## $\mathcal{F I N R L}$ REPORT

$\mathcal{B} y$

## The Group On Medical Education

Submitted to<br>Oversigft Committee

## $\mathcal{F} O R E \mathcal{R} O R \mathcal{D}$

The Endeavour of Government of India to provide $27 \%$ reservation to $O \mathcal{B C}$ candidates in institutions of higher learning demands a sound mechanism of optimizing the use of existing as well adding the desired resource inputs to achieve the same, and also to ensure that the current status of unreserved categories is not disturbed. The Oversight Committee constituted with the approval of PM's Office decided to make an entancement in the available number of seats by using a multiplier factor of 1.54 to determine the total number of seats that would be required to implement the provision of reservation for OBCs. The $\operatorname{spreamble}$ 'and 'Introduction'sections of the Report give a detailed overview of the Central theme and guiding principles. The group on "Medical Education" being an important constituent of the five specialist groups formulated by the Oversight Committee has focused its efforts to 11 Medical Institutions directly supported by Central Government. All these institutions are well established and have standing performance of decades and the reputation of excellence.

The mechanism adopted by the group for 11 Medical Institutions was although flexible and depended on the wisdom of the head of the institutions, the common strategy of optimizing the existing resources as well the approach of capacity expansion with supplementation, apart from the alternative of seeking additional inputs to gain desired physical infrastructure and strengthening manpower resource, was practiced for planning institution levelimplementation proposals. The details are outlined in 'Methodology'Section. The broad guidelines provided by Oversight Committee and Planning Commission, apart from the terms of reference included in PM's Office Order were all taken into consideration while working out the details of existing and proposed increase in seats for Under Graduate and Post Graduate courses and also for projected estimates of $\mathcal{N}$ on-Recurring and Recurring expenditure to support physical infrastructure and manpower requirements. The 'Overview' section of the report provides the relevant information at a glance. Factually, except for the centralized policy decisions to be taken at the Government level, the entire implementation part has ultimately have to be institution specific as was the case during the course of collation of input information inflowing through the institutions. The section on 'Institution Specific Plan' deals with essential aspects of facilities available as well the preparedness of the institute for implementation. 'Executive Summary' and the 化commendations' sections do constitute the gist of the report, whereas the $\mathcal{T} a b l e s$ in Annexure do support the foundation of the Report.

I am sure this brief Report worked out by the Medical Education Group would not only be helpful to promote the desired activities and excellence in Medical Education, but should also help other sister groups involved in the task of coordinated efforts to oversee the progress of figher education in the country to match with global standards.

## ACKNK WLEDGEMEENTS

I, on befralf of the Medical Education Specialist Group, take this opportunity to appreciate the sincere efforts made by all the head of the institutions and the ir dedicated team who in a very short period have worked out Institution specific detailed inputs to form the basis of this Report. I am indeed gratefulfor this hard work done and must thank fiead of each institution for the ir le adersfip and wisdom in doing best possible justice in assessing the institutional level situation and preparing the broad outline for action plan of implementation.

The Member colleagues of the Medical Education Specialist Group have stood with me in emergent meetings called with very short notices. Their active participation in deliberating the core issues specific to Medical Education fas definitely helped us in shaping the inputs desired for the Report. I express my gratitude to them.

I am especially thankful to the Chairman and the Members of the Oversight Committee, Planning Commission and the Members of the other four sister groups who all together have contributed in framing guidelines and showing us the way towards implementation plan through five well deliberated meetings convened by the Oversight Committee in recent past and also by sharing their Interim Reports.

I am also thankful to Ministry of Health \& Family Welfare for their continuous support and inputs in this endeavor.

The consistent efforts made by $\mathcal{D D G}(\mathcal{M}) \operatorname{Prof}$. P. $\mathcal{H}$. Ananthanarayanan from the very inception supported by Officer on Special $\mathcal{D u t y} \mathcal{D r}$. Ajit Sahai, Director-Professor of Biometrics, IIPMER, Pondicferry, deserve appreciations in bringing out the Report within the stipulated period.

The secretarial assistance provided in report preparation by $\mathcal{M r}$. $\mathcal{H}$. Sriram and $\mathfrak{M r}$. Surinder Pal Sharma should not be left unacknowle dged.
$I$ also place on record the assistance rendered by one and all in this regard.
$18^{\tau \mathcal{T H}}$ August, 2006
(R. K. SRIVASTAVA)
$\mathfrak{N E W} \mathcal{D E L \mathcal { H } I}$
$\mathcal{D G H S}$ \& Chairman $\mathcal{M E}$ Group
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## EXECUI I VE S UMMMARY

1. In order to Gring optimum utilization of the Institutions of Higher Learning, along with their capacity expansion, the Government of India decided to utilize the opportunity of Constitutional Amendment of providing $27 \%$ reservation to OBCs in these Institutions. It is with the approval of the PM's Office an Oversight Committee was constituted on $29^{\text {th }}$ May, 2006 which in turn was supported by five Specialist Groups of which one was dedicated to Medical Education. The "Medical Education" group under the Chairmansfip of $\mathcal{D G H}$ had deliberated in detail to decide in principle the domain of the assigned task avoiding any overlap of efforts by other groups, as much as possible.
2. It was clarified in one of the Oversight Committee's meetings that only medical courses sucf as $\mathcal{M B B S}, \mathcal{M S} / \mathcal{M D} / \operatorname{Diploma}$ admissions / seats, available only in the Institutions directly supported by Central Government funding should be considered. Accordingly, the group fias focused its efforts only on 11 Medical Institutions directly supported by Central Government. It may be wortf noting that all these institutions are well established and have standing performance of decades and the reputation of excellence. The group further decided to workout the report, taking into consideration, the specific limitations and constraints of very strong regulatory system prevailing in medical education, as well the existing acute shortage of Faculty in Medical Institutions. The group realized that the increase in the number of $\mathcal{U G}$ and $\mathcal{P G}$ seats necessitates improvements in the existing infrastructure in terms of manpower including faculty and supportive staff like nurses; laboratory personnel \& other health work forces. Also, this would need additional requirements of Non-Recurring and Recurring Expenditure distributed over a period of few years that may coincide with $11^{\text {th }}$ Five-year Plan period i.e. 2007-2012. The creation of additional posts to support infrastructuralfacilities should be available over a period of not more than 2 years. In the mean time, Medical Council of India fras been advised to examine the relaxations in the existing norms of $\mathcal{U G}$ and $\mathcal{P G}$ Medical Regulations, in the larger interests.
3. In order to gain necessary inputs, the institutions were requested to provide information on; the existing status of the totalnumber of seats for $\mathcal{U l} G$ and in $\mathcal{P G}$ disciplines and the total number of $\mathcal{U G}$ and $\mathcal{P G}$ seats that need to be increased (by using a multiplier - 1.54) which will provide desired reservation for SC/ST \& OBC and maintain the current availability of seats for unreserved category; the number of $\mathcal{U G}$ and $\mathcal{P G}$ seats that can be increased within the existing framework of faculty estaff and physical
infrastructure. The number of $\mathcal{P G}$ seats than canbe increased with increase in the faculty against the sanctioned strengti and existing physical infrastructure; the requirement of additional faculty \& staff and additional physical infrastructure in order to fulfill the norms of Medical Council of India (MCI) and suggestions, if any, for relaxation in the existing norms in the UG and $P G$ Medical Education Regulations; and financial requirements for development of infrastructure in this regard and gear wise break-up of estimated expenditure estimated for the entire $11^{\text {th }}$ Five Year Plan Period (2007-2012).
4. For the purpose of compilation of report, all relevant information received till date was incorporated as such but the inconsistencies found were sorted out through personal interactions as well telephonic conversations with the concerned institutions. The entire reporting fas been subdivided into three parts; the first part deals with the existing and proposed increase in UG and $\mathcal{P G}$ seats (Annexure-1), the second segment of analysis (Annexure-2) is focused on physical infrastructure and man power requirement supported by estimated expenditure projections, and the third set (Annexure-3) deals with the faculty requirements, and hospital beds so as to serve for inputs to conform with MCI norms or other statutory requirements, as applicable.
5. From the inputs provided by Institutions taken into consideration, the observations made include; the Undergraduate education carried out only in four institutions with the total of 355 seats available which can be further entranced to a total of 546 seats; in most of the institutions, the increase may be feasible without any additional inputs or with small supplementations to the existing pfysical infrastructure and some faculty support. However, $\mathcal{L H} \mathcal{M C}$ and $\mathcal{V} \mathcal{M M C}$ may require $\operatorname{MCI}$ clearance apart from added infrastructure. Also, $\mathcal{P G I} \operatorname{ME}$ R, Chandigarf has submitted a proposal to the $\mathcal{M O} \mathcal{H} \mathcal{F} W$ to start Undergraduate course is to be looked into.
6. However, the Postgraduate education is available in all the 11 institutions with the total of 638 seats available, which can be further entianced to a total of 1011 seats against the desired 982 seats. In most of the institutions, the increase may be feasible only with provision of substantial inputs. The
 $\mathfrak{N} I \mathcal{H} \mathcal{F} W$, New Delfi are ready to implement the enfancement plan with small supplementations to the existing physical infrastructure and some additional faculty support apart from filling the vacant positions.
7. Out of the 11 Institutions under consideration by the 'Medical Education' specialist Group, two viz. $\mathcal{A I I M S}$, New $\mathcal{D e}$ 㐆i and $\mathcal{P G I} \mathcal{M E R}$, Chandigarf have

Geen quite enthusiastic and are ready to expand with their own modified norms by considering 3 years cumulative total of $P G$ seats as the Gaseline for the purpose of determining the desired increase in number of seats as well expenditure estimates which in turn has to be divided by 3 to arrive at annual estimates. In view of the above facts, projections submitted by these two Institutions are to be looked into very carefully and also may require special attention to respect their ability and capacity to expand.
8. Other remaining 9 Institutions fiave submitted their detailed proposals as per the norms outlined may be considered to be withinjustified limits of estimated expenditure. But, all the institutions except PGIMER, Chandigark and $\mathcal{A I I} \operatorname{MS}$, New Deffi, may require MCI clearance with regard to patient/bed and faculty/student ratios. Almost all the institutions under consideration, 6arring a few, have not spelt out the detailed allocation plan to SC, ST and OBC categories either for Undergraduates in general or for Postgraduates discipline wise. This aspectrequires further follow up with the institutions to meet the requirement of Oversight Committee.
9. To entance 191 UG seats and 373 PG seats, an Estimated Expenditure of Rs. 2811.6556 (Rs. 1783.975 non-recurring + Rs. 1027.6806 recurring) Crores may be required during the $11^{\text {th }}$ Five-Year Plan Period as per the projections submitted by individual institutions. It may be noted that as per the decisions taken earlier, requirements proposed by the institutions have been considered as such without any alteration. However, the fact remains that wide variations in the estimated expenditure as expected and observed between the institutions may require fine tuning by the representatives from the Ministries of Finance and Law \& I ustice in coordination with the Planning Commission as per the merit of Institution wise proposals received.
10. The latest Meeting convened by Oversight Committee on $24^{\text {th }} \mathrm{guly}, 2006$ had given the platform for deliberation with regard to convergence of the issues which are around Central Theme of interest to all the five groups. It is observed that despite our best attempts, it may be practically impossible to achieve the desired objectives related to the goal of providing $27 \%$ reservations to OBCs during 2007-08 on account of local institution-specific constraints; therefore, the approach of phasing and staging was adopted wherever needed. The finer details of capacity building to upscale and financial requirement will be decided in the forthcoming meeting of the Oversight Committee on $22^{\text {nd }}$ August 2006.
11. The group felt that this opportunity of expansion-task linked with provision of reservations to $O \mathcal{B C s}$ should be perceived as a boon to conduct reorganization and refasfioning exercise for the entire medical education
system which in turn must further strengthen the issue of excellence in medical education on par with global standards.
12. The important recommendations include bringing justified changes in policies both with regard to patients' beds; student-teacher ratios and flexibility in student intake limits fixed for medical institutions which may suitably be incorporated. That is essential to meet the requirements of additional Faculty which is currently a scarce community of the medical fraternity in the entire country, especially in view of the rapid expansion of medical educational institutions in the private sector clubbed with the recent enfancement in exporting pace of qualified personnel to the cadre of global services.
13. It shall be advisable for each Institute to form a separate Task Force to look into the affairs of Faculty requirements specifically to meet the immediate requirements of Faculty with reference to provision of $27 \%$ reservation for OBCs. It may also look into alternative measures witfin a stipulated period to deal with the current crisis.
14. In the mean time it is recommended to go for relaxations in the age of retirement/superannuation of the faculty across the board to 65 years which should be applicable to the existing faculty so as to evolve uniformity among the educational institutions.
15. Also the reappointment of retired Faculty, including that from Defence who retire possibly at age of 45 to 50 years and the staff in various disciplines with an fonorable salary and facilities for the ir functioning may be considered.
16. There fias to be a Government Order for relaxation in the statutory norms for increase in the number of seats for $\mathcal{U G}$ and $\mathcal{P G}$ courses as advocated by Medical Council of India and $\mathfrak{N}$ (ational Board of Examinations.
17. Although the MCI had suggested some relaxations for facilitating adding up to the existing matrix of $\mathcal{P G}$ seats in various subjects, on the basis of the deliberations held during their meeting on $21^{\text {st }}$ g une 2006 , it was subject to the condition that against the very same units, teaching personnel and infrastructure, no other post graduate courses under any other streams like
$\mathcal{N a t i o n a l} \mathcal{B}$ oard of Examinations, College of Pfysicians and Surgeons etc. are permitted. The Committee strongly recommends delinking of $\mathcal{D} \mathcal{N B}$ degrees granted by National Board of Examinations $(\mathcal{N}(\mathcal{B E})$ because $\mathcal{N}(\mathcal{B E}$ is the 6iggest alternative sustem of $\mathcal{P G}$ Medical Education available.
18. Institutions which cater to only $\mathcal{P G}$ training should also be considered for starting UG Courses simultaneously.
19. Administrative and Financial powers over and above the existing powers need be delegated to the heads of these institutions to carry out necessary actions in this regard.
20.To initiate advanced administrative and financial actions, provisions should be made to accommodate $5 \%$ of the total estimated expenditure for preparatory activities through appropriate reflections in Revised Estimates 2006 07. Also an appropriate authority may be established in $\mathcal{M O} \mathcal{H} \mathcal{F}$ W for carrying out desired administrative actions followed by the financial approval.
21. Some of the institutions can increase the number of $P \mathcal{G}$ seats within the existing infrastructure to a certain number, but not to the extent required. The implementation of $27 \%$ reservation for $O \mathcal{B C s}$ shall be ackieved during 2007-08 and 2008-09, 6ut there fas to be an allowance for carried over for a year more to 2009-10.
22.As indicated, the magnitude of the total non-recurring and recurring expenditure amounts to Rs.2811.6556 Crores based on the inputs provided by the various institutions. This may require fine tuning by the Planning Commission in coordination with the Ministry of Finance. This also needs mechanisms to be initiated in such a way that these institutions also develop measures to absorb requirements accordingly within the time frame stipulated.

## $\mathcal{P R E A M} \mathcal{A L E}$

Government of India after examining the current status of reservations for SCs, STs and OBCs corresponding to the provisions in Constitution of India, especially with regard to the education in higher institutions of learning, have decided to explore the possibilities for implementing the current policies with regard to well recognized and accepted norm of $\mathbf{2 7 \%}$ share for OBCs. It was observed that while $\mathbf{1 5 \%}$ and $\mathbf{7 . 5 \%}$ seats are reserved for SC and ST categories respectively, in various institutions of higher learning running directly with the support of the Central Government, there was lack of any systematic approach to ensure provisions for reservation of Undergraduate and Postgraduate admissions / seats for OBCs

Though, a number of State Governments have come forward with the formula of accommodating at least $27 \%$ or more OBC students in institutions of higher learning under their control, it was felt desirable to ensure that the institutions under Central Government should also evolve an uniform strategy for 27\% OBC admissions / seats without disturbing the existing status of the share of admissions / seats available for unreserved categories.

It is, with the approval of PM's office, an "Oversight Committee" was constituted on 29th May, 2006 under the Chairmanship of Shri M. Veerappa Moily to give due consideration for reservations to OBC admissions / seats in the institutions of higher learning directly supported by Government of India. To accomplish the task within the stipulated period Five groups were formed to deal with the central issue of providing reservations to OBCs within the framework of a coordinated approach between the groups but each group working separately to focus on "Technological / Engineering Institutions"; "Management Institutions"; "Central Universities" ; "Agricultural Institutions" and "Medical Education Institutions" respectively.

The specific Terms of Reference (TOR) for the groups as outlined by PM's Office are as here under:
a. To identify in each of the institutions/universities, the courses at undergraduate and postgraduate level and student intake for the academic session 2007-08.
b. To identify in each course, the total number of seats for OBCs and consequently to other categories.
c. To identify for each course, the increase in the total number of seats so as to maintain the total availability of seats in the unreserved category.
d. To determine the requirement of faculty and other infrastructure for the enhanced intake and to determine the additional requirement of recurring and non-recurring expenditure for the same.
e. To suggest phasing of expenditure both recurring and non-recurring.
f. To suggest measures, in short term, to be taken by each institute for the enhanced intake from the academic session 2007-08.
g. To suggest any other preparatory or consequential steps required to be taken in order to implement the policy of reservations.

To meet the above objectives, the "Medical Education" group under the Chairmanship of DGHS had deliberated in detail to decide in principle the domain of the assigned task avoiding any overlap of efforts by other groups, as much as possible.

- The group pointed out that the system of medical education cannot be compared with the system of education in Universities and/or Technical and Management Institutions due to the fact that a very strong regulatory system prevailing in medical education demands inspection by MCI and concerned universities before any increase in UG and PG seats.
- Also, existing acute shortage of qualified teachers in pre and para-clinical departments and also in some of the clinical disciplines may come in the way of increasing seats for undergraduates as well the shortage of Post-Graduate Faculty may affect the addition of PG seats.
- Furthermore, the group suggested that only Central Government Institutions under the MOHFW which are recognized under the Indian Medical Council Act should be considered for the purpose.
- It was also decided that the desired inputs for the $11^{\text {th }}$ Five-year plan period i.e. 2007-2012, with regard to enhancement in existing physical infrastructure and manpower corresponding to the proposed increase in number of UG/PG seats should be obtained from the institutions fitting into the above criteria.
- Also the requirements proposed by the Institutions may have to be considered and respected as such without much alterations despite the fact that wide variations expected as well observed between the institutions may require fine tuning by the representatives from the Ministries of Finance and Law \& Justice in coordination with the Planning Commission as per the merits of the proposals received from those Institutions.

