Title

Believers Church
Medical College Hospital

BCMC Policy Manual

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Index

Vision & Mission

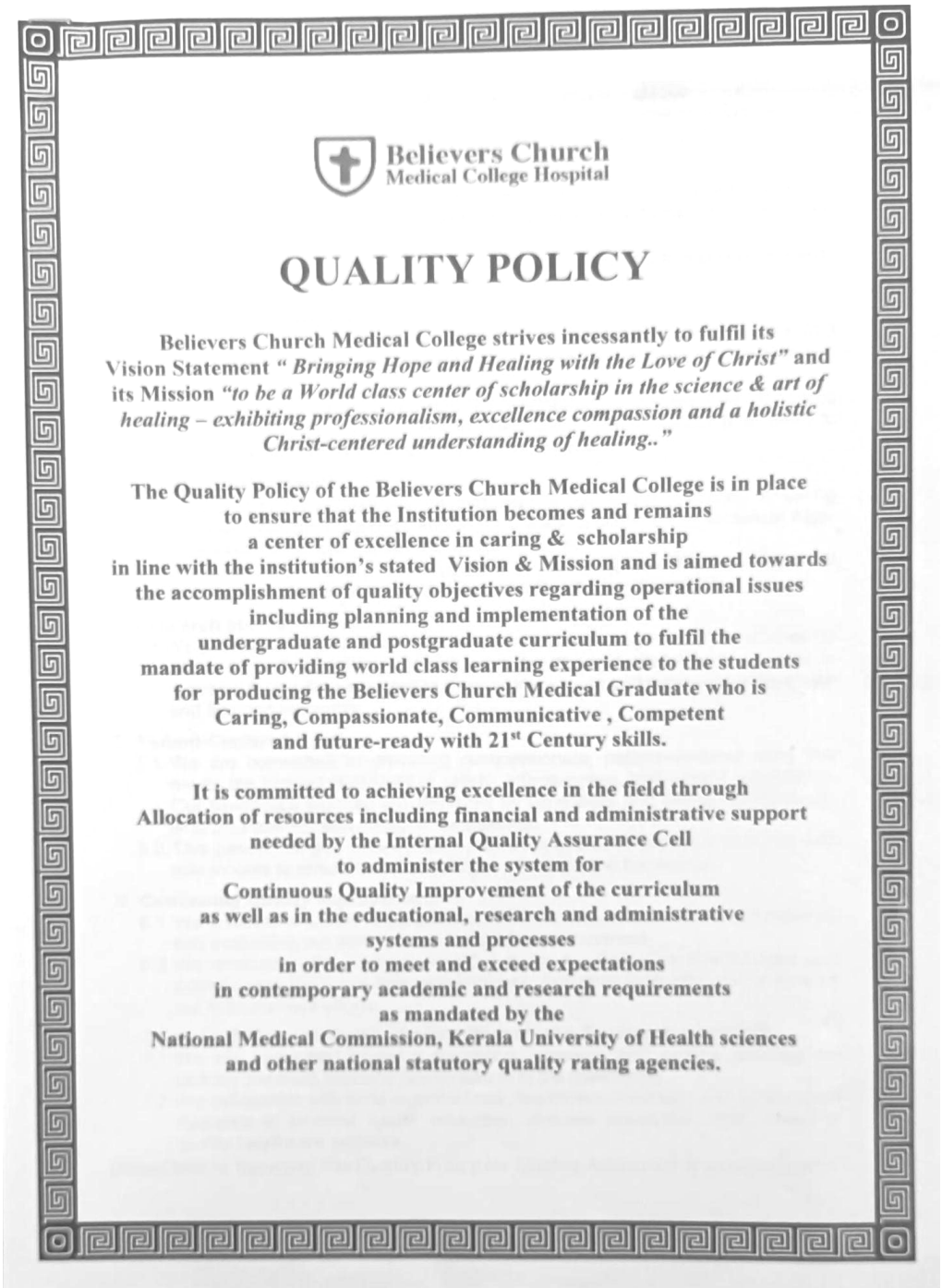
Vision

Bringing Hope and Healing with the Love of Christ

Mission

1. To be a world class centre of scholarship in the art and science of healing – exhibiting professionalism, excellence, compassion and a holistic Christ-centred understanding of healing.
2. Partnering with other like-minded healthcare providers in supporting and extending the medical mission.
3. To make a larger impact on health and healthcare through policy advocacy.

Quality Policy & Objectives



Believers Church
Medical College Hospital

QUALITY POLICY

Believers Church Medical College strives incessantly to fulfil its Vision Statement *" Bringing Hope and Healing with the Love of Christ"* and its Mission *"to be a World class center of scholarship in the science & art of healing – exhibiting professionalism, excellence compassion and a holistic Christ-centered understanding of healing.."*

The Quality Policy of the Believers Church Medical College is in place to ensure that the Institution becomes and remains a center of excellence in caring & scholarship in line with the institution's stated Vision & Mission and is aimed towards the accomplishment of quality objectives regarding operational issues including planning and implementation of the undergraduate and postgraduate curriculum to fulfil the mandate of providing world class learning experience to the students for producing the Believers Church Medical Graduate who is Caring, Compassionate, Communicative , Competent and future-ready with 21st Century skills.

It is committed to achieving excellence in the field through Allocation of resources including financial and administrative support needed by the Internal Quality Assurance Cell to administer the system for Continuous Quality Improvement of the curriculum as well as in the educational, research and administrative systems and processes in order to meet and exceed expectations in contemporary academic and research requirements as mandated by the National Medical Commission, Kerala University of Health sciences and other national statutory quality rating agencies.

Service Standards and Values

Service standards and values of quality play a crucial role in ensuring the delivery of excellent education, healthcare services, and support to students, faculty, staff, patients, and the community.

- **Student-Centric Approach:** Putting students at the centre of all activities and services. This includes providing a conducive learning environment, academic support, and mentorship to help students succeed in their medical education.
- **Patient Care and Safety:** Ensuring the highest standards of patient care and safety in clinical settings. This involves adhering to evidence-based medical practices, maintaining strict hygiene protocols, and promoting patient-centred care.
- **Academic Excellence:** Striving for academic excellence by recruiting highly qualified faculty, offering updated and comprehensive medical curricula, and fostering a culture of continuous learning and research.
- **Ethics and Professionalism:** Upholding the highest ethical standards and professionalism among students, faculty, and staff. This includes instilling values of empathy, compassion, and respect in patient interactions.
- **Diversity and Inclusion:** Embracing diversity and promoting an inclusive environment where people from all backgrounds feel welcomed and valued.
- **Research and Innovation:** Encouraging and supporting research activities that contribute to medical advancements and better patient care.
- **Community Engagement:** Engaging with the local community to address their healthcare needs, promote health awareness, and offer outreach programs.
- **Technology Integration:** Incorporating modern technologies and teaching methodologies to enhance learning and healthcare practices.
- **Continuous Quality Improvement:** Regularly assessing and improving educational and healthcare processes to maintain high-quality standards.
- **Effective Communication:** Promoting effective communication among all stakeholders, including students, faculty, staff, patients, and the community.
- **Leadership Development:** Nurturing leadership skills among faculty and students to prepare future healthcare leaders.
- **Teamwork and Collaboration:** Encouraging teamwork and collaboration among students, faculty, and healthcare professionals to enhance patient care and education.
- **Environmental Responsibility:** Incorporating sustainable practices and promoting environmental responsibility in the medical college's operations.
- **Patient Privacy and Confidentiality:** Ensuring strict adherence to patient privacy and confidentiality regulations.
- **Institutional Governance and Compliance:** Complying with all relevant regulations, laws, and accreditation requirements to maintain the highest standards of quality and accountability.

1. Foreword

1.1. Policies Manual serves as a reference to the faculty and students of Believers Church Medical College Hospital, in addition to the policies and procedures directed by the Kerala University of Health Sciences and the regulatory body for the medical colleges. It acts as a working guide for the faculty of this institution. In case of conflict between the policies or procedures in this manual and those of the Kerala University of Health Sciences or those of the regulatory body, the latter takes precedence. To keep the manual up to date, it shall be revised from time to time, to strike off the redundant policies and to add new policies.

2. Vision, Mission of our Institution

2.1.1. Vision (BCMCH)

2.1.1.1. Bringing Hope and Healing with the Love of Christ

2.1.2. Mission

2.1.2.1. To be a world class centre of scholarship in the art and science of healing – exhibiting professionalism, excellence, compassion and a holistic Christ-centred understanding of healing.

2.1.2.2. Partnering with other like-minded healthcare providers in supporting and extending the medical mission.

2.1.2.3. To make a larger impact on health and healthcare through policy advocacy.

3. BCMC Quality policy

3.1. Believers Church Medical College strives incessantly to fulfil its Vision Statement" Bringing Hope and Healing with the Love of Christ" and its Mission "to be a World class center of scholarship in the science & art of healing-exhibiting professionalism, excellence compassion and a holistic Christ-centered understanding of healing.."

3.2. The Quality Policy of the Believers Church Medical College is in place to ensure that the Institution becomes and remains a center of excellence in caring & scholarship in line with the institution's stated Vision & Mission and is aimed towards the accomplishment of quality objectives regarding operational issues including planning and implementation of the undergraduate and postgraduate curriculum to fulfil the mandate of providing world class learning experience to the students for producing the Believers Church Medical Graduate who is Caring, Compassionate, Communicative, Competent and future-ready with 21" Century skills.

3.3. It is committed to achieving excellence in the field through Allocation of resources including financial and administrative support needed by the Internal Quality Assurance Cell to administer the system for Continuous Quality Improvement of the curriculum as well as in the educational, research and administrative systems and processes in order to meet and exceed expectations in contemporary academic and research requirements as mandated by the National Medical Commission, Kerala University of Health sciences and other national statutory quality rating agencies.

4. Objectives of the Indian Graduate Medical Training Programme

1.1. The undergraduate medical education program is designed with a goal to create an "lndian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant. To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training program are hereby prescribed.

5. National Goal

5.1. At the end of undergraduate program, the Indian Medical Graduate should be able to:

5.1.1. Recognize "health for al[' as a national goal and health right of all citizens and by undergoing training for the medical profession fulfill his social obligations towards realization of this goal.

5.1.2. Learn key aspects of National policies on health and devote himself to its practical implementation.

5.1.3. Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

5.1.4. Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

5.1.5. Become an exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

6. Institutional Goals

6.1. In consonance with the national goals, each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute should:

6.1.1. Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.

6.1.2. Be competent to practise preventive, promotive, curative, palliative and rehabilitative medicine in respect to the commonly encountered health problems.

6.1.3. Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects.

6.1.4. Appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.

6.1.5. Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen arca of medicine, action research and documentation skills.

6.1.6. Be familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects of the following:

6.1.6.1. Family Welfare and Maternal and Child Health (MCH);

6.1.6.2. Sanitation and water supply;

6.1.6.3. Prevention and control of communicable and non-communicable diseases;

6.1.6.4. Immunisation;

6.1.6.5. Health Education and advocacy;

6.1.6.6. Indian Public Health Standards (IPHS) at various level of service delivery;

6.1.6.7. Bio-medical waste disposal

6.1.6.8. Organizational and or institutional arrangements.

6.1.7. Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, general and hospital management, principal inventory skills and counselling.

6.1.8. Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures with maximum community participation.

6.1.9. Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

6.1.10. Be competent to work in a variety of health care settings.

6.1.11. Have personal characteristics and attitudes required for professional life including personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

7. Goals for the Learner

7.1. In order to fulfil these goals, the Indian Medical Graduate must be able to function in the following roles appropriately and effectively : -

7.1.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

7.1.2. Leader and member of the healthcare team and system with capabilities to collect, analyse, synthesise and communicate health data appropriately.

7.1.3. Communicator with patients, families, colleagues and community

7.1.4. Lifelong leamer committed to continuous improvement of skills and knowledge

7.1.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

7.1.6. Critical thinker who demonstrates problem solving skills in professional practice

7.1.7. Researcher who generates and interprets evidence

8. Competency Based Training Programme of the Indian Medical Graduate

8.1. Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to

effectively fulfill the roles, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

8.2. Clinician, who understands and provides preventive, promotive, curative, palliative

8.3. and holistic care with compassion

8.3.1. Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.

8.3.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.

8.3.3. Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence healthcare.

8.3.4. Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

8.3.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.

8.3.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.

8.3.7. Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.

8.3.8. Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.

8.3.9. Demonstrate effective clinical problem solving, judgement and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualised management plans that include preventive, promotive and therapeutic goals.

8.3.10. Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.

8.3.11. Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

8.3.12. Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmers and policies for the following:

8.3.12.1. Disease prevention,

8.3.12.2. Health promotion and cure,
8.3.12.3. Pain and distress alleviation, and
8.3.12.4. Rehabilitation and palliation.

8.3.13. Demonstrate ability to provide a continuum of care at the primary (including home care) and/or secondary level that addresses chronicity, mental and physical disability.

8.3.14. Demonstrate ability to appropriately identify and refer patients who may require specialised or advanced tertiary care.

8.3.15. Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

9. Leader and member of the healthcare team and system

9.1. Work effectively and appropriately with colleagues in an interprofessional health care team respecting diversity of roles, responsibilities and competencies of other

9.2. Professionals. Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary healthcare settings.

9.3. Educate and motivate other members of the team and work in a collaborative and

9.4. collegial fashion that will help maximise the health care delivery potential of the team.

9.5. Access and utilise components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care',e priorities and policies, as well as be able to collect, analyze and utilize health data.

9.6. Participate appropriately and effectively in measures that will advance quality of healthcare and patient safety within the healthcare system.

9.7. Recognize and advocate health. promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) lifestyle diseases and b) cancer, in collaboration with other members of the health care team.

10. Communicator with patients, families, colleagues and community

10.1. Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.

10.2. Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.

10.3. Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

10.4. Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision- making.

10.5. 7. Lifelong learner committed to continuous improvement of skills and knowledge Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.

10.6. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.

10.7. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.

10.8. Demonstrate ability to search (including through electronic means), and critically reevaluate the medical literature and apply the information in the care of the patient.

10.9. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

10.10. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

10.10.1. Practice selflessness, integrity, responsibility, accountability and respect.

10.10.2. Respect and maintain professional boundaries between patients, colleagues and society.

10.10.3. Demonstrate ability to recognize and manage ethical and professional conflicts.

10.10.4. Abide by prescribed ethical and legal codes of conduct and practice.

10.10.5. Demonstrate a commitment to the growth of the medical profession as a whole.

10.10.5.1.1. REf: NMC No. U.1 4021 1812023-UGMEB Dated, the 01"t August,2023

11. Training Period and Time Distribution

11.1. Each undergraduate learner shall undergo a period of study extending over four and half years.

11.2. The program is divided over nine semesters.

11.3. This shall be followed by one year of compulsory rotating internship (CRI).

11.4. Each academic year consists of at least 240 teaching days with a minimum of eight working hours (including one hour lunch break). If the instructional days are fewer than 220 days in

11.5. an academic year due to any reason, then the number of days shall be compensated by converting the second Saturdays and/ or Sundays or the Institutional declared holidays into working days.

11.6. Period of four and half years is further divided into:

11.6.1. Phase I: Pre-clinical phase:

11.6.1.1. 1month Foundation Course + 13 months of first professional phase: Includes training in Human Anatomy, Physiology, Biochemistry, Introduction to Community Medicine, Humanities, Professional development including Attitude, Ethics & Communication (AETCOM) module and early clinical exposure, ensuring both horizontal and vertical integration.

11.6.2. ii. Phase II: Para-clinical phase:

11.6.2.1. 12 months of second professional phase: Includes training in Pathology, Pharmacology, Microbiology, Community Medicine, Forensic Medicine and Toxicology, Professional development including Attitude, Ethics & Communication (AETCOM) module and introduction to clinical subjects ensuring both horizontal and vertical integration. Clinical exposure shall be in the form of learner-doctor method.

