FINAL REPORT

Ву

The Group On Medical Education

Submitted to

Oversight Committee

FOREWORD

The Endeavour of Government of India to provide 27% reservation to OBC 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 enhancement 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 'Preamble' 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 level implementation 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 Non-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 'Recommendations' sections do constitute the gist of the report, whereas the Tables 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 higher education in the country to match with global standards.

18TH August, 2006 NEW DELHI

(R.K.SRIVASTAVA)
DGHS & Chairman ME Group

ACKNOWLEDGEMENTS

I, on behalf of the Medical Education Specialist Group, take this opportunity to appreciate the sincere efforts made by all the head of the institutions and their 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 grateful for this hard work done and must thank head of each institution for their leadership 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 has 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 DDG (M) Prof. P.H. Ananthanarayanan from the very inception supported by Officer on Special Duty Dr. Ajit Sahai, Director-Professor of Biometrics, JIPMER, Pondicherry, deserve appreciations in bringing out the Report within the stipulated period.

The secretarial assistance provided in report preparation by Mr. H. Sriram and Mr. Surinder Pal Sharma should not be left unacknowledged.

I also place on record the assistance rendered by one and all in this regard.

18TH August, 2006 NEW DELHI

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EXECUTIVE SUMMARY

- 1. In order to bring 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 29th 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 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.
- 2. It was clarified in one of the Oversight Committee's meetings that only medical courses such as MBBS, MS / MD / Diploma admissions / seats, available only in the Institutions directly supported by Central Government funding should be considered. Accordingly, the group has focused its efforts only on 11 Medical Institutions directly supported by Central Government. It may be worth 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 UG and PG 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 11th Five-year Plan period i.e. 2007-2012. The creation of additional posts to support infrastructural facilities should be available over a period of not more than 2 years. In the mean time, Medical Council of India has been advised to examine the relaxations in the existing norms of UG and PG 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 total number of seats for UG and in PG disciplines and the total number of UG and PG 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 UG and PG seats that can be increased within the existing framework of faculty & staff and physical

infrastructure. The number of PG seats than can be increased with increase in the faculty against the sanctioned strength 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 PG Medical Education Regulations; and financial requirements for development of infrastructure in this regard and Year wise break-up of estimated expenditure estimated for the entire 11th 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 has been subdivided into three parts; the first part deals with the existing and proposed increase in UG and PG 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 enhanced 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 physical infrastructure and some 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 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 enhanced 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 institutions like ATTPM&R, Mumbai; CTP, Ranchi; NTMHANS, Bangalore; and NTHFW, New Delhi are ready to implement the enhancement 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. AIIMS, New Delhi and PGIMER, Chandigarh have

been quite enthusiastic and are ready to expand with their own modified norms by considering 3 years cumulative total of PG seats as the baseline 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 have submitted their detailed proposals as per the norms outlined may be considered to be within justified limits of estimated expenditure. But, all the institutions except PGIMER, Chandigarh and AIIMS, New Delhi, may require MCI clearance with regard to patient/bed and faculty/student ratios. 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.
- 9. To enhance 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 11th 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 & Justice in coordination with the Planning Commission as per the merit of Institution wise proposals received.
- 10. The latest Meeting convened by Oversight Committee on 24th 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 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 22nd August 2006.
- 11. The group felt that this opportunity of expansion-task linked with provision of reservations to OBCs should be perceived as a boon to conduct reorganization and refashioning 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 enhancement 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 within 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 honorable salary and facilities for their functioning may be considered.
- 16. There has to be a Government Order for relaxation in the statutory norms for increase in the number of seats for UG and PG courses as advocated by Medical Council of India and National Board of Examinations.
- 17. Although the MCI had suggested some relaxations for facilitating adding up to the existing matrix of PG seats in various subjects, on the basis of the deliberations held during their meeting on 21st June 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

National Board of Examinations, College of Physicians and Surgeons etc. are permitted. The Committee strongly recommends delinking of DNB degrees granted by National Board of Examinations (NBE) because NBE is the biggest alternative system of PG Medical Education available.

- 18. Institutions which cater to only PG 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 MOHFW for carrying out desired administrative actions followed by the financial approval.
- 21. Some of the institutions can increase the number of PG seats within the existing infrastructure to a certain number, but not to the extent required. The implementation of 27 % reservation for OBCs shall be achieved during 2007-08 and 2008-09, but there has 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.

PREAMBLE

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 27% share for OBCs. It was observed that while 15% and 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 11th 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. AIIMS, 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 27% 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 150 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 MCI 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 Non-recurring Expenditure distributed over a period of a few years that may coincide with 11th 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.