The project proposal for "MEDICAL EDUCATION" group was to be worked out around these basic principles taking into considerations the specific limitations and disadvantages of;

- Very strong regulatory system prevailing in medical education, as well.
- The existing acute shortage of Faculty \& Staff in Medical Institutions.
- Therefore, the choice of discipline-wise breakup of the allocation of seats to SC, ST and OBC categories and also the phased implementation scheme has to be left to the prevailing management situation (Faculty \& infrastructure) best understood by the Executive Authorities of each Medical Institution under consideration.

The finer details with regard to final proposal, each Institution-specific, shall be worked out for further considerations only after the initial approval and advice of the 'Oversight Committee' that is responsible for over viewing the interests and requirements of all the four groups together.

## INTRODUCTION

The Ministry of Health \& Family Welfare was asked to constitute a specialist Group for providing inputs to the "Oversight Committee" with regard to implementing 27\% reservation for OBCs in respect of admissions in Medical Education Institutions. For this purpose, a Group on "Medical Education" under the Chairpersonship of DGHS has been constituted with the approval of PM's Office. It was clarified in one of the Oversight Committee's meetings that only medical courses such as MBBS, MS / MD / Diploma admissions / seats should be taken into account and only the Institutions that are directly supported by Central Government funding should be considered, as the other working group looking after Central Universities will take care of Medical Institutions under their administrative set-up folds, as well as other Health related courses.

## List of Institutions Considered as per the Approval by Oversight Committee

1. AllH\&PH, Kolkata.
2. AllMS, New Delhi.
3. AIIPM\&R, Mumbai.
4. CIP, Ranchi.
5. Dr.R.M.L Hospital, New Delhi.
6. JIPMER, Pondicherry.
7. LHMC, New Delhi.
8. NIHFW, New Delhi.
9. NIMHANS, Bangalore.
10. PGIMER, Chandigarh.
11. Safdarjang Hospital and VMMC New Delhi.

At present, in these institutions under the control of Central Government whether autonomous or affiliated to the Universities, reservation is provided for all admissions to both Undergraduate \& Postgraduate Courses for SCs and STs @15.0\% and 7.5\% respectively. However, currently no reservation is provided to OBCs for admissions to Medical streams in the Institutions referred above which are directly supported by the Central Government.

The present proposal of the Government to provide reservations to the extent of $\mathbf{2 7 \%}$ for OBCs in admissions to all above listed institutions the total percentage of reservation should go up from the current level of $22.5 \%$ to $49.5 \%$. Further, considering the Government policy to maintain the number of seats available for unreserved categories in various Central Institutions while implementing the reservation for OBCs, it was felt necessary and essential to increase the number of seats proportionately in UG and PG courses and therefore, the Oversight Committee had decided to enhance the existing number of seats by about $54 \%$ to retain ultimately the existing number of about 77.5 seats (out of 100 seats) Currently available for Unreserved Category in Central Government supported institutions at the UG and PG level.

The recommended multiplier-factor was identified to be 0.54 for increase in and 1.54 to determine proposed total number of seats both in UG and PG courses i.e. approximately 77 seats (50\%) would be available for reserved categories while retaining 77 seats (50\%) for unreserved category, out of the up gradation in the number of 154 seats against the 100 existing seats.

Thus, the resulted proportions of share for reserved and unreserved seats with the modified plan of scheme proposed shall be around $49.5 \%$ ( $15 \%$ SCs $+7.5 \%$ STs $+27 \%$ OBCs) and approximately $50.5 \%$ respectively,

Interestingly, with the increase in the total number of seats; there would also be proportionate increase in the number of seats available for SC/ST (i.e. $23+12=35$ seats would be available against $15+7.5=22.5$ seats existing at present; so there shall be a gain of 12 seats per 100 existing seats) candidates along with the addition of around 42 seats for OBCs.

The task of creating additional seats in UG and PG Courses in Medical Education Institutions has to be automatically accompanied by the addition of required appropriate physical infrastructure including patients' beds along with the essential aspect of filling up a huge number of vacant posts of Faculty in addition to creation of posts and appointment of new Faculty and Staff in various disciplines / subject specialties in almost all the Institutions under consideration. In this regard, the following points were considered.
a) At present, as per existing MCI norms, no medical college can increase its intake capacity beyond $\mathbf{1 5 0}$ for UGs. If the current level of UG seats for General Category candidates is to be maintained and shall be available, in some institutions like LHMC (130 seats) , there is a need to amend the MCI regulation suitably to provide specific criteria for increase in seats beyond 150.
b) Presently, there is no provision under MCl regulations to operate any seats as supernumerary seats as is available in case of AICTE regulations.
c) Also at present, for increase in PG seats, there is a need for increasing the number of teachers as per MCI norms of 1:1 and also to create the required infrastructure as the number of PG seats are related to the number of faculty and clinical units that are operated for clinical discipline/subject. Alternatively, the norms are needed to be reworked taking into consideration the huge clinical load available in the Government hospitals, which may require amendment to the existing MCI regulations.

Thus, it is very clear that for the purpose of increasing the seats to the required level, it would be necessary to augment to make the MCI norms more flexible wherever it is unavoidable apart from that to physical infrastructure and faculty \& staff position. Also, this would need additional requirements of Recurring and Nonrecurring Expenditure distributed over a period of a few years that may coincide with $11^{\text {th }}$ Five-year Plan period i.e. 2007-2012.

In continuity with the TOR stipulated in PM's Office Orders, Oversight Committee has formulated a uniform format of reporting along with the broad guidelines for preparing the report by each group taking into consideration the following points:

1. A definite assessment about the readiness of each of the institutions to implement the capacity expansion of 54\% starting from 2007-08.
2. A detailed Action Plan in respect of each institution for implementing the expansion of capacity. This Action Plan should include the following:

- Detailed Project Report covering the expansion of physical infrastructure.
- The need of additional faculty and the sources from which the same can be obtained, including, if necessary, the re-employment of retired or retiring persons on contract.
- Policy changes or administrative action at the Government level that will be required to implement the expansion in the desired time frame.
- Administrative and financial empowerment that would be required at decentralized levels.

3. Specify measures and initiatives that are required to maintain and/or enhance the quality of excellence of the institutions concerned.
4. To provide a road map for expansion, inclusion and excellence in the institutions and in particular to indicate the steps to upgrade these institutions of national importance to the level of outstanding global institutions.

Furthermore, in addition to PM's office TOR and Guidelines provided by the Oversight Committee, the points raised by Planning Commission to gain specific information with reference to their letter dated $14^{\text {th }}$ July 2006, as listed hereunder were also considered.

1. The manner and sequence in which the capacity expansion of $54 \%$ will take place?
2. The implementation of $27 \%$ reservation for OBCs from 2007-08? In case it is not possible to implement it, the details of the phase implementation for the year 2007-08 and 2008-09?
3. The policy changes that would be required in respect of each area to implement the reservations?
4. Advanced Administrative and financial actions that has to be initiated?
5. Order of magnitude of estimate about the likely financial resources required?

The project proposal was prepared considering very carefully the guidelines provided by the Offices of the above referred three Governmental authorities and also taking into consideration the uniform format suggested by them. However, the information desired exactly on the uniform platform of formats prescribed for the five groups is bound to lack and lag for the group on 'Medical Education' due to limitations and constraints already
pointed out in earlier sections. Currently it is difficult to provide the exact breakup of allocation of seats to SC, ST and OBC groups in various Institutions under consideration as the existing acute shortage of Faculty may compel to leave the choice of discipline-wise breakup of the allocation to the prevailing management situation (Faculty \& infrastructure) which is best understood by the Executive Authorities of each Medical Institution under consideration.

The latest Meeting convened by Oversight Committee on $24^{\text {th }}$ July, 2006 had given the platform for deliberation with regard to convergence of the issues which are around Central Theme of interest to all the five groups. It is observed that despite our best attempts, it may not be feasible to achieve the desired objectives related to the goal of providing 27\% reservations to OBCs during 2007-08; rather the approach of phasing and staging shall be preferred.

In view of the above it is realized that the finer details with regard to final proposal, each Institution-specific, shall be worked out for further considerations only after fine tuning exercise by the representatives from the Ministries of Finance and Law \& Justice in coordination with the Planning Commission as per the merits of the proposals received from those Institutions and also after obtaining the initial approval and advice of the 'Oversight Committee' that is responsible for over viewing the interests and requirements of all the five groups together.

Oversigft Committee's Emphasis on
Institution-wise $\mathcal{D e t a i l e d} \operatorname{Project}$ Reports (DPRs)
Committed to the timeline prescribed by the Oversight Committee, the Group on Medical Education had prepared its Report on $28^{\text {th }}$ July, 2006, just before receiving the Oversight Committee's document, subsequently in the evening. The valuable advice and guidelines contained in the said document emphasized and indicated for the need of preparing institution-wise Detailed Project Reports (DPRs) - 'Each Group has broadly laid down the infrastructural requirements. However, institution-wise, the specific requirements will also have to be taken into account, which would figure in the final report. The Groups should attempt preparation of institution-wise DPRs'.

Considering the essentiality of institution-wise DPRs as desired by the Oversight Committee, it was decided by the Medical Education Group to incorporate that also in the

Report. Though earlier approach was to deal with key issues involved in expansion and implementation related activities specific to Medical Education Group, a few requirements common to all the Five Groups have also been incorporated in the Report. A comprehensive exercise was also undertaken to have an overview of the institute-wise draft proposals with regard to UG and PG seats with requirements of Non-Recurring and Recurring Expenditure estimates for possible revisions wherever desired. The Report apart from dealing with institution specific DPRs, includes broad policy issues, an outline of the road map for expansion activities and reinforcement of the suggested action plan.

The key words of wisdom coined by Oversight Committee such as "Expansion", "Inclusion" and "Excellence" while recognizing the need to preserve Brand Equity of reputed institutions has given new dimensions to the entire exercise of exploring modalities to implement 27\% Reservation for OBCs in the Institutions of Higher Learning. The proposed recommendations framed by the Oversight Committee as referred in the document circulated on July 27, 2006 has brought encouragement to the individual institutions of repute to bring further refinements in their plans of expansion and implementation. Emphasis on preserving Institutional Brand Equity widened further the scope of designing and phasing out activities with more liberal touch.

The Interim Report compiled by the Oversight Committee though mainly based on the inputs contained in the Interim Reports received from the Five Specialist Groups, had given several lead points to the Groups for thorough reconsiderations by them before submitting the final reports. The Oversight Committee in its referred document also indicated the need for Institution wise Detailed Project Report (DPR) which in turn might be reviewed by the committee Institution wise - 'The Oversight Committee is committed to its mandate that the implementation process needs to commence from 2007-08. However, certain issues and constraints have been posed by the institutions through the groups concerning the time frame for implementation, especially the possibility of sudden expansion leading to loss of merit and
excellence. These issues and practical constraints will be addressed by the Oversight Committee, institution-wise on receipt of the Groups' final reports'.

Accordingly, the Medical Education Group led by DGHS had decided to call an urgent meeting of the group along with all the Institutional heads on $1^{\text {st }}$ August 2006 to elaborate further the broad viewpoints of the Oversight Committee to be incorporated in Institution specific DPRs. The institutions were advised to prepare DPR following a broad outline
identified by the Group. However, the message in spirit as underlined by the Oversight Committee was the main guiding force - 'It would now be necessary to prepare detailed project reports/feasibility reports for each institution giving the Master Plan for expansion, the specific requirements in terms of civil works, furniture and equipments as well as additional faculty and non-faculty staff and also as the time lines and required budgetary outlays. While the Oversight Committee is committed to ensuring that the implementation of reservation policy commences from the next academic session, the exact extent of additional intake that each institution can prepare themselves to receive will depend upon the extent to which each institution can optimally utilize its existing facilities and take up the work for developmental expansion of its facilities so that the additional students intake is matched by commensurate expansion in infrastructural facilities. The actual phasing of the additional intake will be decided by the Oversight Committee based on the DPRs to be given by the institute in its final report to be given by August 31, 2006. The specific details regarding the administrative and financial delegation required including the requirement of funds during the current financial year would also have to be provided in respect of each institute.'

Considering the advice of the Oversight Committee along with the time frame prescribed 'Each group will have to submit an institution-wise detailed project report (DPR) drawing up the master plan for expansion' - to be made available to the Oversight Committee by $\mathbf{1 0}^{\text {th }}$ August 2006" - the institutions were asked to submit their respective DPRs on or before $5^{\text {th }}$ August, 2006. However, the constraint of time was expressed to be the hindering factor experienced by all the institutions. But the concepts and strategies were made clearer to them every time the group of institutional heads met had proved to be an advantage. This time while preparing DPR, each institution was better equipped in understanding and realizing the intricacies involved in the entire process of implementation. Therefore, the fine-tuning exercise undertaken by each Institution was bound to bring the revisions with certain essential modifications with
regard to physical infrastructure, equipment, requirements of man power and some times also affecting estimated expenditure as projected earlier. Institution specific DPRs received from their respective heads were considered as such.

An overview of institution-wise DPRs finally reflects certain minor as well major changes with regard to number of PG seats especially in institutions like AllMS, New Delhi and

PGIMER, Chandigarh and also in estimated expenditure of the institutions like JIPMER, Pondicherry; Safdarjang Hospital \& VMMC, New Delhi and PGIMER, Chandigarh.

To enhance 191 UG seats and 373 PG seats, an Estimated Expenditure of Rs. 2811.6556 Crores may be required during the $11^{\text {th }}$ Five Year Plan Period as per the projections submitted by individual institutions.

## $\mathfrak{M E T} \mathcal{H O} \mathcal{D O} \mathcal{L O} \mathcal{G} \mathcal{Y}$

To initiate the process, two formal meetings of the Medical Education specialist group were held under the Chairmanship of DGHS. Also several informal discussions in person, telephonically and through email were held before and in between the meetings apart from the deliberations held during the meetings. During the course of these meetings both the desired inputs, as well the information received from the institutions were further deliberated. In these meetings, invited representatives from Ministry of Finance and Law \& Justice have also participated in addition to the presence of the President and Secretary of MCI. The group on "Medical Education" has focused its efforts to 11 Medical Institutions directly supported by Central Government. All these institutions are well established and have standing performance of decades and the reputation of excellence.

The Heads of these institutions or their representatives put forth their points of view and they were discussed and deliberated upon. It emerged that each institution had certain limitations and constraints either in terms of infrastructure or faculty and staff or both. There was also a general consensus that there is a need for considering relaxations in the existing norms of MCI in UG and PG Education. It was felt that in order to implement the reservation for OBCs, MCI should consider, in the larger interest, providing relaxation in the norms and suggest any other points, which would facilitate the implementation without affecting the quality of medical education.

It was realized that the increase in the number of UG and PG seats necessitates improvements in the existing infrastructure in terms of manpower including faculty and supportive staff. Also, an increase in the number of beds for clinical teaching and training; additional lecture halls, seminar rooms, demonstration, practical rooms, laboratories; hostel facilities for gents and ladies, equipment, furniture and library facilities were considered to be essential. The creation of additional posts to support infra-structural facilities must also be made available within 2 years.

Besides this, the issue of development of standards for UG Medical Education over and above 150 admissions was also considered and was found to be a limitation in
institutions like LHMC where the UG admission will be over and above the 150 admissions annually. Similar may be the case with other institutions not coming under the purview of this Committee. MCI was advised to look into this issue. The issue was also conveyed in one of the Over Sight Committee Meetings chaired by Shri M. Veerappa Moily.

The President of the National Board of Examinations, who is also a member of the Committee, informed that the National Board of Examinations can accommodate more PG students, by recognizing more Institutions, in all specialties. It was also found that the DNB Courses offered by National Board of Examinations is well structured and does not compromise on competence, quality, standards and excellence. The Committee felt that, DNB Courses can be used to fill in the gaps to achieve the proposed increase in 27\% reservations for OBCs.

In order to get the necessary inputs, the 11 institutions selected for the purpose were requested to provide the following information:

1) The existing status of the total number of seats for $U G$ and in PG disciplines and the distribution of seats in the unreserved category, SC/ST categories.
2) The additional UG and $P G$ seats required for implementation of $27 \%$ reservation for OBCs by using a multiplier -0.54 to enhance $54 \%$ seats.
3) The total number of UG and PG seats that need to be increased (by using a multiplier - 1.54 ) which will provide reservation for SC/ST \& OBC while maintaining the current availability of seats for unreserved category.
4) The number of UG and PG seats that can be increased within the existing framework of faculty \& staff and physical Infrastructure.
5) The number of PG seats than can be increased with increase in the faculty against the sanctioned strength and existing physical infrastructure.
6) The requirement of additional faculty \& staff and additional physical infrastructure in order to fulfill the norms of Medical Council of India (MCI).
7) Suggestions, if any, for relaxation in the existing norms in the UG and PG Medical Education Regulations.
8) Financial requirements for development of physical infrastructure supported by adequate man power.
9) Year wise break up of the non-recurring and recurring expenditure estimated for the entire $11^{\text {th }}$ Five Year Plan Period (2007-2012).
10) A Detailed Project Report (DPR) of each institution to be prepared keeping in mind the following broad outlines.
> Introduction and Background
$>$ Site Characteristics.
$>$ Form and structure of the existing Hospital and the Institute and the proposed expansion.
$>$ Facilities as per $\mathcal{M C I}$ norms for Under Graduate \&Post Graduate education and clinicalcare.
$>$ Infrastructure Planning and Lay out
$>$ Prasing and Scheduling
$>$ Biomedical and associated equipment services
$>I \mathcal{T} /$ Computerization including e-governance with due empfasis on extensive application of $I \mathcal{T}$ for administrative, clinic al and non-clinical functions and also setting up of real-time cost accounting system to determine cost of services to felp in establisfing cost centers, analys is and optimization of costs on a continuous basis for fixing user charges on accurate and factualcosts as well as enable create paperless and film less healthoare Institutes.
> Distribution and utilization of beds
$>$ Environmental polfution control, bio-medical waste treatment, disposaletc.
$>$ Drug inventory services, maintenance services for buildings and equipments including outsourcing of services with Cost Benefit Analys is (CBA) etc.
$>$ Linkages for referralservices, online consultancy services etc.
$>$ Detailed cost estimates for civil works (buildings, internal and external services, forticulture, (andscaping etc), internal and external electrific ation works, $\mathcal{H V A}$ works, Medical Equipments and specialized hospital services like Kitchen, laundry, CSSD, Medical Gases Manifold, Hospital Waste Management System, Bulk Oil Storage etc.
$>$ Detailed tecfnical specification of Goods, Hospital Equipments, Furniture etc. (submit detailed tecfnical specification to the client for obtaining approval wherever necessary and to make such modifications in the said specifications in consultation with the client.)
> Alternate Energy Sources.
$>$ Future Expansion Program / Vision Document
$>$ Broad Guidelines for Building Maintenance, Pharmacy, Sanitation, Security, Purchasing etc.
$>$ Outsourcing of activities/Departments.
$>$ Equipment purchase and Maintenance Policies including rental, leasing etc. with $\subset \mathcal{B A}$.
$>$ Business Models for Revenue Generation (with a view to make the institute self sustaining) as also various models on Public-Private Participation for Operation, Running, Maintenance etc. of the Institute.
$>$ Preparation of Tender Drawings/BOQ/Specifications and Selection of an Implementing Agency on a turnkey 6 asis.

