (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear;
- (vii) Performing blood sugar test by glucometer;
- (viii) Pleural and ascitic fluid for routine chemistry and microscopy;
- (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order;
- (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;
- (xi) Fill requisition forms appropriately.

#### E. INTERNSHIP: SCHEDULE

- i) The total period of Internship Training Programme shall be 12 months from the date of commencement.
- ii) Following is prescribed Time Distribution for Internship.
- (a) Time Distribution for Internship- An intern shall be posted by rotation as specified in the Table below:-

Sr. No.	Nature of Posting	Department / Specialty	Duration	Remarks
(1)	(2)	(3)	(4)	(5)
1	Mandatory	Internship Orientation Program	1 day	the sa
1	Mandatory	Community Medicine	12 weeks	(a) Following Postings should be in Rural Health Centre (RHC) with rotation of *  (i) 3 weeks- General Surgery  (ii) 3 weeks- General Medicine  (iii) 3 weeks- Obstetrics and Gynaecology  If above mentioned broad speciality departments are not available separately at RHC, then interns posted at RHC must be involved in comprehensive care related to these three departments for combined 9 weeks. Combined Completion certificate is to be issued by In charge RHC, stating that interns are equally exposed to above specialities.  (b) Following Posting should be in Rural Health Centre (RHC) / Urban Health Centre / PHC
	F	· ·		(i) 3 weeks-Community Medicine

-	0,				
2.	Mandanay	General Medicine	6 Weeks	Includes postings in out- patient, in-patient wards emergency day and exposure to High Dependency Unit (HDU) and Intensive Care Units (ICU)	
MU	Mandator	Psychiatry	2 weeks	Predominantly Out-patient postings with exposur to handling emergencies	
4.	Mandatory	Pediatrics	3 weeks	Includes postings in Out- patient, In-patient wards and emergency day and exposure to Neonatal or Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)	
5.	Mandatory	General Surgery	6 Weeks	Includes postings in Out- patient, In-patient ward emergency day and both Minor and Major Operation Theatres and exposure to High Dependence Units (HDUs) and Intensive Care Units (ICUs)	
6.	Mandatory	Anesthesiology and Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Car Units, Basic Life Support (BSL) training and additionall Pain Clinic and Palliative Care, if available	
7.	Mandatory	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out- patient, In-patient wards emergency day, Labour Room and Operation Theatre and exposure to High Dependency Units (HDU Intensive Care Units (ICU)and Family Planning methods	
8.	Mandatory and Concurrent PMR with Orthopedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out- patient, In-patient, emergency day, Plaster Room and Operation Theatres. Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons/mornings equivalent to 4 half-days.	
9.	Mandatory	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triag In-patient wards and Operation Theatre, Basic Li Support as well as exposure to medico-legal procedures	
10.	Mandatory	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings	
11.	Mandatory	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposur to handling emergencies	
12.	Mandatory	Otorhinolaryngol ogy	2 weeks	Predominantly Out-patient postings with exposure thandling emergencies, Minor as well as Majo Operation Theatres	
13.	Mandatory	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure thandling emergencies, Minor as well as Majo Operation Theatres	
14.	Electives	1. Major Broad Specialty (Medicine/Sur gery/ OBGY/ Paediatrics/ Orthopedics)  AND 2. Any Broad Specialty	1 Week (Additional to Mandatory posting in respective dept.)	Medicine/Surgery/ OBGY/ Paediatrics/ Orthopedics	
		(Respiratory Medicine (DOTS-TB) Center/ Radio diagnosis/ Lab Medicine/ Geriatric	3 Weeks	Respiratory Medicine and DOTS-TB Center / Radio diagnosis/ Lab Medicine/ Geriatric Medicine)	
		Medicine)	1000	Y	

2201			OR	
	IN Scientific States	1. Major Broad Specialty (Medicine/Surge ry/ OBGY/ Paediatrics/ Orthopedics) AND  2. Any Broad Specialty (Respiratory Medicine(DOTS -TB) Center/ Radio diagnosis/ Lab Medicine/ Geriatric Medicine)	1 Week (Additional to Mandatory posting in respective dept.) AND	Medicine/Surgery/ OBGY/ Paediatrics/ Orthopedics      Respiratory Medicine and DOTS-TB Center     Radio diagnosis     Lab Medicine     Geriatric Medicine
	E m	AND 3. Indian Systems of Medicine*	AND	
		(Ayurveda/ Homeopathy/Yog a/ Unani/Siddha/So wa Rigpa)	1 week	Ayurveda / Homeopathy/Yoga / Unani / Siddha / Sowa Rigpa
-	Total Dura day of orie	ation (Excluding 1 entation)	52 weeks	

\*Indian systems of Medicine: Optional any one for 1 week. If the college does not have facilities for Electives in AYUSH, an Memorandum of Understanding (MOU) with any Government institution in the same town/city/ district may be established by the college; training must be certified by the mentor with the concurrence of college/ institution where the candidate is enrolled for MBBS.

# Note 2: Exposure of interns is mandatory in the following relevant areas during posting for training in respective / related clinical departments, namely:—

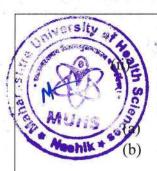
- (i) Laboratory Medicine and Clinical Biochemistry;
- (ii) Histopathology and Cytopathology;
- (iii) Hematology, and Transfusion Medicine / Blood Bank;
- (iv) Microbiology (including Virology);
- (v) Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;
- (vi) Medical Record Keeping;
- (vii) Hospital Information Services.

#### F: The Supervision and the Assessment

1. MENTOR- A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

#### 2. ASSESSMENT

(i) The intern shall maintain a record of work in a log book, which is to be verified



and certified by the medical officer under whom he/she works.

Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training;

The assessments shall predominantly test clinical/ practical skills.

- Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.
- (c) Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.
- (d) The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.
- (e) Interns shall have to undergo an eligibility licentiate test/NExT step-2 whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

#### 3. TRAINING

- (i) Internship training shall be supervised:
  - (a) The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician or mentor in each department or supervisor who shall be a Faculty member.
  - (b) The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by them.
  - (c) The restrictions of independent practice related to patient care and other services during internship are as in section 5.3(e)
- (ii) Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians:
  - (a) The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course.
  - (b) Based on the progress of knowledge, skill acquisition, graded responsibility for patient care should be given.
  - (c) Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and necessity of proper and timely referral of such cases to appropriate centres.
- (iii) Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care.
- (iv) Each medical college must ensure that the intern gets learning experience in the community:
  - (a) These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in Government health programmes, etc.
  - (b) Internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital.
  - (c) A critical element of internship will be the acquisition of specific experiences



and skill as listed in major areas:

Provided that where an intern is posted to District or Sub-Divisional Hospital for training, there shall be a committee consisting of representatives of the college/University, the State Government and the District administration, who shall regulate the training of such trainee.

Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal or Dean of College

#### G: LOG BOOK:

It shall be compulsory for an Intern to maintain the record of procedures done/assisted/observed by him/her on day-to-day basis in a prescribed log-book. Failure to produce log-book, complete in all respects duly certified by the concerned authority to the Dean/Principal at the end of Internship Training Programme, may result in cancellation of his or her performance in any or all disciplines of Internship Training Programme.

The intern shall maintain a record of work, which is to be verified and certified by the mentor under whom he works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situational tests in knowledge, skills and attitude during and at the end of training.

Sample Log book is annexed with this regulation.

#### H: Issue of Internship Completion Certificate

1) Internee shall be issued internship completion certificate by the office of the Dean / Principal after completion of Compulsory Rotating Medical Internship training programme satisfactorily. Internship completion certificate is to be issued to the student by Dean of the respective colleges, in the format as given in Annexure I and II. Additionally a copy each of Annexures I to IV is to be sent to the MUHS. Internship completion certificates may also be sent to MMC, if required.