Interim report of the oversight committee on the implementation of the new reservation policy in higher educational Institutions

- 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 14th 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 24th 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.

Oversight Committee's Emphasis on Institution-wise Detailed Project Reports (DPRs)

Committed to the timeline prescribed by the Oversight Committee, the Group on Medical Education had prepared its Report on 28th 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 1st 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 10th August 2006" - the institutions were asked to submit their respective DPRs on or before 5th 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 AIIMS, 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 11th Five Year Plan Period as per the projections submitted by individual institutions.

METHODOLOGY

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 UG and in PG disciplines and the distribution of seats in the unreserved category, SC/ST categories.
- 2) The additional UG and PG 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).
- 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 11th 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 MCI norms for Under Graduate & Post Graduate education and clinical care.
- ➤ Infrastructure Planning and Lay out
- Phasing and Scheduling
- Biomedical and associated equipment services
- ➤ IT/Computerization including e-governance with due emphasis on extensive application of IT for administrative, clinical and non-clinical functions and also setting up of real-time cost accounting system to determine cost of services to help in establishing cost centers, analysis and optimization of costs on a continuous basis for fixing user charges on accurate and factual costs as well as enable create paperless and film less healthcare Institutes.

- Distribution and utilization of beds
- Environmental pollution control, bio-medical waste treatment, disposal etc.
- Drug inventory services, maintenance services for buildings and equipments including outsourcing of services with Cost Benefit Analysis (CBA) etc.
- ➤ Linkages for referral services, online consultancy services etc.
- Detailed cost estimates for civil works (buildings, internal and external services, horticulture, landscaping etc), internal and external electrification works, HVAC works, Medical Equipments and specialized hospital services like kitchen, laundry, CSSD, Medical Gases Manifold, Hospital Waste Management System, Bulk Oil Storage etc.
- ➤ Detailed technical specification of Goods, Hospital Equipments, Furniture etc. (submit detailed technical 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 CBA.
- 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 turn key basis.

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 MCI 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.

AN OVERVIEW OF

DETAILED PROJECT REPORTS (DPRS)

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 AIIH&PH, Kolkata; AIIPMER, 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 AIIMS, New Delhi, may require MCI 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. No.	Name of the Institution	Existing UG Seats	Seats should be added	Total Seats finally available
1.	AIIMS, New Delhi	50	27	77
2.	JIPMER, Pondicherry	75	40	115
3.	LHMC, New Delhi	130	70	200
4.	VMMC, New Delhi*	100	54	154*
	TOTAL	355	191	546

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 Admission Seats for Post-graduates

Total Number of PG Degree/Diploma Seats

(That should be increased in view of 27% Reservations for OBCs)

SI. No.	Name of the Institution	Existing PG Seats	Seats to be added	Seats that are added	Total seats finally available
1.	AIIH&PH, Kolkata	242	132	132	164
2.	AIIMS, New Delhi	139*	75*	75*	214*
3.	AIIPM&R, Mumbai	2 (DNB)	1 (DNB)	1 (DNB)	3 (DNB)
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	29+ (30 DNB)	113
	TOTAL	638	344	373	1011

^{*} AIIMS, 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 11th 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 [Table- 3 (b)]

Grand Total (i) + (ii) = 2811.6556 [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 Non-Recurring and Recurring Expenditure
(In Crores)

SI. No.	Name of the Institute	Non Recurring Expenditure	Recurring Expenditure	Total
1)	ATTH& PH, Kolkata	5.740	43.40	49.14
2)	AIIMS, New Delhi	835.690	505.9300	1341.6200
3)	AIIPM&R, Mumbai	1.555	1.4330	2.9880
4)	CIP, Ranchi	67.500	31.5200	99.0200
5)	Dr.R.M.L Hospital	NIL	6.2802	6.2802
6)	JIPMER, Pondicherry	82.570	84.9500	167.5200
7)	LHMC, New Delhi	201.090	45.5600	246.6500
8)	NIHFW, New Delhi	0.260	7.9104	8.1704
9)	NIMHANS, Bangalore	NIL	1.4970	1.4970
10)	PGIMER, Chandigarh	400.500	235.8000	636.3000
11)	Safdarjang Hospital & VMMC, New Delhi	189.070	60.2500	249.3400
	TOTAL	1783.975	1027.6806	2811.6556

TABLE- 3 (a)

Non-Recurring Expenditure

ESTIMATED NON - RECURRING EXPENDITURE (In Crores)

