

STATUS OF COMPLIANCE 2016-17

(RAMA MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTER, HAPUR)

Verification of compliance submitted by institute to Oversight Committee on 18-Jun-2016:

Sr. No.	Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Status
1	Shortage of residence is 29.41% as detail in the report	<p>The residents are appointed in excess and are working. At the time of head count during assessment, Junior and Senior Residents were counted in full strength. Later, Assessors verified the Resident Hostels and made an arbitrary rule of considering only those residents who were present in the hostels. It's highly improbable that during working hours all senior residents will be found simultaneously in hostel and hospital.</p> <p>All residents signed the attendance at 11:00 AM with the assessors and were on duty.</p> <p>The room verification of the senior residents was done around 12:30 pm. Those who were off duty were only present in the rooms.</p> <p>The senior residents who were on duty, in</p>	Deficiency Rectified Verified by MCI on 20-July-2016. Residents Available – 98.83 %

		the mess at 01:00 PM for lunch were not considered.	
2	Majority of the senior residence not staying in the hostel	<p>Senior Residents are staying in campus hostels but during the working hours they are in hospital, due to head counting they had to leave their work and attend head count and after wards they resumed their duties in hospital. Since, nobody expected Assessors to verify residents in hostel during working hours, the attendance at hostel was low.</p> <p>The Assessors were advised to go for verification after 5 PM as they conducted inspection till late-night 1 AM, but they did not consider the request.</p>	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>Senior Resident are staying in Residents Quarters and working.</p>
3	Data of the OPD attendance given by the institute are inflated, hardly any patient were seen when the assessors visited the OPD	Regular OPD with sufficient patients was observed and videography/ photography, along with assessors, have been done and submitted to you. The scene in the OPD shows the OPD attendance.	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>OPD Attendance – 1419 on the day of assessment.</p>
4	Many of the admitted patients had only vague	day of assessment, verified by the	Deficiency Rectified

	complaints and did not require the admission	<p>assessors on 19th April 2016.</p> <p>It must be also appreciated that our hospital is providing Super Specialty services in the branches of Cardiology, CTVS, Neuro Surgery, Urology, Nephrology, Joint Replacement, Medical and Surgical Oncology. And our general specialties are doing well with significant quantitative and qualitative work.</p> <p>However we will further improve upon the observation.</p>	<p>Verified by MCI on 20-July-2016.</p> <p>Bed occupancy – 92.4%</p>
5	There was only one normal delivery and nil caesarean section on the day of assessment	It is a matter of coincidence and our average normal delivery and caesarian section stands at 3, 1 respectively.	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>1 delivery & 1 caesarian section.</p>
6	Only work load of CT Scan was nil on the day of assessment	As per record of radiology department Ct Scan done from OPD and IPD on 19th April 2016 was 5 and even 3 MRI were conducted.	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>6 CT Scan up to 2 pm.</p>
7	Work load of special investigations like Ba, IVP is nil on the day of	As per the record of radiology department, following is the workload	Deficiency Rectified

	assessment	during the full day (on 19 th April 2016)- 1. Special X Ray – 13 2. Special Test Like IVP, Barium Meal – 13 3. MRI- 3 4. CT Scan – 5 Ultrasound – 69	Verified by MCI on 20-July-2016. Special Investigation - 12
8.	Histopathology work load on the day of assessment is only 4	The histopathology work counted was up to 11:00 AM. Most of the sample for histopathology are received after the OT work is over. The daily workload for histopathology, as per the laboratory record is 12.	Deficiency Rectified Verified by MCI on 20-July-2016. 13 HPE on the day of assessment.
9.	Separate septic OT is not available. Deficiency remains as it is	There is a separate septic OT located on the ground floor of the building. The septic OT is present and working.	Deficiency Rectified Verified by MCI on 20-July-2016. Septic OT Available
10.	Blood bank only 3 units were dispensed on the day of assessment	Due to the inspection and engagement of the Faculty (Surgeons) in head count the schedule of OT got delayed and during hospital round by assessors at 11 AM, the blood units dispensed was 3 units but it was above 8	Deficiency Rectified Verified by MCI on 20-July-2016. 8 Unit are dispensed and total units in blood bank are 92.