	Annexure:
Ref no.:	Date:
INTERNSHIP COMPLETION CH	ERTIFICATE
This is to certify that Mr. / Mrs. / Miss	has passed Bachelor of
Medicine & Bachelor of Surgery (MBBS) Examination, Maha	rashtra University of Health Sciences,
Nashik, held in Summer / Winter 20	
As per National Medical Commission (Comput	lsory Rotating Medical Internship)
Regulations, 2021; he / she has completed One Year Com	npulsory Rotating Medical Internship
Training Programme from to	
of MBBS Degree.	1-14-
Further it is stated that, during this period, his / her	clinical work and conduct was found
satisfactory.	
HOD Seal	Dean
Dept. of Community Medicine	

# etter Head of the College

Annexure: II

Date:

#### POSTINGS CERTIFICATE

This is to certify that Mr./Mrs./Miss Rotating Medical Internship (CRMI) from	has undergone One `	Year Compulsor
Rotating Medical Internship (CRMI) from	to	•
A detail of the posting in various Departments i	s as follows:	

Sr		Period	
No.	Department	Date of Commencement & Completion	Weeks
1.	Orientation Programme (1 day)		1 day
	Community Medicine (12 weeks)	36.0	
	Postings should be in Rural Health Centre (RHC)		2
2.	(i) General Surgery (3 weeks)	to	3 weeks 3 weeks
	(ii) General Medicine(3 weeks)	to	3 weeks
	(iii) Obstetrics and Gynecology (3 weeks)	to	3 weeks
	(iv) Community Medicine(3 weeks)	to	3 WCCKS
2.	General Medicine (6 Weeks)	to	6 Weeks
3.	Psychiatry (2 Weeks)	to	2 weeks
4.	Paediatrics (3 Weeks)	to	3 weeks
5.	General Surgery (6 Weeks)	to	6 Weeks
6.	Anesthesiology and Critical Care (2 Weeks)	to	2 weeks
7.	Obstetrics and Gynaecology including Family Welfare and Planning (7 Weeks)	to_	7 Weeks
8.	Orthopaedics including Physical Medicine and Rehabilitation (PM&R) (2 Weeks)	to	2 weeks
9.	Emergency/ Trauma/ Casualty (2 Weeks)	to	2 weeks
10.	Forensic Medicine and Toxicology (1Week)	to	1 week
11,	Dermatology, Vener.& Leprology (1 Week)	to	1 week
12.	Otorhinolaryngology (2 Weeks)	to	2 weeks
13.	Ophthalmology (2 Weeks)	to	2 weeks
	1.Major Broad Specialty Medicine/Surgery/ OBGY/ Paediatrics/ Orthopedics)	to	1 week
	2.Any Broad Specialty Respiratory Medicine (DOTS-TB) Center/ Radio diagnosis/Lab Medicine/Geriatric Medicine)	to	3 week
		OR	
102	1.Major Broad Specialty Medicine/Surgery/		1 week
14.	OBGY/ Paediatrics/ Orthopedics)  2.Any Broad Specialty		2 week
	(Respiratory Medicine (DOTS-TB) Center/ Radio diagnosis/Lab Medicine/Geriatric Medicine)  3.Indian Systems of Medicine		1 week
	(Ayurveda/ Homeopathy/ Yoga/ Unani/ Siddha/ Sowa Rigpa)		

HOD
Dept. of Community Medicine

Seal

Dean

# etter Head of the College

Annexure III

Date:

#### **INTERNSHIP COMPLETION CERTIFICATE**

This is to certify that Mr / Miss / Mrs has passed the
final year examination of M.B.B.S. course conducted by the Maharashtra
University of Health Sciences, Nashik held in summer/winter, 20 He / She is
bonafide student of this College/Institute, having University Examination
Permanent Registration Number and Provisional Registration
Numberof Maharashtra Medical Council.
That Mr / Miss / Mrs has satisfactorily completed
Compulsory Rotating Medical Internship Training Programme of One Year duration
from toas per the National Medical Commission
(Compulsory Rotating Medical Internship) Regulations, 2021 and Maharashtra University of
Health Sciences (MUHS) norms. During this period his/her clinical work and
conduct was found satisfactory and there is no legal or Admission Eligibility related
matter is pending with the student and thus he/she found eligible for the award of
M.B.B.S. Degree by the University.
Place: -
HOD Dean
Dept. of Community Medicine



# Letter Head of the College

Annexure: IV

#### INTERNSHIP PERFORMANCE DATA BOOK

Passport Size Photograph of Student Attested by Dean

Batch	
Academic Year	
Name of Intern	
Date of admission	· · · · · · · · · · · · · · · · · · ·
Date of Passing Final MBBS	
Date of starting internship	: _/_/
Date of completion	: _/_/
Date of extension (if any)	: From / /
	To / /
HOD	Seal Dean
Dept. of Community Medicine	



Recent Passport Size Photograph of Intern

Intern's Full Name:	
The state of the s	
Intern's Home Address:	
Intern's Contact Number:	
Intern's Local Address:	
Alternate contact number:	* . *
Parents' name and contact number:	

Signature of intern

For general internship guidelines, please refer to Maharashtra University of Health Sciences (MUHS) rules and regulations.

#### POSTING ORDER

Mazinternship Orientation Programme: (1 day)

Sr		Period	
No.	Department	Date of Commencement & Completion	Weeks
	Community Medicine (12 weeks)	Completion	
1	Postings should be in Rural Health Centre (RHC) with rotation of (i) General Surgery (3weeks) (ii) General Medicine(3weeks) (iii) Obstetrics and Gynecology (3weeks) (iv) Community Medicine (3weeks)	to to to	3weeks 3weeks 3weeks 3weeks
2.	General Medicine (6 Weeks)	<u>to</u>	6 Weeks
3.	Psychiatry (2 Weeks)	to	2weeks
4.	Paediatrics (3 Weeks)	to	3weeks
5.	General Surgery (6 Weeks)	to	6 Weeks
6.	Anesthesiology and Critical Care (2 Weeks)	to	2weeks
7.	Obstetrics and Gynaecology including Family Welfare and Planning (7	to	7 Weeks
8.	Orthopaedics including Physical Medicine and Rehabilitation (PM&R) (2 Weeks)	to	2weeks
9.	Emergency/Trauma/ Casualty (2 Weeks)	to	2weeks
10.	Forensic Medicine and Toxicology (1Week)	to	1week
11.	Dermatology, Venereology and Leprology(1Week)	to	1 week
12.	Otorhinolaryngology (2 Weeks)	to	2weeks
13.	Ophthalmology (2 Weeks)	to	2weeks

	Major Broad Specialty		
	Medicine/Surgery/ OBGY/ Has diatrics/ Orthopedics)	to	1 week
ahk + 95	My Broad Specialty Respiratory Medicine (DOTS-TB) Center/ Radio Medicine/Geriatric Medicine)	to	3 week
		OR	
14.	1.Major Broad Specialty		
	Medicine/Surgery/ OBGY/ Paediatrics/ Orthopedics)	to	1 Week
	2.Any Broad Specialty (Respiratory Medicine(DOTS-TB)	to	
	Center/ Radiodiagnosis/ Lab Medicine/ Geriatric Medicine)	to	2 weeks
	3. Indian Systems of Medicine (Ayurveda/Homeopathy/Yoga/		1 week
	Unani/ Siddha/Sowa Rigpa)	to	

Signature Professor & Head Department of Community Medicine

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#### **DEPARTMENT OF COMMUNITY MEDICINE**

SF	Department	Suggested place of posting	Posting P	Duration	
No			From	То	
1	General Medicine	RHC			3 weeks
2	General Surgery	RHC			3 weeks
3	Obstetrics and Gynecology	RHC			3 weeks
4	Community Medicine	RHC / PHC / UHC			3 weeks

#### Certifiable Procedural Skills in Community Medicine

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

			Remarks/ Comment						
ACTIVITY/ SKILLS	Observed		Assisted		Done under Supervision		STATE OF THE PROPERTY OF THE P		s
	Date	No.	Date	No.	Date	No.	Date	No.	1.31
Family Planning services     Permanent methods     IUD insertions			9.00						
Immunization sessions     Vaccine administration	4								14.1
3. Normal Vaginal deliveries									
4. Nutritional Surveillance			82						
5. Surveys (data collection and analysis)									
6. High risk Pregnancy identification			1%				٠,		

#### Other Skills acquired/ Activities performed in Community Medicine

(Please ( $\sqrt{}$ ) for the acquired skills/ activity performed).