SI.	Name of the						
O	Institutions	2007-08	2008-09	2009-10	2010-11	2011-12	Total
1.	AIIH&PH, Kolkata	7.10	7.82	8.65	9.38	10.45	43.40
2.	AIIMS, 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 (b) Recurring Expenditure ESTIMATED RECURRING EXPENDITURE

SI. No.)	
		2007-08	2008-09	2009-10	2010-11	2011-12	Total
1.	AIIH&PH, Kolkata	2.36	1.40	.61	.66	.71	5.74
2.	AIIMS, New Delhi	5.49	33.24	35.40	215.90	215.90	505.9300
3.	AIIPM&R, Mumbai	0.2366	0.2616	0.2866	0.3116	0.3366	1.4330
4.	CIP, Ranchi	4.71	5.67	6.4	7.02	7.72	31.5200
5.	Dr.R.M.L Hospital, New Delhi	0.537	1.0533	1.5633	1.5633	1.5633	6.2802
6.	JIPMER, Pondicherry	15.72	16.64	17.53	17.53	17.53	84.9500
7.	LHMC, New Delhi	02.96	06.15	10.15	11.94	14.36	45.5600
8.	NIHFW, New Delhi	1.1996	1.4728	1.7460	1.7460	1.7460	7.9104
9.	NIMHANS, Bangalore	0.328	0.657	0.512			1.4970
10.	PGIMER, Chandigarh	34.85	41.70	48.60	53.00	57.65	235.8000
11.	Safdarjang Hospital & VMMC, New Delhi	7.39	10.56	12.54	14.40	15.36	60.2500
	TOTAL	81.1682	125.7357	143.9419	333.5289	343.3059	1027.6806

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

SI.No	INSTITUTE	Existing UG	Proposed	Total No of	Feasibility in
		Seats	Increase	seats	2007-08
1	AIIMS,	50	27	77	No
	New Delhi				
2.	LHMC,	130	70	200	No
	New Delhi				
3.	JIPMER,	75	40	115	No
	Pondicherry				
4	VMMC*,	100	54	154	No
	New Delhi				

- 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.
- *VMMC is offering the UG Course on Letter of Permission and Renewal of Permission. This year, during the Final MBBS Examination, MCI 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 UG Course has to be increased.
- Increase in the seats feasible only if existing infrastructure and faculty shortage is taken care of within 2 years, i.e., by 2008.

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

Sr.	INSTITUTE	Existing No of	Proposed	Feasibility
No		Seats	Increase	in 2007-08
		(Degree+Diploma)		
1	ALLPMR, Mumbai	2	1	Yes
		(DNB)		
2	CIP, Ranchi	18	10	with
		(6+12)	(4+6)	supplementation*
3	Dr. RML Hospital	10	18	with additional
	New Delhi	(7+3)	(17+1)	faculty
4	NIHFW,	17	10	with additional
	New Delhi	(11+6)	(6+4)	faculty
5.	NIMHANS,	21	12	with additional
	Bangalore	(14+7)	(8+4)	faculty

- *Supplementation with civil construction, additional equipments and Faculty.
- All these increase will require creation of additional Junior 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 infrastructural facilities are taken care of including staff requirement, additional beds, supportive staff etc.

ADDITIONAL REQUIREMENTS NEEDED BY EACH INSTITUTION

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 11th 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 AND SUGGESTIONS

Planning and evolving comprehensive 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 OBCs, 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 enhancement 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 enhancement in exporting pace of qualified personnel to the cadre of global services.

The school of thought dedicated to bring excellence in medical education with support of several regulatory authorities in the country mainly bank upon Medical Council of India, National Board of Examinations and Medical Universities apart from other Universities and agencies enjoying autonomous status. This opportunity of expansion-task linked with provision of reservations to OBCs should be perceived as a boon to conduct reorganization and refashioning 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 medical education, as well the existing acute shortage of Faculty & Staff in Medical Institutions.

Issues related to human 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 has to be a continuous process. It is further recommended to form a separate Task Force to look into the affairs of Faculty requirements in the country on a long term basis.