11.6.3. iii. Phase Ill: Clinical Phase:

11.6.3.1. A. Part I: 13 months: The clinical subjects include General Medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics, Orthopaedics, Dermatology, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Psychiatry, Respiratory Medicine, Radio-diagnosis & Radiotherapy and Anaesthesiology & Professional development including AETCOM module.

11.6.3.2. B. Electives: 2 months

11.6.3.3. C. Part II: 13 months: The clinical subjects include: Medicine and allied specialties (General Medicine, Psychiatry, Dermatology Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis); Surgery and allied specialties (General Surgery, Orthopaedics [including trauma]), Dentistry, Physical Medicine and rehabilitation, Anaesthesiology and Radio-diagnosis); Obstetrics and Gynaecology (including Family Welfare); Paediatrics and AETCOM module.

11.6.3.4. f. Course shall commence on 1st of August every year.

11.7. University Examinations and Attempts

11.7.1. The learner shall not be entitled to graduate later than 10 years of joining the MBBS course.

11.7.2. No more than four attempts shall be allowed for a candidate to pass the first phase (partial

11.7.3. attendance is counted as an attempt) and not later than four years of joining the course.

11.7.4. Candidates passing in the supplementary examination shall join with the main batch for progression and the candidates failing in the supplementary examination shall take the examination with the subsequent batch in the next year.

11.7.5. A candidate failing in second MBBS shall not be allowed to take Third Phase-Part I examination, unless he/she passes in all the subjects.

11.7.6. Passing in the examination of Phase Ill part I is compulsory to be eligible for Third Phase Part II examinations.

11.7.7. In subjects having two papers, the learner must obtain a minimum of 40% marks in each paper and an aggregate of 50% marks to pass in the subject. For the practical session, marks for practicals and viva are added together and the learner must obtain 50% aggregate score to pass in the subject

11.8. Phase-wise and Course-wise Details

11.8.1. Time allotted for each course excludes the time reserved for internal and university examinations & vacations.

11.8.2. Second Phase clinical postings may commence before I after the declaration of the results of the first phase.

11.8.3. Third phase part I & part II clinical postings shall not commence later than two weeks after the completion of the previous phase examination.

11.8.4. 25% of the time allotted for the third Phase shall be utilised for integrated learning with pre- and para- clinical subjects and these shall be used for assessments in the clinical subjects.

11.8.5. Didactic lectures shall not exceed one third of the schedule.

11.8.6. Two-third of the scheduled time shall be used for interactive teaching, practical sessions, clinical or group discussions.

11.8.7. Clinical postings during the second phase shall be of 36 weeks duration (3h/d & 5d /week), third phase (part I) shall be of 42 weeks duration (3h/d & 6d / week), electives of 2 month shall be 8 weeks duration (3h/d & 6d / week) and third phase (part II) shall be of 44 week duration (3h/d & 6d / week).

11.8.8. One month at the end of each phase is provided for conducting University exams and declaring the results.

12. The following segment elaborates the details of various courses in the MBBS Program.

12.1. Foundation course

12.1.1. Foundation course shall be conducted at the beginning of the Program to orient the students. Goal:

12.1.2. The goal of the Foundation Course is to prepare a learner to study Medicine effectively.

12.2. Objectives: The objectives and hence the expected course outcome are: (i) Orient the learner to:

12.2.1. The medical profession and the physician's role in society b. The MBBS programme

12.2.2. Alternate health systems in the country and history of medicine d. Medical ethics, attitudes and professionalism

12.2.3. Health care system and its delivery

12.2.4. National health priorities and policies

12.2.5. Universal precautions and vaccinations h. Patient safety and biohazard safety

12.2.6. Principles of primary care (general and community-based care)

12.2.7. The academic ambience

12.3. (ii) Enable the learner to acquire enhanced skills in:

12.3.1. Language

12.3.2. Interpersonal relationships c. Communication

12.3.3. Learning including self-directed learning e. Time management

12.3.4. Stress management

12.3.5. Use of information technology

12.4. (iii) Train the learner to provide:

12.4.1. First-aid

12.4.2. Basic life support

12.5. Features of the foundation course:

12.5.1. Foundation course extends for a duration of one month.

12.5.2. Orientation program shall be completed as a single block.

12.5.3. Based on the perceived need, a student can choose to take language or computer classes.

12.5.4. Foundation course shall be organised by a coordinator appointed by the dean and shall be under the supervision of the heads of the pre-clinical departments.

12.5.5. Foundation course is compulsory and an attendance of 75% is mandatory.

12.5.6. Performance in the foundation course shall not be counted for the internal assessment.

12.5.7. Feedback for the performance in the foundation course shall be documented.

12.5.8. A total of 175 hours are allotted for the foundation course and the various sub-components are as follows:

12.5.8.1. Content

12.5.8.2. Total Teaching

12.5.8.3. Hours

12.5.8.4. Orientation

12.6. Skill Modules (Basic Life Support, First Aid, Universal Precautions, Biomedical Waste & Safety Management)

12.7. Field Visits to Community & Primary Health Centres Professional development including ethics Enhancement of language and computer skills Sports & extra-curricular activities Grand Total

12.8. Foundation Course Sample Schedule of Believers Church medical College Hospital,

Table 3: Foundation Course

(one week + spread over 6 months at the discretion of college)

Subjects/Contents	Teaching hours
Orientation	30
Skills Module	34
Field visit to Community Health Center	08
Introduction to Professional Development & AETCOM module	40
Sports, Yoga and extra-curricular activities	16
Enhancement of language/computer skills	32
Total	**160**

13. Subject wise distribution (1ST YEAR)

13.1. Anatomy

13.1.1. Competencies:

13.1.1.1. The undergraduate must demonstrate :

13.1.1.1.1. understanding of the gross and microscopic structure and development of human body,

13.1.1.1.2. Comprehension of the normal regulation and integration of the functions of the organs and systems on basis of the structure and genetic pattern,

13.1.1.1.3. understanding of the clinical correlation of the organs and structures involved and interpret the anatomical basis of the disease presentations.

13.1.2. Broad subject specific objectives

13.1.2.1. Knowledge: At the end of the course the student should be able to

13.1.2.1.1. Understand clinical basis of some common clinical procedures i.e. intramuscular and intravenous injection, lumbar puncture and kidney biopsy etc.

13.1.2.1.2. Identify the organs and tissues under the microscope.

13.1.2.1.3. Understand the principles of karyotyping and identify the gross congenital anomalies.

13.1.2.1.4. Understand principles of newer imaging techniques and interpretation of CT scan, sonogram, MRI & Angiography.

13.1.3. Skills:

13.1.3.1. At the end of the course the student should be able to

13.1.3.1.1. Identify and locate all the structures of the body and mark the topography of the Living Anatomy.

13.1.3.1.2. Understand clinical basis of some common clinical procedures i.e. intramuscular and intravenous injection, lumbar puncture and kidney biopsy etc.

13.1.3.1.3. Identify the organs and tissues under the microscope.

13.1.3.1.4. Understand the principles of karyotyping and identify the gross congenital anomalies.

13.1.3.1.5. Understand principles of newer imaging techniques and interpretation of CT scan, sonogram, MRI & Angiography.

13.1.4. Integration:

13.1.4.1.1. The teaching should be aligned and integrated horizontally and vertically in organ systems with clinical correlation that will provide a context for the learner to understand the relationship between structure and function and interpret the anatomical basis of various clinical conditions and procedures.

13.2. Physiology

13.2.1. Course Outcome:

13.2.1.1. Competencies: The undergraduates must demonstrate:

13.2.1.1.1. Understanding of the normal functioning of the organs and organ systems of the body,

13.2.1.1.2. Comprehension of the normal structure and organisation of the organs and systems on basis of the functions,

13.2.1.1.3. Understanding of age-related physiological changes in the organ functions that reflect normal growth and development,

13.2.1.1.4. Understand the physiological basis of diseases.

13.2.2. b. Broad subject specific objectives

13.2.2.1. Knowledge

13.2.2.1.1. At the end of the course, the student will be able to:

13.2.2.1.2. Describe the normal functions of all the systems, the regulatory mechanisms and ' interactions of the various systems for well-coordinated total body functions.

13.2.2.1.3. Understanding the relative contribution of each organ system in the maintenance of the milieu interior (homeostasis)

13.2.2.1.4. Explain the physiological aspects of the normal growth and development.

13.2.2.1.5. Analyze the physiological responses and adaptation to environmental stress.

13.2.2.1.6. Comprehend the physiological principles underlying pathogenesis and treatment of disease.

13.2.2.1.7. Correlate knowledge of physiology of the human reproductive system in relation to the National Family welfare program.

13.2.2.2. c. Skills

13.2.2.2.1. At the end of the course the student shall be able to:

13.2.2.2.1.1. Conduct experiments designed for study of physiological phenomena.

13.2.2.2.1.2. o Interpret experimental /investigative data.

13.2.2.2.1.3. o distinguish between normal and abnormal data derived as a result of clinical examination and tests, which he has performed and observed in the laboratory.

13.2.2.2.1.4. o Recognize and get familiar with newer computerised and advanced instruments like medspiror, semen quality analyzer, EMG and TMT

13.2.2.2.1.5. d. Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems in order to provide a context in which normal function can be correlated both with structure and with the biological basis, its clinical features, diagnosis and therapy.

13.3. Biochemistry

13.3.1. Course Outcome:

13.3.2. a. Competencies:

13.3.2.1. The learner must demonstrate an understanding of:

13.3.2.1.1. o Biochemical and molecular processes involved in health and disease,

13.3.2.1.2. Importance of nutrition in health and disease,

13.3.3. b. Broad subject specific objectives:

13.3.3.1. Knowledge:

13.3.3.1.1. At the end of the course, the student shall be able to

13.3.3.1.1.1. Enlist and describe the cell organelles with their molecular and functional organisation.

13.3.3.1.1.2. Delineate structure, function and interrelationships of various biomolecules and consequences of deviation from the normal.

13.3.3.1.1.3. Understand basic enzymology and emphasise on its clinical applications wherein regulation of enzymatic activity is disturbed.

13.3.3.1.1.4. Describe digestion and assimilation of nutrients and consequences of malnutrition.

13.3.3.1.1.5. Describe and integrate metabolic pathways of various biomolecules with their regulatory mechanisms.

13.3.3.1.1.6. Explain the biochemical basis of inherited disorders with their associated squeal.

13.3.3.1.1.7. Describe mechanisms involved in maintenance in water, electrolyte and acid base balance and consequences of their imbalances.

13.3.3.1.1.8. Outline the molecular mechanisms of gene expression and regulation, basic principles of biotechnology and their applications in medicine.

13.3.3.2. c. Skills

13.3.3.2.1. At the end of the course, the student shall be able to:

13.3.3.2.1.1. Make use of conventional techniques / instruments to perform biochemical analysis relevant to clinical screening and diagnosis;

13.3.3.2.1.2. Analysis and interpret investigative data;

13.3.3.2.1.3. Demonstrate the skills of solving scientific and clinical problems and decision making.

13.3.4. d. Integration:

13.3.4.1.1. The teaching/learning programme should be integrated horizontally and vertically, as much as possible, to enable learners to make clinical

correlations and to acquire an understanding of the cellular and molecular basis of health and disease.

Table no. 4 Distribution of Subject Wise Teaching Hours for 1st MBBS

Subject	Lectures	SGL	SDL	Total
Foundation Course				39
Anatomy	210	400	10	620
Physiology	130	300	10	440
Biochemistry *	78	144	10	232
Early Clinical Exposure**	27	-	0	27
Community Medicine	20	20		40
FAP			27	27
(AETCOM)***	-	26	-	26
Sports and extra-curricular activities	-	-	-	10
Formative Assessment and Term examinations	-	-	-	60
Total	**464**	**918**	**30**	**1521 #**

* Including Molecular Biology

** Early Clinical exposure hours to be divided equally in all three subjects.

***AETCOM module shall be a longitudinal programme.

Includes hours for Foundation course also

DEPARTMENT OF Anatomy/Physiology/Biochemistry

Faculty : MBBS	Year/Phase- I		Date : dd/mm/yyyy

		Formative Assessment Theory			Continuous Internal assessment Theory						
Roll No.	Name of Student	1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	Total
							Self Directed Learning				
		100	100	200	15	30	15	15	15	10	500

Department of Anatomy/Physiology/Biochemistry												
Faculty : MBBS		Year/Phase- I									Date : dd/mm/yyyy	
			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)				Journal *(Record book/ Portfolio)*	Attendance (Practical)	Total
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity	Research			
			100	100	100	60	30	40	20	40	10	500

14. Subject wise distribution (2ND YEAR)

14.1. Pathology

14.1.1. a. Competencies:

14.1.1.1. The undergraduate must demonstrate:

14.1.1.1.1. Comprehension of the causes, evolution and mechanisms of diseases, of alterations in gross and cellular morphology of

14.1.1.1.2. Ability to correlate the natural history, structural and functional changes with the clinical manifestations of diseases, their diagnosis and therapy,

14.1.2. Broad subject specific objectives

14.1.3. Knowledge:

14.1.3.1. At the end of one and half years, the student shall be able to:-

14.1.3.1.1. Describe the structure and ultrastructure of a sick cell, causes and mechanisms of cell Injury, cell death and repair.

14.1.3.1.2. Correlate structural and functional alterations in the sick cell.

14.1.3.1.3. Explain the path physiological processes, which govern the maintenance of homeostasis, mechanisms of their disturbance and the morphological and clinical manifestation associated with it,

14.1.3.1.4. Describe the mechanisms and patterns of tissue response to injury so as to appreciate the pathophysiology of disease processes and their application to clinical science.

14.1.3.1.5. Correlate the gross and microscopic alterations of different organ systems in common disease to the extent needed for understanding disease processes and their clinical significance.

14.1.3.1.6. Develop an understanding of steps in neoplastic changes in the body and their effects in order to appreciate the need for early diagnosis and further management of neoplasia.

14.1.3.1.7. Understand mechanisms of common haematological disorders and develop a logical approach in their diagnosis and management.

14.1.3.1.8. Develop understanding of the blood banking, blood donors & transfusion of blood & blood products, (components).

14.1.3.1.9. Understand pathophysiology of infectious diseases in relation with tissue changes.

14.1.3.1.10. Describe the various immunological reactions in understanding the disease process & tissue transplant.

14.1.3.1.11. Develop an understanding fbr genetic disorders.

14.1.3.1.12. Understand the vital organ function test of Kidney, liver & thyroid.

14.1.4. sKILLS

14.1.4.1. At the end of one and half years, the student shall be able to:

14.1.4.1.1. Describe the rationale and principles of routine technical procedures of the diagnostic laboratory tests & perform it.

14.1.4.1.2. Interpret routine diagnostic laboratory tests and correlate with clinical,haematological and morphological changes.

14.1.4.1.3. Perform the simple bed-side tests on blood, urine and other biological fluid samples:

14.1.4.1.4. Draw a rational scheme of investigations aimed at diagnosing and managing the cases of common disorders.

14.1.4.1.5. Able to understand the microscopic and macroscopic features of common diseases.

14.1.4.1.6. Develop different types of skills such as observation skills, communication skills and presentation skills.

14.1.4.1.7. Understand biochemical/physiological disturbances that occur as a result of disease in collaboration with all concerned departments.

14.1.5. d. Integration:

14.1.5.1. The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing deviations from normal structure and function and clinically correlated so as to provide an overall understanding of the etiology, mechanisms, laboratory diagnosis, and management of diseases.