Masty.	ACTIVITY/ SKILLS	Rural Health Centre	Urban Health Centre	PHC	Remarks/ Comments
	Common Ailments at Primary care level Communicable diseases		مالي مالي		
V	Non-Communicable diseases Antenatal and Postnatal women	#K			
2.	Health education sessions conducted (Using Audiovisual aides)	1			
3.	Managerial skills- Monitoring activities of Paramedical staff				
4.	Recognize emergencies and institute appropriate treatment				
5.	Understand the National Health Programme functioning (TB, Leprosy, NVBDCP etc.)	¥			
6.	Family Welfare Counselling				
7.	Participation in Disease Surveillance	> 1	* * * * *	* 14	
8.	Participation in Epidemic management	,			F

# INTERNSHIP ASSESSMENT AND FEED-BACK FORM Name: Student ID No. Mentor: Department / Specialty: Unit: Leaves: days

Extension if any: From \_\_\_\_\_\_ to \_\_\_\_\_

## Rating PLEASE RATE ON A SCALE OF A, B,C, D WITH

A: Outstanding
B: Good
C: Average
D: Needs further training

Rating = \_\_\_\_\_

#### Rating may be based on the following criteria:

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

CITY OF HO	
FEED-BACK	
M   9	
Strengths:	
Strains.	
to provide the second	
T-MAGE	
	3
Areas of Improvement needed:	
그렇다는 그 살이 가는 점이 맞춰 되다	
Comments:	and the second of the second o
3	5.7, 2
	8.50
Student:	
	A.
	* 9
Signature	Signature
Mentor/Unit Incharge	Professor& Head Department of Community Medicin
	Department of Community Medicin
Date:	Date:

#### **DEPARTMENT OF MEDICINE**

Duration of posting: 6 V	Veeks			
M From:- 18/ /	To / /		* 2**	
85	6 I		1. "12"	
Date of Reporting:		Signature of Staff:	V. *(1 v. 1	1

#### Certifiable Procedural Skills in General Medicine

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed		Assisted		Done under supervision		Does Independently	Remarks/ Comments
1 10	Date	No.	Date	No.	Date	No.	Date No.	
Venipuncture	- 10 V							
Intramuscular injection		٠.,	2					
Intradermal injection							A 1.	-
Subcutaneous injection					4, 1			
Intra Venous (IV) injection						- 4		
Setting up IV infusion and calculating drip rate		-						
Blood transfusion					7			1.
Urinary catheterization								
Basic life support					.4	(a)		
Oxygen therapy								

						×	98 4.* 4	200 200
A hosol therapy / nekulzation				*			15/	
Ryle's tube							Tra l	
insertion								S 1
Lumbar puncture		-1				147		
Pleural and asciticfluid aspiration					-, 5			
Cardiac resuscitation				3 57				
Peripheral blood smear interpretation								
Bedside urine analysis				7. 4.1				
Liver Biopsy						en de Ma		v
Skin Biopsy						- 20 .		
Airway Tube installation						*		
Bone Marrow Aspiration	1 1					1		
Use of blood gas analyzer	2.5							
Use of Defibrillator						5. 10		

#### Other Skills acquired/ Activities performed in General Medicine

(Please ( $\sqrt{}$ ) for the acquired skills/ activity performed)

Skill/Activity	Acquired/Performs $()$
Out-patient consultations	
Case Histories written	
Discharge summaries written	
Monitoring of critically ill patients	3
Resuscitation of patients in shock	
Revealing bad news to relatives	
Recording and interpretation of ECGs	
Rational prescription writing	
Counselling of patient with HIV	
Counselling of patient with non-Communicable disease	7
Counselling for patient with TB	
Management of acute and chronic illnesses likeViral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders etc.	
Prescription audit	
Awareness regarding Antibiotic policy	
Awareness regarding Essential Medicines List	

# INTERNSHIP ASSESSMENT AND FEED-BACK FORM Nash Student ID No. Mentor: Department/Specialty: Unit:

Dates: From \_\_\_\_\_to\_\_

days

Extension if any: From \_\_\_\_\_\_ to \_\_\_

Rating
PLEASE RATE ON A SCALE OF A, B,C, D WITH

A: Outstanding
B: Good
C: Average

D: Needs further training

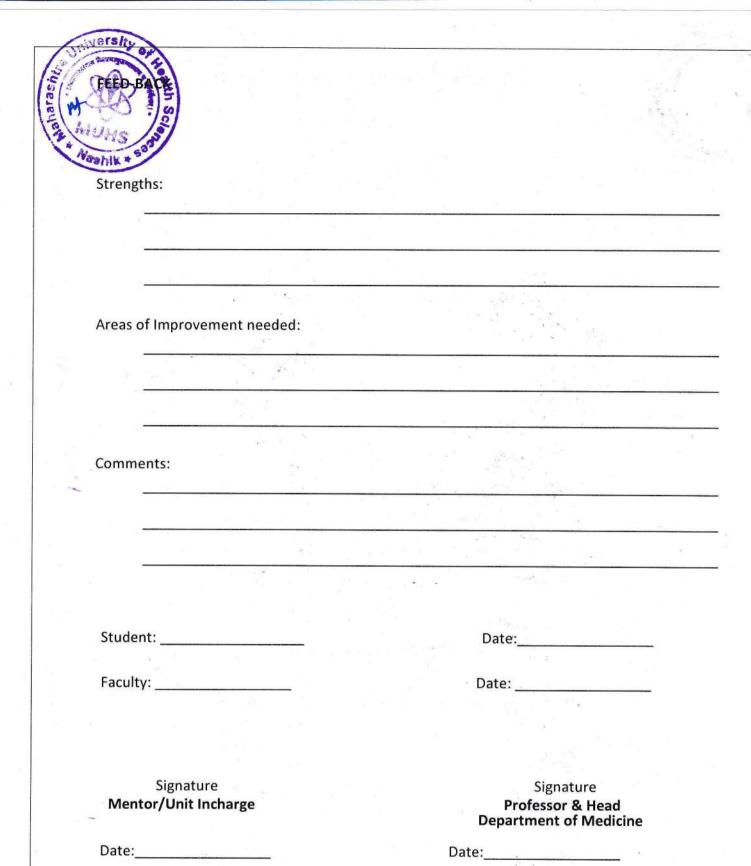
Rating = \_\_\_\_

### Rating may be based on the following criteria:

(a) Knowledge

Leaves:

- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning



### **DEPARTMENT OF PSYCHIATRY**

Duration	of posting: 2	Weeks			100
From:-	11	to /	1		\
Date of I	Reporting:	4		Signature of Staff:	

### **Certifiable Procedural Skills in Psychiatry**

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed		Assisted		Done under supervision		Does Independently		Remarks/ Comments
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	No.	Date	No.	Date	No.	Date	No.	
Electroconvulsive Therapy	*	~.							
Administration									3

### Other Skills acquired/ Activities performed in Psychiatry

Skill/Activity	Acquired/Performed (√)
Diagnosis and management of common Psychiatric disorders	-
Psychological counselling skills & psychotherapy	
Managing psychiatric emergencies	
Counselling of patients with substance abuse	

Name:	INTERNSHIP A	SSESSMENT	AND FEED-B	ACK FORM
Student ID No				
Mentor:				
6	ialty:			**
Unit:	iaity.			
Dates: From Leaves	to days			
	rom	_ to		