- 2. The task force should also take care of other health related para-professional courses like, Dentistry, Nursing, Pharmacy, Laboratory Technology etc.
- 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 both UG and PG 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 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 Statutory Bodies and Suggestions

- 5. There has to be a Government Order for relaxation in the statutory norms for increase in the number of seats for UG and PG courses as advocated by Medical Council of India and National Board of Examinations. It should definitely include relaxation of statutory norms regarding the concept of "Clinical Unit", PG Teacher to PG Student ratio as well as criterion for a PG Teacher. 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 13th July, 2006, meeting with Member Secretary, Planning Commission along with JS(BT), MCI representative and DDG(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 21st June, 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 DNB degree as awarded by National Board of Examinations (NBE) is an alternate mechanism of increasing the number of Medical Specialists. The NBE utilizes the available resources in Medical Institutions and Hospitals for running their PG Programs. The Government is of the considered view that National Board of Examinations helps in increasing the man power requirement of Quality Teachers and Health Personnel.
- 8. The DNB Qualifications are at par with MD/MS Degrees and are recognized qualification included in the First Schedule to the IMC Act 1956.
- This will provide an opportunity to increase the number of PG seats in those institutions where adequate number of PG Teachers are available with immediate effect.
- 10. Institutions need to be encouraged to take up candidates for DNB Courses, as applicable at their end, as this does not involve any major recurring/non-recurring expenditure
- **11.** Institutions which cater to only PG 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 this 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 MOHFW 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 **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.
- **16.** These institutions should also develop measures to absorb the allocations accordingly within the time frame stipulated. This would require appointing og a Financial Consultant in each 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 in each of these institutes
- 18. Some of the institutions can increase the number of PG seats within the existing infrastructure to a certain number, but not to the extent required. The implementation of 27 % reservation for OBCs shall be achieved during 2007-08 and 2008-09, but there has to be an allowance for carried over for a year more to 2009-10

IMPEDIMENTS AND SOLUTIONS

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.

INSTITUTION SPECIFIC IMPEDIMENTS ISSUES

1. AIIH&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. AIIMS, 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. AIIPM&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. Also the Advertisement for admissions with enhanced PG seats. Release of 5% advance fund already allocated. 	Coordination between institutional heads and Ministry of H & FW.
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 H & FW.

ROAD MAP FOR EXPANSION (PROPOSED -OUTLINE)

Time Line	Core Activities	Action Responsibility
2007- 2008		
April - June '07	Setting up of an Empowered Committee in each Institution and in the Ministry.	Coordination between Planning Commission and Ministry of Finance
	Setting up of an Implementation Monitoring Committee in the MOHFW for the execution of final DPRs	along with the MOHFW and Institute Officials
	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 th Five-year Plan.	
	Initiation & foundation all Civil works, Processing of purchase of equipments, furniture etc.	
July - Sept.'07	Programme Monitoring	Programme
Oct Dec. '07	Programme Monitoring	Implementation Monitoring Committee
Jan 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		and monate omorals
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
2009- 2010		Monitoring Committee
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	Do

ANNUXURE-1

POSTGRADUATE SEATS - DISCIPLINEWISE BREAKUP

ANNEXURE (1.1)	AIIH&PH, Kolkata
ANNEXURE (1.2)	AIMS, New Delhi
ANNEXURE (1.3)	AllPMER, 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. AIIH&PH, KOLKATA

POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

SI. No.	Discipline	Existing PG Seats (107)			Seats feasible/should be added (57)		Total seats feasible/should be available (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	7	100	4	53	11	153	164	

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.

2. AIIMS, NEW DELHI

POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

SI.	Discipline	Existing PG Seats		Seats feasible/should be Total seats feasible/should be availab				
No.		(415		added ((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	A !!! 40	223		638		638

Note:- 1. SR: PG ratio is 1: 2 for Clinical Specialties as per AIIMS norms.

2. Calculated on the basis of 4 PGs for a module of 25 Hospital Beds as per AIIMS norms.

3. AIIPMER, MUMBAI

POST GRADUATE SEATS - DISCIPLINEWISE BREAK UP

SI.	Discipline	Existing PG Seats		Seats feasible/should be added		Total seats feasible/should be available			
No.		(2	(2)		(1)		(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

SI. No.	Discipline	Existing PG Seats (18)			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. No.	Discipline	_	PG Seats 0)	Seats feasible	/should be added (18)	Total sea	Total seats feasible/should be ava		
		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 MCI 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. No.	Discipline	Existing (7	PG Seats	Seats feasible	/should be added (38)	Total sea	Total seats feasible/should be availab (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.	Discipline		PG Seats	Seats feasible/sh		Total sea	Total seats feasible/should be av (94/108)		
No.		(/ Degree	O) Diploma	Degree	24) Diploma	Degree	Diploma	Both	
1.	Anaesthesia	2	1 Dipioina	2	1 Dipioina	4	2 Dipioma	6	
2.		2	l l	1	Į į	2		2	
	Anatomy		-	-	-		-		
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. No.	Discipline	Existing PG Seats (17)		Seats feasible added		Total seats feasible/should be available (27)		
		Degree	Diploma	Degree	Diploma	Degree	Diploma	Both
1.	Community Health	11	-	6	-	17	-	17
	Administration							
2.	Health Administration	-	6	-	4	-	10	10
	TOTAL	11	6	6	4	17	10	27