14.2. Pharmacology

14.2.1. Course Outcome:

14.2.2. (a) Competencies: The undergraduate must demonstrate:

14.2.2.1. 1. Knowledge about essential and commonly used drugs and an understanding of the pharmacologic basis of therapeutics

14.2.2.2. 2. Ability to select and prescribe medicines based on clinical condition and the pharmacologic properties, efficacy, safety, suitability and cost of medicines for common clinical conditions of national importance

14.2.2.3. 3. Knowledge of pharmacovigilance, essential medicine concept and sources of drug information and industry-doctor relationship

14.2.2.4. 4. Ability to counsel patients regarding appropriate use of prescribed drug and drug delivery systems.

14.2.3. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems recognising the interaction between drug, host and disease in order to provide an overall understanding of the context of therapy.

14.3. Microbiology

14.3.1. a. Competencies:

14.3.1.1. The undergraduate learner demonstrates:

14.3.1.1.1. Understanding of the role of microbial agents in health and disease.

14.3.1.1.2. Understanding of the immunological mechanisms in health and disease.

14.3.1.1.3. Ability to correlate the natural history, mechanisms, and clinical manifestations of infectious diseases as they relate to the properties of microbial agents.

14.3.1.1.4. Knowledge of the principles and application of infection control measures.

14.3.1.1.5. An understanding of the basis of the choice of laboratory diagnostic tests and their interpretation, antimicrobial therapy, control, and prevention of infectious diseases.

14.3.1.1.6. Knowledge of outbreak investigation and its control.

14.3.2. b. Broad subject-specific objectives:

14.3.2.1. At the end of the course, the student will be able to:

14.3.2.1.1. Explain how different microorganisms can cause human infection.

14.3.2.2. Understand commercial, opportunistic, and pathogenic organisms and describe host-parasite relationships.

14.3.2.3. Describe the characteristics (morphology, cultural characteristics, resistance, virulence factors, incubation period, mode of transmission, etc.) of different microorganisms.

14.3.2.4. Explain the various defence mechanisms of the host against microorganisms that can cause human infection.

14.3.2.5. Describe the laboratory diagnosis of microorganisms causing human infections and diseases.

14.3.2.6. Describe the prophylaxis for the particular infecting microorganisms.

14.3.3. c. Skills

14.3.3.1. At the end of the course, the student shall be able to plan laboratory investigations for the diagnosis of infectious diseases.

14.3.3.2. Perform laboratory procedures to arrive at the etiological diagnosis of infectious diseases caused by bacteria, fungi, viruses, and parasites, including the drug sensitivity profile.

14.3.3.3. Perform and interpret immunological and serological tests.

14.3.3.4. Operate routine and sophisticated instruments in the laboratory.

14.3.3.5. Develop micro teaching skills and pedagogy.

14.3.3.6. Successfully implement the chosen research methodology.

14.3.4. d. Integration:

14.3.4.1. The teaching should be aligned and integrated horizontally and vertically in organ systems with emphasis on host-microbe-environment interactions and their alterations in disease and clinical correlations to provide an overall understanding of the etiological agents, their laboratory diagnosis, and prevention, overall understanding of the etiological agents, their laboratory diagnosis and prevention.

Table no. 5- Distribution of Subject Wise Teaching Hours for II MBBS

Subjects	Lectures	SGL	Clinical Postings*	SDL	Total
Pathology	80	165	-	10	255
Pharmacology	80	165	-	10	255
Microbiology	70	135	-	10	215
Community Medicine	15	0	0	10	25
FAP	0	0	30		30
Forensic Medicine and Toxicology	12	22	-	08	42
Clinical Subjects	59		540	-	599
AETCOM	-	29	-	8	37
Sports, Yoga and extra-curricular activities	-	-	-	20	35
Pandemic module				28	28
Final total	316	516	585	104	1521

Pl. note: Clinical postings shall be for 3 hours per day, Monday to Friday.

There will be 15 hours per week for all clinical postings.

DEPARTMENT OF Pathology/Pharmacology/Microbiology

Faculty : MBBS | Year/Phase- II

S.No.	Roll No.	Name of Student	Formative Assessment Theory			Continuous Internal assessment Theory						Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	
								Self Directed Learning				
			100	100	200	15	30	15	15	15	10	500

Department of Pathology/Pharmacology/Microbiology

Faculty : MBBS | Year/Phase- II | Date : dd/mm/yyyy

S.No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)						Total
			1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)				Journal *(Record book/ Portfolio)*	Attendance (Practical)	
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/ Other)	AETCOM competencies	SVL Lab activity	Research			
			100	100	100	60	30	40	20	40	10	500

15. Subject wise distribution (FINAL YEAR)

15.1. Forensic Medicine and Toxicology

15.1.1. Competencies: The learner must demonstrate:

15.1.1.1. (Understanding of medico-legal responsibilities of physicians in primary and secondary care settings.

15.1.1.2.

15.1.1.3. crime, based approach to the investigation or . Ability to manage medical and legal issues in cases of poisoning /overdose, and medical understanding the medico Legal framework of medical practice Understanding of codes of conduct and medical ethics, 'of deceased donor' brain death' and

15.1.2. Broad subject specific objectives:

15.1.2.1. Identify the basic Medico-legal aspects of hospital and general practice.

15.1.2.1.1. Define the Medico-legal responsibilities of a general physician while rendering community service either in a rural primary health centre or an urban health centre

15.1.2.2. Knowledge:

15.1.2.2.1. At the end of the course, the student shall be able to

15.1.2.2.2. Appreciate the physician's responsibilities in criminal matters and respect for the codes of Medical ethics.

15.1.2.2.3. Diagnose, manage and identify & legal aspects of common acute and chronic poisonings.

15.1.2.2.4. Describe the Medico-legal aspects and findings of post-mortem examination in cases of death due to common unnatural conditions and poisonings.

15.1.2.2.5. Detect occupational and environmental poisoning, prevention and epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act.

15.1.2.2.6. Describe the general principles of analytical toxicology.

15.1.2.3. Skills

15.1.2.3.1. At the end of the course, the student shall be able to

15.1.2.3.2. Make observations and draw logical inferences in order to initiate enquiries in criminal matters and Medico-legal problems and be able to -

15.1.2.3.3. Carry on proper Medico-legal examination and documentation/Reporting of Injury and Age.

15.1.2.3.4. Conduct examination for sexual offences and intoxication.

15.1.2.3.5. Preserve relevant ancillary materials for medico-legal examination.

15.1.2.3.6. Identi& important post-mortem findings in common unnatural deaths.

15.1.2.3.7. Diagnose and treat common emergencies in poisoning and chronic toxicity.

15.1.2.3.8. Make observations and interpret findings at post-mortem examination.

15.1.2.3.9. Observe the principles of medical ethics in the practice of his profession.

15.1.3. Integration:

15.1.3.1. The teaching should be aligned and integrated horizontally and vertically recognizing the importance of medico-legal, ethical and toxicological issues as they relate to the practice of medicine.

DEPARTMENT OF FMT

Faculty: MBBS,
Year/ Phase 3, part 1

S.No.	Roll No.	Name of Student	Formative Assessment_Theory			Continuous Internal assessment_Theory						Total	Percentage Theory *(Minimum cut off 40%)*		Cumulative percent of Theory & Practical
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I &	Home Assignment	Seminar	Continuous Class Test (LMS)	Museum study	Library assignments	Attendance Theory				Theory+ Practical = 375+500= 875 *(Minimum cut off 50%)*
									Self Directed Learning						
			100	100	100	10	10	25	10	10	10	375	%		
1															
2															
3															

Department of FMT MBBS Phase 3, Part 1

Faculty : MBBS Year/Phase- Date : dd/mm/yyyy

S.No.	Roll No.	Name of Student	Formative Assessment			Continuous Internal Assessment (Practical)					Total	Percentage Practical (Minimum cut off 40%)
			1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)			Journal (Record book/ Portfolio)	Attendance (Practical)		
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity				
			100	100	100	70	40	40	40	10	500	%
1												
2												
3												

15.2. Otorhinolaryngology

15.2.1. Teaching Hours: 375

15.2.2. Course Outcome:

15.2.3. (a) Competencies: The learner must demonstrate:

15.2.3.1. Knowledge of the common Otorhinolaryngological (ENT) emergencies and problems

15.2.3.2. Ability to recognise, diagnose and manage common ENT emergencies and problems in primary care setting

15.2.3.3. Ability to perform simple ENT procedures as applicable in a primary care setting

15.2.3.4. Ability to recognise hearing impairment and refer to the appropriate hearing impairment rehabilitation programme.

15.2.4. Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the learner to understand the structural basis of ENT problems, their management and correlation with function, rehabilitation and quality of life.

15.2.5. Examination: At the end of Phase Ill Part I:

Faculty : Final MBBS Year/Phase- Part - II Date : dd/mm/yyyy

DEPARTMENT OF Paediatrics/ENT/Ophthalmology

S.No.	Roll No.	Name of Student	Formative Assessment_Theory			Continuous Internal assessment_Theory						Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	
								Self Directed Learning				
			100	100	100	10	25	10	10	10	10	375

Department of Paediatrics/ENT/Ophthalmology												
Faculty : Final MBBS			Year/Phase- Part -II								Date : dd/mm/yyyy	
			Formative Assessment			Continuous Internal Assessment (Practical)						
S.No.	Roll No.	Name of Student	1st PCT Practical/First Ward Leaving Examination	2nd PCT Practical /Second Ward Leaving Examination	Prelims Practical	Log book (150)				Journal (Record book/Portfolio)	Attendance (Practical)	Total
						Certifiable skill based competencies (Through OSPE/OSCE/Spots/Exercise/Other)	AETCOM competencies	SVL Lab activity	Research			
			100	100	100	60	30	50	20	40	10	500

15.3. Ophthalmology

15.3.1. Teaching Hours: 500

15.3.2. Course Outcome:

15.3.3. (a) Competencies: The student must demonstrate:

15.3.3.1. 1. Knowledge of common eye problems in the community

15.3.3.2. 2. Recognise, diagnose and manage common eye problems and identify indications for referral

15.3.3.3. 3. Ability to recognise visual impairment and blindness in the community and implement. National programmes as applicable in the primary care setting.

15.3.4. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of ophthalmologic problems, their management and correlation with function, rehabilitation and quality of life.

15.3.5. Examination: At the end of Phase Ill Part I:

15.4. General Surgery

15.4.1. Teaching Hours 500

15.4.2. Course Outcome

15.4.3. (a) Competencies: The student must demonstrate:

15.4.3.1. Understanding of the structural and functional basis, principles of diagnosis and management of common surgical problems in adults and children

15.4.3.2. Ability to choose, calculate and administer appropriately intravenous fluids, electrolytes, blood and blood products based on the clinical condition

15.4.3.3. Ability to apply the principles of asepsis, sterilisation, disinfection, rational use of prophylaxis, therapeutic utilities of antibiotics and universal precautions in surgical practice

15.4.3.4. Knowledge of common malignancies in India and their prevention, early detection and therapy

15.4.3.5. Ability to perform common diagnostic and surgical procedures at the primary care level

15.4.3.6. Ability to recognise, resuscitate, stabilise and provide Basic & Advanced Life Support to patients following trauma

15.4.3.7. Ability to administer informed consent and counsel patient prior to surgical procedures

15.4.3.8. Commitment to advancement of quality and patient safety in surgical practice.

15.4.4. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide a sound biologic basis and a holistic approach to the care of the surgical patient.

15.4.5. Examination Pattern: At the end of Phase Ill Part II

DEPARTMENT OF Medicine, Surgery, OBGY

Final MBBS Year-3, Part II

S.No.	Roll No.	Name of Student	Formative Assessment_Theory			Continuous Internal assessment_Theory						Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	
								Self Directed Learning				
			100	100	200	15	30	15	15	15	10	500

DEPARTMENT OF Medicine, Surgery, OBGY

Final MBBS Year-3, Part II

S.No.	Roll No.	Name of Student	Formative Assessment_Theory			Continuous Internal assessment_Theory						Total
			1st PCT Theory	2nd PCT Theory	Prelims Theory (Paper I & II)	Home Assignment	Continuous Class Test (LMS)	Seminar	Museum study	Library assignments	Attendance Theory	
								Self Directed Learning				
			100	100	200	15	30	15	15	15	10	500

15.5. Obstetrics & Gynaecology

15.5.1. Teaching Hours:500

15.5.2. Course Outcome:

15.5.2.1. (a) Competencies in Obstetrics: The student must demonstrate ability to:

15.5.2.1.1. 1. Provide peri-conceptional counselling and antenatal care

15.5.2.1.2. 2. Identify high-risk pregnancies and refer appropriately

15.5.2.1.3. 3. Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings

15.5.2.1.4. 4. Prescribe drugs safely and appropriately in pregnancy and lactation

15.5.2.1.5. 5. Diagnose complications of labor, institute primary care and refer in a timely manner

15.5.2.1.6. 6. Perform early neonatal resuscitation

15.5.2.1.7. 7. Provide postnatal care, including education in breast-feeding

15.5.2.1.8. 8. Counsel and support couples in the correct choice of contraception

15.5.2.1.9. 9. Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient

15.5.2.1.10. 10. Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Preconception and PrenatalDiagnostic Techniques (PC PNDT Act) and other related Acts.

15.5.2.1.11. Competencies in Gynaecology: The student must demonstrate ability to:

15.5.2.1.11.1. 1. Elicit a gynaecological history, perform appropriate physical and pelvic examinations and

15.5.2.1.11.2. PAP smear in the primary care setting

15.5.2.1.11.3. 2. Recognise, diagnose and manage common reproductive tract infections in primary care setting

15.5.2.1.11.4. 3. Recognise and diagnose common genital cancers and refer to the appropriately.

15.5.2.2. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of nationahealtpriorities.

15.5.3. Examination Pattern: At the end of Phase Ill Part II:

15.6. Orthopaedics

15.6.1. Teaching Hours:

15.6.2. Course Outcome:

15.6.3. (a) Competencies: The student must demonstrate:

15.6.3.1. 1. Ability to recognise and assess bone injuries, dislocation and poly-trauma and provide first contact care prior to appropriate referral

15.6.3.2. 2. Knowledge of the medico-legal aspects of trauma

15.6.3.3. 3. Ability to recognise and manage common infections of bone and joints in the primary care setting

15.6.3.4. 4. Recognise common congenital, metabolic, neoplastic, degenerative and inflammatory bone diseases and refer appropriately

15.6.3.5. 5. Ability to perform simple orthopaedic techniques as applicable to a primary care setting

15.6.3.6. 6. Ability to recommend rehabilitative services for common orthopaedic problems across all ages.

15.6.4. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of orthopaedic problems, their management and correlation with function, rehabilitation and quality of life.

15.6.5. Examination Pattern: Combined with General Surgery

15.7. Psychiatry

15.7.1. Teaching Hours:

15.7.2. Course Outcome:

15.7.2.1. (a) Competencies: The student must demonstrate:

15.7.2.1.1. 1. Ability to promote mental health and mental hygiene

15.7.2.1.2. 2. Knowledge of aetiology (bio-psycho-social-environmental interactions), clinical features, diagnosis and management of common psychiatric disorders across all ages

15.7.2.1.3. 3. Ability to recognise and manage common psychological and psychiatric disorders in a primary care setting, institute preliminary treatment in disorders difficult to manage, and refer appropriately

15.7.2.1.4. 4. Ability to recognise alcohol/ substance abuse disorders and refer them to appropriate centres

15.7.2.1.5. 5. Ability to assess risk for suicide and refer appropriately

15.7.2.1.6. 6. Ability to recognise temperamental difficulties and personality disorders

15.7.2.1.7. 7. Assess mental disability and rehabilitate appropriately

15.7.2.1.8. 8. Understanding of National and State programmes that address mental health and welfare of patients and community.

15.7.2.2. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand bio-psycho-social-environmental interactions that lead to diseases/ disorders for preventive, promotive, curative, rehabilitative services and medico-legal implications in the care of patients both in family and community.