		by the day end.	
11.	Students hostel – all the rooms were locked. Keys were not available with warden or hostel superintendent	<p>Not all rooms could be opened as the keys rest with the students and not with the warden.</p> <p>Certain rooms were opened and shown to the Assessors. No Warden or hostel Superintendent keeps the keys of student's rooms.</p>	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>Keys are available with warden and rooms were open for inspection.</p>
12	Interns hostel – AC study room with computer and internet and recreation room are not available	<p>The facilities for the interns in the interns hostel like computer, internet and recreation and gym. are provided in the interns hostel and the interns are using these facilities. Even wi-fi connection are available and mostly students prefer using their devices rather than using common facilities.</p>	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>Interns hostel – AC Study room with computer and internet and recreation room are available.</p>
13.	RHTC – Cold chain equipment is not available. It is run in building taken on lease from Apex hospital and Trauma Center	<p>Cold chain equipments like –</p> <ol style="list-style-type: none"> 1. Central Deep fridge in the college to store the stock of the vaccine. 2. Ice line refrigerator at the Urban Health Centre to store the day's stock at temperature specified for the storage of vaccine and depicting the temperature inside. 	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>Cold Chain Equipments available.</p> <p>RHTC was taken on lease</p>

		<p>Such an ice line refrigerator are present the Center.</p> <p>3. Vaccine carrier to carry to use the immunological on the day of immunization at the center and periphery, Were shown to the assessors.</p> <p>The facilities to maintain the cold chain for store to the beneficiary , as per universal immunization guide line of government if India , are available</p> <p>Apex is the name of the Rural health center and not the owner of the building. Hence the questions of taking the building on lease from the Apex Hospital do not arise.</p> <p>However the name Apex has been removed and name only as “Rural Health Center”, to avoid the confusion is maintained.</p>	<p>for five years by Rama Medical College, Hospital & Research Center from Shri Arjun S/o Shri Vijay Kumar</p>
14.	UHC – it is run in a building taken on a lease	Urban Health Centre is working in lease	Deficiency Rectified

	from Dr. Namita Aggarawal	<p>building. Lease signed between Nirmala Rani Goyal W/o Keshav Sharan Goyal of Pilkhuwa and not with Dr. Namita Aggrawal,</p> <p>Dr. Namita Aggrawal, is working as a full time medical Officer in charge of the Urban Health Center not as an owner. Copy of a lease document is enclosed herewith for ready reference</p>	Verified by MCI on 20-July-2016.
15.	Dean has refused to sign the assessment report	<p>I have been courteous and abiding all through the day till the night 1 AM, I made my request to include my observations which I was denied, Even my attempt to sign “stating my Protest” was turned down. I was not left with any other alternative than not signing the report for the following reasons-</p> <ol style="list-style-type: none"> 1. The assessors expected the report to be signed by the principal as it is. 2. All Senior/ Junior Residents were present in head count and still were not considered. They were even threatened to accept in writing that they don't live in campus and 	<p>Deficiency Rectified</p> <p>Verified by MCI on 20-July-2016.</p> <p>Signed the report of inspection on 20th July 2016.</p>

		<p>commute daily, which they politely refused.</p> <p>3. The Investigative records were not considered till 2 pm and were randomly noted.</p> <p>4. The principal was denied the opportunity to put his remarks about certain observations in the report.</p> <p>5. The cold chain equipments present at the centre were explained to the assessors, present as per the guidelines government of India as specified in universal immunization programme, was not considered.</p> <p>6. Principal has requested to verify the senior residents in the hostel even at 8:30 PM, was not considered.</p> <p>However the inconvenience caused to the assessors is regretted</p>	
16.	Other deficiencies as pointed out in a assessment report	No other deficiencies pointed out.	