Each of the institutions shall take into account the existing infrastructure and facilities available at their end while preparing the Detailed Project Report (DPR).

The institutions like AIIMS, New Delhi and PGIMER, Chandigarh were also requested to work out the requirements for allied health related courses conducted by them and to provide information on similar lines as in the case of medical courses. The information sought is still awaited. Similarly, the Government Medical College, Chandigarh, under the Ministry of Home Affairs is yet to provide the requisite information.

However, for the purpose of compilation of report, all relevant information received till date was incorporated as such but the inconsistencies found were sorted out through personal interactions as well telephonic conversations with the concerned institutions. The entire reporting has been subdivided into three parts;

- The first part (Annexure-1), deals with the existing and proposed increase in UG and PG seats,
- The second segment of analysis (Annexure-2), is focused on physical infrastructure and man power requirement supported by estimated expenditure projections and
- The third set of tables (Annexure-3), deals with the faculty requirements, and hospital beds so as to serve for inputs to conform to MCl norms or other statutory requirements, as applicable.

The institutions experienced difficulties in providing the exact breakup of allocation of seats to SC, ST and OBC groups as the existing acute shortage of Faculty has been an hindering factor and therefore, the compulsion to leave the choice of disciplinewise breakup of the allocation to the prevailing management situation (Faculty \& infrastructure) which is best understood by the Executive Authorities of each Medical Institution under consideration. The institution wise information was prepared by extracting the salient features reported by each institution and carefully looking into the advantages or limitations attached to these institutions. However, certain issues related to physical infrastructure, such as land acquisition; relaxations in financial and

Interim report of the oversight committee on the implementation of the new reservation policy in higher educational Institutions
auditing rules and Government Orders to support quick establishment of the required facilities were not analyzed considering the fact that
those issues are being addressed by the Oversight Committee taking into consideration all the five groups' consolidated needs.

# $\mathcal{A N} O \mathcal{V} E R \mathcal{V} I \mathcal{E} \mathcal{W} O \mathcal{F}$ <br> DETAILED PROIECT REPORIS (DTRS) 

From the inputs provided through their respective DPRs by the 11 Medical Institutions taken into consideration, the following observations are made.

All the 11 Medical Institutions had taken into consideration offer PG Medical Education. Only 4 of them offer UG Medical Education also.

The Undergraduate teaching is currently available only in four institutions with the total of 355 seats available which can be further upgraded to a total of 546 seats to accommodate $27 \%$ OBCs as per the norms evolved for the purpose. In most of the institutions, the increase may be feasible only with additional inputs and supplementations to the existing physical infrastructure along with faculty support. However, LHMC and VMMC may require MCI clearance apart from added infrastructure. Also, PGIMER, Chandigarh has submitted a proposal to the MOHFW to initiate Undergraduate course is to be looked into.

## Total UG seat increase is - 191 (Table-1)

However, the Postgraduate teaching is currently available in all the 11 institutions with the total of 638 seats available which can be further upgraded to a total of 982 seats to accommodate $27 \%$ OBCs as per the norms evolved for the purpose. In most of the institutions, the increase may be feasible only with provision of substantial inputs. However, the institutions like AllH\&PH, Kolkata; AlIPMER, Mumbai; CIP, Ranchi; NIMHANS, Bangalore; and NIHFW, New Delhi, are ready to implement the enhancement plan with small supplementations to existing physical infrastructure and some additional faculty support apart from filling the vacant positions. But, all the institutions except PGIMER, Chandigarh and AllMS, New Delhi, may require MCl clearance with regard to patient/bed and faculty/student ratios or a Government order of relaxation of minimum requirements, as per MCI Guidelines for PG Education.

Increase in PG Seats to accommodate
27\% reservation - 344
Actual Increase in PG Seats - 373 (Table-2)

Since National Board of Examinations (NBE) also offers PG Education in various specialties; it is also taken into account to upscale the number of seats in PG Education. It is also to be emphasized that some of the Institutions like LHMC have limitations in their available infrastructural facilities like lecture halls, practical laboratories, hostels for boys and girls and faculty and therefore restricted the increase of seats in various PG Courses. This shortfall is being compensated by the increase in the number of seats in NBE.

Almost all the institutions under consideration, barring a few, have not spelt out the detailed allocation plan to SC, ST and OBC categories either for Undergraduates in general or for Postgraduates discipline wise. This aspect requires further follow up with the institutions to meet the requirement of Oversight Committee.

## TABLE- 1

## Existing and Proposed Admission Seats for Undergraduate Medical Education

## Total Number of UG Seats

 (That should be increased in view of 27\% Reservations for OBCs)| SI. <br> No. | Name of the <br> Institution | Existing <br> UG Seats | Seats should be <br> added | Total Seats finally <br> available |
| :---: | :--- | :---: | :---: | :---: |
| 1. | AllMS, <br> New Delhi | 50 | 27 | 77 |
| 2. | JIPMER, <br> Pondicherry | 75 | 40 | 115 |
| 3. | LHMC, <br> New Delhi | 130 | 70 | 200 |
| 4. | VMMC, <br> New Delhi* | 100 | 54 | $154^{*}$ |
|  | TOTAL | $\mathbf{3 5 5}$ | $\mathbf{1 9 1}$ | $\mathbf{5 4 6}$ |

Thus, it is seen that there are four Medical Institutions under Central Government set-up where at present there are 355 UG seats available.

These institutions can increase their uptake capacity of UG to 546, i.e., an increase of 191 seats.

- VMMC, New Delhi is in the process of getting the recognition from Medical Council of India, and, if the recognition is obtained, then the Institute can increase their intake capacity from existing 100 to 154 seats.
- Otherwise, the current effective increase in the UG seats will be 137 only.


## TABLE- 2

Existing and Proposed $\mathcal{A d m i s s i o n}$ Seats for Post-graduates

Total Number of PG Degree/Diploma Seats (That should be increased in view of $27 \%$ Reservations for OBCs)

| SI. <br> No. | Name of the Institution | $\begin{aligned} & \text { Existing } \\ & \text { PG Seats } \end{aligned}$ | Seats to be added | Seats that are added | Total seats finally available |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | AllH\&PH, Kolkata | 242 | 132 | 132 | 164 |
| 2. | AIIMS, New Delhi | 139* | 75* | 75* | 214* |
| 3. | AllPM\&R, Mumbai | $\begin{gathered} 2 \\ (\mathrm{DNB}) \end{gathered}$ | $\begin{gathered} 1 \\ (\mathrm{DNB}) \end{gathered}$ | $\begin{gathered} 1 \\ (\mathrm{DNB}) \end{gathered}$ | $\begin{gathered} 3 \\ (\mathrm{DNB}) \end{gathered}$ |
| 4. | CIP, Ranchi | 18 | 10 | 10 | 28 |
| 5. | Dr.R.M.L Hospital, New Delhi | 10 | 5 | 18 | 28 |
| 6. | JIPMER, Pondicherry | 71 | 38 | 38 | 109 |
| 7. | LHMC, New Delhi | 70 | 38 | 24 | 94 |
| 8. | NIHFW, New Delhi | 17 | 10 | 10 | 27 |
| 9. | NIMHANS, Bangalore | 21 | 12 | 12 | 33 |
| 10 | PGIMER, Chandigarh | 129* | 69* | 69* | 198* |
| 11 | Safdarjang Hospital \& VMMC, New Delhi | 54 | 29 | $\begin{gathered} 29+ \\ (30 \mathrm{DNB}) \end{gathered}$ | 113 |
|  | TOTAL | 638 | 344 | 373 | 1011 |

* AlIMS, New Delhi and PGIMER, Chandigarh, have projected number of seats available as well as required using 3 years cumulative total. However, the point was clarified and accordingly the modified number of seats was finally incorporated.(i.e. one-third of the projected number equivalent to the annual intake)

Distribution of seats discipline/subject wise obtained from the respective institutions is provided in the Annexure-1.1-1.11.

To enhance 191 UG seats and 373 PG seats, an Estimated Expenditure of Rs. 2811.6556 Crores [Table-3] may be required during the $11^{\text {th }}$ Five Year Plan Period as per the projections submitted by individual institutions.
A total of Rs. 1783.975 Crores is projected as Non-Recurring expenditure [Table- 3 (a)] mainly for additional inputs towards institutional and hostel buildings, beds \& equipment and setting up of laboratories etc.

The total Recurring Expenditure is estimated to be Rs. 1027.6806 Crores [Table- 3 (b)] mainly towards salaries of additional Faculty and staff.

It may be noted that as per the decisions taken earlier, requirements proposed by the institutions have been considered as such without any alteration.

However, the fact remains that wide variations in the estimated expenditure as expected and observed between the institutions may require fine tuning by the representatives from the Ministries of Finance and Law \& Justice in coordination with the Planning Commission as per the merit of Institution wise proposals received.

TOTAL OUTLAY FOR XI PLAN EXPENDITURE (2007-2012)
(Rupees in Crores)
(i) Total Non Recurring Expenditure $=1783.9750$ [Table- 3 (a)]
(ii) Total Recurring Expenditure
$=1027.6806 \quad$ [Table- 3 (b)]

Grand Total (i) + (ii) = $2811.6556 \quad$ [Table-3]

TOTAL ANNUAL EXPENDITURE (2007 - 08)

| Non Recurring | Rs. 1316.4950 Crores |
| :--- | :--- |
| Recurring | Rs. 81.1682 Crores |
| TOTAL | Rs. 1397. 6632 Crores |

TABLE- 3
Estimated Expenditure
Total $\mathfrak{N o n - R e c u r r i n g ~ a n d ~ R e c u r r i n g ~ E x p e n d i t u r e ~}$
(In Crores)

| $\begin{aligned} & \mathcal{S} l \\ & \mathcal{N} o \end{aligned}$ | Name of the Institute | $\mathcal{N}$ on Recurring Expenditure | Recurring Expenditure | Total |
| :---: | :---: | :---: | :---: | :---: |
| 1) | $\mathcal{A I I \mathcal { H }}$ ( PH, Kolkata | 5.740 | 43.40 | 49.14 |
| 2) | $\mathcal{A I I M S}, \mathcal{N e w}$ Delfi | 835.690 | 505.9300 | 1341.6200 |
| 3) | AIIPM 厄R, Мит 6 ai | 1.555 | 1.4330 | 2.9880 |
| 4) | CIP, Rancfi | 67.500 | 31.5200 | 99.0200 |
| 5) | $\mathcal{D r} . \mathcal{R}, \mathcal{M} . \mathcal{L}$ <br> Hospital | $\mathcal{N} I \mathcal{L}$ | 6.2802 | 6.2802 |
| 6) | I IPMER Pondicfierry | 82.570 | 84.9500 | 167.5200 |
| 7) | $\mathcal{L H M}$ | 201.090 | 45.5600 | 246.6500 |
| 8) | $\mathcal{N} I \mathcal{H F W}$, $\mathcal{N e w ~} \mathrm{De}^{\text {chi }}$ | 0.260 | 7.9104 | 8.1704 |
| 9) | $\mathfrak{N I S H A N}$ | $\mathcal{N} I \mathcal{L}$ | 1.4970 | 1.4970 |
| 10) | PGISER Chandigarf | 400.500 | 235.8000 | 636.3000 |
| 11) | Safdarjang Hospital é $V \mathcal{M M C}$, $\mathcal{N e}$ w $\operatorname{De}$ 纸i | 189.070 | 60.2500 | 249.3400 |
|  | $\mathcal{T} O \mathcal{T} \mathcal{A L}$ | 1783.975 | 1027.6806 | 2811.6556 |

TABLE- 3 (a)
$\mathcal{N}$ on-Recurring Expenditure
ESTIMATED $\mathfrak{N O N}$ - RECURRING EXPENDITURE
(In Crores)

| $\begin{aligned} & \mathrm{SII} \\ & \mathrm{~N} \\ & \mathbf{0} \end{aligned}$ | Name of the Institutions | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | AlIH\&PH, Kolkata | 7.10 | 7.82 | 8.65 | 9.38 | 10.45 | 43.40 |
| 2. | AlIMS, New Delhi | 835.69 |  |  |  |  | 835.69 |
| 3. | AIIPMER, Mumbai | 00.245 | 0.275 | 0.315 | 0.345 | 0.375 | 1.555 |
| 4. | CIP, Ranchi | 09.50 | 22.0 | 26.0 | 10.0 | - | 67.50 |
| 5. | Dr.R.M.L Hospital, New Delhi | Nil | Nil | Nil | Nil | Nil | Nil |
| 6. | JIPMER, Pondicherry | 82.57 | --- | ---- | - | - | 82.57 |
| 7. | LHMC, New Delhi | 30.30 | 68.70 | 76.19 | 15.90 | 10.00 | 201.09 |
| 8. | NIHFW, New Delhi | 00.26 | - | - | - | - | 0.26 |
| 9. | NIMHANS, Bangalore | It has been already planned and allocation done accordingly. No additional allocation is required |  |  |  |  |  |
| 10 | PGIMER, Chandigarh | 173.50 | 172.50 | 37.30 | 13.60 | 3.60 | 400.50 |
| 11 | Safdarjang Hospital \& VMMC, New Delhi | 182.07 | 004.00 | 003.00 | 000 | 000 | 189.07 |
|  | TOTAL | 1316.495 | 268.875 | 143.415 | 40.505 | 14.685 | 1783.975 |

TABLE- 3 (6)
Recurring Expenditure ESTIMATED RECURRING EXPENDITURE

| $\begin{aligned} & \mathcal{S} l \\ & \mathcal{N} o . \end{aligned}$ | $\mathcal{N}$ ame of the Ins titutions | Estimated Recurring Expenditure |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 2007.08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | AII HerpH, Kolkata | 2.36 | 1.40 | . 61 | . 66 | . 71 | 5.74 |
| 2. | $\mathcal{A l I M S}$, $\mathcal{N e w ~ D e l f i ~}$ | 5.49 | 33.24 | 35.40 | 215.90 | 215.90 | 505.9300 |
| 3. |  | 0.2366 | 0.2616 | 0.2866 | 0.3116 | 0.3366 | 1.4330 |
| 4. | CIP, Ranc fir | 4.71 | 5.67 | 6.4 | 7.02 | 7.72 | 31.5200 |
| 5. | $\mathcal{D r}$.R.M. $\mathcal{L}$ Hospital, New Delfi | 0.537 | 1.0533 | 1.5633 | 1.5633 | 1.5633 | 6.2802 |
| 6. | I I PMMER <br> Pondicherry | 15.72 | 16.64 | 17.53 | 17.53 | 17.53 | 84.9500 |
| 7. | $\mathcal{L H M C}$, $\mathcal{N e w ~ D e l f i ~}$ | 02.96 | 06.15 | 10.15 | 11.94 | 14.36 | 45.5600 |
| 8. | $\mathcal{N} I \mathcal{H F W}$, $\mathfrak{N e w}$ Delfi | 1.1996 | 1.4728 | 1.7460 | 1.7460 | 1.7460 | 7.9104 |
| 9. | $\mathcal{N} I \mathcal{M H} \mathcal{H} \mathcal{N} S$, <br> Bangalore | 0.328 | 0.657 | 0.512 | - | $\cdots$ | 1.4970 |
| 10. | PGIMER, <br> Chandigarf | 34.85 | 41.70 | 48.60 | 53.00 | 57.65 | 235.8000 |
| 11. | Safdarjang <br> Hos pital \& V $\mathcal{M M}$ ( <br> New Delfi | 7.39 | 10.56 | 12.54 | 14.40 | 15.36 | 60.2500 |
|  | $\mathcal{T} O \mathcal{T A L}$ | 81.1682 | 125.7357 | 143.9419 | 333.5289 | 343.3059 | 1027.6806 |

Feasibility of Increase in UNNDER-GRADUATE Seats in
Institutions under Consideration during 2007-2008

| $\mathcal{S L} \cdot N_{0}$ | $I \mathcal{N S S I T V U T}$ | Existing UG Seats | Proposed Increase | Total $\mathfrak{N}$ o of seats | Feasigility in $2007.08$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | $\begin{gathered} \mathcal{A I I M S}, \\ \mathcal{N e w} \operatorname{De} \text { 后 } i \end{gathered}$ | 50 | 27 | 77 | No |
| 2. | $\begin{gathered} \mathcal{L H} \mathcal{M C}, \\ \mathcal{N e w} \mathcal{D e l f i}^{2} \end{gathered}$ | 130 | 70 | 200 | No |
| 3. | I IPMER <br> Pondicherry | 75 | 40 | 115 | No |
| 4 | $\mathcal{V} \mathscr{M M} C^{*} \text {, }$ <br> $\mathfrak{N e w}$ Delfi | 100 | 54 | 154 | No |

- Increase in UG seats requires fulfillment of MCI stipulations, or a relaxation from Government of India for unfulfilled standards, such as increase in the faculty strength, additional beds in the hospitals, construction of lecture halls, practical laboratories with appropriate equipments, and hostels for boys and girls, nursing staff and other supportive staff.
- ${ }^{*} V \mathcal{M M}$ C is offering the UG Course on Letter of Permission and Rene wal of Permission. This year, during the Final $\mathfrak{M B B}$ Examination, $\mathfrak{M C I}$ inspection is due for recognition of the course and award of Degree. The Institute has got clinical infrastructural facility. Government of India has to relax the norms, if the number of seats for $\mathcal{U G}$ Course has to be increased.
- Increase in the seats feasible only if existing infrastructure and faculty shortage is takencare of within 2 years, i.e., by 2008 .