15.7.3. Examination Pattern: Combined with General Medicine

15.8. Respiratory Medicine

15.8.1. Teaching Hours:

15.8.2. Course Outcome:

15.8.3. (a) Competencies: The student must demonstrate:

15.8.3.1.1. Knowledge of common chest diseases, their clinical manifestations, diagnosis and management

15.8.3.1.2. Ability to recognise, diagnose and manage pulmonary tuberculosis as contemplated in National Tuberculosis Control programme,

15.8.3.1.3. Ability to manage common respiratory emergencies in primary care settings and refer appropriately.

15.8.3.2. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to diagnose and treat TB in the context of the society, national health priorities, drug resistance and co-morbid conditions like HIV.

15.8.4. Examination Pattern: Combined with General Medicine

15.9. Anaesthesiology

15.9.1. Teaching Hours:

15.9.2. Course Outcome:

15.9.2.1. (a) Competencies in Anaesthesiology: The student must demonstrate ability to:

15.9.2.1.1. describe and discuss the pre-operative evaluation, assessing fitness for surgery and the modifications in medications in relation to anaesthesia I surgery

15.9.2.1.2. Describe and discuss the roles of Anaesthesiologist as a peri-operative physician including pre-medication, endotracheal intubation, general anaesthesia and recovery (including variations in recovery from anaesthesia and anaesthetic complications)

15.9.2.1.3. Describe and discuss the management of acute and chronic pain, including labour analgesia,

15.9.2.1.4. Demonstrate awareness about the maintenance of airway in children and adults in various situations

15.9.2.1.5. Demonstrate the awareness about the indications, selection of cases and execution of cardiopulmonary resuscitation in emergencies and in the intensive care and high dependency units

15.9.2.1.6. Choose cases for local/ regional anaesthesia and demonstrate the ability to administer the same

15.9.2.1.7. Discuss the implications and obtain informed consent for various procedures and to maintain the documents.

15.9.2.2. (b) Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for patients undergoing various surgeries, in patients with pain, in intensive care and in cardio respiratory emergencies. Integration with the preclinical department of Anatomy, para- clinical department of Pharmacology and horizontal integration with any/all surgical specialities is proposed.

15.9.3. Examination Pattern: Combined with General Surgery

Table 10 : Marks distribution for various subjects for University Annual Examinations

Phase of Course	Theory	Practicals	Passing criteria
1st MBBS			
Anatomy- 2 papers	Paper 1- 100	100	Mandatory to get 40% marks separately in theory and in practicals; and totally 50% for theory plus practicals.
	Paper 2 -100		
Physiology- 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Biochemistry- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
2nd MBBS			
Pathology - 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Microbiology- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
Pharmacology- 2 papers	Paper 1 -100	100	
	Paper 2- 100		
Final MBBS part 1			
Forensic Med. Tox.- 1 paper	Paper 1 - 100	50	
Community Med- 2 papers	Paper 1 -100	100	
	Paper 2- 100		

For NEXT, as per NEXT regulations.

16. Newer Teaching Methods

16.1. As a part of the new Competency Based Undergraduate Curriculum training, the institution adopts various newer teaching - learning methods or modified older teaching - learning methods, that are learner-centric, interactive and are rooted in experiential learning.

16.1.1. Procedural Skills

16.1.1.1. Indian Medical Graduate is expected to be competent in performing a set of procedural skills at the end of the program.

16.1.2. Process of attaining competency:

16.1.2.1. In all the sub-competencies identified as belonging to the skill domain or for those procedural skills that need to be certified at the end of the internship, a student has to pass through these necessary steps of training:

16.1.2.1.1. Understand the basic anatomy, physiology and other basic sciences required to perform the procedure.

16.1.2.1.2. Observe the procedure demonstrated through a video or as an actual process performed by a trained faculty.

16.1.2.1.3. Practice the procedure in the skill/ simulation lab whenever possible.

16.1.2.1.4. Demonstrate the procedure in the skill/ simulation lab wherever possible.

16.1.2.1.5. Assist the trainer in performing the procedure on the patients (during internship).

16.1.2.1.6. Perform specified procedures independently on the patients under supervision (during internship).

16.1.3. When does the student visit the Skill/ Simulation Lab?

16.1.3.1. Beginning from Phase II, the students shall have an allotted session in the skills and simulation lab at lease once a week.

16.1.3.1.1. During the Phase II, at least 3 hours of clinical instruction each week shall be allotted to training in clinical and procedural skill laboratories, as the clinical postings are for 5 days a week.

16.1.3.1.2. During the Phase Ill Part I & Phase Ill Part II, the students shall visit the skill lab, during the clinical posting in a specific subject.

16.1.3.1.3. During Internship, the interns shall visit the Skills Lab in the available permitted free time.

17. List of Certifiable Procedural Skills for an Indian Medical Graduate

17.1. Specialty Procedure

17.1.1. General Medicine

17.1.2. General Surgery

17.1.3. Orthopaedics

17.1.4. Gynaecology

17.1.5. Obstetrics

17.1.6. Paediatrics
17.1.7. Forensic Medicine
- 17.1.7.1. Venipuncture (I)
- 17.1.7.2. Intramuscular injection(I)
- 17.1.7.3. Intradermal injection (D)
- 17.1.7.4. Subcutaneous injection(I)
- 17.1.7.5. Intravenous (IV) injection (I)
- 17.1.7.6. Setting up IV infusion and calculating drip rate (I)
- 17.1.7.7. Blood transfusion (O)
- 17.1.7.8. Urinary catheterisation (D)
- 17.1.7.9. Basic life support (D)
- 17.1.7.10. Oxygen therapy (I)
- 17.1.7.11. Aerosol therapy/ nebulisation (I)
- 17.1.7.12. Ryle's tube insertion (D)
- 17.1.7.13. Lumbar puncture (O)
- 17.1.7.14. Pleural and ascitic aspiration (O)
- 17.1.7.15. Cardiac resuscitation (D)
- 17.1.7.16. Peripheral blood smear interpretation (I)
- 17.1.7.17. Bedside urine analysis (D)
- 17.1.7.18. Basic suturing (I)
- 17.1.7.19. Basic wound care (I)
- 17.1.7.20. Basic bandaging (I)
- 17.1.7.21. Incision and drainage of superficial abscess (I)
- 17.1.7.22. Early management of trauma (I) and trauma life support (D)

17.1.8. Application of basic splints and slings (I)
17.1.9. Basic fracture and dislocation management (O)
17.1.10. Compression bandage (I)
17.1.11. Per Speculum (PS) and Per Vaginal (PV) examination (I)
17.1.12. Visual Inspection of Cervix with Acetic Acid (VIA) (O)
17.1.13. Pap Smear sample collection & interpretation (I)
17.1.14. Intra- Uterine Contraceptive Device (IUCD) insertion & removal (I)
17.1.15. Obstetric examination (I)
17.1.16. Episiotomy (I)
17.1.17. Normal labour and delivery (including partogram) (I)
17.1.18. Neonatal resuscitation (D)
17.1.19. Setting up Pediatric IV infusion and calculating drip rate (I)
17.1.20. Setting up Paediatric intraosseous line (O)
17.1.21. Documentation and certification of trauma (I)

17.1.22. Diagnosis and certification of death (D)
17.1.23. Legal documentation related to emergency cases (D)
17.1.24. Certification of medical-legal cases e.g. Age estimation, sexual assault etc. (D)
17.1.25. Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)
17.1.26. Otorhinolaryngology
17.1.27. Ophthalmology
17.1.28. Dermatology
17.1.28.1. Anterior nasal packing (D)
17.1.28.2. Otoscopy (I)
17.1.28.3. Visual acuity testing (I)
17.1.28.4. Digital tonometry (D)
17.1.28.5. Indirect ophthalmoscopy (0)
17.1.28.6. Epilation (0)
17.1.28.7. Eye irrigation (I)
17.1.28.8. Instillation of eye medication (I)
17.1.28.9. Ocular bandaging (I)
17.1.28.10. Slit skin smear for leprosy (0)
17.1.28.11. Skin biopsy (0)
17.1.28.12. Gram's stained smear interpretation(!)
17.1.28.13. KOH examination of scrapings for fungus (D)
17.1.28.14. Dark ground illumination (0)
17.1.28.15. Tissue smear (0)
17.1.28.16. Cautery - Chemical and electrical (0)
17.1.28.17. I - Independently performed on patients,
17.1.28.18. 0- Observed in patients or on simulations,
17.1.28.19. D- Demonstration on patients or simulations and performance under supervision in patients

17.2. **C. Learner-Doctor Method of Clinical Training**

17.2.1. Clinical training (clinical clerkship) shall follow the learner-doctor method. The goal of the learner-doctor method is to provide the learners with experience of longitudinal patient care, being a part of the healthcare system, and hands-on care of patients in outpatient and in-patient settings.
17.2.1.1. Clinical Postings:
17.2.1.1.1. During Phase II: 15 hours a week (3h/d for Sd/week)
17.2.1.1.2. During phase Ill part l and Part II: 18h a week (3h/d for 6d/week).

17.2.1.1.3. Clinical postings of General Medicine include clinical laboratory (in Phase II) and infectious diseases (in phase Ill part I).

17.2.1.1.4. Clinical postings of OBG include maternity training, family welfare and family planning.

17.2.1.1.5. Clinical postings of Orthopaedics include physical training and rehabilitation.

17.2.1.1.6. Clinical postings of Radio-diagnosis includes radio-therapy wherever available.

17.2.1.2. Learner-Doctor Method:

17.2.1.2.1. The learner becomes a part of the healthcare team.

17.2.1.2.2. Although the learner shall not be given independent charge of the patient, he/she shall be assigned patients.

17.2.1.2.3. Learners shall remain with the admission unit until 6.00 pm (Except the designated class hours).

17.2.1.2.4. Learners shall be a part of the rounds at least on one other day other than admission.

17.2.1.2.5. Learners shall discuss the ethical and other humanitarian issues during the rounds.

17.2.1.2.6. Learners shall follow the patient's progress until discharge.

17.2.1.2.7. Learner shall participate in procedures for the assigned patients under supervision

17.2.1.2.8. Learners shall document observations in the logbook.

17.2.1.3. Focus of the doctor-learner method shall be as follows:

17.2.1.3.1. Focus 7 - Introduction to hospital environment, early clinical exposure, understanding

17.2.1.3.2. Phase I

17.2.1.3.3. Phase II

17.2.1.3.4. Phase II Part I Phase Ill Part II

17.2.1.4. perspectives of illness

17.2.1.4.1. History taking, physical examination, assessment of change in clinical status, communication and patient education

17.2.1.4.2. All of the above and choice of investigations, basic procedures and continuity of care

17.2.1.4.3. All of the above and decision making, management and outcomes

17.2.1.5. Assessment:

17.2.1.5.1. Logbook shall be assessed by a designated faculty for its completeness, timely submission, quality of the report on the patient assigned and the

outpatients. Completed logbooks shall form an eligibility criteria to appear in the final examination of the subject.

17.3. **D. Electives**

17.3.1. Learners shall be provided an opportunity to pursue their interest in specific specialties or research during the period of electives in the Competency based Undergraduate Curriculum.

17.3.2. Objectives:

17.3.2.1. To provide the learner with opportunities:

17.3.2.1.1. For diverse learning experiences,

17.3.2.1.2. To do research/community projects that will stimulate enquiry, self-directed, experiential learning and lateral thinking.

17.3.3. Structure:

17.3.3.1. Two months are designated for electives between Phase III Part I and Phase III Part II.

17.3.3.2. During these eight weeks of electives, learners are provides opportunities for diverse learning experiences.

17.3.3.3. The learner rotates through two elective blocks of four week periods each.

17.3.3.4. One block shall be done in pre- or para-clinical or other basic science laboratory or under a researcher.

17.3.3.5. Other block shall be done in clinical departments (specialties, super specialties, ICU, blood bank, Casualty, etc.) or at a rural or urban clinic (under supervision).

17.3.3.6. In four of the eight week of electives, regular clinical posting shall be accommodated (in the four week electives along with the basic science laboratory or under a researcher).

17.3.3.7. The learner must maintain 75% of attendance during the electives.

17.3.3.8. The learner submits a logbook at the end of electives.

17.3.3.9. Institute shall use this time for strengthening basic skill certification.

17.3.3.10. This time shall not be used by the learners to make up for the missed clinical postings or shortage of attendance.

17.4. **F. Aligned & Integrated Teaching**

17.4.1. The Competency Based Undergraduate Curriculum emphasises on aligned and integrated teaching that is learner-centric. Purpose of alignment and integration is to eliminate redundancy and to reinforce through providing context and clear concepts.

17.4.2. Features:

17.4.2.1. Teaching/ learning shall occur through organ system or disease blocks in order to align integration.

17.4.2.2. Integration shall be done with the subjects taught in the same phase (Horizontal integration or Alignment) or with the subjects taught in different phases (Vertical integration).

17.4.2.3. Alignment shall occur through sharing, correlation or nesting.

17.4.2.4. For an Aligned and Integrated Topic, sharing, correlation, nesting, integrality, use of linker shall be used to improve the understanding of relevance and correlation.

17.4.2.5. 25% of allotted time of third professional shall be utilised for integrated learning with preand para- clinical subjects and shall be assessed during the clinical subjects examination. This allotted time will be utilised as integrated teaching by para-clinical subjects with clinical subjects.

17.4.2.6. Dean and Chairman of the Curriculum Committee shall be responsible for the overall development and implementation of the aligned and integrated curriculum.

17.4.2.7. Dean and the chairman of Curriculum Committee shall appoint a committee for each alignment and integration topic. This committee shall review the competencies and assign them to different phases, develops learning objectives, learning methods and assessment methods, leases with curriculum sub-committee to create time for the topic in the calendar and provides implementation support.

17.4.3. Assessment:

17.4.3.1. Shall be subject-based, although, phase-appropriate correlation shall be tested.

17.5. **G. Self Directed Learning & Heutagogy**

17.5.1. 'Self-directed learning' describes a process by which individuals take the initiative (with or without assistance), in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes - Knowles, 1975.

17.5.1.1. Heutagogy: Management of self-managed learners.

17.5.2. Objectives:

17.5.2.1. To promote life-long learning using one's own pace, location and content.

17.5.3. Features:

17.5.3.1. The faculty shall introduce self directed learning to the undergraduate students from Phase I itself by using a four step process:

17.5.3.1.1. Analyse if the learner is ready for SOL? Check the learner's study habits and support network.

17.5.3.1.2. Plan a learning contract: Set goal, plan sequence, timeline and resources, frequency of

17.5.3.1.3. feedbacks and meetings.

17.5.3.1.4. Learner shall engage in SOL using 'deep learning approach', choosing resources to suit his/

17.5.3.1.5. her preferential learning styles, based on his/her learning needs.

17.5.3.1.6. Evaluate learning using reflections, guided self evaluation, self-validation and feedback.

17.5.3.2. Faculty members shall emphasise the need for self-motivation, self-management, self modification and self-monitoring to the students.

17.5.3.3. Facilitator shall act as a consultant/ advisor/ delegator instead of being an instructor. Students shall be encouraged to use any form of learning resources that suits their need and style, e.g. hardcopy (books, audio cassettes, CDs, DVD, magazines, etc.), digital (videos, open online courses, e-books, audio recordings, etc.), experiential (projects, dissertations, internships, etc.), support groups, self-help groups, open University programs, conferences, talk-shows, seminars, continued medical education (CME) sessions, etc.

18. Academic Freedom

18.1. Statement of Purpose:

18.1.1. The ethos of academic freedom holds paramount significance at Believers Church Medical College Hospital, where the foundational principles safeguarding this liberty are esteemed and upheld.

18.2. Policy:

18.2.1. Within the precincts of this esteemed institution, both students and faculty members enjoy the privilege of academic freedom, a right reciprocated and acknowledged throughout the academic community. This encompasses the liberty to engage in unfettered academic discussions, express diverse opinions, and pursue medical research without constraint.