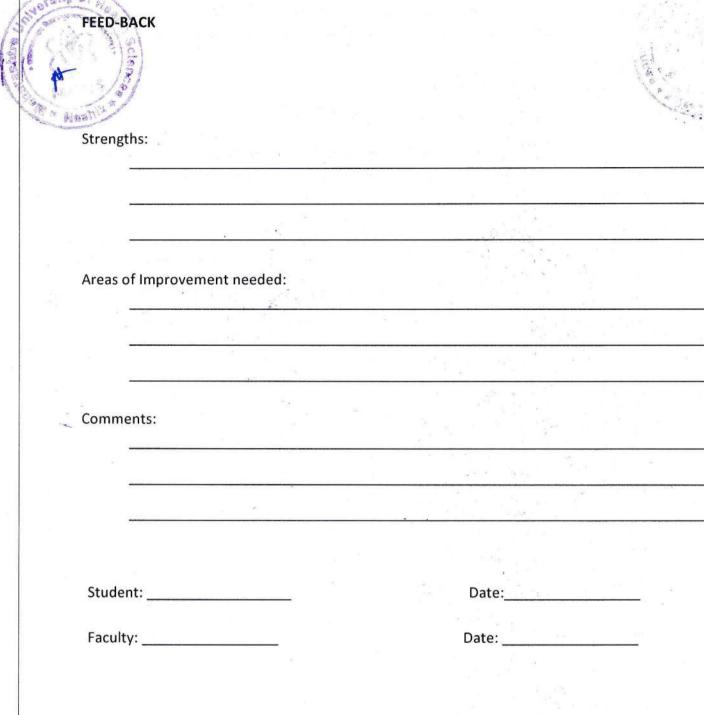
### Rating

PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding
B: Good
C: Average
D: Needs further training

Rating = \_\_\_\_\_

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning



Signature

Mentor/Unit Incharge

Professor and Head,
Department of Psychiatry

Date:

Date:

### **DEPARTMENT OF PAEDIATRICS**

Duration of posting: 3	Weeks			
	to	1 1		
Date of Reporting:			Signature of Staff:	

### **Certifiable Procedural Skills in Paediatrics**

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

				colum	n)				
Activity/Skill	Observed		Assisted		Done under supervision		Does Independently		Remarks/ Comments
	Date	No.	Date	No.	Date	No.	Date	No.	
Drawing of Blood Samples							2		
I. V. Cannulation					1				i.i
Setting up of I.V. line and Drip rate calculation	,								
Blood Transfusion and Monitoring	E C					. 8.4.			2,
Injections					X	~			
Vaccine Administration						14.1			
Nasogastric tube insertion				7		1 6			
Lumbar puncture					•	e c			
Urine examination	7 40								
Peripheral smear						4100			
Stool examination					,				
Pleural tap									
Ascitic tap				l e					
Bone Marrow Aspiration									
Liver Biopsy		1			1				
Peritoneal Dialysis				15		20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Setting up Intra osseous infusion		- /	•	, e ju		y			

### Other Skills acquired/ Activities performed in Paediatrics

Skill/Activity	Acquired/Performed (√)
Management and prognosis of acute and chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders.	
Assessment and Management of dehydration	
Assessment of Respiratory Distress & Scoring	
Vital signs monitoring in I. C. U.	
Assessment of nutritional status and preparation of diet charts  a) Malnutrition b) Renal failure	
Tuberculin testing and interpretation	
Health Education and Nutritional Education	
Assessment and Management of dehydration	8.5
Assessment of Respiratory Distress & Scoring	
Recognize Growth Abnormalities	
Recognize anomalies of psychomotor development	*
Recognize congenital abnormalities	
Assessment of new born normal and sick and making a record of information collected	
Infant feeding: Gavage / otherwise	
Breast feeding counselling	
Neonatal resuscitation	
Screening of neonates for anomalies	å,
Recognize anomalies of growth and psychomotor development	
Phototherapy	8
Exchange Transfusion	
Pre-term care	



### INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Nama:			2000
3/3/			
Student ID No			
Mentor:			
Department/Sp	ecialty:		 
Unit:	-		
Dates: From	to	<u></u>	
Leaves:	days		
Extension if any:	From	_to	

### Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

D: Needs further training

Rating = \_\_\_\_\_

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

FEED-BACK	
Cley	
Strengths:	
Areas of Improvement needed:	
Comments:	
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Student:	Date:
Facultur	Date:
Faculty:	Date.
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Cimnatura	
Signature Mentor/Unit Incharge	Signature  Professor and Head
	Professor and Head Department of Paediatrics
Date:	Date:

### **DEPARTMENT OF GENERAL SURGERY**

Duration of posting: 6	Weeks				Naj
Duration of posting: 6	to /	1			
Date of Reporting:			Signature of Staff: _		

### Certifiable Procedural Skills in General Surgery

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed		Assisted		Done under supervision		Does Independently		Remarks/ Comments
	Date	No.	Date	No.	Date	No.	Date	No.	
Venesection or venous access				1		11.2			
Tracheostomy and endotracheal intubation			2					*	
Catheterization of patients with acute retention or trocar cystostomy			¥, 2		- 1		,		8
Drainage of superficial abscesses					*	F			
Basic suturing of wound and wound management (including bandaging)								-	
Biopsy of surface tumours						16			
Perform vasectomy						-			
Laparoscopic/Minimally Invasive surgery									
Lymph node biopsy			*						



### Other Skills acquired/ Activities performed in General Surgery

Skill/Activity	Acquired/Performed
	(1)
Counselling regarding prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer	
Rehabilitation of patients after surgery and assistance for early recovery	
Monitor patients of Head, Spine, Chest, Abdominal and Pelvic Injury	
Resuscitation of critically injured patient and a severe burns patient	
Institute first line management of acute Abdomen	

## INTERNSHIP ASSESSMENT AND FEED-BACK FORM udent ID No. Mentor: \_\_\_\_\_\_ Department/Specialty: \_\_ Unit: \_\_\_\_\_ From \_\_\_\_\_to\_ Dates:

days

Extension if any: From \_\_\_\_\_\_ to \_\_\_\_\_

### Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

D: Needs further training

Rating = \_\_\_\_\_

### Rating may be based on the following criteria:

Knowledge (a)

Leaves:

- Patient Care (b)
- Procedural Skills (c)
- Independent care (d)
- **Communication Skills** (e)
- System Based Practice (f)
- Professionalism (g)
- (h) Life-long Learning

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Date:
Date:
Signature
Professor and Head
Professor and Head Department of General Surgery
Date:

### **DEPARTMENT OF ANAESTHESIOLOGY**

Duration of posting	g: 2 Weeks					
Duration of posting From:- / /	to	1	1		9-1	
Date of Reporting:				Signature of Staff:		

### Certifiable Procedural Skills in Anaesthesiology

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed A		Assis	sted	Done under supervision		Does Independently	Remarks/ Comments	
	Date	No.	Date	No.	Date	No.	Date	No.	
Venepuncture I.V. drip					. 4				
Laryngoscopy and Endotracheal Intubation									
Cardiopulmonary resuscitation							9	N.	
Lumbar Puncture and Spinal anaesthesia				-	Class.				