BELOW COMPLIANCE REPORT VERIFIED BY MCI ON 20-JULY-2016 (ORIGINAL REPORT WITH MCI)

MEDICAL COUNCIL OF INDIA

ASSESSMENT FORM FOR 150 - MBBS ADMISSIONS REPORT

(INCREASE IN ADMISSION CAPACITY FROM ____ TO ____)

Verification of Compliance

Part - A-III

(to be filled by the Assessors)

1.1 Type of Assessment

U/S 10A- Compliance :

U/S 11- Recognition – Compliance (*)

Continuation of Recognition- Compliance ()

Any Other: _____

Name of the Institution	:	RAMA MEDICAL COLLEGE AND RESEARCH CENTRE, HPHUR
Address	:	Rama Deli,N.H 24 . near mother daiy. Pilkhuwa, dist. Hapur. Utter Pradesh.\ Pin code 245304
Telephone No.	:	0122-2327300

E-mail	:	drkushwahbs@gmail.com , rmc@ramamedicalcolleges.com , principal@ramamedicalcolleges.com		
Council Letter No & Date	:	MCI-34(41) (UG) (Regd-18)/2016-2017 dated 16.07.2016		
Assessment Date:		20-Jul-2016	Last Assessment Date :	19 April 2016
PG Courses	:	No		

Particulars of Assessors

Name of the Assessors	Correspondence Address	Contact No	Email
Dr Abhimanyu Basu, (Co-Ordinator)	Prof of Surgery, IPGME&R, Kolkata	9230812270, 943336732	ovmanyubasu@yahoo.co.in
Dr. Balkrishna B. Adsul	Prof. of Community Medicine, LTMMC, Sion, Mumbai	9323960489	adsullbb@gmail.com
Dr Manik Chatterjee	Prof. of Anatomy, Pt. JNMMC Raipur, Chhattisgarh	9425214257	Manikchatterjee58@gmail.com

Verification of compliance submitted by institute:

Sr. No.	Deficiencies reported from GOI/MCI	Compliance by College sent to GOI/MCI	Assessment report on 20 th July 2016
1	<p>Shortage of residence is 29.41% as detail in the report</p>	<p>The residents are appointed in excess and are working. At the time of head count during assessment, Junior and Senior Residents were counted in full strength. Later, Assessors verified the Resident Hostels and made an arbitrary rule of considering only those residents who were present in the hostels. It's highly improbable that during working hours all senior residents will be found simultaneously in hostel and hospital.</p> <p>All residents signed the attendance at 11:00 AM with the assessors and were on duty.</p> <p>The room verification of the senior residents was done around 12:30 pm. Those who were off duty were only present in the rooms.</p> <p>The senior residents who were on duty, in the mess at 01:00 PM for lunch were not</p>	<p>Resident are appointed and working 1.17 % deficiency.</p>

		considered.	
2	Majority of the senior residence not staying in the hostel	<p>Senior Residents are staying in campus hostels but during the working hours they are in hospital, due to head counting they had to leave their work and attend head count and after wards they resumed their duties in hospital. Since, nobody expected Assessors to verify residents in hostel during working hours, the attendance at hostel was low.</p> <p>The Assessors were advised to go for verification after 5 PM as they conducted inspection till late-night 1 AM, but they did not consider the request.</p>	<p>Senior Residents are staying in Residents Quarters and working. Deficiency removed</p>
3	Data of the OPD attendance given by the institute are inflated, hardly any patient were seen when the assessors visited the OPD	<p>Regular OPD with sufficient patients was observed and videography/ photography, along with assessors, have been done and submitted to you. The scene in the OPD shows the OPD attendance.</p>	<p>At OPD registration there was 841 patients already registered at 12:10 PM. Sufficient number of patients were waiting in the OPD area.</p>
4	Many of the admitted patients had only vague	<p>day of assessment, verified by the</p>	<p>New patients who are admitted in female</p>