18.2.2. However, it is imperative to underscore that this academic freedom is contingent upon adherence to the institutional values and the maintenance of integrity in scholarly pursuits, ensuring ethical standards in all research endeavors.

18.2.3. It is pivotal to recognize that academic freedom does not confer immunity from the scrutiny of research outcomes, be it through peer review conducted by professional bodies or the evaluation undertaken by journals considering the results for publication.

18.3. Applies to:

18.3.1. This policy is applicable to all faculty members and students associated with Believers Church Medical College Hospital, establishing a shared commitment to the principles of academic freedom.

19. Academic Honours Roll

19.1. Statement of Purpose:

19.1.1. Believers Church Medical College Hospital places a high premium on the academic accomplishments of its students, duly acknowledging and celebrating excellence through the conferment of the Director's Honour Roll.

19.2. Policy:

19.2.1. In adherence to our commitment to recognizing scholastic merit, students are evaluated annually based on their cumulative performance in internal assessments, University examinations, and overall attendance throughout the academic year.

19.3. The Director's Honour Roll is bestowed upon students meeting the following criteria:

19.3.1. Attainment of distinction (>75% marks) in both internal assessment (comprising theory and practical components) and University examinations, coupled with successfully passing all subjects in the first attempt. Additionally, a commendable attendance record exceeding 95% in both theoretical and practical sessions is a requisite for this distinction.

19.3.2. Recognition is also extended to students securing more than 70% marks in both internal assessment (theory and practical marks) and University examinations. Like their high-achieving counterparts, these students must pass all subjects on their first attempt and maintain an attendance record exceeding 90% in both theory and practical sessions.

19.4. Applies to:

19.4.1. This policy is universally applicable to all students enrolled at Believers Church Medical College Hospital, fostering a culture that values and celebrates academic excellence.

20. Academic Integrity

20.1. Statement of Purpose:

20.1.1. This policy articulates the uncompromising commitment of Believers Church Medical College Hospital to fostering and maintaining academic integrity among its faculty and student body. It delineates the expectations regarding honest academic conduct and outlines the punitive measures to be enforced in response to instances of academic dishonesty by students.

20.2. Policy:

20.2.1. The institution is unwavering in its dedication to preserving academic honesty and integrity within its academic community. This commitment extends to faculty and students alike, fostering an environment where academic pursuits are conducted with unwavering honesty, aligning with the core values of the institution.

20.3. Procedure:

20.3.1. Any faculty member suspecting academic dishonesty by a student is obligated to promptly report the matter to their superior officer.

20.3.2. The superior officer, upon receiving the report, initiates an immediate and fair investigation into the suspected academic dishonesty.

20.3.3. Upon confirmation of academic dishonesty, the matter is escalated to the Disciplinary Committee.

20.3.4. The Disciplinary Committee conducts a hearing within seven working days, with the presence of the offender, reporting faculty member, investigating superior officer, witnesses (if any), and the offender's parent(s) if possible.

20.3.5. Following the hearing, the Disciplinary Committee takes appropriate action, considering input from all concerned parties.

20.3.6. In the event of proven misconduct, the offence is recorded in the student's records.

20.3.7. The chairperson of the Disciplinary Committee checks the offender's records for prior offences, factoring them into the decision-making process for punitive action.

20.3.8. Penalties for academic dishonesty include:

20.3.8.1. First offense: Punitive action for the specific examination or assignment.

20.3.8.2. Second offense: Suspension.

20.3.8.3. Subsequent offenses: Stringent action, potentially leading to termination, subject to the Disciplinary Committee's decision and legal committee sanction.

20.3.9. Any material confiscated by faculty members as evidence (e.g., records, log books, assignments, paper chits, electronic devices) remains in their custody until the completion of the hearing. The student may receive a receipt, and the material is returned after the hearing.

20.3.10. Attempts by the student to destroy evidence automatically implicate them in academic dishonesty.

20.3.11. Academic dishonesty related to University Examinations follows the regulations of the University.

20.4. Definitions:

20.4.1. Academic Dishonesty: Deliberate actions, including cheating, copying, plagiarism, falsification, forgery, and using unauthorized materials, aimed at obtaining higher scores through deceptive means in examinations or research activities.

20.4.2. Disciplinary Committee: A committee formed by individuals appointed by the Principal's office, with the convener serving as the Chairman for proceedings. (refer to the Committee Manual BCMC/MAN-0003 Committee Manual for details.

20.5. Applies to:

20.5.1. This policy is applicable to all faculty and students of Believers Church Medical College Hospital, emphasizing the universal expectation of upholding academic integrity within the institution.

21. Alumni Association

21.1. Statement of Purpose:

21.1.1. This policy elucidates the establishment and operations of the Alumni Association at Believers Church Medical College Hospital, underscoring its pivotal role in fostering a strong and enduring connection between the institution, its current students, and its esteemed alumni.

21.2. Policy:

21.2.1. The Alumni Association, officially known as Believers Medical Alumni Association (BMAA), operates as a registered body (Reg. No:). Membership is exclusive to individuals who have successfully completed the MBBS program at Believers Church Medical College Hospital.

21.2.2. Prospective members are required to complete an application form and submit it along with a registration fee of Rs. /-. The recruitment process is initiated after the completion of the internship, and students who voluntarily express interest submit their applications during this period.

21.3. Yearly Recruiting Plan:

21.3.1. After the conclusion of the internship, every student is provided with a membership form. Those who willingly wish to join the Alumni Association submit their application forms along with the required fee.

21.4. General Body Meetings:

21.4.1. Annual General Body meetings are conducted to facilitate interaction and engagement among the members of the association.

21.5. Executive Committee:

21.5.1. The Alumni Association is governed by an Executive Committee comprising a President, a Vice President, a General Secretary, Two Joint Secretaries, and a Treasurer. Members of the Executive Committee are elected during the Annual General Body meeting and serve a term of 2 years.

21.6. Executive Committee Meetings:

21.6.1. Regular Executive Committee meetings are convened every six months to address organizational matters and ensure effective functioning. For the Terms of reference and current members of the Committee refer to the BCMC COmmittee Manual BCMC/MAN-0003 Committee Manual.

21.7. Activities and Contributions:

21.7.1. The Alumni Association actively organizes and participates in various activities throughout the year. These initiatives aim to empower current medical students and interns at Believers Church Medical College Hospital while concurrently contributing to the improvement of the broader community.

21.8. Contribution to Academic and Research Growth:

21.8.1. The Alumni Association is committed to contributing to the academic and research resources of the alma mater, thereby enhancing the educational landscape of Believers Church Medical College Hospital.

21.9. Applies to:

21.9.1. This policy is applicable to all current students and alumni of Believers Church Medical College Hospital, emphasizing the inclusive nature of the Alumni Association and its role in fostering a vibrant and interconnected community within the institution.

22. Annual Faculty Performance Evaluation Policy & Procedure

22.1. Introduction:

22.1.1. Believers Church Medical College Hospital and its dedicated employees are unwaveringly committed to the ethos of continuous personal and professional development. This policy articulates the guidelines for the annual performance evaluation of employees, aiming to facilitate their career aspirations and growth within the institution. Emphasizing cooperation, accountability, and responsibility, this policy serves as a framework for fostering a culture of ongoing improvement.

22.2. Statement of Purpose:

22.2.1. The purpose of this policy is to establish clear criteria and procedures for the annual evaluation of faculty performance at Believers Church Medical College Hospital. The evaluation process outlined herein is designed to contribute to the professional development of faculty members, aligning with the institution's mission and goals. The evaluation outcomes will play a crucial role in considerations for increments and promotions, where applicable.

22.3. Policy:

22.3.1. Believers Church Medical College Hospital is dedicated to conducting an annual evaluation of faculty performance in academic activities. This evaluation applies uniformly to all faculty members who have dedicated a significant duration of service in the academic year. Faculty members across all ranks are obligated to submit the Performance Evaluation Form annually. The heads of departments or their designees are responsible for evaluating faculty members annually and submitting the comprehensive reports to the office of the Principal/Dean. The outcomes of this evaluation will be considered for increments and promotions, as applicable.

22.4. Definitions:

22.4.1. Annual: Refers to every academic year.

22.4.2. Academic Year: The period from August 1st of one year to July 31st of the next year (e.g., Academic calendar year 2019-2020 is from August 1, 2019, to July 31, 2020).

22.4.3. Academic Activities: Encompasses activities aligned with the mission of teaching, research, clinical duties, and administrative services.

22.4.4. Faculty: Includes all employees in the positions of senior resident, assistant professor, associate professor, or professor.

22.4.5. Significant Duration: Denotes that faculty must have worked for a minimum of six months in an academic calendar year for their performance to be evaluated.

22.5. General Principles of Evaluation:

22.5.1. Objectives align with the overall goals of the institution and specific departments.

22.5.2. Flexibility to accommodate the diverse needs of different departments and responsibilities of various cadres.

22.5.3. Constructive feedback providing directions for individual professional growth.

22.6. Procedure & Timeline:

22.6.1. Self-Assessment (By 10th August): Faculty members submit self-assessment forms summarizing professional activities to their Department Heads.

22.6.2. Rating and Feedback (By 15th September): Department Heads rate self-assessment forms, provide feedback, and collect 360-degree feedback from stakeholders.

22.6.3. Appraisal by Principal/Dean (By 30th September): Completed forms and feedback are forwarded to the Principal/Dean for appraisal.

22.6.4. Appraisal by Director (By 1st November): The Principal/Dean forwards appraisal reports to the Director's office for the final review.

22.6.5. Final Appraisal (By 31st December): The Director's office reviews and makes decisions regarding faculty increment and/or progression.

22.7. Unsatisfactory Performance:

22.7.1. In cases of unsatisfactory performance, where duties are not fulfilled, competence is lacking, or contributions to the mission are inadequate, the individual must meet with the Director for further action.

22.8. Applies to:

22.8.1. This policy is applicable to all faculty members of Believers Church Medical College Hospital from the rank of senior resident and upwards.

22.9. References:

22.9.1. Faculty Performance Evaluation Proforma of Govt. of Kerala (Reference: 1).

23. Annual Faculty Performance Evaluation Form

23.1. Self-Assessment Form

23.1.1. Part I: Personal Information

23.1.1.1. Name:

23.1.1.2. Institution ID No.:

23.1.1.3. Designation:

23.1.1.4. Department:

23.1.1.5. Total years of experience:

23.1.1.6. Years of experience in the current position:

23.1.1.7. Additional Responsibilities:

23.2. Part II: Self-Assessment Form (Provide supporting documents wherever necessary)

23.2.1. Teaching & Assessment

23.2.1.1. i. Student Inputs:

23.2.1.1.1. Number of student feedback collected over the year: (>3 feedbacks= 3 points; 1-3 = 1 points; None= 0 points)

23.2.1.1.2. Average score in student feedback:(Excellent= 4; Good = 3; Satisfactory= 2; Poor= 1)

23.2.1.2. ii. Mentoring:

23.2.1.2.1. Number of meetings held with mentees: (> 10 meetings = 3 points, 5-10 = 2 points; 1-4 = 1 point; None = 0 point)

23.2.1.2.2. Average score of mentees feedback:(> 10 meetings = 3 points, 5-10 = 2 points; 1-4 = 1 point; None = 0 point)

23.2.1.2.3. Initiatives taken for slow learners:(yes= 1 point; no= 0 point) If yes, please specify: iii. Innovations:

23.2.1.2.4. Course I curriculum development:(Yes= 2; No= 0) If yes, please specify:

23.2.1.2.5. Technology innovation:(Yes= 2; No= 0) If yes, please specify:

23.2.1.2.6. Creation of teaching or assessment tools:(Yes= 2; No= 0) If yes, please specify:

23.2.2. Research & Scientific Activity

23.2.2.1. Publications:

23.2.2.1.1. Number of publications: (>1 = 2 points; 1 = 1 point; none= 0 point)

23.2.2.1.2. Nature of publications: (Original article/ review article= 3 points, case report I letter to editor= 2 points; non-refereed publications= 1 point; none= 0 point)

23.2.2.1.3. Type of journal: (Indexed international/national specialty journal = 2 points, other journals= 1 point; none= 0 point)

23.2.2.1.4. Authorship: (1st author : 3 points; 2nd, 3rd or corresponding author: 2 points; Others: 1 point; none: 0 point)

23.2.2.1.5. Book chapter/book: (yes = 2 points; No = 0 point) If yes, please specify:

23.2.2.1.6. Funded/collaborated research: (yes = 2 points; No = 0 point) If yes, please specify:

23.2.2.1.7. Innovations: (patent= 3 points; applied for patent= 2 point; none= 0 point), please specify:

23.2.2.2. Scientific Activity:

23.2.2.2.1. Attended international/national conference: (Yes = 1 points; no = 0 point)

23.2.2.2.2. Presented scientific paper: (Invited lecture or oral presentation in international/ national conference= 3 points; oral presentation in state/

regional/ local conference or poster in international/ national conference = 2 points; poster in state/ regional / state conference or chaired a session = 1 point; none = 0 point)

23.2.2.2.3. Research Projects: (Principal investigator of funded project or supervisor of PhD thesis= 4 points; Principal investigator of non-funded project or co-investigator of funded project or supervisor of PG thesis= 3 points; co-investigator of non-funded project or co-supervisor of PG thesis= 2 points; none = 0 point)

23.2.2.2.4. Acquired degrees/fellowships/membership of professional bodies/awards: (PhD or MPhil= 3 points; National/ international Level Awards or fellowships or membership of professional bodies or Certificate Courses= 2 points; state/ regional/ local level awards= 1 point; none = 0 point)

23.2.2.2.5. Organizing conference/CME/Workshop: (Chairperson/ Secretary for National/ International level functions= 3 points; member of organising committee for National / International level or Chairperson/ Secretary for state/ regional/ local level= 2 points; member of organising committee for state/ regional/ local level= 1 point; none= 0 point)

23.2.2.2.6. Member of editorial board/referee/reviewer: (Editorial board of international journal or a textbook = 3 points; editorial board of national / regional /state journal = 2 points; reviewer/ referee= 1 point; none= 0 point)

23.2.3. Service:

23.2.3.1. Patient Care (Clinical faculty only):

23.2.3.1.1. Provided adequate professional service: (Yes = 1 points; No = 0 point)

23.2.3.1.2. Introduced new clinical procedure/improvised existing clinical technique: (Yes = 2 points; No = 0 point)

23.2.3.1.3. Average number of times engaged in clinical teaching for undergraduate students in a month: (> 5 times= 3 points; 3-5 times= 2 points; 1-2 times= 1 point; none= 0 point)

23.2.3.1.4. Average number of times engaged in clinical teaching for postgraduate students in a month: (> 3 times= 2 points; 1-2 times= 1 point; none= 0 point)

23.2.3.2. ii. Community or University Programs:

23.2.3.2.1. Organized/participated in outreach programs (Clinical Faculty only): (Organised = 2 points; participated = 1 point; none= 0 point)

23.2.3.2.2. Examiner/observer duties for University Examinations: (External examiner for PG= 3 points; Internal examiner for PG or external examiner for UG or observer= 2 points; internal examiner for UG = 1; none = 0 points)

23.2.3.3. Institution:

23.2.3.3.1. Additional responsibilities in the institution: (> 3 roles= 2 points; 1-3 = 1 point; None= 0 point)

23.2.3.3.2. Contributed in any way to improve the institution: (Yes = 2 point; No = 0 point) If yes, please specify:

23.2.3.3.3. Are you a faculty for any value-added or add-on course? (Yes = 3 points; No = 0 point)

23.3. Overall Score & Grading:

23.3.1. Teaching & Assessment: (Range: 1-21)

23.3.2. Research & Scientific Activity: (Range: 0 - 34)

23.3.3. Service: (Range: 0-20)

23.3.4. Total Score: (Range: 0-75)

23.4. Grading:

23.4.1. Clinical Faculty: > 51 = A; 35-50 = B; 21-35 = C; 1-20 = D; Non-respondents = F

23.4.2. Non-clinical Faculty: > 46 = A; 31-45 = B; 16-30 = C; 1-15 = D; Non-respondents = F

23.5. Declaration:

23.5.1. I hereby declare that the details provided by me here are correct to the best of my knowledge.

23.6. Name of the Employee: Signature with date:

23.7. (To be filled by the Supervising Officer/Head of the Department or their designee)

23.7.1. Please comment on the performance of the employee for each item listed. (A= outstanding; B = Exceeds expectations; C = Meets the expectations; D = Needs improvement)

23.8. Supervising Officer's Confidential Comments

23.9. Overall performance: Outstanding □ Exceeds expectation □ Meets expectation □ Needs improvement □

23.10. Goals for the next year:

23.11. Head of the Department: Signature with date:

23.12. Part IV: Performance Review

23.12.1. Reporting Officer's final rating & Comments

23.12.1.1. Dean/Principal: Signature with Date:

23.12.2. Reviewing Officer's final rating & Comments

23.12.2.1. Director: Signature with Date:

23.13. Refer to the Printable form: Faculty Evaliation Form

24. Attendance Policy

24.1. Statement of Purpose

24.1.1. The institution upholds the values of responsible behavior and dedicated learning among its students.

24.2. Policy

24.2.1. Attending all classes is compulsory. Students must arrive prepared and punctually for all teaching-learning sessions. During clinical postings, students are required to remain in the designated areas, such as hospitals, wards, OPDs, OT, and Casualty, for the entire duration as directed by supervisory Clinical Departments. In laboratories, students are expected to stay until permitted to exit by the supervising faculty members.