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. No.	Discipline	Existing	PG Seats		should be added	Total seat	s feasible/sho	ould be available
INO.		Degree	Diploma	Degree	Diploma	Degree	Diploma	Both
1.	Psychiatry	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

SI. No.	Discipline	_	PG Seats 88)	Seats feasible/s	hould be added 9/210)	Total seats	feasible/shoul (517/598)	d be available
		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`/25	-	1`/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	_	PG Seats	Seats feasible/sho		Total seat	ts feasible/sho	ould be available
		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. AIIH & PH, KOLKOTA

NON-RECURRING EXPENDITURE (11TH 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			ot at the Insittutional ated by Ministry of I		npus of AIIPH, k	olkata to be
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 Ho Kolkata to be co		y is kept at the I er SFC	nstitutional Bloc	k of 2nd Camp	ous of AllPH,
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

ANNEXURE-2.1(b)

1. AIIH & PH, KOLKOTA

RECURRING EXPENDITURE (11TH 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

ANNEXURE-2.2(a)

2. AIIMS, NEW DELHI

NON-RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

				(Rupe	ees 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

ANNEXURE-2.2(b)

2. AIIMS, NEW DELHI

RECURRING EXPENDITURE (11TH 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

The total amount of non recurring and recurring expenditure as projected by the institution works out to Rs. 1341.62 Crores

^{**} Recurring Expenditure is subject to a 10% escalation factor p.a. (not included in the above calculations)

ANNEXURE-2.3(a)

3. <u>AIIPM&R, MUMBAI</u>

NON-RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

				(Rupe	es in Crores)		
S.No.	Non-Recurring Expenditure	2007-08	2008-09	2009-10	2010-11	2011-12	Total
1	Hospital	No extra facility i	equired			1	
2	College Building	No extra facilit					
3	Beds	No extra facilit	y required				
4	IT Infrastructure	000.030	000.035	000.04	000.045	000.05	000.200
5	Equipments	000.10	000.11	000.13	000.140	000.15	000.630
6	Hostels	No extra facilit	y required				
7	Houses for Faculty	Provided by of	fice of Estate	Manager, Direc	torate of Estate	, government	of India
0	Laboratoria	000 400	000.44	000.40	000.42	000.44	000 000
8	Laboratories	000.100	000.11	000.12	000.13	000.14	000.600
9	Library Facilities	000.015	000.02	000.025	000.03	000.035	000.125
10	Others						
	(a) Electric Sub Station	Nil	Nil	Nil	Nil	Nil	
	(b)Electric Sub Station	Nil	Nil	Nil	Nil	Nil	
	(c)Fixed Furniture	Nil	Nil	Nil	Nil	Nil	
	(d)Other Equipment	Nil	Nil	Nil	Nil	Nil	
	(e)Communication	Nil	Nil	Nil	Nil	Nil	
	(f)Land Dev. Cost	Nil	Nil	Nil	Nil	Nil	
	(g)Rain water harvesting	Nil	Nil	Nil	Nil	Nil	
	(h)Fire safety	Nil	Nil	Nil	Nil	Nil	
	(i)Bio medical waste Mgt.	Nil	Nil	Nil	Nil	Nil	
	(j)Consultancy & Architect	Nil	Nil	Nil	Nil	Nil	
	(k)Labour Welfare	Nil	Nil	Nil	Nil	Nil	
	SUB TOTAL	000.245	000.275	000.315	000.345	000.375	001.555

ANNEXURE-2.3(b)

3. AIIPM&R, MUMBAI

RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

				(Rupee	es 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.

ANNEXURE-2.4(a)

4. <u>CENTRAL INSTITUE OF PSYCHIATRY, RANCHI</u>

NON-RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

				(Rupees i	n 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

ANNEXURE-2.4(b)

4. CENTRAL INSTITUE OF PSYCHIATRY, RANCHI

RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

			(Rupees in Crores)								
S.No	Recurring Expenditure	2007-08	2008-09	2009-10	2010-11	2011-12	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	004.71	005.67	006.4	007.02	007.72	031.52				
	TOTAL	014.21	027.67	032.4	017.02	007.72	099.02				

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

* - The Institute has shown the total requirement as Rs.82.84 Crores after including various courses. There is a disparity in PG Seats.