### Other Skills acquired/ Activities performed in Anaesthesiology

Skill/Activity	Acquired/Performed $()$
Pre – anaesthetic check up	
Monitor patients during Anaesthesia and post operative period	
Maintain anaesthetic record	
Counseling and advice regarding various methods of	
anaesthesia	



### INTERNSHIP ASSESSMENT AND FEED-BACK FORM

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Student ID No			
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W)	5.,		
Department/Specialty:	-		
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Unit:	100		
Dates: From	to		
Leaves:	days		
Extension if any: From	1	to	

### Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding
B: Good
C: Average
D: Needs further training

Rating = \_\_\_\_\_

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

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FEED-BACK	
Strengths:	
Areas of Improvement needed:	
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Comments:	
	Datas
Student:	Date:
Faculty:	Date:
	- Persi surread
Signature	Signature
Mentor/Unit Incharge	Professor and Head, Department of Anaesthesiolo
Date:	Date:

### **DEPARTMENT OF OBSTETRICS & GYNAECOLOGY**

Duragon of posting: 7 Weeks
From / / to / /

Date of Reporting:	Signature of Staff:	~ M.
	Contificable Brosedural Skills in ORGV	Triple of the second

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Öbsei	Observed Assisted		Done under supervision		Does Independently		Remarks/	
	Date	No.	Date	No.	Date	No.	Date	No.	Comments
Dilatation and Curettage	25								
Endometrial biopsy									
Endometrial aspiration									
Pap smear collection			2				San Care		
IUCD insertion									i.
Minilap ligation							7		90
Urethral catheterization					4	2.06	3 3		
Suture removal					+	d.			
Cervical punch biopsy									
Assist in the major surgeries of OBG	÷						F		
Assist in Colposcopy			ř.				est.		
Assist in M. T. P.									
Dilatation and Curettage					-				1
Endometrial biopsy						, i ,			
Endometrial aspiration						,			
Pap smear collection						1			
IUCD insertion						178	**		
Per speculum, Per vaginal examination	4	/	*			4.			

# Street St

### Other Skills acquired/ Activities performed in OBGY

Skill/Activity	Acquired/Performed $()$
Diagnose of early pregnancy and ante-natal care	116.
Diagnose of Pathology of pregnancy	
Abortions	- 1 67
Ectopic Pregnancy	9
Tumors complicating Pregnancy	
Acute abdomen in early	The second second
Hyperemesis gravidarum	
Detection of high-risk pregnancy and management	
a) P. I. H b) Hydramnios c) A. P. H d) Multiple pregnancies e) Abdominal presentations I.U.G.R.	
Ante- natal pelvic assessment and CPD	
Induction of labour	
Management of normal labour, P.P.H., perineal tear	
Episiotomy Suturing	
Assistance in forceps delivery	
Assistance in Caesarean Section	
Post-partum assessment and counselling	
Cervical Cancer Screening  a) Visual inspection with Acetic acid  b) Pap Smear	
Breast cancer Screening	
Medicolegal Examination	
Evaluate and prescribe oral contraceptives	

### INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name:		
Student ID No		
Mentor:		
* *		
Department/Specialty:		 <del></del>
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Pates: Fromto		
eaves: days		
Extension if any: From	to	

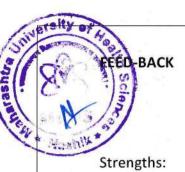
### Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

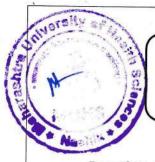
D: Needs further training

Rating = \_\_\_\_\_

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning



Science	
Strengths:	*
	B. 1
Areas of Improvement needed:	
	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
Comments:	
Student:	Date:
Faculty:	Date:
Signature	Signature
Mentor/Unit Incharge	Professor and Head Department of Obstetrics & Gynaecolo
Date:	Date:
Date	



# DEPARTMENT OF ORTHOPAEDICS (including PMR- Physical and Medical Rehabilitation)

Duration of posting: 2 Weeks		
Date of Reporting:	Signature of Staff:	<u> </u>

### Certifiable Procedural Skills in Orthopaedics and PMR

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed		Assisted		Done under supervision		Does Independently		Remarks/	
	Date	No.	Date	No.	Date	No.	Date	No.	Comments	
Application of basic splints and slings				P s		14				
Basic fracture and dislocation management				3 / 3						
Compression bandage							Y		8	
Plaster cast application for un- displaced fractures			-	2						
Drainage for acute osteomyelitis	,				English and the second					
Sequestrectomy in chronic osteomyelitis					# 1					
Application of external fixation					5 A.					
Internal fixation of fractures of long bones									9	
Application of Traction										

### Other Skills acquired/ Activities performed in Orthopaedics and PMR

Skill/Activity	Acquired/Performed $()$
Emergency care of a multiple injury patient	14.
Transport and bed care of spinal cord injury patients	
Rehabilitation of amputees and mutilating traumatic and leprosy deformities	
Assessment of conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations, etc.	
Fabrication and repair of artificial limbs and appliances	

N. M. C.	INTERNSHIP	ASSESSME	NT AND F	EED-BACK	FORM
28					
Student ID No					
Mentor:				-	
Department/Specialty:		,	e,		
Unit:					
Dates: From	to				
Leaves:	days				
Extension if any: From	î	to	1, 11.	2. The same	

### Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

D: Needs further training

Rating = \_\_\_\_\_

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning



### **DEPARTMENT OF EMERGENCY MEDICINE/CASUALTY SERVICES**

Duration of posting: 2	Weeks					
From: / /	to	1	1			
Date of Reporting:				Signature of Staff:	184.5	
					- 17	

### Certifiable Procedural Skills in Emergency Medicine

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

			(	colum	ın)				
Activity/Skill	Observed		Assis	sted	Done u superv		Do Indepe		Remarks/ Comments
	Date	No.	Date	No.	Date	No.	Date	No.	
Control Hemorrhage									
Intubate							. 5		
Basic Adult Resuscitation	.,								
Basic Pediatric Resuscitation									,
Draw blood	•					14.0	-		*
Use vacutainer				*,					
Cannulate vein						Y			
Setup IV infusion						F1 81			
Monitor IV infusion									
Give IM injection	*					A			
Give SC injection									
Give IV Injection									
Fill Requisition Form							-		
Order grouping/cross matching				80					
Order blood/blood products									1.5
Setup transfusion				.15		-14 	•.		
Draw blood for culture aseptically		_/			- **	11.	***		

## Other Skills acquired/ Activities performed in Emergency Medicine (Please ( $\sqrt{}$ ) for the acquired skills/ activity performed)

Skill/Activity	Acquired/Performed $()$
Immediate assessment of chest pain	
Immediate assessment of abdominal pain	
Immediate assessment of unconscious patient	
Immediate assessment of stroke	
Control hypotension	To the
Triage	
Perform actions Necessary in the first few minutes of arrival of a sick patient	
Seek help appropriately	
Manually handle/lift/shift patients	The second secon
Prepare for emergency surgery/ procedures	
Monitor patients requiring oxygen	N N
Appropriately use mask, Non invasive ventilation	_ 2
Monitor sick patients in HDU	
Management of acute anaphylactic shock	
Management of peripheral-vascular failure and shock	100
Management of acute pulmonary edema and Left Ventricular Failure (LVF)	
Emergency management of drowning, poisoning and seizure	
Emergency management of bronchial asthma and status asthmaticus	
Emergency management of hyperpyrexia	
Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries	
Assessment and administering emergency management of burns	7
Assessing and implementing emergency management of various trauma	

# INTERNSHIP ASSESSMENT AND FEED-BACK FORM Student ID No.\_\_\_\_\_ Mentor:\_\_\_\_\_ Department/Specialty:\_\_\_\_\_ Unit:\_\_\_\_\_

From to

Extension if any:From \_\_\_\_\_\_ to \_\_\_\_\_

days

### Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding
B: Good
C: Average
D: Needs further training

Rating = \_\_\_\_\_

### Rating may be based on the following criteria:

(a) Knowledge

Dates:

Leaves:

- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

*
Date:
Date:
Signature Professor and Head

### DEPARTMENT OF FORENSIC MEDICINE AND TOXICOLOGY

Duration	of posting:	1 week					5 July 14
From:-	/ /	to	1	1			100
Date of F	Reporting:				Signature of Staff:	1 1	

### Certifiable Procedural Skills in Forensic Medicine and Toxicology

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed	Remarks/ Comments
	Date No.	
		No.
Medico-legal Autopsy		

### Other Skills acquired/ Activities performed in Forensic Medicine and Toxicology

Skill/Activity	Acquired/Performed ( $$ )
Documentation and certification of trauma	
Diagnosis and certification of death	
Legal documentation related to emergency cases	
Certification of medical-legal cases e.g., Age estimation, sexual assault etc.	
Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.	