24.2.2. In case of student absence due to illness, family emergency, duty leave, or unavoidable circumstances, a leave letter specifying the reason with attached evidence (such as a treating doctor's certificate for illness or an attendance certificate for duty leave) must be submitted. The leave application, signed by the Principal, along with remarks, should be given to Heads of each Department affected by the missed classes. For duty leave, prior approval from the Principal and intimation to the departments are mandatory.

24.2.3. Attendance is mandatory for all examinations. In the event of absence due to valid reasons, students must submit a leave letter and contact the department for a make-up examination within three working days after the result announcement or the make-up exam date announcement.

24.2.4. Students are responsible for maintaining a minimum attendance of 75% in theory classes and 80% in practical or clinical sessions for all subjects/courses in an academic year to be eligible for University examinations.

24.2.5. Students are responsible for making up any missed work during an absence.

24.2.6. Condonation may be granted by the Principal, following the regulations of Kerala University of Health Sciences, if a student has less than the required attendance but more than 70% in both theory and practical/clinical sessions, with an approved reason for absence. Approved reasons include illness (supported by a medical certificate), family emergencies, maternity leave, or natural calamities.

24.2.7. A student failing to meet the required attendance percentage, despite all measures, will be restricted from attending the University Examination. Eligibility is restored after attending classes in the next semester before the next University examination.

24.2.8. If a course/subject spans multiple academic years (e.g., General Medicine in Phase II, Phase III Part I, and Phase III Part II), obtaining 75% attendance in each academic year is mandatory.

24.2.9. Faculty members must take attendance at the end of each session, maintaining an up-to-date record in the department.

24.2.10. Absence exceeding three consecutive days will be communicated to parents through telephone/email.

24.2.11. Monthly reports of student attendance will be sent to parents by department secretaries.

24.3. Applies to:

24.3.1. All undergraduate and postgraduate students of the institution. All faculty members and department secretaries.

25. CODE OF CONDUCT FOR STUDENTS

25.1. Discipline serves as the cornerstone upon which Believers Church Medical College Hospital (BCMCH), Thiruvalla, has been established. The study and living environment within BCMCH are designed to ensure that all members, including staff and students, have the right to:

25.2. **Safe Environment:** All members are entitled to live and study in an environment that is secure.

25.3. **Courteous Treatment:** Freedom from acts of violence, harassment, intimidation, and discrimination is a fundamental right for everyone within BCMCH.

25.4. **Property Protection:** Members have the right to protection of their property.

25.5. **Fair Complaint Resolution:** Complaints should be resolved fairly and acted upon promptly.

25.6. Aim of the Code of Conduct:

25.6.1. The primary aim of the Code of Conduct is to establish a common ground of behavior, instilling ideals and values that contribute to the development of responsible professionals among the members of BCMCH.

25.7. Scope:

25.7.1. Serious infringements and criminal activities will be addressed by law enforcement agencies. Such cases will be handed over to the police for necessary action.

25.8. The Code of Conduct includes:

25.8.1. Section I: Introduction, Aim, and Scope

25.8.2. Section II: Expected Behavior, Misconducts, and Codes of Conduct

25.8.3. Section III: Disciplinary Committee, Rules Governing the Constitution and Procedures

25.8.4. Section IV: Disciplinary Awards

25.9. Disciplinary Policy:

25.9.1. A student behaving in a manner that violates the expected standards of the college will undergo investigation and face appropriate disciplinary action as necessary. All students are expected to maintain appropriate behavior both on and off the college premises. Disciplinary actions may be taken for the following:

25.10. Behavioral Misconduct

25.10.1. Unacceptable Behavior

25.10.2. Low Attendance

25.11. Violations of the Code of Conduct

25.11.1. In instances of serious nature and criminal activities, law enforcement agencies will handle the cases, and appropriate actions will be taken. The Disciplinary Committee, as outlined in Section III, will oversee the disciplinary process, ensuring fairness and adherence to the

established rules and procedures. Disciplinary awards, as outlined in Section IV, will be applied as deemed necessary based on the severity of the misconduct.

25.12. Expected Behavior and Behavioral Misconduct

25.12.1. Expected Behavior:

25.12.1.1. Students at Believers Church Medical College Hospital (BCMCH) are expected to exhibit responsible behavior, demonstrating respect for themselves, others, and college property. Fundamental respect for the beliefs and feelings of others is integral, and students are expected to uphold the reputation of BCMCH through their conduct. Consideration for others is a core expectation that should be maintained at all times.

25.12.2. Behavioral Misconduct:

25.12.2.1. Any undue pressure, harassment, disturbance, or misbehavior towards fellow students, faculty, resident doctors, or outsiders will be taken seriously. Students are urged to actively contribute to strengthening the positive image of BCMCH.

25.12.3. Academics and Attendance:

25.12.3.1. Hostel Stay During Classes: Students are not permitted to stay in the hostel when classes or clinics are in session.

25.12.3.2. Attendance Requirements: While Medical Council of India (MCI) Regulations mandate a minimum of 75% attendance for eligibility to University Examinations, students are required to attend all classes.

25.12.4. Clarification on Attendance:

25.12.4.1. The University's rule on 75% attendance in each subject serves as an eligibility criterion for University Examinations. However, students are encouraged not merely to meet the minimum requirement but to strive for higher attendance.

25.12.5. Possession of Identity Card:

25.12.5.1. Mandatory Possession: Students are required to carry their identity cards at all times.

25.12.5.2. Consequences of Non-Compliance: Failure to produce identity cards or loss of identity cards may result in disciplinary action.

25.12.6. Adherence to these expectations ensures a positive and conducive learning environment at BCMCH.

25.13. Observance of Rules

25.13.1. General Rules:

25.13.1.1. All existing rules related to areas such as Hostel, Hostel Mess, and Library must be adhered to.

25.13.1.2. Violations of these rules are subject to punishment.

25.13.2. Academic Dishonesty:

25.13.2.1. Forms of academic dishonesty, including cheating in examinations and facilitating cheating, are strictly prohibited.

25.13.2.2. Any student found guilty of using unfair means in examinations, such as bringing unauthorized materials or electronic devices into the examination hall, will face disciplinary action, including potential rustication from the institution.

25.13.2.3. Students assisting in academic dishonesty are equally culpable and will be subject to similar disciplinary measures.

25.13.3. Behavioral Misconduct:

25.13.3.1. Behavioral misconduct encompasses a wide range of activities that go against the principles of "good order."

25.13.3.2. Examples of behavioral misconduct include (but are not limited to):

25.13.3.3. Abuse, threats of violence, intimidation, coercion, deceit, or any conduct (physical, verbal, or electronic) that jeopardises the health, freedom, or safety of any person or obstructs the duties of residents or faculty members.

25.13.3.4. Intemperate behavior, speech, or gestures, including threats to strike or striking any faculty member, and any form of rudeness or sexual innuendos in conversations with female faculty, students, or non-teaching staff members.

25.13.3.5. Disorderly or indecent conduct, breach of peace, anti-social behavior, or aiding and abetting others to breach the peace on College or Hostel premises or beyond.

25.13.3.6. Obstruction of college activities, including teaching, administration, and disciplinary procedures.

25.13.3.7. Acts falling under behavioral misconduct will be dealt with seriously and may result in appropriate disciplinary actions. It is important for all members of the institution to conduct themselves in a manner conducive to a positive and respectful environment.

25.13.4. Criminal Activity

25.13.4.1. Language and Conduct:

25.13.4.1.1. Students are prohibited from using insulting, inciting, or threatening language during interactions, both on and off-campus.

25.13.4.1.2. Acts of violence towards persons or property are strictly forbidden.

25.13.4.2. Criminal Activities:

25.13.4.2.1. Criminal activities involving violence (assault, affray, battery, harassment, sexual assault, rioting) or non-violent offenses (impersonation, forgery, bribery, alteration or misuse of college documents, records, identification, theft, possession of stolen property) will be treated seriously.

25.13.4.2.2. Cases constituting criminal behavior will be referred to the police for investigation.

25.13.4.2.3. During investigations, the Dean/Principal may temporarily expel involved offenders from the Hostel.

25.13.4.3. Judicial Proceedings:

25.13.4.3.1. Absence from classes due to police actions (arrests, detentions, interrogations) initiated against any student will not warrant special consideration for eligibility in university examinations.

25.13.4.3.2. Judicial proceedings or investigations that exonerate students do not exempt them from attendance requirements for university examinations.

25.13.4.4. Assault or Manhandling:

25.13.4.4.1. In cases of assault or manhandling with subsequent compromise between parties, the matter will be investigated by the Disciplinary Committee for Students.

25.13.4.4.2. Disciplinary awards may be given for actions that bring the College into disrepute.

25.13.4.5. Personal Belongings:

25.13.4.5.1. Students are responsible for the safekeeping of their personal belongings.

25.13.4.6. Theft and Possession of Stolen Property:

25.13.4.6.1. Students found guilty of stealing or possessing stolen property will face appropriate disciplinary and legal action.

25.13.4.7. Prohibition of Dangerous Weapons:

25.13.4.7.1. The possession of dangerous weapons, including knives, inflammables, and explosives, is strictly prohibited.

25.13.5. Ragging

25.13.5.1. The College will take necessary administrative steps to achieve the objective of eliminating ragging, within the institution or outside. In the event that an incidence of ragging comes to the notice of College authorities, the College will act as per the Medical Council of India (Prevention and Prohibition of Ragging in Medical Colleges/Institutions) Regulations, 2009 available on the website www.mciindia.org.)

25.13.5.2. One or more of any of the following acts constitutes ragging:-

25.13.5.2.1. Any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness, or abusing, harassing, ill-treating, manhandling, bullying or awarding undignified or unauthorised punishment to a student by any other student a fresher or any other student.

25.13.5.2.2. Indulging in rowdy or undisciplined activities by any student or students which causes or is likely to cause annoyance, hardship, physical or

psychological harm or to raise fear or apprehension thereof in any fresher or any other student.

25.13.5.2.3. Asking any student to do any act which such student will not do in the ordinary course and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student.

25.13.5.2.4. Any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher.

25.13.5.2.5. Any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students.

25.13.5.2.6. Any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person.

25.13.5.2.7. Any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student.

25.13.5.2.8. Any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher.

25.13.5.2.9. The application form for admission/ enrolment has a printed undertaking, to be filled up and signed by the candidate to the effect that he/she is aware of the law regarding prohibition of ragging as well as the punishments, and to the effect that he/she has not been expelled and/or debarred from admission by any institution and that he/she, if found guilty of the offence of ragging and/or abetting ragging, is liable to be punished appropriately.

25.13.5.2.10. Every student shall have to submit additional undertaking in the form along with his/ her application for hostel accommodation.

25.13.5.2.11. Collective Punishment. If the persons committing or abetting the act of ragging are not identified, the College shall resort to collective punishment.

25.13.5.2.12. Students will apprise themselves of the Medical Council of India (Prevention and Prohibition of Ragging in Medical Colleges/Institutions) Regulations, 2009 available on the website www.mciindia.org. The National Anti-Ragging Helpline (UGC Crisis Hotline) may be contacted thro ugh a 24 x 7 toll free number 1800-180-5522, and/ or an e-mail may be sent to helpline@ antiragging.in. Any form of behaviour which is unwelcome, intimidating or

25.13.5.2.13. Harassment. Humiliating the person who is the target of that behaviour is harassment. Some examples are making inappropriate comments, questions and insinuations about another person's private life, making intimidating comments or behaving so, offensive phone calls or messages sent by electronic means, attempts to coerce others into unchosen behaviour, etc.

25.13.5.2.14. Sexual Harassment. All students of BCMC are prohibited from causing any sexual harassment to women including female employees and girl students. Sexual harassment would mean unwelcome sexually determined behaviour.

25.13.5.2.15. 13. Disrepute to Institution. Students will ensure that their behaviour does not cast a "bad light" upon the College by indulging in incidents of assault/ affray with each other or outsiders, disrespecting the right of the neighbourhood to courtesy, peace and quiet and being involved in illegal activities of any kind. Academic dishonesty, criminal activity, ragging, harassment, sexual harassment etc will invite the award of various forms of punishments under the law of the land. As the award of such punishments to a student of BCMC will bring disrepute to the institution, it will invite disciplinary actions as deemed appropriate. Further, they should not talk or act in any manner outside the College that would bring disrepute to BCMC.

25.13.5.2.16. 14. Cybercrime. Cybercrime is defined as "Offences that are committed against individuals or groups of individuals with a criminal motive to intentionally harm the reputation of the victim or cause physical or mental harm to the victim directly or indirectly, using modern telecommunication networks such as Internet (Chat rooms, emails, notice boards and groups) and mobile phones (SMS/MMS)". Information Technology (Amendment) Act 2008 is applicable on all cases of hate mail, publishing or transmitting obscene material in electronic form, making communications that are distasteful, obscene or offensive, illegal.

25.13.5.2.17. 15. Use of social networking media sites. The use of social networking media sites by any student to use insulting and derogatory remarks, or make insinuations about any person or group of persons including staff and faculty is prohibited. The communication of obscenities and derogatory or offensive comments at specific individuals focusing for example on gender, race, religion, nationality, sexual orientation, etc are punishable by law. Any student found to have committed any act of a cybercrime would be handed over to the Cyber Crime Cell of Delhi Police.

In addition, for bringing the College into disrepute, the student would receive the harshest punishment.

25.13.5.2.18. 16. Drugs: The consumption of any harmful, intoxicating, performance-enhancing and recreational drugs of any kind in the college is prohibited. The possession of any drug other than those prescribed by a medical practitioner, or available over the counter without prescription, is a serious violation of the law and any student found to be in possession of recreational drugs will be expeditiously reported to the Police by the College. In addition, the student will be liable for disciplinary action for bringing disrepute to the College.

25.13.5.2.19. 17. Alcohol: Students of BCMC are not permitted to consume alcohol in the College and Hostel premises or enter the premises after consumption of alcohol outside the premises. Possession of alcohol in the room will be considered a grave violation of the College Code of Conduct even though a student may not have consumed the same, and would result in expulsion from the hostel.

25.13.5.2.20. 18. Smoking: Smoking is prohibited in all College,Hospital and Hostel buildings.

25.13.5.2.21. 19. Gambling: All forms of gambling are forbidden.