Feasibility of Increase in POST-GRADULATE Seats in
Institutions under Considerationduring 2007-2008

| $\begin{aligned} & S r . \\ & \mathcal{N} O \end{aligned}$ | $I \mathfrak{N S T I T \mathcal { T } \mathcal { L }}$ | $\begin{gathered} \text { Existing No of } \\ \text { Seats } \\ (\text { Degree }+\mathcal{D i p l o m a )} \\ \hline \end{gathered}$ | Proposed <br> Increase | $\mathcal{F e}$ asibility $\text { in } 2007.08$ |
| :---: | :---: | :---: | :---: | :---: |
| 1 | $\mathscr{A I S P M R}$, Mumbai | $\begin{gathered} 2 \\ (\mathcal{D} \mathfrak{N} \mathcal{B}) \end{gathered}$ | 1 | Yes |
| 2 | CIP, Ranc fi | $\begin{gathered} 18 \\ (6+12) \end{gathered}$ | $\begin{gathered} 10 \\ (4+6) \end{gathered}$ | $\begin{gathered} \text { with } \\ \text { supplementation* } \end{gathered}$ |
| 3 | $\mathcal{D r}$. RML $\mathcal{H}$ ospital $\mathfrak{N e} w \operatorname{De}$ 后i | $\begin{gathered} 10 \\ (7+3) \end{gathered}$ | $\begin{gathered} 18 \\ (17+1) \end{gathered}$ | with additional faculty |
| 4 | $\mathcal{N} I \mathcal{H} \mathcal{F} W$, <br> New Delfi | $\begin{gathered} 17 \\ (11+6) \end{gathered}$ | $\begin{gathered} 10 \\ (6+4) \end{gathered}$ | with additional faculty |
| 5. | $\mathcal{N} I \mathcal{M H} \mathcal{A N S}$, <br> Bangalore | $\begin{gathered} 21 \\ (14+7) \\ \hline \end{gathered}$ | $\begin{gathered} 12 \\ (8+4) \\ \hline \end{gathered}$ | with additional faculty |

- *Supplementation with civilconstruction, additional equipments and Faculty.
- All these increase will require creation of additionalg unior and Senior Residency posts with salary component and residential accommodation for them.
- Feasibility of implementing the full complement of $27 \%$ reservation possible by 2008-09 provided infrastructuralfacilities are taken care of including staff requirement, additional beds, supportive staff etc.

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ADDITIONNAL REQUIREMENIS NNEEDED BY EACH INSTIT\mathcal{TIION}
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It is expressed here that the additional requirements for the institutions as reflected in DPRs have been worked out differently by different institutions, which is only indicative of an approximate amount of non-recurring and recurring as well the consolidated expenditure estimated for over a period of Five year to coincide with $11^{\text {th }}$ Five-year plan period.

## The final details of the financial implications;

$>$ Have to be worked out by the representatives from the Finance Ministry, Government of India, who attended the two meetings organized under the Chairmanship of DGHS, and
> Consultations with MCI or across the board relaxation of the MCI norms by the Government of India and final approval of Planning Commission may also be needed to arrive at the justified estimated expenditure before its shaping by the Oversight Committee.

Information provided in institution-wise DPRs has been reproduced as such.
Out of the 11 Institutions under consideration by the 'Medical Education' specialist Group two namely AIIMS, New Delhi and PGIMER, Chandigarh have been quite enthusiastic and are ready to expand with their own modified norms. The details provided by them are a cumulative one for three years. After discussion, it has been clarified and the details are worked out on an annual basis. In view of the above facts, projections submitted by these two Institutions are to be looked into very carefully and also may require special attention to respect their ability and capacity to expand.

Other remaining 9 Institutions have submitted their detailed proposals as per the norms outlined may be considered to be within justified limits of estimated expenditure subject to scrutiny by the Oversight Committee.

## ISSUES $\mathcal{A N D}$ S UGGESTIONS

Planning and evolving comprefiensive strategies by exploring the ways and means of ensuring the desired increase in the total number of seats in Undergraduate and Postgraduate courses, in order to implement $27 \%$ reservation for $O \mathcal{B C s}$, requires serious considerations on certain core issues. Though it is understood that in most of the institutions without the supplemental inputs related to infrastructure and manpower the enfiancement in seats may not at all be feasible, by default it also warrants to bring justified changes in policies both with regards to patients, beds; student-teacher ratios and flexibility in student intake limits fixed for those institutions. That is not suggested just to buy economy in Government expenditure, but may rather be essential to meet the requirements of additional Faculty which is currently a scarce community of the medical fraternity in the entire country especially in view of the rapid expansion of medical educational institutions in the private sector clubbed with the recent enfancement in exporting pace of qualified personnel to the cadre of globalservices.

The school of thought dedicated to bring excellence in medicaleducation with support of several regulatory authorities in the country mainly bank upon Medical Council of India, $\mathcal{N a t i o n a l ~ B o a r d ~ o f ~ E x a m i n a t i o n s ~ a n d ~ M e d i c a l ~ U n i v e r s i t i e s ~ a p a r t ~ f r o m ~ o t h e r ~}$ Universities and agencies enjoying autonomous status. This opportunity of expansiontask linked with provision of reservations to $O \mathcal{B C s}$ should be perceived as a boon to conduct reorganization and refasfioning exercise for the entire medical education system which in turn must further strengthen the issue of excellence in medical education on par with global standards. Though similar issues may be of concern to other four specialist groups, Medical Education group in particular had identified specific limitations and constraints with regard to very strong regulatory system prevailing in medicaleducation, as well the existing acute shortage of Faculty er taff in Medic al Institutions.

## Issues related to fuman resource development and suggestions

1. A mechanism should be developed to reorganize medical education in all the medical institutions in the country to equip them for production of the desired force of medical faculty and that fias to be a continuous process. It is further recommended to form a separate Task Force to lookinto the affairs of Faculty requirements in the country on a long term basis.
2. The taskforce should also take care of other health related para-professional courses like, $D_{2}$ ntistry, $\mathcal{N}$ ursing, Pharmacy, Laboratory $\mathcal{T e c h n o l o g y e t c . ~}$
3. In the mean time it is recommended to consider the feasibility of relaxations in the age of retirement / superannuation of the faculty across the board to 65 years which should be applicable to the existing faculty and also for reemployment of faculty who have superannuated in the last three years. It is understood that in the defence services, there are qualified medical teachers 60 th $\mathcal{U G}$ and $P G$ available who retire from service at an early age (possibly at 45 . 50 years of age). Besides, there are a good number of qualified teachers who have retired from the defense services in the last two years.
4. There is a need to relook into the MCI Acts, Rules and Regulations with an idea to weed out restrictive provisions and incorporate facilitatory provisions, so as to enable $\operatorname{Medical}$ Education to expand fast without compromising on quality of the products. This would enable up scaling of Human Resources Development and needs.

## Issues related to $S$ tatutory Bodies and $S$ uggestions

5. There has to be a Government Order for relaxation in the statutory norms for increase in the number of seats for $\mathcal{U G}$ and $\mathcal{P G}$ courses as advocated by Medical Council of India and National Board of Examinations. It strould definitely include relaxation of statutory norms regarding the concept of "Clinical Unit", $P G$ Teacker to $\mathcal{P G} \mathcal{S}$ tudent ratio as well as criterion for a $\mathcal{P G} \mathcal{T e}$ acker. It is also suggested that any other relaxation of the statutory norms, as deemed necessary by the MCI should also be taken care of by the Government. After deliberations on $13^{\text {th }} \mathrm{g}$ uly, 2006, meeting with Member Secretary, Planning Commission along with $\operatorname{IS}(\mathcal{B I})$, $\operatorname{MCI}$ representative and $\mathcal{D D G}(\mathscr{M})$ it was impressed upon that MCI should look into these issues. The MCI suggested mechanisms evolved on the basis of the deliberations held during their meeting on $21^{\text {st }} \mathrm{I}$ une, 2006 shall need to be considered. It needs to be specifically focused to the present requirements and supported by the MCI recommendations, failing which, there should be a Government Order of relaxation.
6. Also the relaxation on man-power and infrastructure requirements by MCI shall be considered, taking into consideration the shortage of faculty and
other staff in various disciplines. This is essential because the Government would take some time to get the vacant post filled up and build up infrastructural facilities. (Requested and recommended only for a period of two years corresponding to the course of capacity building (2007-2009).
7. The $\mathcal{D N} \mathcal{N}$ degree as awarded by $\mathcal{N a t i o n a l}$ Board of Examinations ( $\mathfrak{N B E}$ ) is an alternate mechanism of increasing the number of Medical Specialists. The $\mathcal{N} \mathcal{B E}$ utilizes the available resources in Medical Institutions and Hospitals for running their $\mathcal{P G} \operatorname{Programs.}$ The Government is of the considered view that $\mathcal{N a t i o n a l} \mathcal{B o a r d}$ of Examinations helps in increasing the man power requirement of Quality Teackers and Health Personnel.
8. The $\mathcal{D N} \mathcal{N}$ Qualifications are at par with $\mathcal{M D} / \mathcal{M S}$ Degrees and are recognized qualification included in the First Schedule to the IMC Act 1956.
9. This will provide an opportunity to increase the number of $\mathcal{P G}$ seats in those institutions where adequate number of $\mathcal{P G}$ Teachers are available with immediate effect.
10. Institutions need to be encouraged to take up candidates for $\mathcal{D N} \mathcal{B}$ Courses, as applicable at their end, as this does not involve any major recurring/nonrecurring expenditure
11. Institutions which cater to only $\mathcal{P G}$ training should also be considered for starting UG Courses simultaneously.

## Administrative and Fiscal Issues related to Infrastructure and Development

12. Administrative and Financial powers over and above the existing powers need be delegated to the heads of these institutions to carry out necessary actions in $t$ fis regard.
13. To initiate advanced administrative and financial actions, provisions should be made to accommodate $5 \%$ of the total estimated expenditure for preparatory activities through appropriate reflections in Revised Estimates 2006-07.
14. Also an appropriate authority which can give a "single window clearance", may be established in MOHFH for carrying out desired administrative actions followed by the financial approval.
15. As indicated, the magnitude of the total non-recurring and recurring expenditure amounts to $\mathcal{R s} .2811 .6556$ Crores based on the inputs provided by the various institutions. This may require fine tuning by the Planning Commission in coordination with the Ministry of Finance. This also needs mechanisms to be initiated in such a way that these institutions also develop measures to absorb requirements accordingly within the time frame stipulated.
16. These institutions should also develop measures to absorb the allocations accordingly witfin the time frame stipulated. This would require appointing og a Financial Consultant in eacfr of these institutions.
17. These institutions should also develop a mechanism of optimum utilization of available and newly appointed faculty and staff. This would be facilitated if a Human Resource Consultant is posted ineach of these institutes
18. Some of the institutions can increase the number of $\mathcal{P G}$ seats within the existing infrastructure to a certain number, but not to the extent required. The implementation of 27 \% reservation for $O \mathcal{B C s}$ shall be achieved during 2007-08 and 2008-09, 6ut there fias to be an allowance for carried over for a year more to 2009-10

## 

In order to implement the enhancement of UG \& PG seats for $27 \%$ reservation to OBCs, by $54 \%$ in all institutes of higher learning as listed earlier, the following bottlenecks or impediments need to be addressed and mechanisms as appropriate need to be instituted for the effective implementation.

## 1. Administrative Impediments:

$>$ The increase in seats by $54 \%$ to accommodate $27 \%$ reservation for OBCs brings in impediments in the administrative mechanisms for implementation. The routine Government machinery of EFC/SFC proposals preparation, getting the necessary approval, creation of additional posts, (teaching, non teaching, supportive staff etc.) formalities to be followed and completed in acquisition of land, construction of buildings taking into consideration the rules, regulations and laws as applicable at different places, processing the necessary proposals in the hierarchy of the Governmental structure are some of the impediments in administration. These are only illustrative.

- Each institution and organization shall have these as commonalities, but specific administrative impediments as applicable to individual institutes need to be considered.
> The procedural delays for creation, sanction, advertisement, interviews, offer of appointment, time for joining for Faculty and staff appointment by DOPT, UPSC, concerned Ministries, Departments do impede the enforcement of increase in the seats, as without adequate and required faculty, the quality of education and excellence of an institution will suffer.


## 2. Financial Impediments:

> The funds required for such an expansion of $54 \%$ to accommodate $27 \%$ reservation for OBCs by increasing the number of UG/PG seats involve requirement of additional finance, which need to be calculated by estimating the essential and optional requirements of human, physical, fiscal, material resources. Once it is done, there is a long drawn process of sanction to individual ministries, which need to be cut down drastically without compromising financial principle. Finally, financial allocation is the first necessity to 'kick-start' the process of implementation.
> The preparation of proposals, approval by concerned authorities under whom the institutes function, approval and grant of finance by the Ministry of Finance, Department of Expenditure, allotment of contracts for construction, procurement of equipments etc., do involve a lot of human effort but procedural delays and sanction of fiscal resources at appropriate times of need are points that need serious considerations. These are important impediments in the utilization of allocation, which will slow down implementation, if a well structured mechanism is not put in place.

## 3. Statutory Impediments:

> Though institutions may be capable of increasing the number of seats, strict compliance to the existing statutory regulations and acts of Regulatory bodies like the Medical Council of India, Universities pose an impediment. The existing statutory regulations in Medical Education do not allow such an expansion under the existing conditions. These should be relaxed by MCI immediately or the Government of India should give a "one-time" waiver/ relaxation to all these 11 Institutions.

## 4. Institutional Impediments:

> The proposed increase in UG/PG seats to accommodate $27 \%$ reservation for OBCs will be implemented by the respective institutions. The institutions also have impediments in regard to implementation by way of preparation of their brochure, prospectus, admission criteria, conduct of an entrance examination, fulfilling the statutory norms and regulations of various regulatory bodies, organizing the curriculum, course content, evaluation mechanisms etc. The problems are compounded in Medical Education as everything is related to patient health care and linked to networking and interlinking mechanism. Only the respective institutions know their strengths and weaknesses in the execution of this work. Moreover, both UG and PG Admissions are as per the schemes laid down by the Hon'ble Supreme Court of India, where the Government has little flexibility.

In view of the above impediments, it is realized that the setting up of an Empowered Committee in each institution and Ministry which will give the necessary approvals and sanctions.

- This Empowered Committee can be constituted in each institution as per their relevant Governing norms. The Empowered Committee should be given clear cut terms of reference with appropriate powers of delegation.
- The delegation must ensure that the local unit will have the powers to issue necessary administrative orders for undertaking civil works and procurement of furniture and equipment.
- The Empowered Committee will also supervise the implementation of the development plan, observance of timelines and quality aspects of the projects' execution.
- Suitable policies will have to be notified for establishment of the Empowered Committee and also for delegation of financial and administrative powers.

Additionally, the Ministry of Health \& Family Welfare may also constitute an appropriate Committee which will have the Secretary (H\&FW), representatives from the Ministry of

Finance, Directorate General of Health Services and Planning Commission along with the head of the institution concerned, to discuss and to issue necessary administrative orders for implementation and execution of all concerned works and matters related to increase in the UG/PG seats.

It is also suggested that there should be an Implementation Monitoring Committee which will review the progress in the implementation of the OBC reservation plan and the execution of DPRs.

All construction / renovation work should be given to appropriate agencies as deemed fit, to ensure timely outcome, in the form of a "turn key" project.

All contractual recruitment work should be outsourced.

## INS $\mathcal{N}$ ITUII ON S PECI FIC IMPEDI MENTS IS S UES

## 1. AllH\&PH, Kolkata

## IMPEDIMENTS:

Need of additional institutional building structure, additional faculty, additional staff, equipments, vehicles and hostels.

## SOLUTION:

Fast track mechanism to expedite the construction works, creation of additional posts for appointment of faculty and staff. Enhancement of salary for contractual appointment.

## 2. AllMS, New Delhi

As the institute is established by an Act of Parliament, the issues related to implementation of $27 \%$ reservation for OBC in both UG and PG will be taken up with the Governing Body.

## 3. AllPM\&R, Mumbai

Addition of one DNB Seat as required is feasible within the existing infrastructure with minimal supplementation in faculty and staff strength.

## 4. CIP, Ranchi

## IMPEDIMENTS:

Need of additional institutional building structure, additional faculty, additional staff, equipments and hostels.

## SOLUTION:

Fast track mechanism to expedite the construction works, creation of additional posts for appointment of faculty and staff. Enhancement of salary for contractual appointment

## 5. Dr.R.M.L Hospital, New Delhi

## IMPEDIMENTS:

Need of additional land for construction of institutional building structure, additional faculty, additional staff, equipments, vehicles and hostels. An EFC of the proposed PGIMER has already been approved.

## SOLUTION:

Fast track mechanism to expedite the construction works as approved in the EFC, creation of additional posts for appointment of faculty and staff. Enhancement of salary for contractual appointment.

## 6. JIPMER, Pondicherry

## IMPEDIMENTS:

Need of additional institutional building structure, additional faculty, additional staff, equipments, vehicles and hostels.

## SOLUTION:

Fast track mechanism to expedite the construction works, creation of additional posts for appointment of faculty and staff, payment of hardship allowance and enhancement of salary for contractual appointment to a tune of Rs.35, 000/- per month.

## 7. LHMC, New Delhi

## IMPEDIMENTS:

Need of additional land for construction of institutional building structure, additional faculty, additional staff, equipments, vehicles and hostels.