# INTERNSHIP ASSESSMENT AND FEED-BACK FORM dent ID No.\_\_\_\_\_

Mentor: Department/Specialty: Unit: \_\_\_\_ Dates: From \_\_\_\_\_\_to\_ days Leaves: Extension if any: From \_\_\_\_\_\_ to \_\_\_

### Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

D: Needs further training

Rating =

- Knowledge (a)
- **Patient Care** (b)
- (c) Procedural Skills
- Independent care (d)
- **Communication Skills** (e)
- System Based Practice (f)
- Professionalism (g)
- (h) Life-long Learning



### **DEPARTMENT OF Dermatology and Venereal Diseases**

Propr:- / /	Week			181
From:- //	to / /			
Date of Reporting:		Signature of Staff:	1	

### Certifiable Procedural SkillsinDermatology and Venereal diseases

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

				MITTE	/				
Activity/Skill	Observed		Assisted		Doneunder supervision		Does Independently		Remarks/ Comments
	Date	No.	Date	No.	Date	No.	Date	No.	
Slit skin smear for leprosy						3			
Skin biopsy				-	.47	ķ.			-
Gram's-stained smear interpretation				8					9.
KOH examination of scrapings for fungus					×			0.	
Dark ground illumination					F-q.				
Tissue smear						Ž.			
Cautery - Chemical and electrical	1				7				

### Other Skills acquired/ Activities performed in Dermatology and Venereal diseases

Skill/Activity	Acquired/Performed $()$
Diagnosis and Management of Common Skin ailments	
Diagnosis and Management of cutaneous manifestations of systemic illnesses	
Diagnosis and Management of Sexually Transmitted Diseases	*

# INTERNSHIPASSESSMENTANDFEED-BACKFORM Name \_\_\_\_\_\_ Student ID No.\_\_\_\_\_ Mentor:\_\_\_\_\_ Department/Specialty:\_\_\_\_\_ Unit:\_\_\_\_\_ Dates: From \_\_\_\_\_ to\_\_\_\_ Leaves: days

Extension if any: From \_\_\_\_\_\_ to \_\_\_\_

### Rating

PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

D: Needs further training

Rating =

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

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nine and a second	(5)
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Strengths:	
Strengths.	
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Comments:	
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Studenti	D.
Student:	Date:
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Faculty:	Date:
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Signature	Cianatura
Mentor/Unit Incharge	Signature
Mentor, one menarge	Department of Dermatology and Vener
	Professor and Head Department of Dermatology and Vener Diseases
Date:	
Date:	Date:

## DEPARTMENT OF OTORHINOLARYNGOLOGY (E.N.T)

From:-	/ /	to /	1		
Date of Rep	orting:			Signature of Staff	

Duration of posting: 2 Weeks

### Certifiable Procedural Skills in ENT

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed		Assisted		Done under supervision		Does Independently		Remarks/ Comments
	Date	No.	Date	No.	Date	No.	Date	No.	
Use of Indirect Laryngoscope									
Ear Syringing									¥
Antrum Puncture					3		1		
Packing for Epistaxis			•						
Packing of External Auditory Canal				e In		5.			
Removal of foreign body from Nose and Ear			α.						
Endoscopy procedures									
Tracheostomy								*	

### Other Skills acquired/ Activities performed in ENT

Skill/Activity	Acquired/Performed
First line many state of the st	. (۷)
First line management of common ENT problems	
Rehabilitative programmes for ENT problems	



### INTERNSHIP ASSESSMENT AND FEED-BACK FORM

100	
Name:	
3	
Student ID No	
Mentor:	
Department/Specialty:	
Unit:	
Dates: Fromto	
Leaves: days	
Extension if any: Fromto _	

### **Rating**PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding
B: Good
C: Average
D: Needs further training

Rating = \_\_\_\_

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

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Strengths:		180
Strengths.		1.0
Areas of Improvement needed:		
Areas of improvement recada.		
		7.
Comments:		
		· ·
Student:	Date:	
Faculty:	Date:	
		72
Signature	Signature	
Mentor/Unit Incharge	Professor and Head Department of Otorhinolaryn	gology (E.N
Date:	Date:	*

# DEPARTMENT OF OPHTHALMOLOGY Buration of posting: 2 Weeks From:- / to / /

1 2		
Date of Reporting:	Signature of Staff:	18
100%		1.

#### **Certifiable Procedural Skills in Ophthalmology**

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

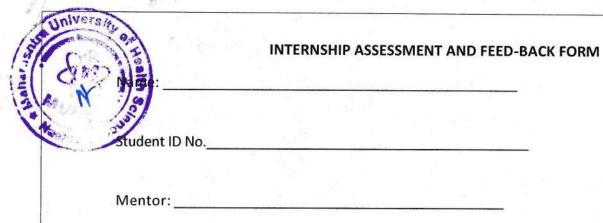
Activity/Skill	Observ	ed	Assiste	ed	Done un		Doe		Remarks/ Comments
7,5	Date	No.	Date	No.	Date	No.	Date	No.	
Assessment of refractive errors									
Eye irrigation				- 17	132				
Instillation of eye medication	٠,								
Ocular bandaging			F			1700			
Tonometry	0				8.1.			× ×	Hi
Syringing					~_4*.				
Direct Ophthalmoscopy			-		rij.				
Fluorescence staining of Cornea									
Subconjunctival Injection									
Ocular bandaging						- 4			
Removal of concretions									
Epilation and Electrolysis	<del> </del>			+					
Corneal foreign body removal			80		2 A		*		
Cauterization of corneal ulcer									
Chalazion removal			190		1 1	**.			
Entropion correction	i n						2		
Suturing tear of conjunctiva					1				

10



#### Other Skills acquired/ Activities performed in Ophthalmology

Skill/Activi	ty	Acquire	d/Performed (√)
Diagnose and Management			
a) Trauma to the eye		m e3	
b) Acute Conjunctivitis			
c) Allergic Conjunctivitis			
d) Xerosis			
e) Entropion			*
f) Corneal Ulcer	. rejibr		
g) Iridocyclitis			
h) Myopia			
i) Hypermetropia			
j) Cataract			*
k) Glaucoma			
l) Ocular Injury			
m) Sudden loss of vision	al prima a Aprilo a		



Extension if any: From \_\_\_\_\_\_ to \_\_\_\_\_

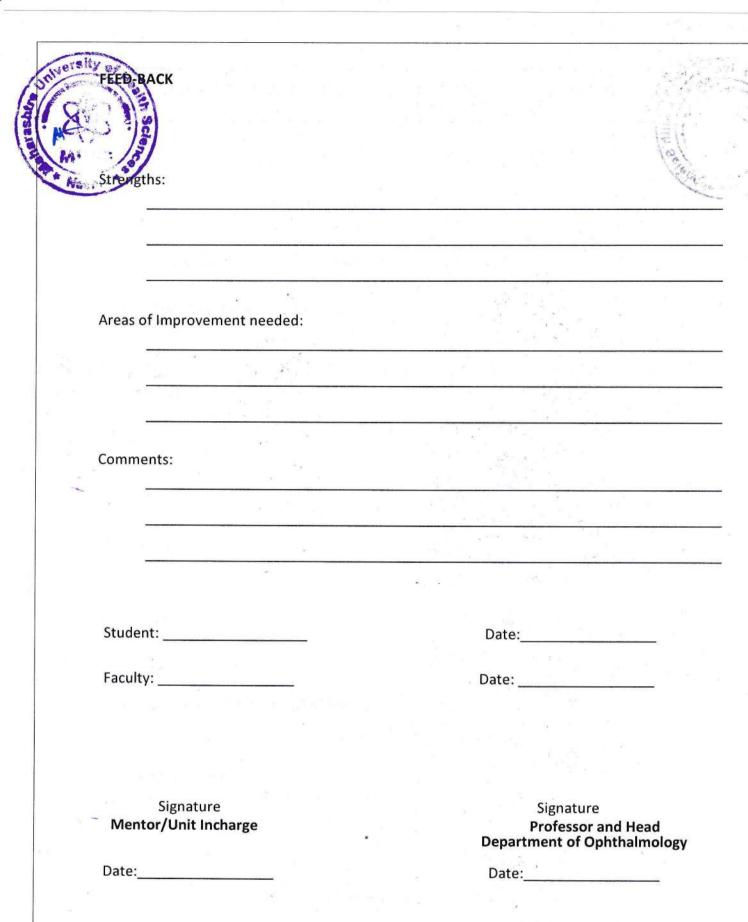
# Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding
B: Good
C: Average
D: Needs further training

Rating = \_\_\_\_\_

#### Rating may be based on the following criteria:

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning



# DEPARTMENT OF TUBERCULOSIS AND RESPIRATORYMEDICINE

Direction	of posting:	12		
Troin:-	1 1	2 Weeks or 3 Weeks to //		
Date of I	Reporting:		Signature of Staff.	