ANNEXURE-2.5(a)

5. <u>Dr.RML HOSPITAL, NEW DELHI</u>

NON-RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

				(Rupees	s 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

ANNEXURE-2.5(b)

5. <u>Dr.RML HOSPITAL, NEW DELHI</u>

RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

	Recurring Expenditure	2007-08	2008-09	2009-10	2010-11	2011-12	Total
S.No							
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

ANNEXURE-2.6(a)

6. <u>JIPMER, Pondicherry</u>

				(Rupee	s 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

ANNEXURE-2.6(b)

6. <u>JIPMER, Pondicherry</u>

RECURRING EXPENDITURE (11TH 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

ANNEXURE-2.7(a)

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

				(RUPEES II	N 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

ANNEXURE-2.7(b)

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

RECURRING EXPENDITURE (11TH 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

ANNEXURE-2.8(a)

8. NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, NEW DELHI.

				(Rupees ii	n 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	80.00	-	-	-	-	80.00
	(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.						
	SUB TOTAL	00.26	-	-	-	-	00.26

ANNEXURE-2.8(b)

8. NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, NEW DELHI.

RECURRING EXPENDITURE (11TH 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)	000.1482864	000.1482864	000.1482864	000.1482864	000.1482864	000.7414320
	Reader (4)	000.2187600	000.2187600	000.2187600	000.2187600	000.2187600	001.093800
	Lecturer (4)	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 total amount of non recurring and recurring expenditure as projected by the institution works out to

Rs. 008.170662 Crores

ANNEXURE-2.9(a)

9. <u>NIMHANS, BANGALORE</u>

		(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										
5.	Equipments		THE NON RECURRING EXPENDITURE TOWARDS THE SAID ITEMS HAVE ALREAD BEEN PLANNED AND ALLOCATION DONE ACCORDINGLY.								
6.	Hostels										
7.	Houses for Faculty	E	BEEN PLANNED AND ALLOCATION DONE ACCORDINGLY. NO ADDITIONAL ALLOCATION IS REQUIRED.								
8.	Laboratories		NO AL	DDITIONAL ALL	OCATION IS R	EQUIRED.					
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	-	-	-	-	-	-				

ANNEXURE-2.9(b)

9. NIMHANS, BANGALORE

RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

				(Rupees in C	Crores)		
S.No	Recurring Expenditure	2007-08	2008-09	2009-10	2010-11	2011-12	Total
1.	Faculty						
	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				
<u>6</u>	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

ANNEXURE-2.10(a)

10. PGIMER, CHANDIGARH

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

ANNEXURE-2.10(b)

10. PGIMER, CHANDIGARH

RECURRING EXPENDITURE (11TH 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 Rs.636.30 Crores

ANNEXURE-2.11(a)

11. SAFDARJANG HOSPITAL & VMMC, NEW DELHI

				(Rupees in 0	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

ANNEXURE-2.11(b)

11. SAFDARJANG HOSPITAL & VMMC, NEW DELHI

RECURRING EXPENDITURE (11TH FIVE YEAR PLAN)

			(Rupe	es 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. AIIMS, NEW DELHI

SI.	Discipline	Faculty Members				Faculty	Retiring	Senior R	<u>Residents</u>	<u>Beds</u>	
No.		Exi	Sancti	Vacan	Proposed	Retd, last 5	Next 2 years	Existing	To be	Exist-	To be
		stin	oned	t	increase	years	(Age 62 yrs)	9	added	ing	added
		g			(Asstt.	-					
					Prof. level)						
1.	Anaesthesia		19		7	2			7		
2.	Anatomy		16		3	4			3		
3.	Biochemistry		12		3	2			3		
4.	Biophysics		7		3	3			3		
5.	Comm. Med.(PSM)		12		4	2			4		50
6.	Dental Surgery		9		5	1			5		63
7.	Dermatology		8		3	2			3		31
8.	Forensic Medicine		6		2	-			2		ı
9.	Hospital Admn (Main)		6		6	-	2		2		-
10.	Laboratory Medicine		5		2	1			2		ı
11.	Medicine		16		10	3			10		119
12.	Microbiology		13		3	2			3		-
13.	Nuclear Medicine		6		2	-	1		2		19
14.	Obst/Gynae		13		8	1			8		94
15.	Ophthalmology (RPC)		42		20	2					244
16.	Orthopaedics		11		3	-			3		38
17.	Otorhinolaryngology (ENT)		8		3	-	1		3		31
18.	Paediatrics		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.	Psychiatry		8		5	2			5		-
23.	Psychiatry (NDDTC)		17		2	-			2		25
24.	Radio-Diag.		10		5	2	1		5		
25.	Radio-therapy		7		2				2		19
26.	Rehabilitation		4		2	-			2		19
27.	Surg/Paed Surg		12		5	-	1		5		63
	TOTAL		321		124	37	8		100		934