## SOLUTION:

Fast track mechanism to expedite the construction works, creation of additional posts for appointment of faculty and staff, payment of hardship allowance and enhancement of salary for contractual appointment to a tune of Rs.35, 000/- per month.

## 8. NIHFW, New Delhi

As the institute is autonomous, the issues related to implementation of $27 \%$ reservation for OBCs in PG education will be taken up with its Executive Council...

## 9. NIMHANS, Bangalore

As the institute is established by an Act of Parliament, the issues related to implementation of $27 \%$ reservation for OBC in both UG and PG will be taken up with the Governing Body.

## 10. PGIMER, Chandigarh

As the institute is established by an Act of Parliament, the issues related to implementation of $27 \%$ reservation for OBC in both UG and PG will be taken up with the Governing Body.

## 11. SAFDARJANG HOSPITAL and VMMC, New Delhi IMPEDIMENTS:

Need of additional land for construction of institutional building structure, additional faculty, additional staff, equipments, vehicles and hostels.

## SOLUTION:

Fast track mechanism to expedite the construction works, creation of additional posts for appointment of faculty and staff, payment of hardship allowance and enhancement of salary for contractual appointment to a tune of Rs.35, 000/- per month.

| 2006-2007 |  |  |
| :---: | :---: | :---: |
| August '06 | Finalization of institute-wise DPRs to be incorporated in Oversight Committee Report. | Coordination between Planning Commission and Ministry of Finance along with the MOHFW and Institute Officials. |
| September '06 | Modifications in DPRs, if any, to match with the overall budgetary allocations to different Groups with the approval of Government of India. | Coordination between Planning Commission and Ministry of Finance along with the MOHFW and Institute Officials. |
| October '06 | Allocation of 5\% advance of the total estimated expenditure in each institution's RE (2006-07). | Ministry of H \& FW along with the Institute Officials. |
| Nov - Dec '06 | Issue of orders (Administrative, Financial along with Policy Modifications such as MCI Regulations) for implementation of expansion within the existing framework with supplementation of small inputs. | Coordination between concerned Ministries and MCI / NBE /Universities along with the MOHFW and Institute Officials. |
| January '07 | - Provisions for procurement of equipments, Civil Work, Recruitment of Faculty and staff. | Coordination between institutional heads and Ministry of H \& FW. |
|  | - Also the Advertisement for admissions with enhanced PG seats. <br> - Release of $5 \%$ advance fund already allocated. |  |
| February '07 | Advertisement for admissions with enhanced UG seats. Selections for PG admissions to be completed. | Coordination between institutional heads and Ministry of H \& FW. |
| March '07 | Commissioning of additional supplemental facilities | Coordination between institutional heads and Ministry of $\mathrm{H} \& \mathrm{FW}$. |

## ROAD $\mathcal{M A P} \mathcal{F O R}$ EXPANSION(PROPOSED-OUILINE)

| Time Line | Core Activities | Action Responsibility |
| :---: | :---: | :---: |
| 2007-2008 <br> April - June ‘07 | - Setting up of an Empowered Committee in each Institution and in the Ministry. <br> - Setting up of an Implementation Monitoring Committee in the MOHFW for the execution of final DPRs <br> - Sanction and release of funds already approved for the financial year 2007-08 for each institution along with overall allocation of funds to the Ministry of H \& FW as reflected in finally approved $11^{\text {th }}$ Five-year Plan. <br> - Initiation \& foundation all Civil works, Processing of purchase of equipments, furniture etc. | Coordination between Planning Commission and Ministry of Finance along with the MOHFW and Institute Officials |
| July - Sept.'07 Oct. - Dec.'07 | Programme Monitoring <br> Programme Monitoring | Programme Implementation Monitoring Committee |
| - Mar. 08 | Overall Review of completion of Civil work, purchase of equipments, positioning of staff | Coordination between Planning Commission and Ministry of Finance along with the MOHFW and Institute Officials |
| 2008-2009 |  |  |
| April - Sept.'08 | Sanction and release of funds already approved for the financial year 2008-09 for each institution | -----Do------- |
| Oct.'08-Mar'09 | Programme Monitoring and Overall Review | Programme Implementation Monitoring Committee |
| 2009-2010 |  |  |
| April - Sept.'09 | Sanction and release of funds already approved for the financial year 2009-2010 for each institution | Coordination between Planning Commission and Ministry of Finance along with the MOHFW and Institute Officials |
| Oct. '09-Mar'10 | Programme Monitoring and Overall Review |  |

## ANNUXURE-1

## POSTGRADUATE SEATS - DISCIPLINEWISE BREAKUP

| ANNEXURE (1.1) | AllH\&PH, Kolkata |
| :--- | :--- |
| ANNEXURE (1.2) | AIMS, New Delhi |
| ANNEXURE (1.3) | AlIPMER, Mumbai |
| ANNEXURE (1.4) | CIP, Ranchi |
| ANNEXURE (1.5) | Dr. R.M.L Hospital, New Delhi |
| ANNEXURE (1.6) | JIPMER, Pondicherry |
| ANNEXURE (1.7) | LHMC, New Delhi |
| ANNEXURE (1.8) | NIHFW, New Delhi |
| ANNEXURE (1.9) | NIMHANS, Bangalore |
| ANNEXURE (1.10) | PGIMER, Chandigarh |
| ANNEXURE (1.11) | SAFDARJANG HOSPITAL and |
|  | VMMC, New Delhi |

## 1. AllH\&PH, KOLKATA

## POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| SI. <br> No. | Discipline | Existing PG Seats <br> (107) |  | Seats feasible/should be <br> added (57) |  | Total seats feasible/should be available <br> $(164)$ |  |  |
| ---: | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Comm. Medicine | 7 | - | 4 | - | 11 | - | 11 |
| 2. | Industrial Health | - | 10 | - | 5 | - | 15 | 15 |
| 3. | Maternity \& Child Welfare | - | 30 | - | 16 | - | 46 | 46 |
| 4. | Public Health | - | 60 | - | 32 | - | 92 | 92 |
|  | TOTAL | $\mathbf{7}$ | $\mathbf{1 0 0}$ | $\mathbf{4}$ | $\mathbf{5 3}$ | $\mathbf{1 1}$ | $\mathbf{1 5 3}$ | $\mathbf{1 6 4}$ |

Note:- 1. Some non-medical Degree/Diploma courses conducted at the Institute were not considered for the purpose.
2. Additional seats feasible within the existing framework of infrastructure.

## ANNEXURE-1. 2

## 2. AIIMS, NEW DELHI

| $\begin{array}{\|l\|} \hline \text { SI. } \\ \text { No. } \end{array}$ | Discipline | Existing PG Seats (415) |  | Seats feasible/should be added (223) |  | Total seats feasible/should be available (638) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Anaesthesia | 24 | - | 13 | - | 37 | - | 37 |
| 2. | Anatomy | 12 | - | 6 | - | 18 | - | 18 |
| 3. | Biochemistry | 9 | - | 5 | - | 14 | - | 14 |
| 4. | Biophysics | 9 | - | 5 | - | 14 | - | 14 |
| 5. | Comm. Med.(PSM) | 15 | - | 8 | - | 23 | - | 23 |
| 6. | Dental Surgery | 18 | - | 10 | - | 28 | - | 28 |
| 7. | Dermatology | 9 | - | 5 | - | 14 | - | 14 |
| 8. | Forensic Medicine | 6 | - | 3 | - | 9 | - | 9 |
| 9. | Hospital Admn (Main) | 4 | - | 4 | - | 8 | - | 8 |
| 10. | Laboratory Medicine | 6 | - | 3 | - | 9 | - | 9 |
| 11. | Medicine | 36 | - | 19 | - | 55 | - | 55 |
| 12. | Microbiology | 9 | - | 5 | - | 14 | - | 14 |
| 13. | Nuclear Medicine | 6 | - | 3 | - | 9 | - | 9 |
| 14. | Obst/Gynae | 27 | - | 15 | - | 42 | - | 42 |
| 15. | Ophthalmology (RPC) | 72 | - | 39 | - | 111 | - | 111 |
| 16. | Orthopaedics | 12 | - | 6 | - | 18 | - | 18 |
| 17. | Otorhinolaryngology (ENT) | 9 | - | 5 | - | 14 | - | 14 |
| 18. | Paediatrics | 18 | - | 10 | - | 28 | - | 28 |
| 19. | Pathology | 18 | - | 10 | - | 28 | - | 28 |
| 20. | Pharmacology | 9 | - | 5 | - | 14 | - | 14 |
| 21. | Physiology | 12 | - | 6 | - | 18 | - | 18 |
| 22. | Psychiatry | 17 | - | 9 | - | 26 | - | 26 |
| 23. | Psychiatry (NDDTC) | - | - | 4 | - | 4 | - | 4 |
| 24. | Radio-Diag. | 16 | - | 9 | - | 25 | - | 25 |
| 25. | Radio-therapy | 6 |  | 3 | - | 9 | - | 9 |
| 26. | Rehabilitation | 6 | - | 3 | - | 9 | - | 9 |
| 27. | Surg/Paed Surg | 30 | - | 10 | - | 40 | - | 40 |
|  | TOTAL | 415 |  | 223 |  | 638 |  | 638 |

Note:- 1. SR : PG ratio is 1:2 for Clinical Specialties as per AllMS norms.
2. Calculated on the basis of 4 PGs for a module of 25 Hospital Beds as per AllMS norms.
3. AIIPMER, MUMBAI

## POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| $\begin{array}{\|l\|} \hline \text { SI. } \\ \text { No. } \end{array}$ | Discipline | Existing PG Seats <br> (2) |  | Seats feasible/should be added (1) |  | Total seats feasible/should be available (3) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | DNB (PMR) |  | 2 |  | 1 |  | 3 | 3 |

Note:- 1. The institute is recognized only for DNB (PMR) by National Board Examinations.
2. Additional seat feasible within the existing framework of infrastructure

## 4. CENTRAL INSTITUTE OF PSYCHIATRY, RANCHI

## POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| $\begin{aligned} & \text { SI. } \\ & \text { No. } \end{aligned}$ | Discipline | Existing PG Seats (18) |  | Seats feasible/should be added (27/10) |  | Total seats feasible/should be available (45/28) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Psychiatry | 6 | 12 | 9 | 18 | 15 | 30 | 45 |

Note:- Additional seats feasible within the existing framework of infrastructure of beds and faculty but adequate hostel facilities are required to be added

## 5. Dr.RML HOSPITAL, NEW DELHI

## POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| SI. <br> No. | Discipline | Existing PG Seats (10) |  | Seats feasible/should be added (18) |  | Total seats feasible/should be available (28) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Anaesthiology | 1 | - | 1 | - | 2 | - | 1 |
| 2. | Dermatology | - | 1 | 2 | - | 2 | 1 | 3 |
| 3. | E.N.T. | - | - | 1 |  | 1 | - | 1 |
| 4. | Eye | - | 1 | 2 | - | 2 | 1 | 3 |
| 5. | Gen.Medicine | 2 | - | 4 | - | 6 | - | 6 |
| 6. | Gen.Surgery | 1 | - | 1 | - | 2 | - | 2 |
| 7. | Orthopaedics | 1 | - | 1 | - | 2 | - | 2 |
| 8. | Paediatrics | - | 1 | 3 | 1 | 3 | 2 | 5 |
| 9. | Pathology | - | - | 2 |  | 2 | - | 2 |
| 10. | Radiodiagnosis | 2 | - | - | - | 2 | - | 2 |
|  | TOTAL | 7 | 3 | 17 | 1 | 24 | 4 | 28 |

Note:- 1. The above 18 additional seats are feasible within the existing framework of infrastructure provided 3 vacant faculty positions are filled up.
2. The EFC of the proposed PGIMER at RMLH has already been approved, where there is a provision of 46 Postgraduate degree seats and 3 diploma seats. In that case, further an additional 26 PG degree seats and 21 diploma seats may be added as per MCl rules without requirement of any infrastructure/clinical material. However, 26 more posts of faculty in various disciplines would be required.

## 6. JIPMER, PONDICHERRY

POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| SI. <br> No. | Discipline | Existing PG Seats (71) |  | Seats feasible/should be added (38) |  | Total seats feasible/should be available (109) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Anaesthesia | 6 | - | 3 | - | 9 | - | 9 |
| 2. | Anatomy | 2 | - | 1 | - | 3 | - | 3 |
| 3. | Biochemistry | 2 | - | 1 | - | 3 | - | 3 |
| 4. | Comm. Med.(PSM) | 2 | - | 1 | - | 3 | - | 3 |
| 5. | Dentistry | - | - | - | - | - | - | - |
| 6. | Dermatology | 3 | 2 | 1 | 1 | 4 | 3 | 7 |
| 7. | ENT | 2 | - | 1 | - | 3 | - | 3 |
| 8. | Forensic Medicine | - | - | - | - | - | - | - |
| 9. | Gen.Medicine | 8 | - | 4 | - | 12 | - | 12 |
| 10. | Microbiology | 2 | - | 1 | - | 3 | - | 3 |
| 11. | Obst/Gynae | 8 | - | 4 | - | 12 | - | 12 |
| 12. | Ophthalmology | 3 | 2 | 1 | 1 | 4 | 3 | 7 |
| 13. | Orthopaedics | 2 | 2 | 2 | - | 4 | 2 | 6 |
| 14. | Paediatrics | 5 | 1 | 2 | 1 | 7 | 2 | 10 |
| 15. | Pathology | 3 | - | 1 | - | 3 | - | 3 |
| 16. | Pharmacology | 2 | - | 1 | - | 3 | - | 3 |
| 17. | Physiology | 2 | - | 1 | - | 3 | - | 3 |
| 18. | Psychiatry | 1 | - | 1 | - | 2 | - | 2 |
| 19. | Radio-Diag. | 2 | 1 | 1 | 1 | 3 | 2 | 5 |
| 20. | Radio-therapy | - | - | 2 | - | 2 | - | 2 |
| 21. | Rehabilitation | - | - | - | - | - | - | - |
| 22. | Surg/Paed Surg | 8 | - | 4 | - | 12 | - | 12 |
| 23. | T.B. \& Chest | 1 | - | - | - | 1 | - | 1 |
|  | TOTAL | 63 | 8 | 34 | 4 | 97 | 12 | 109 |

Note:- Additional seats feasible within the existing framework of infrastructure but it may take 2 years after filling up 75 vacant posts at the level Assistant Professors and for their eligibility to become PG teachers.

## 7. LADY HARDINGE MEDICAL COLLEGE, NEW DELHI

POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| SI. No. | Discipline | Existing PG Seats (70) |  | Seats feasible/should be added (24) |  | Total seats feasible/should be available (94/108) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Anaesthesia | 2 | 1 | 2 | 1 | 4 | 2 | 6 |
| 2. | Anatomy | 2 | - | - | - | 2 | - | 2 |
| 3. | Biochemistry | 2 | - | - | - | 2 | - | 2 |
| 4. | Comm. Med.(PSM) | 3 | - | - | - | 3 | - | 3 |
| 5. | Dentistry | - |  | - |  | - | - | - |
| 6. | Dermatology | 2 | - | - | - | 2 | - | 2 |
| 7. | ENT | 2 | 1 | 2 | 1 | 4 | 2 | 6 |
| 8. | Forensic Medicine | 2 | - | - | - | 2 | - | 2 |
| 9. | Gen.Medicine | 6 | - | - | - | 6 | - | 6 |
| 10. | Microbiology | 2 | - | - | - | 2 | - | 2 |
| 11. | Obst/Gynae | 6 | 8 | 4 | - | 10 | 8 | 18 |
| 12. | Ophthalmology | 2 | 1 | 2 | 1 | 4 | 2 | 6 |
| 13. | Orthopaedics | 2 | - | - | - | 2 | - | 2 |
| 14. | Paediatrics | 5 | 4 | 6 | 3 | 11 | 7 | 18 |
| 15. | Pathology | 3 | - | - | - | 3 | - | 3 |
| 16. | Pharmacology | 2 | - | - | - | 2 | - | 2 |
| 17. | Physiology | 2 | - | - | - | 2 | - | 2 |
| 18. | Psychiatry | 2 | - | - | - | 2 | - | 2 |
| 19. | Radio-Diag. | - |  | - |  | - | - | - |
| 20. | Radio-therapy | - |  | - |  | - | - | - |
| 21. | Rehabilitation | - |  | - |  | - | - | - |
| 22. | Surg/Paed Surg | 5 | - | - | - | 5 | - | 5 |
| 23. | T.B. \& Chest | - | - | - | - | - | - | - |
|  | TOTAL | 52 (54) | 15 (16) | 16 (18) | 6 | 68 (72) | 21 (22) | 89 (94) |

Note:- While providing discipline-wise distribution for 94 (total) seats some 3 seats have lost their track resulting in the information provided only for 89 seats. Additional seats feasible within the existing framework of infrastructure provided the vacant faculty positions are filled in.