	complaints and did not require the admission	<p>assessors on 19th April 2016.</p> <p>It must be also appreciated that our hospital is providing Super Specialty services in the branches of Cardiology, CTVS, Neuro Surgery, Urology, Nephrology, Joint Replacement, Medical and Surgical Oncology. And our general specialties are doing well with significant quantitative and qualitative work.</p> <p>However we will further improve upon the observation.</p>	<p>orthopedics ward on the day of inspection (20th July 2016) are of minor ailments. Such as low back pain and knee pain.</p>
5	There was only one normal delivery and nil caesarean section on the day of assessment	<p>It is a matter of coincidence and our average normal delivery and caesarian section stands at 3, 1 respectively.</p>	<p>1 delivery and one caesarian section.</p>
6	Only work load of CT Scan was nil on the day of assessment	As per record of radiology department Ct Scan done from OPD and IPD on 19th April 2016 was 5 and even 3 MRI were conducted.	<p>6 CT Scans up to 2 PM</p>
7	Work load of special investigations like Ba, IVP is nil on the day of	<p>As per the record of radiology department, following is the workload</p>	<p>Special investigation – Total 12</p>

	assessment	during the full day (on 19 th April 2016)- 5. Special X Ray – 13 6. Special Test Like IVP, Barium Meal – 13 7. MRI- 3 8. CT Scan – 5 Ultrasound – 69	
8.	Histopathology work load on the day of assessment is only 4	The histopathology work counted was up to 11:00 AM. Most of the sample for histopathology are received after the OT work is over. The daily workload for histopathology, as per the laboratory record is 12.	13 HPE on the day of assessment.
9.	Separate septic OT is not available. Deficiency remains as it is	There is a separate septic OT located on the ground floor of the building. The septic OT is present and working.	Special OT available.
10.	Blood bank only 3 units were dispensed on the day of assessment	Due to the inspection and engagement of the Faculty (Surgeons) in head count the schedule of OT got delayed and during hospital round by assessors at 11 AM, the blood units dispensed was 3 units but it was above	8 Unit are dispensed and total units in blood bank are 92.

		8 by the day end.	
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12	Interns hostel – AC study room with computer and internet and recreation room are not available	The facilities for the interns in the interns hostel like computer, internet and recreation and gym. are provided in the interns hostel and the interns are using these facilities. Even wi-fi connection are available and mostly students prefer using their devices rather than using common facilities.	Interns Hostel – AC study room with computer and internet and recreation room are available.
13.	RHTC – Cold chain equipment is not available. It is run in building taken on lease from Apex hospital and Trauma Center	<p>Cold chain equipments like –</p> <ol style="list-style-type: none"> 4. Central Deep fridge in the college to store the stock of the vaccine. 5. Ice line refrigerator at the Urban Health Centre to store the day's stock at temperature specified for the storage of vaccine and depicting the temperature inside. 	<p>Cold Chain Equipments available</p> <p>RHTC was taken on lease for five years by Rama Medical College Hospital & Research Centre, from Shri. Arjun S/O Shri. Vijay Kumar.</p>

		<p>Such an ice line refrigerator are present the Center.</p> <p>6. Vaccine carrier to carry to use the immunological on the day of immunization at the center and periphery, Were shown to the assessors.</p> <p>The facilities to maintain the cold chain for store to the beneficiary , as per universal immunization guide line of government if India , are available</p> <p>Apex is the name of the Rural health center and not the owner of the building. Hence the questions of taking the building on lease from the Apex Hospital do not arise.</p> <p>However the name Apex has been removed and name only as “Rural Health Center”, to avoid the confusion is maintained.</p>	
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14.	UHC – it is run in a building taken on a lease from Dr. Namita Aggarawal	<p>Urban Health Centre is working in lease building. Lease signed between Nirmala Rani Goyal W/o Keshav Sharan Goyal of Pilkhuwa and not with Dr. Namita Aggarawal,</p> <p>Dr. Namita Aggarawal, is working as a full time medical Officer in charge of the Urban Health Center not as an owner. Copy of a lease document is enclosed herewith for ready reference</p>	verified
15.	Dean has refused to sign the assessment report	<p>I have been courteous and abiding all through the day till the night 1 AM, I made my request to include my observations which I was denied, Even my attempt to sign “stating my Protest” was turned down. I was not left with any other alternative than not signing the report for the following reasons-</p> <p>7. The assessors expected the report to be signed by the principal as it is.</p> <p>8. All Senior/ Junior Residents were present in head count and still were not considered. They were even threatened to accept in</p>	Signed the report of inspection on 20 th July 2016.