#### Certifiable Procedural Skills in TB and Respiratory Medicine

(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed Assis		ssisted Done u supervi			Does Independently		Remarks/ Comments	
	Date	No.	Date	No.	Date	No.	Date	No.	
Sputum Examination for	,* +			-					
AFB									
Laryngoscopy						N. I.,			
Pleural aspiration						6-		N	
Laryngeal intubation									
Pneumothorax drainage									
Respiratory physiotherapy									

#### Other Skills acquired/ Activities performed in TB and Respiratory Medicine

Skill/Activity	Acquired/Performed (√)
Perform clinical examination, diagnose and manage common respiratory disorders and emergencies	
Interpret and manage blood gas and pH abnormalities in respiratory diseases	
Interpret Chest X – Rays	**
Interpret Pulmonary function tests	

# INTERNSHIPASSESSMENTANDFEED-BACKFORM Name: \_\_\_\_\_\_\_ Student ID No.\_\_\_\_\_\_ Department/Specialty: \_\_\_\_\_\_ Unit:\_\_\_\_\_ Dates: From \_\_\_\_\_\_to\_\_\_\_ Leaves: days

Extension if any: From \_\_\_\_\_\_ to \_\_\_\_

# Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

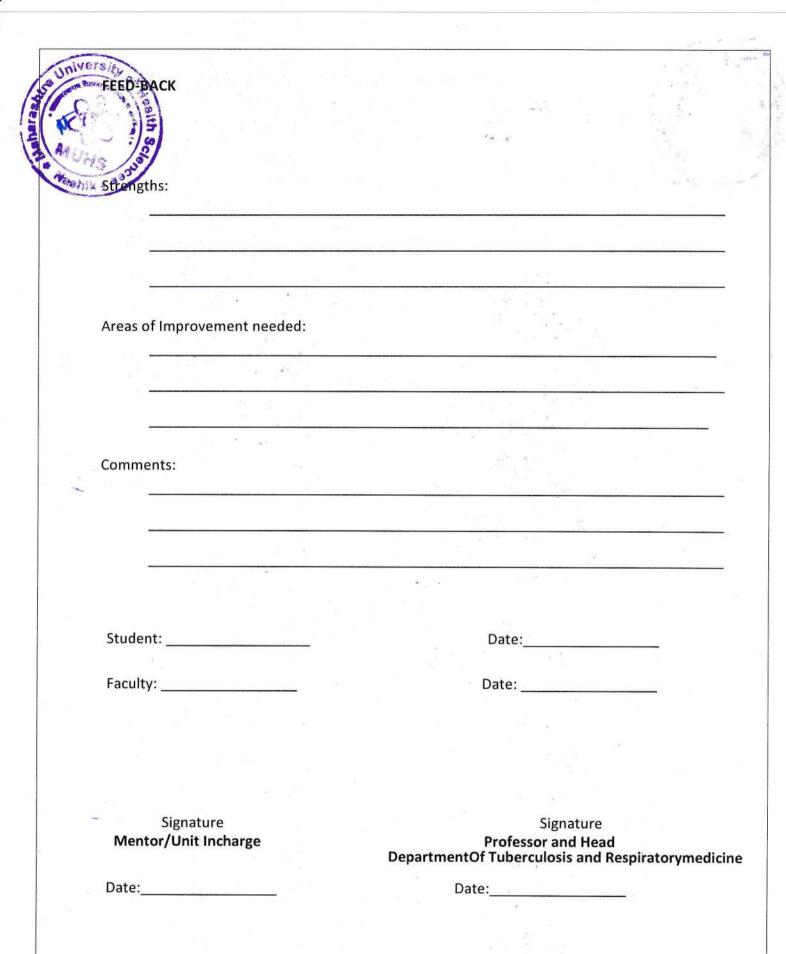
A: Outstanding
B: Good
C: Average

D: Needs further training

Rating = \_\_\_\_\_

#### Rating may be based on the following criteria:

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning



# Duration

#### **DEPARTMENT OF RADIODIAGNOSIS**

Dutation	of posting: 2	or 3 Weeks			130
From:-	of posting: 2	to /	/		
Data of D	Conorting			Signature of Staff.	70.7

#### Skills acquired/ Activities performed in Radiodiagnosis

Skill/Activity		Acquired/Performed
		(√)
Identify and diagnose Emergency Rooi	m Radiology	
Acute Abdominal conditions		
Acute Trauma		
Interpretation of X-Rays		
Interpretation	6 to	
C.T. / M. R. I.		
Ultrasonography		



days

Extension if any: From \_\_\_\_\_\_ to \_\_\_\_\_

#### Rating

PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding
B: Good
C: Average

D: Needs further training

Rating = \_\_\_\_\_

#### Rating may be based on the following criteria:

(a) Knowledge

Leaves:

- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

FEED-BACK			
28 15			e <sup>gg</sup>
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Strengths:			4.
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1	* * * * * * * * * * * * * * * * * * *		
Areas of Improve	ment needed:		
1	9. g		
	**		
Comments:	*,		
P 1			
=			ř
Student:		Date:	
Faculty:	***	Date:	
	f)		
Signatur Mentor/Unit In	re ncharge	Signature Professor and Head Department of Radiodiagnosi	s

#### **DEPARTMENT OF LABORATORY MEDICINE**

Duration of posting: 2 Weeks or 3 weeks

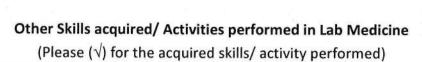
Date of Reporting:	Signature of Staff:

#### Certifiable Procedural Skills in Lab Medicine

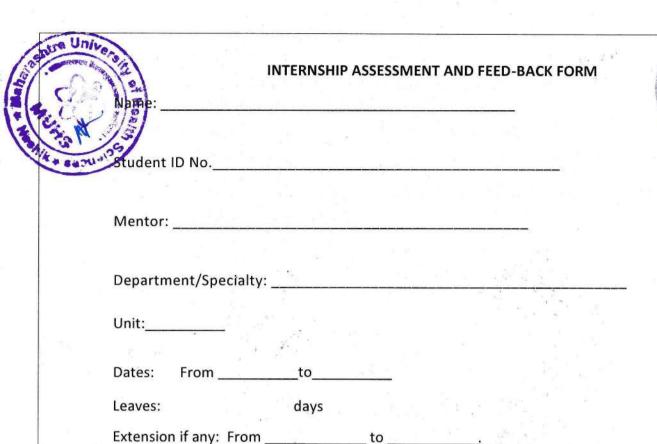
(Please indicate the numbers under the relevant columns)

(As all dates of all procedures cannot be measured, please mention any one date in the 'date' column)

Activity/Skill	Observed		Assist	Assisted		Done under supervision		Does Independently	
	Date	No	Date	No.	Date	No.	Date	No.	
Hb Estimation						6			
E. S. R.							ii		
W. B. C. count total & differential	ē.		1 8,						
Peripheral smear preparation, staining and interpretation					5.0				
Urine Examination complete	1.			-	+ + +				
Stoll Examination for Ova & cyst & Occult blood									
Semen Examination					0 -				
Sputum for AFB							1 1 1	1	
FNAC					.5			*	
Manual blood sugar estimation		-			,				
CSF examination									
Blood grouping				1,24°			-		
Saline crossmatch method			4						