25.13.5.2.22. 20. Unsafe Activities. Harming others by indulging in dangerous activities like climbing onto roofs or ledges, or other activities that may result in injuries, such as riding two-wheelers without helmets, or attempting to rectify electrical defects.

25.13.5.2.23. 21. Possession of Cars and Two-W heelers. Students are not permitted to possess cars and motorised two-wheelers.

25.13.5.2.24. 22. Social Functions. All social functions held in Hostel and College must have the prior approval of The Dean/ Principal and will be held at the approved and designated place.

25.13.5.2.25. 23. Protection of College Property and Vandalism

25.13.5.2.25.1. Students will use facilities, furniture and fitments appropriately and with due care. They will not cause damage to or soil any College property, or exchange or change the location of any College furniture or fixtures. Damages to property by wilful or negligent actions would be recovered from the defaulters.

25.13.5.2.25.2. Where the guilty persons are not known, costs of repair, replacement, cleaning or other associated costs will be charged to all the students. Necessary repair works will be carried out as per specifications by the maintenance department.

25.13.5.2.26. 24. Protection of Room.

25.13.5.2.26.1. students will not deface, mutilate or damage any building or property belonging to the College or individual. Nails and screws are not permitted to be driven into walls, ceilings or woodwork.

25.13.5.2.27. 25. Persistent disregard for authority. Students who persist in disregard for this Code of Conduct and for authority will be counselled in writing, and in case the behaviour persists, will be referred to the Psychological Counsellor, placed under disciplinary probation and thereafter to a Psychiatrist. In case of unsatisfactory disciplinary conduct despite repeated disciplinary awards, he/ she may be expelled from the Hostel for a certain period. In case the student continues to violate one or more rules given in this Code of Conduct, he may be expelled.

25.13.6. DISCIPLINARY COMMITTEE FOR STUDENTS AND RULES GOVERNING ITS COMPOSITION, FUNCTIONS AND PROCEDURES

25.13.6.1. The Disciplinary Committee for Students comprises the following:(a) Professors nominated by The Dean/ Principal as Presiding Officer (b) Two other members of teaching faculty (c) Any other member from the College nominated by The Dean/ Principal (d) Two students s(Boy & Girl)

25.13.6.2. The student representatives will be in attendance and participate in arriving at findings of the Disciplinary Committee. They will not be included in the process of making recommendations of disciplinary actions to be taken, if any.

25.13.7. DISCIPLINARY AWARDS

25.13.7.1. The Disciplinary Committee will submit report and recommendations about a case to The Dean/ Principal

25.13.7.2. Reporting of a Violation. In the event of violations of this Code of Conduct, information about the violation will be addressed to The Dean/the principal in writing.

25.13.7.3. Summary Disciplinary Awards. If The Dean/ Principal is satisfied that the facts of an infraction speak for themselves, he may award summary disciplinary awards. The Dean/ Principal may delegate power to certain appointments to impose fines on students.

25.13.7.4. Convening the Disciplinary Committee. The Dean/ Principal, at his discretion, will order the Disciplinary Committee to conduct proceedings. Parents of the involved students will be informed about the alleged case and they will be informed that the investigation is in progress.

25.13.7.5. Procedure for Hearings by The Disciplinary Committee for Students

25.13.7.6. The Dean/T he Principal of the College will promulgate notice to all concerned by means of an Order. Such an order will include the following:- (a) Date and time of

offence or infraction (b) Name of students or others involved (c) Composition of Disciplinary Committee (d) Time frame for completion of proceedings (Findings, ie Facts of the Case, and recommendations) by Disciplinary Committee. Disciplinary Committee will convene under aegis of Presiding Officer. The Presiding Officer of Disciplinary Committee will publish a notice directing student(s) named in an act of violation of Code of Conduct.

25.13.7.7. Recording of statements. During hearings, the statements of all concern ed

25.13.7.8. who will be referred to as "W itnesses", will be recorded by hand before the Disciplinary Committee. The following are to be recorded in respect of the witnesses:- (a) Statement of the witness (b) Questions put by the Disciplinary Committee and the witness's answers. (c) In case the witness cross-examines any other witness, those questions and their answers.

25.13.7.9. Statements of W itnesses will be made known to each witness named in the statement. The Disciplinary Committee will make recommendations of disciplinary awards if attracted.

26. Confidentiality of Students Records

26.1. Statement of Purpose

26.1.1. This institution recognizes its responsibility to uphold individuals' rights to privacy while exercising its right to release certain information deemed necessary by circumstances.

26.2. Policy

26.2.1. Upon admission to this institution, students acknowledge that they will be evaluated for their academic abilities, and consequently, their internal assessment marks will be displayed on the noticeboard and may be shared with their parents.

26.2.2. The student's current record shall encompass the following documents, maintained throughout their stay and an additional 5 years post-graduation or withdrawal:

26.2.2.1. Application forms, admission letter, and documents submitted during admission.

26.2.2.2. Copy of their photo ID proof.

26.2.2.3. Copies of fee receipts and reminders for unpaid fees.

26.2.2.4. Record of personal details, including address, mobile number, email ID, parent's details, and any changes.

26.2.2.5. Copy(ies) of University marks list.

26.2.2.6. Record of grievances and grievance redressal proceedings.

26.2.2.7. Record of disciplinary actions and legal or criminal cases.

26.2.2.8. The student's permanent record, containing only University marks in transcript form, will be maintained for 50 years from the date of graduation.

26.2.3. The Administrative Officer will collect and securely maintain students' records. Students can request to peruse their records under the supervision of the Administrative Officer and may authorize the release of information to a third party.

26.2.4. The institution will ensure confidentiality regarding disciplinary and legal actions, accessible only to authorized personnel. The Administrative Officer will exercise discretion in data release or record access.

26.2.5. Publicly available data, such as enrollment status or graduation, will be released for third-party inquiries. The College counsellor may access personal and academic details with student authorization.

26.2.6. College authorities can access records when necessary. The Disciplinary Committee and Grievance Redressal Committee will have access to relevant records.

26.2.7. In police or court inquiries, a committee consisting of the Director, Principal, Dean, and Administrative Officer will meet, reaching unanimous decisions. Legal counsel may be sought in such cases.

26.2.8. Applies to:

26.2.8.1. All students of the institution.

26.2.8.2. College Administrative Officer.

27. Developing Instructional Tools

27.1. Statement of Purpose

27.1.1. The institution is steadfast in its commitment to fostering the creation of instructional tools at the institutional level, aiming to enhance the learning experience of our students.

27.2. Policy

27.2.1. Faculty members within this institution are actively encouraged to autonomously develop instructional tools that are innovative, reusable, and educational. These tools are intended to be valuable resources that students can leverage to augment their learning experiences.

27.3. Procedure

27.3.1. Faculty members from all departments are required to prepare PowerPoint or Keynote presentations covering all instructional topics within their subjects. These presentations are to be stored in the digital repository of the Central Library, creating a comprehensive resource hub.

27.3.2. In addition, faculty members are urged to create instructional videos or other online e-modules. The URLs of these resources will be cataloged in the digital repository of the Central Library, ensuring accessibility for both faculty and students.

27.3.3. To further enrich instructional tools, faculty members can collaborate with the institution's artist/modeller to create instructional charts or models. These resources will serve as valuable aids for teaching by faculty members and as tools for self-directed learning by students.

27.4. Applies to:

27.4.1. All faculty and students within the institution.

28. Ethical and Professional Behaviour

28.1. Statement of Purpose

28.1.1. The Institution is unwavering in its commitment to realizing its vision and achieving its objectives, particularly in the cultivation of Indian medical graduates with a strong foundation in professionalism and ethical conduct.

28.2. Policy

28.2.1. A student is required to present only their individual work when submitting assignments, logbooks, or records unless explicitly permitted for group activities.

28.2.2. Students are expected to conduct themselves in a manner that does not impede the academic or clinical work of fellow students.

28.2.3. When engaging in activities related to patient care, students must demonstrate responsibility, integrity, and maintain strict confidentiality. Patient information should only be disclosed to the treating team of doctors or as instructed by them.

28.2.4. In examination halls, students are obligated to uphold honorable behavior and engage only in activities permitted by the faculty during both internal and University examinations.

28.2.5. Truthfulness is paramount in all matters concerning academic and clinical work.

28.2.6. Students must exhibit respectful behavior towards their seniors and teaching faculty, maintaining a professional demeanor within the hospital premises.

28.3. Applies to:

28.3.1. All students within this institution.

29. Grievance Redressal Policy - Students

29.1. Introduction

29.1.1. The management of Believers Church Medical College Hospital is steadfast in its commitment to fostering a fair and harmonious environment for students, conducive to their growth and optimal learning. This policy has been established to provide clear guidelines for the swift and efficient resolution of problems encountered by students.

29.2. Statement of Purpose

29.2.1. The purpose of this policy is to delineate the criteria and procedures for resolving the problems faced by students at Believers Church Medical College Hospital.

29.3. Policy

29.3.1. Any undergraduate or postgraduate student within Believers Church Medical College Hospital, encountering a grievance, has access to a grievance mechanism. This mechanism allows them to address and resolve their issues promptly, without the fear of reprisal.

29.4. Definitions

29.4.1. Grievance: A dispute, be it between students, between a student and faculty, between a student and a non-teaching employee, or between a student and the management/administrative branch of Believers Church Medical College Hospital. It encompasses matters related to teaching-learning activities, interpersonal relations, etc.

29.4.2. Applicant: The undergraduate or postgraduate student submitting a written grievance.

29.4.3. Respondent: The Grievance Redressal Committee (with the chairman/convener as the signatory authority) or the Director.

29.5. Grievance Redressal Committee: A committee led by a designated chairman and secretary, along with student representatives, appointed to resolve grievances. Additional members may be included for a specific grievance if the situation necessitates. Refer to BCMC/MAN-0003 Committee Manual

29.5.1. Any undergraduate or postgraduate student who is dissatisfied due to any grievance shall first seek to resolve it with the help of the appropriate Head of the Department by submitting a written grievance on the prescribed form within three days of the incident. This step may be skipped, if the grievance involves the Head of the Department.

29.5.2. The Head of the Department shall investigate, meet the student to resolve the issue and provide the response sheet within ten days of the incident.

29.5.3. If the applicant is not satisfied, the grievance in writing along with the response sheet shall be submitted to the Grievance Redressal Committee within 15 calendar days of the incident causing grievance.

29.5.4. The Grievance Redressal Committee shall independently investigate, conduct meeting/ hearing in the presence of applicant and respond in writing to the grievance within 20 calendar days of the written submission of the grievance.

29.5.5. If the applicant is not satisfied with the decision, he/she may submit the grievance in writing to the Director, describing the reasons for dissatisfaction, along with a copy of the previous decision from the Grievance Redressal Committee. The investigation and meeting/ hearing will be completed and the written decision from the Office of Director will be communicated to the applicant within 30 calendar days of receiving the grievance.

29.5.6. If the grievance involves a member of the Grievance Redressal Committee, the student may submit the grievance directly to the office of Director.

29.5.7. What does not constitute as grievance?

29.5.7.1. Grievance redressal procedure is not applicable to personal conflicts, results of assessments, official disciplinary actions and reprimands.

29.5.8. General Instructions

29.5.8.1. Decision to utilise the grievance redressal procedure is voluntary.

29.5.8.2. Once submitted, the grievance cannot be changed until the issue resolved.

29.5.8.3. One grievance may be filed by only one individual; a group of students cannot file a single grievance; if and when needed, each one can file their grievances separately.

29.5.8.4. Neither the student seeking redressal nor the committee may be represented by legal counsel.

29.5.8.5. No intimidating, adversarial or confrontational means shall be used by any party from the time the grievance is filed until the issue is resolved.

29.5.8.6. The student shall continue to attend all his/her regular classes during the entire process to ensure that the learning process does not suffer.

29.5.8.7. No student or employee shall coerce or influence any party involved until the hearing is completed and the problem is resolved; and any such attempts shall be subject to disciplinary action.

29.5.8.8. Grievances not within the powers of the competent authority shall be submitted to the higher authority without waiting for the allotted time period to lapse.

29.5.9. When can the Committee or Director dismiss the grievance?

29.5.9.1. When the applicant fails to submit the grievance in the proper format and/or within the stipulated time.

29.5.9.2. If the applicant fails to attend any of the meeting set by the committee or Director despite prior notice.

29.5.9.3. If the student seeks withdrawal of grievance for any reason.

29.5.9.4. The applicant who has filed the grievance is no more studying at Believers Church Medical College Hospital. If the person against whom the grievance is filed is no longer studying/ working at Believers Church Medical College Hospital, either the grievance may be dismissed/ forwarded to the competent authority as the case maybe.

29.5.9.5. Committee or Director finds that the grievance is frivolous or the remedy sought cannot be granted.

29.5.10. Responsibilities of the Grievance Redressal Committee

29.5.10.1. The committee shall undertake independent investigation of the matter after receiving the grievance.

29.5.10.2. They shall decide to hold a meeting or hearing with the student or dismiss the grievance at their discretion.

29.5.10.3. They shall inform the applicant and all other members required to be present for the meeting/ hearing through a written notice regarding the date, time and venue of the meeting at least 5 working days prior to the meeting. The meetings should always be conducted on the campus of the institution, during the hours convenient for the applicant on a working day so as to not inconvenience the student in his learning process.

29.5.10.4. During the hearing, the committee members shall first hear the (i) applicant, (ii) the individual against whom the grievance is filed and (iii) any witnesses (representing either sides) if required. The hearing shall aim at providing clarification to the applicant or receiving an explanation from the individual against whom the grievance is filed.

29.5.10.5. In case the grievance does not deserve redressal, the committee shall set up a meeting with the applicant and counsel.

29.5.10.6. Committee shall be accountable for maintaining the confidentiality, if the subject of grievance requires it.

29.5.10.7. Copy of the grievance application and the redressal granted shall be filed and maintained by the committee up to a period of five years after the student completes the course.

29.5.10.8. The grievance application or the copy of the redressal granted shall not be filed in the personal file of the applicant.

29.6. Applies to:

29.6.1. All the students of the Believers Church Medical College Hospital.

29.7. Grievance Form - BCMCH

29.7.1. Students's Name: Batch of Admission:

29.7.2. Department (if Postgraduate student):

29.7.3. Student Roll Number (if undergraduate student)

29.7.4. Mobile Number:

29.7.5. Email Id:

29.7.6. Date of incidence of the grievance: Date of filing grievance:

29.7.7. Current year:

29.7.8. Grievance Statement:

29.7.9. Relief sought:

29.7.10. (Attach additional sheets if needed) Are there any attachments: Yes/ No

29.7.11. Copy to: Self Supervisor

29.7.12. Grievance Redressal Committee

29.7.13. Director Signature of the applicant with Date

29.8. Response Sheet - BCMCH

29.8.1. Student's Name

29.8.2. Respondent's Name:

29.8.3. Date of receiving grievance: Date of the response:

29.8.4. Response:

29.8.5. (Attach additional sheets if needed) Are there any attachments: Yes/ No

29.8.6. Signature of the applicant with Date

29.8.7. Applicant's Response

29.8.8. (To be signed in front of the Respondent after receiving the response)

29.8.9. Date of receiving the response: Response accepted: Yes/ No

29.8.10. Would like to take the grievance to the higher authority:

29.8.11. Applicant's Comments:

29.8.12. Yes I No

29.8.13. Applicant's Signature with date

29.9. Refer to the Format Grievance Redressal Form - Students

30. Grievance Redressal Policy - Faculty

30.1. Introduction

30.1.1. The management of Believers Church Medical College Hospital is committed to the principle of ensuring a harmonious and efficient working environment. This policy sets guidelines for resolving problems of its employees quickly and efficiently.