		<p>writing that they don't live in campus and commute daily, which they politely refused.</p> <p>9. The Investigative records were not considered till 2 pm and were randomly noted.</p> <p>10. The principal was denied the opportunity to put his remarks about certain observations in the report.</p> <p>11. The cold chain equipments present at the centre were explained to the assessors, present as per the guidelines government of India as specified in universal immunization programme, was not considered.</p> <p>12. Principal has requested to verify the senior residents in the hostel even at 8:30 PM, was not considered. However the inconvenience caused to the assessors is regretted</p>	
16.	Other deficiencies as pointed out in a assessment report	No other deficiencies pointed out.	

Clinical material:

Item	On Day of assessment		Remarks
O.P.D. attendance at 2.PM on first day	1419		
Casualty attendance (24 hrs. data)	32		
No of admissions	104		
No. of discharges	98		
Bed occupancy% at 10.00 AM on first day	92.4%		
<u>Operative Work</u>			
No, of major surgical operations	19		
No. of minor surgical operations	20		
No. of normal deliveries	1		
No. of caesarian sections	1		
<u>Radiological Investigations</u>	O.P. D	I.P.D	
X-ray	117	64	
Ultrasonography	27	59	
Barium, IVP etc.	11	1	
C.T. Scan	6	0	

Item	Day of assessment		Remarks
	O.P. D	I.P.D	
Laboratory Investigations – No. of Tests			
Biochemistry	693	184	
Microbiology	13	44	
Serology	15	134	
Hematology	648	306	
Histopathology	5	8	
Cytopathology	26	3	

Medical College-Staff Strength:

Name of College: Rama Medical College and Research centre, Hapur

Number of students-- 150- PG Courses-- No

Calculation Sheet

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Anatomy	Professor	1			1	
	Assoc. Prof.	1			1	
	Asstt.Prof.	2			2	
	Tutor	3			3	
Physiology	Professor	1			1	
	Assoc. Prof.	1			2	
	Asstt.Prof.	2			2	
	Tutor	3			2	
Biochemistry	Professor	1			1	
	Assoc. Prof.	1			2	
	Asstt.Prof.	2			1	
	Tutor	4			4	
Pharmacology	Professor	1			1	
	Assoc. Prof.	1			0	1
	Asstt.Prof.	2			2	
	Tutor	3			4	
Pathology	Professor	1			1	
	Assoc. Prof.	3			3	
	Asstt.Prof.	3			3	

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Tutor	5			8	
Microbiology	Professor	1			1	
	Assoc. Prof.	1			1	
	Asstt.Prof.	2			2	
	Tutor	4			5	
Forensic Medicine	Professor	1			1	
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			0	
	Tutor	3			4	
Community Medicine	Professor	1			2	
	Assoc. Prof.	2			2	
	Asstt.Prof.	3			5	
	Epidemio-Logist-Cum-Asstt.Prof.	1			1	
	Statistician-Cum- Asstt. Prof.	1			1	
	Tutor	4			6	
General Medicine	Professor	1			1	
	Assoc. Prof.	4			4	
	Asstt.Prof.	5			6	
	Sr. Resident	5			5	
	Jr. Resident	10			10	
Paediatrics	Professor	1			0	1
	Assoc. Prof.	2			2	
	Asstt.Prof.	3			2	1
	Sr. Resident	3			4	
	Jr. Resident	6			7	
Tuberculosis &	Professor	1			1	