## 8. NIHFW, NEW DELHI

POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| SI. <br> No. | Discipline | Existing PG Seats <br> (17) |  | Seats feasible/should be <br> added (10) |  | Total seats feasible/should be <br> available (27) |  |  |
| :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Community Health <br> Administration | 11 | - | 6 | - | 17 | - | 17 |
| 2. | Health Administration | - | 6 | - | 4 | - |  | 10 |
|  | TOTAL | $\mathbf{1 1}$ | $\mathbf{6}$ | $\mathbf{6}$ | $\mathbf{4}$ | $\mathbf{1 7}$ | $\mathbf{1 0}$ | $\mathbf{2 7}$ |

Note:-Small supplementation to some equipments as well as added faculty and staff may be needed.
9. NIMHANS, BANGALORE

## POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| SI. <br> No. | Discipline | Existing PG Seats <br> (21) |  | Seats feasible/should be added <br> (12) |  | Total seats feasible/should be available |  |  |
| :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
|  |  | 14 | 7 | 8 | 4 | 22 | 11 | 33 |

Note:- Additional seats feasible within the existing framework of infrastructure including beds and faculty.
10. PGIMER, CHANDIGARH

## POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| $\begin{array}{\|l\|} \hline \text { SI. } \\ \text { No. } \end{array}$ | Discipline | Existing PG Seats (388) |  | Seats feasible/should be added (129/210) |  | Total seats feasible/should be available (517/598) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1) | Anaesthesia | 38 | - | 13/20 | - | 51/58 | - | 51/58 |
| 2) | Biochemistry | 5 | - | 2/3 | - | 7/8 | - | 7/8 |
| 3) | Community Medicine | 6 | - | 2/3 | - | 8/9 | - | 8/9 |
| 4) | Dermatology | 10 | - | 3/5 | - | 13/15 | - | 13/15 |
| 5) | ENT | 10 | - | 3/5 | - | 13/15 | - | 13/15 |
| 6) | General Surgery | 55 | - | 18/29 | - | 73/84 | - | 73/84 |
| 7) | Medicine | 55 | - | 18/29 | - | 73/84 | - | 73/84 |
| 8) | Microbiology | 10 | - | 3/5 | - | 13/15 | - | 13/15 |
| 9) | Nuclear Medicine | 6 | - | 2/3 | - | 8/9 | - | 8/9 |
| 10) | OBGY. | 23 | - | 8/12 | - | 31/35 | - | 31/35 |
| 11) | Ophthalmology | 16 | - | 5/9 | - | 21/25 | - | 21/25 |
| 12) | Orthopaedics | 17 | - | 6/9 | - | 23/26 | - | 23/26 |
| 13) | Paediatrics | 61 | - | 20/33 | - | 81/94 | - | 81/94 |
| 14) | Pathology | 19 | - | 6/10 | - | 25/29 | - | 25/29 |
| 15) | Pharmacology | 8 | - | 3/4 | - | 11/12 | - | 11/12 |
| 16) | Psychiatry | 16 | - | 5/9 | - | $1 {fbb867723-3ef6-4be6-a551-aab648e1d4c3} / 25$ |  |  |
| 17) | Radiodiagnostics | 19 | - | 6/10 | - | 15/29 | - | 15/29 |
| 18) | Radiotherapy | 8 | - | 3/4 | - | 11/12 | - | 11/12 |
| 19) | Transfusion Medicine | 8 | - | 2/3 | - | 10/11 | - | 10/11 |
|  | TOTAL | 388 |  | 129/205 |  | 517/593 |  | 517/593 |

Note:- 1. The present total capacity of PG seats is 491. The present yearly seats are 129.
2. The proposed yearly increase is 205 seats with an average intake of around 69 per year, with additional faculty.
11. SAFDARJUNG HOSPITAL \& VMMC, NEW DELHI

POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

| SI. No. | Discipline | Existing PG Seats (54) |  | Seats feasible/should be added (29) |  | Total seats feasible/should be available (83) |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Degree | Diploma | Degree | Diploma | Degree | Diploma | Both |
| 1. | Anaesthesia | 4 | 7 | 2 | 4 | 6 | 11 | 17 |
| 2. | ENT | 2 | 2 | 1 | 1 | 3 | 3 | 6 |
| 3. | Medicine | 3 |  | 2 | - | 5 | - | 5 |
| 4. | OBGy | 4 | 6 | 2 | 3 | 6 | 9 | 15 |
| 5. | Ophthalmology | 1 | 1 | 1 | - | 2 | 1 | 3 |
| 6. | Orthopaedics | 4 | - | 2 | - | 6 | - | 6 |
| 7. | Paediatrics | 4 | 5 | 2 | 3 | 6 | 8 | 14 |
| 8. | PMR | - | 2 | - | 1 | - | 3 | 3 |
| 9. | Radiology | 2 | - | 1 | - | 3 | - | 3 |
| 10. | Radiotherapy | 1 | - | 1 | - | 2 | - | 2 |
| 11. | Skin and VD | - | 2 | - | 1 | - | 3 | 3 |
| 12. | Surgery | 4 | - | 2 | - | 6 | - | 6 |
|  | TOTAL | 29 | 25 | 16 | 13 | 45 | 38 | 83 |

## 1. AllH \& PH, KOLKOTA

NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Hospital | - | - | - | - | - | - |
| 2 | College Building | Provision of college building is kept at the Insittutional Block of 2nd Campus of AllPH, Kolkata to be considered under SFC, being created by Ministry of Health \& FW. |  |  |  |  |  |
| 3 | Beds |  |  |  |  |  |  |
| 4 | IT Infrastructure | 000.19 | 000.14 | 000.10 | 000.10 | 000.10 | 000.63 |
| 5 | Equipments | 000.18 | 000.04 | 000.04 | 000.04 | 000.04 | 000.34 |
| 6 | Hostels | 000.50 | 001.00 | 000.25 | 000.30 | 000.35 | 002.40 |
| 7 | Houses for Faculty | Provision of Houses of Faculty is kept at the Institutional Block of 2nd Campus of AIIPH, Kolkata to be considered under SFC |  |  |  |  |  |
| 8 | Laboratories | 001.42 | 000.20 | 000.20 | 000.20 | 000.20 | 002.22 |
| 9 | Library Facilities | 000.07 | 000.02 | 000.02 | 000.02 | 000.02 | 000.15 |
| 10 | Others |  |  |  |  |  |  |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | SUB TOTAL | 002.36 | 001.40 | 000.61 | 000.66 | 000.71 | 005.74 |

1. AllH \& PH, KOLKOTA

RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Faculty | 002.00 | 002.20 | 002.42 | 002.66 | 002.92 | 012.20 |
| 2 | Sr.Residents | 000.09 | 000.095 | 000.10 | 000.105 | 000.11 | 000.50 |
| 3 | Jr.Residents | - | - | - | - | - | - |
| 4 | Non-academic Staff(Technicians, Attendants, Librarians, Nursing Staff, Health Workers, Clerical Staffs, Group D Support Staffs, Stenographers, Field Workers, DEO etc.) | 005.00 | 005.50 | 006.10 | 006.70 | 007.40 | 030.70 |
| 5 | Other (Specify) |  |  |  |  |  |  |
|  | Office Expenses | 000.35 | 000.40 | 000.45 | 000.50 | 000.55 | 002.25 |
|  | Wages | 000.016 | 000.018 | 000.02 | 000.023 | 000.023 | 000.10 |
|  | DTE for Faculty \& Staff | 000.076 | 000.080 | 000.084 | 000.088 | 000.092 | 000.42 |
|  | RRT | 000.015 | 000.018 | 000.020 | 000.022 | 000.025 | 000.10 |
|  | Motor Vehicles | 000.20 | 000.020 | 000.020 | 000.020 | 000.020 | 000.28 |
|  | SUB-TOTAL | 007.747 | 008.331 | 009.214 | 010.118 | 011.140 | 046.55 |
|  | TOTAL | 010.107 | 009.731 | 009.824 | 010.778 | 011.85 | 052.29 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to
Rs. 052.290 Crores
2. AlIMS, NEW DELHI

NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees In crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure * | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Hospital and College Building | 228.22 |  |  |  |  | 228.22 |
| 2 | Beds | 009.31 |  |  |  |  | 009.31 |
| 3 | IT Infrastructure | 022.00 |  |  |  |  | 022.00 |
| 4 | Equipments | 350.00 |  |  |  |  | 350.00 |
| 5 | Hostels | 064.66 |  |  |  |  | 064.66 |
| 6 | Houses for Faculty | 097.55 |  |  |  |  | 097.55 |
| 7 | Others |  |  |  |  |  |  |
|  | (a) Electric Sub Station 33 KVA(Hospital) | 005.00 |  |  |  |  | 005.00 |
|  | (b)Electric Sub Station 11 KVA (Hostel) | 002.50 |  |  |  |  | 002.50 |
|  | (c)Fixed Furniture (Hospital) | 003.00 |  |  |  |  | 003.00 |
|  | (d)Other Equipment (CssD, Kitchen, Laundry) | 005.25 |  |  |  |  | 005.25 |
|  | (e)Communication | 001.50 |  |  |  |  | 001.50 |
|  | (f)Land Dev. Cost | 005.00 |  |  |  |  | 005.00 |
|  | (g)Rain water harvesting | 000.60 |  |  |  |  | 000.60 |
|  | (h)Fire safety | 000.30 |  |  |  |  | 000.30 |
|  | (i)Bio medical waste Mgt. | 001.00 |  |  |  |  | 001.00 |
|  | (j)Consultancy \& Architect | 031.84 |  |  |  |  | 031.84 |
|  | (k)Labour Welfare | 007.96 |  |  |  |  | 007.96 |
|  | SUB TOTAL | 835.69 |  |  |  |  | 835.69 |

2. AlIMS, NEW DELHI

## RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN $)$

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure ** | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Faculty | - | 4.44 | 4.44 | 4.44 | 4.44 | 17.76 |
| 2 | Sr.Residents | 3.72 | 3.72 | 3.72 | 3.72 | 3.72 | 18.6 |
| 3 | Jr.Residents | 1.77 | 3.72 | 5.88 | 5.88 | 5.88 | 23.13 |
| 4 | Non Acad Staff |  |  |  |  |  |  |
|  | Group A | - | 0.96 | 0.96 | 0.96 | 0.96 | 3.84 |
|  | Group B |  | 2.88 | 2.88 | 2.88 | 2.88 | 11.52 |
|  | Group C |  | 12.6 | 12.6 | 12.6 | 12.6 | 50.4 |
|  | Group D |  | 4.92 | 4.92 | 4.92 | 4.92 | 19.68 |
| 5 | Other (Specify) |  |  |  |  |  | 0 |
|  | (a)Maintanance of Hospital \& campus (civil works, labour,Electircity \& water etc. | - | - | - | 30.5 | 30.5 | 61 |
|  | (b) Operational \& Maintenance costs (Medical equipment, patient care services) | - | - | - | 150 | 150 | 300 |
|  | SUB TOTAL | 5.49 | 33.24 | 35.4 | 215.9 | 215.9 | 505.93 |
|  | TOTAL | 841.18 | 66.48 | 70.8 | 431.8 | 431.8 | 1341.62 |

The non-recurring expenditure has been calculated as plan-expenditure for the entire Project
** Recurring Expenditure is subject to a $10 \%$ escalation factor p.a. (not included in the above calculations)

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs. 1341.62 Crores
3. AlIPM\&R, MUMBAI

NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)


## 3. AlIPM\&R, MUMBAI

RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees In Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Faculty | 000.18 | 000.200 | 000.220 | 000.240 | 000.260 | 001.100 |
| 2 | Sr.Residents |  |  |  |  |  |  |
| 3 | Jr.Residents |  |  |  |  |  |  |
| 4 | Non Acad Staff | 000.035 | 000.04 | 000.045 | 000.05 | 000.055 | 000.225 |
|  | Group A |  |  |  |  |  |  |
|  | Group B |  |  |  |  |  |  |
|  | Group C |  |  |  |  |  |  |
|  | Group D |  |  |  |  |  |  |
| 5 | Other (Specify) |  |  |  |  |  |  |
|  | (i) Stipend | 000.0171 | 000.0171 | 000.0171 | 000.0171 | 000.0171 | 000.0855 |
|  | (ii) Scholarship | 000.0045 | 000.0045 | 000.0045 | 000.0045 | 000.0045 | 000.0225 |
|  | SUB-TOTAL | 000.2366 | 000.2616 | 000.2866 | 000.3116 | 000.3366 | 001.433 |
|  | TOTAL | 000.4816 | 000.5366 | 000.6016 | 000.6566 | 000.7116 | 002.988 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs.002.988 Crores.

## 4. CENTRAL INSTITUE OF PSYCHIATRY, RANCHI

## NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Hospital | 009.000 | 010.000 | 010.000 | 009.500 | - | 38.50 |
| 2 | College Building | - | - | - | - | - |  |
| 3 | Beds | - | - | - | - | - |  |
| 4 | IT Infrastructure | - | - | - | - | - | - |
| 5 | Equipments | - | 010.000 | 015.000 | 000.500 | - | 25.50 |
| 6 | Hostels | 000.500 | 002.00 | 001.000 | - | - | 03.50 |
| 7 | Houses for Faculty | - |  | - | - | - |  |
| 8 | Laboratories | - | - | - | - | - |  |
| 9 | Library Facilities | - | - | - | - | - | - |
| 10 | Others | - | - | - | - | - | - |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | (b)Electric Sub Station |  |  |  |  |  |  |
|  | (c)Fixed Furniture |  |  |  |  |  |  |
|  | SUB TOTAL | 009.500 | 022.000 | 026.00 | 010.000 | - | 067.500 |

## 4. CENTRAL INSTITUE OF PSYCHIATRY, RANCHI

RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :--- | :--- | ---: | ---: | ---: | ---: | ---: | ---: |
| S.No | Recurring Expenditure | $\mathbf{2 0 0 7 - 0 8}$ | $\mathbf{2 0 0 8 - 0 9}$ | $\mathbf{2 0 0 9 - 1 0}$ | $\mathbf{2 0 1 0 - 1 1}$ | $\mathbf{2 0 1 1 - 1 2}$ | Total |
| 1 | Faculty | 004.260 | 004.68 | 005.17 | 005.68 | 006.25 | 026.04 |
| 2 | Sr.Residents | - | - | - | - | - |  |
| 3 | Jr.Residents | 000.2112 | 000.4656 | 00.6048 | 00.666 | 00.7332 | 002.6808 |
| 4 | Non Acad Staff | - | - | - | - |  |  |
| 5 | Other (Specify) | -- | - | - | - | - |  |
|  | SUB-TOTAL | $\mathbf{- 0 4 . 7 1}$ | $\mathbf{0 0 5 . 6 7}$ | $\mathbf{0 0 6 . 4}$ | $\mathbf{0 0 7 . 0 2}$ | $\mathbf{0 0 7 . 7 2}$ | $\mathbf{0 3 1 . 5 2}$ |
|  | TOTAL | $\mathbf{0 1 4 . 2 1}$ | $\mathbf{0 2 7 . 6 7}$ | $\mathbf{0 3 2 . 4}$ | $\mathbf{0 1 7 . 0 2}$ | $\mathbf{0 0 7 . 7 2}$ | $\mathbf{0 9 9 . 0 2}$ |

The total amount of non recurring and recurring expenditure as projected by the institution works out to
Rs. 099.02 Crores

*     - The Institute fias sfown the total requirement as Rs.82.84 Crores after including various courses. There is a disparity in $P G$ Seats.


## 5. Dr.RML HOSPITAL, NEW DELHI

NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Hospital | Nil | Nil | Nil | Nil | Nil | Nil |
| 2 | College Building | Nil | Nil | Nil | Nil | Nil | Nil |
| 3 | Beds | Nil | Nil | Nil | Nil | Nil | Nil |
| 4 | IT Infrastructure | Nil | Nil | Nil | Nil | Nil | Nil |
| 5 | Equipments | Nil | Nil | Nil | Nil | Nil | Nil |
| 6 | Hostels | Nil | Nil | Nil | Nil | Nil | Nil |
| 7 | Houses for Faculty | Nil | Nil | Nil | Nil | Nil | Nil |
| 8 | Laboratories | Nil | Nil | Nil | Nil | Nil | Nil |
| 9 | Library Facilities | Nil | Nil | Nil | Nil | Nil | Nil |
| 10 | Others | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (a) Electric Sub Station | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (b)Electric Sub Station | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (c)Fixed Furniture | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (d)Other Equipment | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (e)Communication | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (f)Land Dev. Cost | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (g)Rain water harvesting | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (h)Fire safety | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (i)Bio medical waste Mgt. | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (j)Consultancy \& Architect | Nil | Nil | Nil | Nil | Nil | Nil |
|  | (k)Labour Welfare | Nil | Nil | Nil | Nil | Nil | Nil |
|  | SUB TOTAL | Nil | Nil | Nil | Nil | Nil | Nil |

5. Dr.RML HOSPITAL, NEW DELHI

RECURRING EXPENDITURE ( $11^{\text {Th }}$ FIVE YEAR PLAN)

|  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1 | Faculty | Nil | Nil | Nil | Nil | Nil | Nil |
| 2 | Sr.Residents | Nil | Nil | Nil | Nil | Nil | Nil |
| 3 | Jr.Residents | 0.504 | 1.0203 | 1.5303 | 1.5303 | 1.5303 | 6.1152 |
| 4 | Non Acad Staff | 0.0330 | 0.0330 | 0.0330 | 0.0330 | 0.0330 | 0.1650 |
| 5 | Other (Specify) | Nil | Nil | Nil | Nil | Nil | Nil |
|  | Office Expences |  |  |  |  |  |  |
|  | SUB- TOTAL |  |  |  |  |  |  |
|  | TOTAL | 0.537 | 1.0533 | 1.5633 | 1.5633 | 1.5633 | 6.2802 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs. 6.2802 Crores

## 6. JIPMER, Pondicherry

NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Hospital | - | - | - | - | - | - |
| 2. | College Building |  |  |  |  |  | 14.00 |
| 3. | Beds (Addl. 90) |  |  |  |  |  | 19.00 |
| 4. | IT Infrastructure |  |  |  |  |  | 43.57 |
| 5. | Equipments |  |  |  |  |  | 06.00 |
| 6. | Hostels |  |  |  |  |  |  |
| 7. | Houses for Faculty |  |  |  |  |  |  |
| 8. | Laboratories |  |  |  |  |  |  |
| 9 | Library facilities |  |  |  |  |  |  |
| 10.. | Others |  |  |  |  |  |  |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | (b)Electric Sub Station |  |  |  |  |  |  |
|  | (c)Fixed Furniture |  |  |  |  |  |  |
|  | (d)Other Equipment |  |  |  |  |  |  |
|  | (e)Communication |  |  |  |  |  |  |
|  | (f)Land Dev. Cost |  |  |  |  |  |  |
|  | (g)Rain water harvesting |  |  |  |  |  |  |
|  | (h)Fire safety |  |  |  |  |  |  |
|  | Bio medical wast Mgt. |  |  |  |  |  |  |
|  | Consultancy \& Architect |  |  |  |  |  |  |
|  | Labour Welfare |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | SUB TOTAL | - | - | - | - | - | 82.57 |

6. JIPMER, Pondicherry

## RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Faculty |  |  |  |  |  | 14.80 |
| 2 | Sr.Residents |  |  |  |  |  | 02.73 |
| 3 | Jr.Residents |  |  |  |  |  |  |
| 4 | Non Acad Staff |  |  |  |  |  |  |
|  | Group A |  |  |  |  |  |  |
|  | Group B |  |  |  |  |  |  |
|  | Group C |  |  |  |  |  |  |
|  | Group D |  |  |  |  |  |  |
| 5 | Other (Specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | SUB TOTALS |  |  |  |  |  | 17.53 |
|  | TOTAL |  |  |  |  |  | 100.10 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs. 100.10 Crores
7. LADY HARDINGE MEDICAL COLLEGE \& ASSOCIATED HOSPITALS, NEW DELHI.

NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (RUPEES IN CRORES) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Hospital |  |  |  |  |  |  |
| 2. | College Building | 30.00 | 63.00 | 60.49 | - | - | 153.49 |
| 3. | Beds (Addl. 90) |  |  |  |  |  |  |
| 4. | IT Infrastructure | 00.20 | 00.20 | 00.20 | 00.40 | 00.50 | 015.00 |
| 5. | Equipments | - | 05.00 | 15.00 | 15.00 | 09.00 | 044.00 |
| 6. | Hostels |  |  |  |  |  |  |
| 7. | Houses for Faculty |  |  |  |  |  |  |
| 8. | Laboratories |  |  |  |  |  |  |
| 9 | Library facilities | 00.10 | 00.50 | 00.50 | 00.50 | 00.50 | 002.10 |
| 10.. | Others |  |  |  |  |  |  |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | (b)Electric Sub Station |  |  |  |  |  |  |
|  | (c)Fixed Furniture |  |  |  |  |  |  |
|  | (d)Other Equipment |  |  |  |  |  |  |
|  | (e)Communication |  |  |  |  |  |  |
|  | (f)Land Dev. Cost |  |  |  |  |  |  |
|  | (g)Rain water harvesting |  |  |  |  |  |  |
|  | (h)Fire safety |  |  |  |  |  |  |
|  | (i)Bio medical wast Mgt. |  |  |  |  |  |  |
|  | (j)Consultancy \& Architect |  |  |  |  |  |  |
|  | Labour Welfare |  |  |  |  |  |  |
|  | SUB-TOTAL | 30.30 | 68.70 | 76.19 | 15.90 | 10.00 | 201.09 |

7. LADY HARDINGE MEDICAL COLLEGE \& ASSOCIATED HOSPITALS, NEW DELHI

RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Faculty | 02.16 | 04.52 | 07.06 | 07.74 | 09.04 | 30.52 |
| 2 | Sr.Residents |  |  |  |  |  |  |
| 3 | Jr.Residents |  |  |  |  |  |  |
| 4 | Non Acad Staff | 00.30 | 00.63 | 01.09 | 01.20 | 01.32 | 04.54 |
|  | Group A |  |  |  |  |  |  |
|  | Group B |  |  |  |  |  |  |
|  | Group C |  |  |  |  |  |  |
|  | Group D |  |  |  |  |  |  |
| 5 | Other (Specify) | 00.50 | 01.00 | 02.00 | 03.00 | 04.00 | 10.50 |
|  |  |  |  |  |  |  |  |
|  | SUB-TOTAL | 02.96 | 06.15 | 10.15 | 11.94 | 14.36 | 45.56 |
|  | TOTAL | 33.26 | 74.85 | 86.34 | 27.84 | 24.36 | 246.65 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs.246.65 Crores
8. NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, NEW DELHI. NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Hospital |  |  |  |  |  |  |
| 2. | College Building |  |  |  |  |  |  |
| 3. | Beds (Addl. 90) |  |  |  |  |  |  |
| 4. | IT Infrastructure | 00.08 | - | - | - | - | 00.08 |
| 5. | Equipments | 00.10 |  |  |  |  | 00.10 |
| 6. | Hostels |  |  |  |  |  |  |
| 7. | Houses for Faculty |  |  |  |  |  |  |
| 8. | Laboratories | - | - | - | - | - | - |
| 9 | Library facilities |  |  |  |  |  |  |
| 10.. | Others | 00.08 | - | - | - | - | 00.08 |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | (b)Electric Sub Station |  |  |  |  |  |  |
|  | (c)Fixed Furniture |  |  |  |  |  |  |
|  | (d)Other Equipment |  |  |  |  |  |  |
|  | (e)Communication |  |  |  |  |  |  |
|  | (f)Land Dev. Cost |  |  |  |  |  |  |
|  | (g)Rain water harvesting |  |  |  |  |  |  |
|  | (h)Fire safety |  |  |  |  |  |  |
|  | (i)Bio medical wast Mgt. |  |  |  |  |  |  |
|  | SUB TOTAL | 00.26 | - | - | - | - | 00.26 |

8. NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, NEW DELHI. RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Faculty Profesor (2) Reader (4) Lecturer (4) |  |  |  |  |  |  |
|  |  | 000.1482864 | 000.1482864 | 000.1482864 | 000.1482864 | 000.1482864 | 000.7414320 |
|  |  | 000.2187600 | 000.2187600 | 000.2187600 | 000.2187600 | 000.2187600 | 001.093800 |
|  |  | 000.1567584 | 000.1567584 | 000.1567584 | 000.1567584 | 000.1567584 | 000.7837920 |
|  |  |  |  |  |  |  |  |
| 2 | Sr.Residents (5) | 000.1959480 | 000.1959480 | 000.1959480 | 000.1959480 | 000.1959480 | 000.9797400 |
| 3 | Jr.Residents (10) | 000.2731800 | 000.5463600 | 000.8195400 | 000.8195400 | 000.8195400 | 000.3278160 |
| 4 | Non Acad Staff |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Section Officer | 000.0244020 | 000.0244020 | 000.0244020 | 000.0244020 | 000.0244020 | 000.1220100 |
|  | Assistant | 000.0205776 | 000.0205776 | 000.0205776 | 000.0205776 | 000.0205776 | 000.1028880 |
|  | Steno Grade | 000.0823104 | 000.0823104 | 000.0823104 | 000.0823104 | 000.0823104 | 000.4115520 |
|  | LDC | 000.0437952 | 000.0437952 | 000.0437952 | 000.0437952 | 000.0437952 | 000.2189760 |
|  | Driver | 000.0109448 | 000.0109448 | 000.0109448 | 000.0109448 | 000.0109448 | 000.0547240 |
|  | Group D | 000.0247176 | 000.0247176 | 000.0247176 | 000.0247176 | 000.0247176 | 000.1235880 |
| 5 | Other (Specify) |  |  |  |  |  |  |
|  | SUB TOTAL : | 001.1996804 | 001.4728604 | 001.7460404 | 001.74604040 | 001.74604040 | 007.9106620 |
|  | TOTAL | 0001.4596804 | 0001.4728604 | 001.7460404 | 001.7460404 | 001.7460404 | 008.1706620 |

The totalamount of non recurring and recurring expenditure as projected by the institution works out to Rs.008.170662 Crores
9. NIMHANS, BANGALORE

NON-RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Hospital |  |  |  |  |  |  |
| 2. | College Building | THE NON RECURRING EXPENDITURE TOWARDS THE SAID ITEMS HAVE ALREADY BEEN PLANNED AND ALLOCATION DONE ACCORDINGLY. NO ADDITIONAL ALLOCATION IS REQUIRED. |  |  |  |  |  |
| 3. | Beds (Addl. 90) |  |  |  |  |  |  |
| 4. | IT Infrastructure |  |  |  |  |  |  |
| 5. | Equipments |  |  |  |  |  |  |
| 6. | Hostels |  |  |  |  |  |  |
| 7. | Houses for Faculty |  |  |  |  |  |  |
| 8. | Laboratories |  |  |  |  |  |  |
| 9 | Library facilities |  |  |  |  |  |  |
| 10. | OTHERS |  |  |  |  |  |  |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | (b)Electric Sub Station |  |  |  |  |  |  |
|  | (c)Fixed Furniture |  |  |  |  |  |  |
|  | (d)Other Equipment |  |  |  |  |  |  |
|  | (e)Communication |  |  |  |  |  |  |
|  | (f)Land Dev. Cost |  |  |  |  |  |  |
|  | (g)Rain water harvesting |  |  |  |  |  |  |
|  | (h)Fire safety |  |  |  |  |  |  |
|  | (i)Bio medical wast Mgt. |  |  |  |  |  |  |
|  | (j)Consultancy \& Architect |  |  |  |  |  |  |
|  | SUB-TOTAL | - | - | - | - | - | - |

9. NIMHANS, BANGALORE

RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Faculty <br> Assoc.Prof. (Psy) | 000.1599372 |  |  |  |  |  |
|  | Asst.Prof. (Psy) | 000.2269980 |  |  |  |  |  |
|  | Asst.Prof.(MH\&SP) | 000.0353868 |  |  |  |  |  |
|  | Assl.Prof. (PSW) | 000.0353868 |  |  |  |  |  |
|  | Admn. Officer | 000.0263400 |  |  |  |  |  |
| 2 | Jr.Residents | 00.1707264 | 000.3414528 | 000.5121792 |  |  |  |
| 3 | Jr.Residents | 000.0853632 | 000.1707264 |  |  |  |  |
| 4 | Mental Health \& S.Psy. | 000.0288000 | 000.0576000 |  |  |  |  |
| 5 | M.Phil in Neuro Science | 000.0144000 | 000.0288000 |  |  |  |  |
| $\underline{6}$ | M.Philin PSW | 000.0288000 | 000.0576000 |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | SUB TOTAL | 000.3021696 | 000.6561792 | 000.5121972 |  |  | 001.4705460 |
|  | TOTAL | 000.3021696 | 000.6561792 | 000.5121972 |  |  | 001.4705460 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs.001.4705460 Crores
10. PGIMER, CHANDIGARH

NON-RECURRING EXPENDITURE ( $11^{\text {th }}$ FIVE YEAR PLAN) in Crores

| S.No. | Non-Recrurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. | Hospital \& Beds | 100.00 | 100.00 | 019.00 | - | - | 219.00 |
| 2. | College Building |  |  |  |  |  |  |
| 3. | Beds (Addl. 90) |  |  |  |  |  |  |
| 4. | IT Infrastructure | 000.500 | 000.500 | 000.300 | 000.100 | 000.100 | 001.50 |
| 5. | Equipments | 050.00 | 050.00 | 014.00 | 010.00 | - | 124.00 |
| 6. | Hostels | 007.500 | 007.50 | - | - | - | 015.00 |
| 7. | Houses for Faculty | 007.500 | 007.50 | - | - | - | 015.00 |
| 8. | Laboratories | 005.000 | 003.000 | 002.00 | 002.00 | 002.000 | 014.000 |
| 9 | Library facilities | 001.00 | 001.000 | - | - | - | 002.00 |
| 10.. | OTHERS | 002.00 | 003.00 | 002.00 | 001.50 | 001.50 | 010.00 |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | (b)Electric Sub Station |  |  |  |  |  |  |
|  | (c)Fixed Furniture |  |  |  |  |  |  |
|  | (d)Other Equipment |  |  |  |  |  |  |
|  | (e)Communication |  |  |  |  |  |  |
|  | (f)Land Dev. Cost |  |  |  |  |  |  |
|  | (g)Rain water harvesting |  |  |  |  |  |  |
|  | (h)Fire safety |  |  |  |  |  |  |
|  | (i)Bio medical wast Mgt. |  |  |  |  |  |  |
|  | (j)Consultancy \& Architect |  |  |  |  |  |  |
|  | SUB TOTAL | 173.50 | 172.50 | 37.30 | 013.60 | 003.60 | 400.50 |

10. PGIMER, CHANDIGARH

RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Faculty | 000.75 | 001.80 | 002.80 | 003.10 | 003.40 | 011.85 |
| 2 | Sr.Residents | 001.05 | 002.15 | 003.15 | 003.50 | 003.75 | 013.60 |
| 3 | Jr.Residents | 001.40 | 002.90 | 04.15 | 004.50 | 005.00 | 017.95 |
| 4 | Non Acad Staff | 11.90 | 13.10 | 014.50 | 015.90 | 017.50 | 072.90 |
|  | Group A |  |  |  |  |  |  |
|  | Group B |  |  |  |  |  |  |
|  | Group C |  |  |  |  |  |  |
|  | Group D |  |  |  |  |  |  |
| 5 | Other (Specify) | 019.75 | 21.75 | 024.00 | 026.00 | 028.00 | 119.50 |
|  |  |  |  |  |  |  |  |
|  | SUB TOTAL | 034.85 | 041.70 | 048.60 | 053.30 | 57.65 | 235.80 |
|  | TOTAL | 208.35 | 214.20 | 85.90 | 66.60 | 61.25 | 636.30 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to

[^0]11. SAFDARJANG HOSPITAL \& VMMC, NEW DELHI

NON RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No. | Non-Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Hospital |  |  |  |  |  |  |
| 2. | College Building | 2.00 | 2.00 | 2.00 | 2.00 | 2.00 | 10.00 |
| 3. | Beds (Addl. 90) |  |  |  |  |  |  |
| 4. | IT Infrastructure | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 1.00 |
| 5. | Equipments |  |  |  |  |  |  |
| 6. | Hostels | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 5.00 |
| 7. | Houses for Faculty | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 5.00 |
| 8. | Laboratories | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.50 |
| 9 | Library facilities | 0.50 | 0.50 | 0.50 | 0.50 | 0.50 | 2.50 |
| 10.. | OTHERS |  |  |  |  |  |  |
|  | (a) Electric Sub Station |  |  |  |  |  |  |
|  | (b)Electric Sub Station |  |  |  |  |  |  |
|  | (c)Fixed Furniture |  |  |  |  |  |  |
|  | (d)Other Equipment |  |  |  |  |  |  |
|  | (e)Communication |  |  |  |  |  |  |
|  | (f)Land Dev. Cost |  |  |  |  |  |  |
|  | (g)Rain water harvesting |  |  |  |  |  |  |
|  | (h)Fire safety |  |  |  |  |  |  |
|  | (i)Bio medical wast Mgt. |  |  |  |  |  |  |
|  | (j)Consultancy \& Architect |  |  |  |  |  |  |
|  | SUB TOTAL | 4.70 | 4.70 | 4.70 | 4.70 | 4.70 | 24.00 |

11. SAFDARJANG HOSPITAL \& VMMC, NEW DELH

RECURRING EXPENDITURE ( $11^{\text {TH }}$ FIVE YEAR PLAN)

|  |  | (Rupees in Crores) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| S.No | Recurring Expenditure | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | Total |
| 1. | Faculty | - | - | - | - | - | - |
| 2. | Sr.Residents | 0.87 | 0.87 | 0.87 | 0.87 | 0.87 | 4.35 |
| 3. | Jr.Residents | 2.32 | 2.90 | 3.22 | 3.22 | 3.22 | 14.88 |
| 4. | Non Acad Staff |  |  |  |  |  |  |
|  | Group A |  |  |  |  |  |  |
|  | Group B |  |  |  |  |  |  |
|  | Group C |  |  |  |  |  |  |
|  | Group D |  |  |  |  |  |  |
| 5. | Other (Specify) |  |  |  |  |  |  |
|  | Maintenance \& House Keeping |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | SUB TOTAL | 3.19 | 3.77 | 4.09 | 4.09 | 4.09 | 19.23 |
|  | TOTAL | 7.89 | 8.47 | 8.79 | 8.79 | 8.79 | 43.23 |

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs. 43.23 Crores
2. $\mathcal{A I I M S}, \mathcal{N E W} \mathcal{D E L H} I$


| $\begin{aligned} & \mathcal{S} \ell . \\ & \mathcal{N}(0 . \end{aligned}$ | Discipline | Faculty Members |  |  |  | Faculty Retiring |  | Senior Residents |  | $\underline{B e d s}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{gathered} \text { Exi } \\ \text { stin } \\ g \end{gathered}$ | $\begin{gathered} \text { Sancti } \\ \text { oned } \end{gathered}$ | Vacan $t$ | Proposed increase (Asstt. Prof. (evel) | Retd, last 5 years | $\mathcal{N e x t} 2$ years <br> (Age 62 yrs) | Existing | To be added | Exist. <br> ing | To be <br> added |
| 1. | Anaesthesia |  | 19 |  | 7 | 2 |  |  | 7 |  |  |
| 2. | Anatomy |  | 16 |  | 3 | 4 |  |  | 3 |  |  |
| 3. | Biochemistry |  | 12 |  | 3 | 2 |  |  | 3 |  |  |
| 4. | Biopfysics |  | 7 |  | 3 | 3 |  |  | 3 |  |  |
| 5. | Comm. Med.(PS M) |  | 12 |  | 4 | 2 |  |  | 4 |  | 50 |
| 6. | Dental Surgery |  | 9 |  | 5 | 1 |  |  | 5 |  | 63 |
| 7. | Dermatology |  | 8 |  | 3 | 2 |  |  | 3 |  | 31 |
| 8 . | Forensic Me dicine |  | 6 |  | 2 | - |  |  | 2 |  | - |
| 9. | Hospital $\mathcal{A d m n}$ (Main) |  | 6 |  | 6 | - | 2 |  | 2 |  | - |
| 10. | Laboratory Medicine |  | 5 |  | 2 | 1 |  |  | 2 |  | - |
| 11. | Medicine |  | 16 |  | 10 | 3 |  |  | 10 |  | 119 |
| 12. | Microbiology |  | 13 |  | 3 | 2 |  |  | 3 |  | - |
| 13. | $\mathcal{N}$ ucle ar Medicine |  | 6 |  | 2 | - | 1 |  | 2 |  | 19 |
| 14. | O6st/Gynae |  | 13 |  | 8 | 1 |  |  | 8 |  | 94 |
| 15. | Ophthalmology (RPC) |  | 42 |  | 20 | 2 |  |  |  |  | 244 |
| 16. | Orthopaedics |  | 11 |  | 3 | - |  |  | 3 |  | 38 |
| 17. | Otorfinolaryngology (EXNI) |  | 8 |  | 3 | - | 1 |  | 3 |  | 31 |
| 18. | Pae diatrics |  | 14 |  | 5 | 2 | 1 |  | 5 |  | 63 |
| 19. | Pathology |  | 13 |  | 5 | 3 |  |  | 5 |  | . |
| 20. | Pharmacology |  | 10 |  | 3 | 2 |  |  | 3 |  | 56 |
| 21. | Physiology |  | 17 |  | 3 | 1 | 1 |  | 3 |  | . |
| 22. | Psycfiatry |  | 8 |  | 5 | 2 |  |  | 5 |  | - |
| 23. | Psycfiatry ( $\mathcal{N D D I C ) ~}$ |  | 17 |  | 2 | - |  |  | 2 |  | 25 |
| 24. | Radio-Diag. |  | 10 |  | 5 | 2 | 1 |  | 5 |  | - |
| 25. | Radio-therapy |  | 7 |  | 2 |  |  |  | 2 |  | 19 |
| 26. | Refibilitation |  | 4 |  | 2 | - |  |  | 2 |  | 19 |
| 27. | Surg/Paed Surg |  | 12 |  | 5 | - | 1 |  | 5 |  | 63 |
|  | $\mathcal{T O T A L}$ |  | 321 |  | 124 | 37 | 8 |  | 100 |  | 934 |