4. CENTRAL I NSTITUTE OF PSYCHI ATRY, RANCHI

SI.	Discipline Faculty Members				Facult	ty Retiring	Senior R	esidents	<u>Beds</u>		
No.		Existi	Sanc	Vaca	Proposed	Retd,	Next 2 years	Existing	To be	Exist-	To be
		ng	tion	nt	increase	last 5	(Age 62 yrs)		added	ing	added
			ed		(Asstt.	years					
					Prof.						
					level)						
1.	Psychiatry	4	8	4	14					643	NIL
2.											
3.											
4.											
5.											
6.											
	TOTAL	4	8	4	14					643	NIL

5. Dr.RML HOSPITAL, NEW DELHI

SI.	Discipline			Members	ALONG WITH	1	ty Retiring	Senior Re	sidents	<u>B</u>	<u>eds</u>
No.		Existing	Sanctiond	Vacant	Propo-sed increase (Asstt. Prof. level)	Retd, last 5 years	Next 2 years (Age 62 yrs)	Existing	To be added	Exist- ing	To be added
1.	Anaesthesia	10	10	0	0					13	
2.	Anatomy			0							
3.	Biochemistry	-	1	1	3					-	
4.	Biophysics			0							
5.	Comm. Med.(PSM)			0							
6.	Dental Surgery			0							
7.	Dermatology	5	5	0	0					30	
8.	Forensic Medicine			0							
9.	Hospital Admn (Main)	0	0	0	3					0	
10.	Laboratory Medicine			0							
11.	Medicine	27	27	0	0					226	
12.	Microbiology	4	4	0	0					-	
13.	Nuclear Medicine			0							
14.	Obst/Gynae	8	8	0	0					60	
15.	Ophthalmology (RPC)	4	4	0	0					30	
16.	Orthopaedics	5	5	0	1					60	
17.	Otorhinolaryngology (ENT)	6	6	0	0					30	
18.	Paediatrics	4	4	0	5					135	
19.	Pathology	7	7	0	0					-	
20.	Pharmacology			0							
21.	Physiology			0							
22.	Psychiatry	3	5	2	0					30	
23.	Psychiatry (NDDTC)			0							
24.	Radio-Diag.	11	11	0	0					-	
25.	Radio-therapy			0							
26.	Rehabilitation			0							
27.	Surg/Paed Surg	10	10	0	0					160	
	TOTAL	104	107	3	12					774	

6. JIPMER, PONDICHERRY

SI.	Discipline			Faculty Mem	bers	Faculty		Senior Residents		<u>Beds</u>	
No.		Exist	Sanct ioned	vacant	Proposed increase (Asstt. Prof. level)	Retd, last 5 years	Next 2 years (Age 62 yrs)	Exist ing	To be added	Exist- ing	To be added
1.	Anaesthesia	5	11	6						6	
2.	Anatomy	3	7	4						-	
3.	Biochemistry	3	7	4						-	
4.	Biophysics										
5.	Comm. Med.(PSM)	4	7+1	4						-	
6.	Dental Surgery	0	0	0						-	
7.	Dermatology	3	4	1						39	21
8.	Forensic Medicine	1	4	3						-	
9.	Hospital Admn (Main)										
10.	Laboratory Medicine										
11.	Medicine	10	16	6						150	67
12.	Microbiology	4	8	4						-	
13.	Nuclear Medicine										
14.	Obst/Gynae	8	16	8						150	59
15.	Ophthalmology	2	5	3						47	23
16.	Orthopaedics	2	8	6						90	26
17.	Otorhinolaryngology (ENT)	3	4	1						30	30
18.	Paediatrics	5	9	4						120	72
19.	Pathology	6	10	4						-	
20.	Pharmacology	5	7	2						-	
21.	Physiology	5	7	2						-	
22.	Psychiatry	1	4	3						30	3
23.	Psychiatry (NDDTC)										
24.	Radio-Diag.	3	4	1						-	
25.	Radio-therapy	3	4	1						30	5
26.	Rehabilitation	0	-	1						-	
27.	Surg/Paed Surg	8	12	4						150	54
28.	T.B. & Chest	1	4	3						30	10
	TOTAL	85	159	75						872	370+30* *

^{*} 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. LADY HARDINGE MEDICAL COLLEGE, NEW DELHI