Skill/Activity	Acquired/Performed (√)
Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations	4.2
Fill requisition forms appropriately	
	1



# Rating PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

D: Needs further training

Rating = \_\_\_\_

#### Rating may be based on the following criteria:

- (a) Knowledge
- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning



#### **DEPARTMENT OF GERIATRIC MEDICINE**

Duration of posting: 2 Weeks or 3 weeks

Date of Reporting:	Signature of Staff:

#### Skills acquired/ Activities performed in Geriatric Medicine

Skill/Activity		Acquired/Performed (√)
Recognition of common mental health properties among elderly	problems like Dementia,	
Cognitive assessment of elderly		
Counselling on Fall prevention of elderly	- 1 1 2 2 - 81	
Balance and Gait assessment of elderly	A. 0	- H
Medication Management for elderly		

# 

days

Extension if any: From \_\_\_\_\_\_ to \_\_\_\_\_

Rating
PLEASE RATE ON A SCALE OF A, B, C, D WITH

A: Outstanding B: Good C: Average

D: Needs further training

Rating = \_\_\_\_\_

#### Rating may be based on the following criteria:

(a) Knowledge

Leaves:

- (b) Patient Care
- (c) Procedural Skills
- (d) Independent care
- (e) Communication Skills
- (f) System Based Practice
- (g) Professionalism
- (h) Life-long Learning

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K 29	
trengths:	
Areas of Improvement needed:	
Comments:	
Student:	Date:
F-1-10	
Faculty:	Date:
Signature	Cimulativa
Mentor/Unit Incharge	Signature Professor and Head, Department of Geriatric Med
Date:	Date:



Ref no.:

Date:

#### INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr.	/ Mrs. / Miss		has passed Bachelor of
Medicine & Bachelor of Surgery	(MBBS) Examination	, Maharashtra Unive	rsity of Health Sciences,
Nashik, held in Summer / Winter	20		
As per National Medical (	Commission (Compuls	ory Rotating Medica	l Internship) Regulations,
2021; he / she has completed	d One Year Compuls	sory Rotating Med	ical Internship Training
Programme from	to	and thus eligible	for the award of MBBS
Degree.			
Further it is stated that, of	during this period, his	/ her clinical work	and conduct was foun-
satisfactory.			
		W- 1.	
			90 46.
HOD	Seal		Dean
Dept. of Community Medicine			
~			

# **Letter Head of the College**

An	ne	xu	re	:	II

Ref ad.

Date:

#### **POSTINGS CERTIFICATE**

This is to certify that Mr./Mrs./Miss \_\_\_\_\_\_ has undergone One Year Compulsory otating Medical Internship (CRMI) from \_\_\_\_\_\_ to \_\_\_\_\_\_ to \_\_\_\_\_.

A detail of the posting in various Departments is as follows:

Sr		Period			
No.	Department	Date of Commencement & Completion	Weeks		
1.	Orientation Programme (1 day)		1 day		
	Community Medicine (12 weeks)				
	Postings should be in Rural Health Centre (RHC)		3 weeks		
2.	(i) General Surgery (3 weeks)	to	3 weeks		
	(ii) General Medicine(3 weeks)	to	3 weeks		
	(iii) Obstetrics and Gynecology (3 weeks) (iv) Community Medicine(3 weeks)	toto	3 weeks		
2.	General Medicine (6 Weeks)	to	6 Weeks		
3.	Psychiatry (2 Weeks)	to	2 weeks		
4.	Paediatrics (3 Weeks)	to	3 weeks		
5.	General Surgery (6 Weeks)	to	6 Weeks		
6.	Anesthesiology and Critical Care (2 Weeks)	to_	2 weeks		
7.	Obstetrics and Gynaecology including Family Welfare and Planning (7 Weeks)	to	7 Weeks		
8.	Orthopaedics including Physical Medicine and Rehabilitation (PM&R) (2 Weeks)	to	2 weeks		
9.	Emergency/ Trauma/ Casualty (2 Weeks)	to	2 weeks		
10.	Forensic Medicine and Toxicology (1Week)	to	1 week		
11.	Dermatology, Vener.& Leprology (1 Week)	to	1 week		
12.	Otorhinolaryngology (2 Weeks)	to	2 weeks		
13.	Ophthalmology (2 Weeks)	to	2 weeks		
	1.Major Broad Specialty Medicine/Surgery/				
	OBGY/ Paediatrics/ Orthopedics)	to	1 week		
	2.Any Broad Specialty Respiratory Medicine				
	(DOTS-TB) Center/ Radio diagnosis/Lab	to	3 week		
	Medicine/Geriatric Medicine)	1.04			
		)R			
	1.Major Broad Specialty Medicine/Surgery/	to	1 week		
14.	OBGY/ Paediatrics/ Orthopedics)				
	2.Any Broad Specialty (Respiratory Medicine (DOTS-TB) Center/	to	-		
	Radio diagnosis/Lab Medicine/Geriatric	to	2 week		
	Medicine)		2 WCCR		
	3.Indian Systems of Medicine				
	(Ayurveda/ Homeopathy/ Yoga/ Unani/ Siddha/	tò	1 week		
	Sowa Rigpa)				

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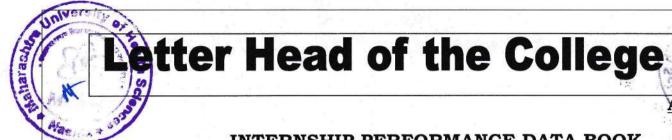


Annexure III

Date:

#### **INTERNSHIP COMPLETION CERTIFICATE**

93



Annexure: IV

#### INTERNSHIP PERFORMANCE DATA BOOK

Passport Size Photograph of Student Attested by Dean

нор	Seal Dean
	To / /
Date of extension (if any)	: From / /
Date of completion	: _/_/
Date of starting internship	: _/_/
Date of Passing Final MBBS	
Date of admission	
Name of Intern	
Academic Year	
Batch	

**Dept. of Community Medicine** 

#### **Consolidated Certificate**

Sr	Department	9.		No. of	No. of		Signature	
No	3	From	То	present days	leaves days	Absent Days	Remark	of HOD
1.	Orientation Programme (1 day)							
2	Community Medicine (12 weeks) (i) General Surgery (3weeks)							
	(ii)General Medicine(3weeks)	*-					,	
	(iii) Obstetrics and Gynecology(3weeks)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(iv) Community Medicine(3weeks)	4.						2
3	General Medicine (6 Weeks)	-						
4	Psychiatry (2 Weeks)						-	# ## ## ## ## ## ## ## ## ## ## ## ## #
5	Paediatrics (3 Weeks)							
6	General Surgery (6 Weeks)					gr.		
7	Anesthesiology and Critical Care (2 Weeks)							
8	Obstetrics and Gynaecology including Family Welfare and Planning (7 Weeks)				4			
9	Orthopaedics including Physical Medicine and Rehabilitation (PM&R) (2 Weeks)			8			30	
10	Emergency/Trauma/ Casualty (2 Weeks)			-		×		
11	Forensic Medicine and Toxicology (1Week)					•,		
12	Dermatology, Venereology and Leprology (1Week)		- 🗷	1	4			

ALE MA	as the said					100	( ) ( )
13	Otorhinolaryngology (2 Weeks)	- 115				19.2	
14	Ophthalmology (2 Weeks)					The state of the s	
15	1.MajorBroad Specialty (1 week) And				 8 - 4		
	2.Any Broad Specialty (3 weeks) Or		#) #)	1			i i
	3.Any Broad Specialty (2 weeks)  And	•	4				
	4.Indian Systems of Medicine (1 week)					e unit	*

HOD
Dept. Of Community Medicine

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