4. CENTRALINSSITUIE O F PSYCHIATRV, RANCHI
$\mathcal{F A C U L T Y}$ \& SENIORRESIDENTS ALONG WITH DESIRED NO. OF $\mathcal{B E D S}$

| $\begin{aligned} & \mathcal{S L} . \\ & \mathcal{N} o . \end{aligned}$ | Discipline |  | Faculty Members |  |  |  | Faculty Retiring |  | Senior Residents |  | $\underline{B e d s}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Exist $i$ <br> ng | Sanc <br> tion <br> ed | Vaca $n t$ | Proposed increase (Asstt. Prof. level) | Retd, <br> last 5 <br> years | Next 2 years <br> (Age 62 yrs) | Existing | To be added | Exist. ing | To be added |
| 1. | Psycfiatry |  | 4 | 8 | 4 | 14 |  |  |  |  | 643 | $\mathcal{N}$ I L |
| 2. |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | TOTAL | 4 | 8 | 4 | 14 |  |  |  |  | 643 | $\mathcal{N}$ I $\mathcal{L}$ |

5. $\mathcal{D r} . \mathcal{R} \mathcal{M L} \mathcal{H O S P I T A L}, \mathcal{N E W} \mathcal{D E L \mathcal { H I }}$
$\mathcal{F A C U L T Y}$ \& SENIOR RESIDENIS ALONG WITH DES IRED NO. OF BEDS

| $\begin{aligned} & \mathcal{S} \mathcal{C} \\ & \mathcal{N} o . \end{aligned}$ | Discipline | Faculty Members |  |  |  | Faculty Retiring |  | Senior Residents |  | $\underline{B e d s}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Existing | Sanctiond | Vacant | Propo-sed increase (Asstt. Prof. level) | Retd, <br> Cast 5 <br> years | $\begin{gathered} \mathcal{N e x t 2} \\ \text { years (Age } \\ 62 \mathrm{yrs}) \end{gathered}$ | Existing | To $6 e$ <br> added | Exist. <br> ing | To be <br> added |
| 1. | Anaesthesia | 10 | 10 | 0 | 0 |  |  |  |  | 13 |  |
| 2. | Anatomy |  |  | 0 |  |  |  |  |  |  |  |
| 3. | Biochemistry | - | 1 | 1 | 3 |  |  |  |  | - |  |
| 4. | Biopfysics |  |  | 0 |  |  |  |  |  |  |  |
| 5. | Comm. Med.(PS M |  |  | 0 |  |  |  |  |  |  |  |
| 6. | Dental Surgery |  |  | 0 |  |  |  |  |  |  |  |
| 7. | Dermatology | 5 | 5 | 0 | 0 |  |  |  |  | 30 |  |
| 8. | Forensic Medicine |  |  | 0 |  |  |  |  |  |  |  |
| 9. | $\mathcal{H o s p i t a l} \mathcal{A d m n}$ (Main) | 0 | 0 | 0 | 3 |  |  |  |  | 0 |  |
| 10. | Laboratory Me dic ine |  |  | 0 |  |  |  |  |  |  |  |
| 11. | Medicine | 27 | 27 | 0 | 0 |  |  |  |  | 226 |  |
| 12. | Mic robiology | 4 | 4 | 0 | 0 |  |  |  |  | - |  |
| 13. | $\mathcal{N u}$ le ar Me dicine |  |  | 0 |  |  |  |  |  |  |  |
| 14. | O6st/Gynae | 8 | 8 | 0 | 0 |  |  |  |  | 60 |  |
| 15. | Ophthalmology (RPC) | 4 | 4 | 0 | 0 |  |  |  |  | 30 |  |
| 16. | Orthopaedics | 5 | 5 | 0 | 1 |  |  |  |  | 60 |  |
| 17. | Otorfinolaryngology (EXVI) | 6 | 6 | 0 | 0 |  |  |  |  | 30 |  |
| 18. | Pae diatrics | 4 | 4 | 0 | 5 |  |  |  |  | 135 |  |
| 19. | Pathology | 7 | 7 | 0 | 0 |  |  |  |  | - |  |
| 20. | Pharmacology |  |  | 0 |  |  |  |  |  |  |  |
| 21. | Pfysiology |  |  | 0 |  |  |  |  |  |  |  |
| 22. | Psychiatry | 3 | 5 | 2 | 0 |  |  |  |  | 30 |  |
| 23. | Psycfiatry ( $\mathcal{N} \mathcal{D} \mathcal{D}$ I ) |  |  | 0 |  |  |  |  |  |  |  |
| 24. | Radio-Diag. | 11 | 11 | 0 | 0 |  |  |  |  | - |  |
| 25. | Radio-therapy |  |  | 0 |  |  |  |  |  |  |  |
| 26. | Refiabilitation |  |  | 0 |  |  |  |  |  |  |  |
| 27. | Surg/Paed Surg | 10 | 10 | 0 | 0 |  |  |  |  | 160 |  |
|  | $\mathcal{T} O \mathcal{T A L}$ | 104 | 107 | 3 | 12 |  |  |  |  | 774 |  |

6. I I PMAER $\mathcal{O O} \mathcal{N D I C \mathcal { H E R R } \mathcal { Y }}$



* Most of Dermatology/ Ophthalmology patients are treated as Out-Patients. Hence, if MCI grants exemption, these additional beds will not be required.
** 30 beds are for labor room, Post-op Wards

7. $\angle \mathcal{A D Y} \mathcal{H A R D I N G E ~ M E D I C A L ~ C O ~ L L E G E , ~ N E W ~} \mathcal{D E L \mathcal { H } I}$

ANNVEXURE-3.7

| $\begin{aligned} & \mathcal{S} \mathcal{C} \\ & \mathcal{N} o . \end{aligned}$ | Discipline | Faculty Members |  |  |  | Faculty Retiring |  | Senior Residents |  | $\underline{B e d s}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Existing | Sanct. ione d | vacant | Proposed increase (Asstt. Prof. (evel) | Retd, last <br> 5 years | $\begin{gathered} \text { Next } 2 \\ \text { years (Age } \\ 62 \text { yrs) } \end{gathered}$ | Existing | To be added | Exist. <br> ing | To be added |
| 1. | Anaesthesia | 11 | 13 | 2 |  |  |  |  |  | 4 |  |
| 2. | Anatomy | 7 | 10 | 3 |  |  |  |  |  | - |  |
| 3. | Biochemistry | 3 | 6 | 3 |  |  |  |  |  | - |  |
| 4. | Biophysics |  |  |  |  |  |  |  |  |  |  |
| 5. | Comm. Med.(PS M) | 11 | 12 | 1 |  |  |  |  |  | - |  |
| 6. | Dental Surgery | 1 | 3 | 2 |  |  |  |  |  | - |  |
| 7. | Dermatology | 3 | 3 | 0 |  |  |  |  |  | 16 |  |
| 8 . | $\mathcal{F o r e n s i c ~ M e d i c i n e ~}$ | 3 | 7 | 4 |  |  |  |  |  | - |  |
| 9. | $\mathcal{H o s p i t a l} \mathcal{A d m n}$ (Main) |  |  |  |  |  |  |  |  |  |  |
| 10. | Laboratory Medic ine |  |  |  |  |  |  |  |  |  |  |
| 11. | Medicine | 14 | 14 | 0 |  |  |  |  |  | 216 |  |
| 12. | Microbiology | 6 | 7 | 1 |  |  |  |  |  | - |  |
| 13. | $\mathcal{N u c l e}$ ar Medicine |  |  |  |  |  |  |  |  |  |  |
| 14. | O6st/Gynae | 14 | 8 |  |  |  |  |  |  | 348 |  |
| 15. | Ophthalmology (RPC) | 5 | 3 |  |  |  |  |  |  | 30 |  |
| 16. | Ortfopaedics | 5 | 7 |  |  |  |  |  |  | 90 |  |
| 17. | Otorfinolaryngology (ENSI) | 5 | 3 |  |  |  |  |  |  | 35 |  |
| 18. | Pae diatrics | 13 | 9 |  |  |  |  |  |  | 289 |  |
| 19. | Pathology | 10 | 12 | 2 |  |  |  |  |  | - |  |
| 20. | Pharmacology | 4 | 8 | 4 |  |  |  |  |  | - |  |
| 21. | Pfysiology | 5 | 10 | 5 |  |  |  |  |  | - |  |
| 22. | Psycfiatry | 2 | 3 | 1 |  |  |  |  |  | 20 |  |
| 23. | Psycfiatry ( $\mathcal{N D D I C ) ~}$ |  |  |  |  |  |  |  |  |  |  |
| 24. | Radio-Diag. | 4 | 8 | 4 |  |  |  |  |  | - |  |
| 25. | Radio-therapy | 2 | 2 | 0 |  |  |  |  |  | - |  |
| 26. | Refiabilitation | 1 | 2 | 1 |  |  |  |  |  | - |  |
| 27. | Surg/Paed Surg | 13 | 15 | 2 |  |  |  |  |  | 187 |  |
| 28. | T.B \& Chest | 1 | 3 | 2 |  |  |  |  |  | - |  |
|  | $\mathcal{T} O \mathcal{T} \mathcal{A} \mathcal{L}$ | 143 | 168 | 25 |  |  |  |  |  | 1235 |  |

10. $\operatorname{PGIMER} \subset \mathcal{H} \mathcal{N D I G A R H}$
$\mathcal{F A C U L I Y}$ \& SENIOR RESIDENTS ALONG WITH DESIRED N $\mathcal{N} O$. OF $\mathcal{B E D S}$

| $\begin{aligned} & \mathcal{S} \mathcal{C} \\ & \mathcal{N} o . \end{aligned}$ | Discipline | Faculty Members |  |  |  | Faculty Retiring |  | Senior Residents |  | $\underline{B e d s}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Existing | Sanctioned | Vacant | Proposed increase (Asstt. Prof. level) | Retd, <br> last 5 <br> years | $\begin{gathered} \text { Next } 2 \\ \text { years } \\ (\mathcal{A g e} 62 \\ \text { yrs) } \\ \hline \end{gathered}$ | Existing | To be <br> added | Exist. <br> ing | To be added |
| 1. | Anaesthesia |  | 21 |  |  |  |  | 34 | 10 | 0 | 0 |
| 2. | Anatomy |  |  |  |  |  |  |  |  |  |  |
| 3. | Biochemistry |  | 11 |  |  |  |  | 4 | 2 | 0 | 0 |
| 4. | Biophysics |  |  |  |  |  |  |  |  |  |  |
| 5. | Comm. Med.(PS M) |  | 6 |  |  |  |  | 5 | 2 | 0 | 0 |
| 6. | Dental Surgery |  |  |  |  |  |  |  |  |  |  |
| 7. | Dermatology |  | 6 |  |  |  |  | 4 | 3 | 15 | 25 |
| 8. | $\mathcal{F o r e n s i c ~ M e d i c i n e ~}$ |  |  |  |  |  |  |  |  |  |  |
| 9. | Hospital $\mathfrak{A d m n}$ (Main) |  |  |  |  |  |  |  |  |  |  |
| 10. | Laboratory Medic ine |  |  |  |  |  |  |  |  |  |  |
| 11. | Medicine |  | 43 |  |  |  |  | 21 | 15 | 92 | 145 |
| 12. | Mic robiology |  | 17 |  |  |  |  | 7 | 3 | 0 | 0 |
| 13. | $\mathcal{N u c l e a r ~ M e d i c i n e ~}$ |  |  |  |  |  |  | 1 | 2 | 0 | 0 |
| 14. | Obst/Gynae |  | 12 |  |  |  |  | 14 | 6 | 93 | 60 |
| 15. | Ophthalmology (RPPC) |  | 13 |  |  |  |  | 9 | 5 | 100 | 45 |
| 16. | Ortfopaedics |  | 10 |  |  |  |  | 8 | 5 | 63 | 45 |
| 17. | Otorfinolaryngology (EN(I) |  | 9 |  |  |  |  | 6 | 3 | 33 | 25 |
| 18. | Pae diatrics |  | 26 |  |  |  |  | 23 | 12 | 300 | 165 |
| 19. | Pathology |  | 22 |  |  |  |  | 11 | 5 | 0 | 0 |
| 20. | Pharmacology |  | 9 |  |  |  |  | 4 | 2 | 0 | 0 |
| 21. | Pfysiology |  |  |  |  |  |  |  |  |  |  |
| 22. | Psycfiatry |  | 9 |  |  |  |  | 9 | 5 | 44 | 45 |
| 23. | Psycfiatry ( $\mathcal{N}$ D DIC ) |  |  |  |  |  |  |  |  |  |  |
| 24. | Radio-Diag. |  | 16 |  |  |  |  | 15 | 5 | 0 | 0 |
| 25. | Radio-therapy |  | 6 |  |  |  |  | 4 | 2 | 17 | 20 |
| 26. | Refiabilitation |  |  |  |  |  |  |  |  |  |  |
| 27. | Surg/Paed Surg |  | 42 |  |  |  |  | 11 | 15 | 109 | 145 |
| 28. | $\mathcal{N u c l e ~ a r ~ M e d i c i n e ~}$ |  | 3 |  |  |  |  |  |  |  |  |
| 29. | Transf.Medic ine |  | 4 |  |  |  |  | 2 | 2 | - | 15 |
|  | Total |  | 285 |  |  |  |  | 192 | 104 | 866 | 735 |

11. $\underline{\mathcal{A F D A R I V I N G} \mathcal{H O S P I T A L}}$
$\mathcal{F A C U L I Y}$ \& SENIOR RESIDENTS ALONG WITH DESIRED N $\mathcal{N} O$. OF $\mathcal{B E D S}$

| $\begin{aligned} & S \mathcal{S} . \\ & \mathcal{N} o . \end{aligned}$ | Discipline | Faculty Members |  |  |  | Faculty Retiring |  | Senior Residents |  | $\underline{\mathcal{B e d s}}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Exist $-i n g$ | Sanction ed | $\begin{aligned} & \text { vac an } \\ & t \end{aligned}$ | Proposed increase <br> (Asstt. Prof. Level) | Retd, last 5 years | $\begin{gathered} \mathcal{N e x t 2} \\ \text { years (Age } \\ 62 \mathrm{yrs}) \\ \hline \end{gathered}$ | $\begin{gathered} \text { Existin } \\ g \end{gathered}$ | To be added | Exist ing | To be added |
| 1. | Anaesthesia | 26 |  |  |  |  |  |  |  |  | $\mathcal{N} \mathcal{A}$ |
| 2. | Anatomy | 6 |  |  |  |  |  |  |  |  |  |
| 3. | Biochemistry | 3 |  |  |  |  |  |  |  |  |  |
| 4. | Biophysics |  |  |  |  |  |  |  |  |  |  |
| 5. | Comm. Med.(PS M) | 5 |  |  |  |  |  |  |  |  |  |
| 6. | Dental Surgery |  |  |  |  |  |  |  |  |  |  |
| 7. | Dermatology | $\mathcal{S}$ |  |  |  |  |  |  |  |  | 22 |
| 8 . | $\mathcal{F o r e n s i c ~ M e d i c i n e ~}$ | 4 |  |  |  |  |  |  |  |  |  |
| 9. | Hospital Admn (Main) |  |  |  |  |  |  |  |  |  |  |
| 10. | Laboratory Medic ine |  |  |  |  |  |  |  |  |  |  |
| 11. | Medicine | 25 |  |  |  |  |  |  |  |  | 198 |
| 12. | Microbiology | 7 |  |  |  |  |  |  |  |  |  |
| 13. | $\mathcal{N u c l e ~ a r ~ M e d i c i n e ~}$ |  |  |  |  |  |  |  |  |  |  |
| 14. | Obst/Gynae | 19 |  |  |  |  |  |  |  |  | 269 |
| 15. | Ophthalmology (RPC) | 7 |  |  |  |  |  |  |  |  | 38 |
| 16. | Orthopaedics | 12 |  |  |  |  |  |  |  |  | 176 |
| 17. | Otorfinolaryngology (ENSI) | 5 |  |  |  |  |  |  |  |  | 24 |
| 18. | Pae diatrics | 13 |  |  |  |  |  |  |  |  | 135 |
| 19. | Pathology | 15 |  |  |  |  |  |  |  |  |  |
| 20. | Pharmacology | 2 |  |  |  |  |  |  |  |  |  |
| 21. | Pfysiology | 5 |  |  |  |  |  |  |  |  |  |
| 22. | Psycfiatry | 3 |  |  |  |  |  |  |  |  |  |
| 23. | Psycfiatry ( $\mathcal{N D D T C ) ~}$ |  |  |  |  |  |  |  |  |  |  |
| 24. | Radio-Diag. | 10 |  |  |  |  |  |  |  |  | $\mathcal{N} \mathcal{A}$ |
| 25. | Radio-therapy | 5 |  |  |  |  |  |  |  |  | $\mathcal{N} \mathcal{A}$ |
| 26. | Refrabilitation | 4 |  |  |  |  |  |  |  |  | $\mathcal{N}$ A |
| 27. | Surg/Paed Surg | 17 |  |  |  |  |  |  |  |  | 202 |
| 28. | Pulmonary Me dic ine | 3 |  |  |  |  |  |  |  |  |  |
|  | $\mathcal{T O T A L}$ | 204 |  |  |  |  |  |  |  |  | 1064 |


[^0]:    Rs.636.30 Crores