ANNEXURE-3.7

SI.	Discipline		Faculty N	1embers		Faculty	Retiring	Senior R	<u>Residents</u>	<u>B</u>	eds_
No.		Existing	Sanct- ioned	vacant	Proposed increase (Asstt. Prof. level)	Retd, last 5 years	Next 2 years (Age 62 yrs)	Existing	To be added	Exist- ing	To be added
1.	Anaesthesia	11	13	2	10101)					4	
2.	Anatomy	7	10	3						-	
3.	Biochemistry	3	6	3						-	
4.	Biophysics										
5.	Comm. Med.(PSM)	11	12	1						-	
6.	Dental Surgery	1	3	2						-	
7.	Dermatology	3	3	0						16	
8.	Forensic Medicine	3	7	4						-	
9.	Hospital Admn (Main)										
10.	Laboratory Medicine										
11.	Medicine	14	14	0						216	
12.	Microbiology	6	7	1						-	
13.	Nuclear Medicine										
14.	Obst/Gynae	14	8							348	
15.	Ophthalmology (RPC)	5	3							30	
16.	Orthopaedics	5	7							90	
17.	Otorhinolaryngology (ENT)	5	3							35	
18.	Paediatrics	13	9							289	
19.	Pathology	10	12	2						-	
20.	Pharmacology	4	8	4						-	
21.	Physiology	5	10	5						-	
22.	Psychiatry	2	3	1						20	
23.	Psychiatry (NDDTC)										
24.	Radio-Diag.	4	8	4						-	
25.	Radio-therapy	2	2	0						-	
26.	Rehabilitation	1	2	1						-	
27.	Surg/Paed Surg	13	15	2						187	
28.	T.B & Chest	1	3	2						-	
	TOTAL	143	168	25						1235	

10. PGIMER, CHANDIGARH

SI.	Discipline		Faculty		/ Retiring	1	Residents	<u>Beds</u>			
No.		Existing	Sanctioned	Vacant	Proposed increase (Asstt. Prof. level)	Retd, last 5 years	Next 2 years (Age 62 yrs)	Existing	To be added	Exist- 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.(PSM)		6					5	2	0	0
6.	Dental Surgery										
7.	Dermatology		6					4	3	15	25
8.	Forensic Medicine										
9.	Hospital Admn (Main)										
10.	Laboratory Medicine										
11.	Medicine		43					21	15	92	145
12.	Microbiology		17					7	3	0	0
13.	Nuclear Medicine							1	2	0	0
14.	Obst/Gynae		12					14	6	93	60
15.	Ophthalmology (RPC)		13					9	5	100	45
16.	Orthopaedics		10					8	5	63	45
17.	Otorhinolaryngology (ENT)		9					6	3	33	25
18.	Paediatrics		26					23	12	300	165
19.	Pathology		22					11	5	0	0
20.	Pharmacology		9					4	2	0	0
21.	Physiology										
22.	Psychiatry		9					9	5	44	45
23.	Psychiatry (NDDTC)										
24.	Radio-Diag.		16					15	5	0	0
25.	Radio-therapy		6					4	2	17	20
26.	Rehabilitation										
27.	Surg/Paed Surg		42					11	15	109	145
28.	Nuclear Medicine		3								
29.	Transf.Medicine		4					2	2	-	15
	Total		285					192	104	866	735

11. <u>SAFDARJUNG HOSPITAL</u>

SI.	Discipline		Fac	culty Me	embers	Faculty	Retiring	Senior	Residents	<u>Beds</u>	
No.		Exist -ing	Sanction ed	vacan t	Proposed increase (Asstt. Prof. level)	Retd, last 5 years	Next 2 years (Age 62 yrs)	Existin g	To be added	Exist- ing	To be added
1.	Anaesthesia	26									NA
2.	Anatomy	6									
3.	Biochemistry	3									
4.	Biophysics										
5.	Comm. Med.(PSM)	5									
6.	Dental Surgery										
7.	Dermatology	8									22
8.	Forensic Medicine	4									
9.	Hospital Admn (Main)										
10.	Laboratory Medicine										
11.	Medicine	25									198
12.	Microbiology	7									
13.	Nuclear Medicine										
14.	Obst/Gynae	19									269
15.	Ophthalmology (RPC)	7									38
16.	Orthopaedics	12									176
17.	Otorhinolaryngology (ENT)	5									24
18.	Paediatrics	13									135
19.	Pathology	15									
20.	Pharmacology	2									
21.	Physiology	5									
22.	Psychiatry	3									
23.	Psychiatry (NDDTC)										
24.	Radio-Diag.	10									NA
25.	Radio-therapy	5									NA
26.	Rehabilitation	4									NA
27.	Surg/Paed Surg	17									202
28.	Pulmonary Medicine	3									
	TOTAL	204									1064