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
Respiratory Diseases	Assoc. Prof.	0			1	
	Asstt.Prof.	1			1	
	Sr. Resident	1			1	
	Jr. Resident	2			2	
Dermatology, Venereology & Leprosy	Professor	0			0	1
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			1	
	Sr. Resident	1			1	
	Jr. Resident	2			2	
Psychiatry	Professor	0			0	
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			1	
	Sr. Resident	1			1	
	Jr. Resident	2			2	
General Surgery	Professor	1			1	
	Assoc. Prof.	4			5	
	Asstt.Prof.	5			5	
	Sr. Resident	5			4	
	Jr. Resident	10			13	
Orthopaedics	Professor	1			2	
	Assoc. Prof.	2			1	
	Asstt.Prof.	3			4	
	Sr. Resident	3			5	
	Jr. Resident	6			6	
Oto-Rhino-Laryngology	Professor	1			1	
	Assoc. Prof.	1			2	
	Asstt.Prof.	1			1	

Department	Designation	Requirement as per MSR (UG)	Additional faculty required for running PG courses (if any)	Total (UG + PG)	Accepted	Deficiency
	Sr. Resident	1			1	
	Jr. Resident	2			2	
Ophthalmology	Professor	1			1	
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			0	
	Sr. Resident	1			1	
	Jr. Resident	2			2	
Obstetrics & Gynaecology	Professor	1			3	
	Assoc. Prof.	2			2	
	Asstt.Prof.	3			4	
	Sr. Resident	3			5	
	Jr. Resident	6			6	
Anaesthesiology	Professor	1			2	
	Assoc. Prof.	3			2	
	Asstt.Prof.	5			5	
	Sr. Resident	3			4	
	Jr. Resident	6			6	
Radio-Diagnosis	Professor	1			2	
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			0	
	Sr. Resident	3			3	
Dentistry	Professor	1			1	
	Assoc. Prof.	1			1	
	Asstt.Prof.	1			1	
	Tutor/JR	1			1	

Deficiency chart:

Department	Professor	Asso. Prof	Asst. Prof.	Tutors	SR	JR
Anatomy	0	0	0	0	0	0
Physiology	0	0	0	0	0	0
Bio chemistry	0	0	0	0	0	0
Pharmacology	0	1	0	0	0	0
Pathology	0	0	0	0	0	0
Microbiology	0	0	0	0	0	0
Forensic Medicine	0	0	0	0	0	0
Community Medicine	0	0	0	0	0	0
Gen. Medicine	0	0	0	0	0	0
Paediatrics	1	0	1	0	0	0
Tb and Chest	0	0	0	0	0	0

Department	Professor	Asso. Prof	Asst. Prof.	Tutors	SR	JR
Dermatology	1	0	0	0	0	0
Psychiatry	0	0	0	0	0	0
Gen Surgery	0	0	0	0	1	0
Orthopaedics	0	0	0	0	0	0
ENT	0	0	0	0	0	0
Ophthalmology	0	0	0	0	0	0
Ob-Gy	0	0	0	0	0	0
Anaesthesiology	0	0	0	0	0	0
Radiology	0	0	0	0	0	0
Dentistry	0	0	0	0	0	0
Total	2	1	1	0	1	0

1) Deficiency of Teaching Faculty : 4 out of 132 = 3.03 %

2) Deficiency of resident doctors : 1 out of 85 = 1.17 %

Notes:

For purpose of working out the deficiency:

(1) The deficiency of teaching faculty and Resident Doctors shall be counted separately.

(A) For Teaching Faculty:

(a) For calculating the deficiency of faculty, Prof., Assoc Prof., Asst. Prof & Tutor in respective departments shall be counted together.

(b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.

(c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department. e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.

(d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.

(B) For Resident Doctors:

(a) Excess of SR can be compensated to the deficiency of JR of the same department only.

(b) Excess SR/JR of any department cannot compensate the deficiency of SR/JR in any other department.

(c) Any excess of JR cannot compensate the deficiency of SR in same or any other department.

(d) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of SR/JR. e.g. excess of Assistant Professor cannot compensate the deficiency of SR or JR.

(2) A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/city and run by the same management.

(3) Colleges running PG program require additional staff, beds & other requirements as per the PG Regulations – 2000.