30.2. Statement of Purpose

30.2.1. The purpose of this policy is to define the criteria and procedure of resolving the problems of its employees.

30.3. Policy

30.3.1. Any employee of Believers Church Medical College Hospital who has a grievance, has an access to grievance mechanism, where he/she can resolve their problem at the earliest, without any fear of reprisal.

30.4. Definitions

30.4.1. Grievance: Defined as the dispute between the employee and employer/supervisor or between the employees. It includes work-place issues, inter-personal work-arrangement matters, sexual harassment, etc.

30.4.2. Applicant: The employee who has submitted a written grievance.

30.4.3. Respondent: Any individual or committee that is responding to the grievance. In case of the

30.4.4. Grievance Redressal Committee, the chairman/convener is the signatory authority.

30.4.5. Grievance Redressal Committee: Committee of nine members belonging to various specialities with Principal as the chairman/convener, appointed for the concerned case of grievance by the Director to resolve grievances. Additional members may be included for a specific grievance, if the issue demands it.

30.5. Procedure

30.5.1. An employee who is dissatisfied due to any grievance shall first seek to resolve it with the help of the appropriate supervisor by submitting the written grievance within three days of the incident. This step may be skipped, if the grievance involves the supervisor.

30.5.2. The supervisor shall investigate, meet the applicant and resolve the issue along with providing the response sheet within ten days of the incident.

30.5.3. If the applicant is not satisfied, the grievance shall be submitted along with the response sheet to the Grievance Redressal Committee within 15 calendar days of the incident causing grievance.

30.5.4. The Grievance Redressal Committee shall independently investigate, conduct meeting/ hearing in the presence of applicant and respond in writing to the grievance within 20 calendar days of the written submission of the grievance.

30.5.5. If the applicant is not satisfied with the decision, he/she may submit the grievance in writing to the Director, describing the reasons for dissatisfaction, along with a copy of the previous decision from the Grievance Redressal Committee. The investigation and meeting/ hearing

will be completed and the written decision from the Office of Director will be communicated to the applicant within 30 calendar days of receiving the grievance.

30.5.6. What does not constitute as grievance?

30.5.6.1. Grievance redressal procedure is not applicable to personal conflicts, official disciplinary actions, inter- departmental transfers, promotion related matters, salary-related matters, lay-offs and reprimands.

30.5.7. General Instructions

30.5.7.1. Decision to utilise the grievance redressal procedure is voluntary.

30.5.7.2. Once submitted, the grievance cannot be changed until the issue resolved.

30.5.7.3. One grievance may be filed by only one individual; a group of people cannot file a single grievance; if and when needed, each one can file their grievances separately.

30.5.7.4. Neither the employee seeking redressal nor the committee may be represented by legal counsel.

30.5.7.5. No intimidating, adversarial or confrontational means shall be used by any party from the time the grievance is filed until the issue is resolved.

30.5.7.6. The employee shall continue to discharge his/her duties during the entire process to ensure that the work of the institution does not suffer.

30.5.7.7. No employee shall coerce or influence any party involved until the hearing is completed and the problem is resolved; and any such attempts shall be subject to disciplinary action.

30.5.7.8. Grievances not within the powers of the competent authority shall be submitted to the higher authority without waiting for the allotted time period to lapse.

30.5.8. When can the Committee or Director dismiss the grievance?

30.5.8.1. When the applicant fails to submit the grievance in the proper format and/or within the stipulated time.

30.5.8.2. If the applicant fails to attend any of the meeting set by the committee or Director despite prior notice.

30.5.8.3. Employee seeks withdrawal of grievance for any reason.

30.5.8.4. The applicant who has filed the grievance is no more working atBelievers Church Medical College Hospital. If the person against whom the grievance is filed is no longer studying/ working at Believers Church Medical College Hospital, either the grievance may be dismissed or forwarded to the competent authority as the case may be.

30.5.8.5. Committee or Director finds that the grievance is frivolous or the remedy sought cannot be granted.

30.5.9. Responsibilities of the Grievance Redressal Committee

30.5.9.1. The committee shall undertake independent investigation of the matter after receiving the grievance.

30.5.9.2. They shall decide to hold a meeting or hearing with the employee or dismiss the grievance at their discretion.

30.5.9.3. They shall inform the applicant and all other members required to be present for the meeting/ hearing through a written notice regarding the date, time and venue of the meeting at least 5 working days prior to the meeting. The meetings should always be conducted on the campus of the institution, during the working hours on a working day so as to not inconvenience any party involved.

30.5.9.4. During the hearing, the committee members shall first hear the (i) applicant, (ii) the employee against whom the grievance is filed and (iii) any witnesses (representing either sides) if required. The hearing shall aim at providing clarification to the applicant or receiving an explanation from the employee against whom the grievance is filed.

30.5.9.5. In case the grievance does not deserve redressal, the committee shall set up a meeting with the applicant and counsel.

30.5.9.6. Committee shall be accountable for maintaining the confidentiality, if the subject of grievance requires it.

30.5.9.7. Copy of the grievance application and the redressal granted shall be filed and maintained by the committee for as long as the employee is working at the institution and thereafter for a period of five years after the person ceases to work (resigned or retired or terminated) in the institution.

30.5.9.8. The grievance application or the copy of the redressal granted shall not be filed in the personal file of the applicant and shall not be considered during performance appraisal activity.

30.5.10. Applies to:

30.5.10.1. All the employees of the institution belong to any rank.

30.6. Grievance Form - BCMCH

30.6.1. Employee's Name: Department: Designation: Mobile Number: Email Id:

30.6.2. Date of incidence of the grievance:

30.6.3. Date of filing grievance: Grievance Statement:

30.6.4. Relief sought:

30.6.5. (Attach additional sheets if needed) Are there any attachments: Yes/ No

30.6.6. Copy to: Self Supervisor

30.6.7. Grievance Redressal Committee

30.6.8. Director Signature of the applicant with Date

30.6.9. Response Sheet - BCMC & RF

30.6.10. Employee's Name

30.6.11. Respondent's Name:

30.6.12. Date of receiving grievance: Date of the response:

30.6.13. Response:
30.6.14. (Attach additional sheets if needed) Are there any attachments: Yes/ No
30.6.15. Signature of the applicant with Date
30.6.16. Applicant's Response
30.6.17. (To be signed in front of the Respondent after receiving the response)
30.6.18. Date of receiving the response: Response accepted: Yes/ No
30.6.19. Would like to take the grievance to the higher authority:
30.6.20. Applicant's Comments:
30.6.21. Yes I No
30.6.22. Applicant's Signature with date

30.7. Refer to the form: Grievance Redressal Form - Faculty

31. Hostel Rules and Regulations for the Undergraduate Students and the Interns

31.1. Statement of Purpose

31.1.1. The institution provides boarding facilities for the students to enable the students to pursue their studies conveniently. However, the institution expects its students to abide by the rules and regulations of the hostel for the convenience of all the occupants and the hostel management.

31.2. Policy

31.2.1. All the undergraduate students shall take admission to the hostel upon admission to this institution. During their stay, they shall abide by the rules and the regulations of the hostel to help maintain a harmonious environment in the hostel with their fellow occupants and the hostel management.

31.3. Admission and Allocation of Rooms

31.3.1. Application for the admission to the hostels shall be made by all the medical students taking admission to this institution at the time of their admission or orientation program in the prescribed form available in the Medical College Office.

31.3.2. The filled in application form shall be handed over to the office of the Principal.

31.3.3. The Hostel Wardens (of Men's Hostel and Ladies Hostel) shall allot the rooms to the fresh medical students once they receive clearance from the office of Principal.

31.3.4. Each student pays a caution deposit of Rupees five thousand (Rs. 5000/- only) on admission. The money shall be returned at the time of his/her leaving the hostel after completion of the course or withdrawal, after adjusting any liabilities to the hostel.

31.3.5. Allotment of rooms is valid for one year and shall be renewed every year.

31.3.6. Once allotted, request for change of rooms shall not be entertained, except for valid reasons as ascertained by the Principal. The student requiring change of rooms shall give an application to the Warden, stating clearly, the reasons for requesting the change.

31.3.7. When the period of allotment ends or when the hosteller vacates the room for any reason, he/she must contact the warden and hand over the possession of the room and all its furniture, fittings and fixtures, in good condition, failing which, appropriate action shall be taken by the warden after consultation with the Principal.

31.3.8. Hostel fees are to be paid in full in advance and no one with dues shall be permitted to continue to reside in the hostel.

31.3.9. Students admitted to the hostel are expected to stay for the whole academic year. In case a student vacates his/her room during the term due to any reason, the caution deposit and the hostel fees for the term are not refundable in such cases.

31.3.10. The hostel fees, caution deposit and the mess fees are subject to revision from time to time by the administration.

31.4. Security

31.4.1. Hostel residents are responsible for the safekeeping of their own belongings. They are advised to keep all the belongings, especially valuables and money under lock and key. The authorities are not responsible for any loss incurred by them. However, losses shall be reported to the hostel manager and the hostel warden, who will render possible assistance for the recovery of the same.

31.4.2. The main doors of the hostels shall be locked between 10.00 pm to 6.00 am. The doors shall be opened by the warden or manager, only in cases of emergency.

31.4.3. All the hostel residents shall be present inside the hostel by the stipulated time laid down by the individual hostels and shall be inside their respective rooms by 10.00 pm.

31.4.4. When the students leave the hostel premises, the room key should be returned to the keyboard in the hostel office.

31.5. Discipline

31.5.1. Ragging in any form is strictly prohibited. Any individual suspected of indulging in any activity that can be construed as ragging, shall face immediate expulsion from the hostel on disciplinary grounds. Ragging, whether physical or psychological, is a criminal offence before the Indian Law, as detailed in 'The Kerala Prohibition of Ragging Act 1998', the Act 10 of 1998 and Medical Council of India (Prevention and Prohibition of Ragging in Medical Colleges/ Institutions) Regulations, 2009, and will be notified to the police if deemed necessary, after consultation with the authorities.

31.5.2. All inmates of the hostel are expected to maintain good rapport with the warden and abide by his/her decisions in all matters of dispute.

31.5.3. A hostel resident, whose conduct in the opinion of the Warden/ Principal, is harmful to the moral values of the institution or is incompatible with its discipline, is liable to be asked to leave the hostel.

31.5.4. Parents staying abroad should give the contact details of a responsible local guardian who can take the entire responsibility of the ward, in the absence of the parent.

31.5.5. Gambling, smoking, consumption of alcoholic drinks, reading/ browsing of pornographic material and keeping or using dangerous drugs is prohibited.

31.5.6. Cleanliness of the room is the responsibility of the occupants. They should sweep/ mop the room at least twice a week.

31.5.7. The TV room will be open only from 4.00 pm to 10.00 pm on working days.

31.5.8. On Saturdays and other holidays, the TV room will be opened from 12.00 noon to 10.00 pm, with the permission of the warden/ hostel manager. However, this should not interfere with the studies of the inmates. The timings shall be restricted during the examinations of any batch of students.

31.5.9. The warden/ assistant warden will inspect the rooms at any time to ensure compliance with these rules.

31.5.10. Borrowing and lending of money among students is prohibited.

31.5.11. All hostel residents must observe silence in the hostel during study time. They are permitted to play audio equipment only between 4.00 pm to 8.00 pm without causing any disturbances to other inmates. Use of audio equipment during any other time, other than the permitted interval, will result in confiscation of the same.

31.6. Dos in the Hostel

31.6.1. Aail the mess services as per the timings.

31.6.2. Students are expected to be in the college between 8.00 am to lunch time (as applicable to each batch) and from post lunch hour up to 4.00 pm. Anyone found in the hostel premises during these hours may be questioned by the authority and are expected to furnish a satisfactory reason.

31.6.3. After 9.30 pm is considered as study time and perfect silence has to be observed between 9.30 pm and 6.00 am as a courtesy to your fellow hostel mates, enabling others to study or rest. Any disruption of silence during this period shall be considered as a serious misconduct.

31.6.4. All hostellers are to be present in their rooms at 10.00 pm.

31.6.5. On holidays, entertainment and celebrations should not cause disturbance to other students.

31.7. Don'ts in the Hostel

31.7.1. Don't:

31.7.1.1. Change the rooms allotted to you.

31.7.1.2. Allow any other hostler to use or occupy your room.

31.7.1.3. Allow any scholar/ outsider to enter the rooms (this rule applies to relatives and friends as well).

31.7.1.4. Transfer furniture from one room to another, or from the common rooms to any individual room, or to bring in furniture/ electrical appliances from home.

31.7.1.5. Drive nails on the walls or disfigure the hostel walls or furniture with writings, posters, or other graffiti.

31.7.1.6. Enter into disputes of any kind with the hostel/ mess staff. Complaints, if any, can be written and handed over to the warden/ Office of the Principal.

31.7.1.7. Take any visitors/ relatives, especially of the opposite sex to the rooms.

31.7.1.8. Throw anything into the toilets or drainage or out through the windows, or into the courtyard.

31.7.1.9. Use any audio equipment with volume output more than 40 watts.

31.7.1.10. Create any noise and celebrate birthdays during midnight.

31.7.1.11. Entertained phone calls after midnight.

31.7.1.12. Use electrical appliances like iron box, heater, water cooler, cooker, etc. in individual rooms.

31.8. Hostel Mess

31.8.1. A common mess serving both vegetarians and non-non-vegetarian meals is available for the hostel residents only. Day scholars have to make use of the hospital canteen or make their own arrangement.

31.8.2. Mess timings for working days shall be as follows:

31.8.3.	Time	Scheduled Activity
31.8.4.	6.30 am	Bed Coffee
31.8.5.	6.45-8.45 am	Breakfast
31.8.6.	11.50 am onwards	Lunch
31.8.7.	4.00-5.30 pm	Tea
31.8.8.	6.45-8.45 pm	Supper

31.8.8.1. No meal shall be served after the stipulated time.

31.8.8.2. Students are expected to be patient and dignified in their behaviour in the dining hall. If they have any complaint regarding the mess, they may inform the warden. They should not keep complaining to the mess staff or enter into arguments with them.

31.8.8.3. Students are expected not to waste any food.

31.8.8.4. Any food waste should be disposed in the waste basket provided for the purpose.

31.9. Breakage and Repairs

31.9.1. When any repairs are required, a written request may be handed over directly to the concerned warden.

31.9.2. The cost of any damage of any common hostel property shall be made good by the student at fault, and if not traceable to any particular student, the cost will be charged collectively from the respective floor.

31.9.3. For any wastage of water or electricity due to negligence, penalty shall be levied by the warden and collected at the college office.

31.9.4. If the room key is lost, complete replacement charges of the lock shall be borne by the occupants.

31.10. Health Services

31.10.1. Hostellers can seek medical assistance from Believers Church Medical College Hospital through casualty or OPD, after informing the hostel warden.

31.10.2. Leave of absence from the college or classes, due to illness, must be reported to the warden, and also to the Principal's Office by the parents or classmates. In case of any serious illness, the parent or the guardian must take charge of the student.

31.10.3. Leave application and treating doctor's certificate to that effect shall be submitted by the student to the office of Principal not later than the day of joining back from leave.

31.11. Laundry Facility

31.11.1. Laundry facility may be availed by the students on payment.

31.12. Use of phones and Laptops

31.12.1. Use of mobile phones inside the class rooms is strictly prohibited.

31.12.2. Students shall use their mobile phones judiciously in the hostel. Any misuse or overuse as reported by the hostel warden/ manager shall result in forfeiting the privilege of its use.

31.12.3. Mobile phone numbers of the students should be entered in the phone register maintained by the wardens. Students having more than one mobile phone/ number shall enter all the numbers in the register. If a student discontinues the use of a phone number, the same shall be communicated to the warden.

31.12.4. Laptops shall be used in the hostels only for academic purposes. Gathering together in the rooms to watch movies or play games on the laptop is strictly prohibited after 10.00 pm.

31.13. Visitors and Guests

31.13.1. Visitors and guests are allowed to visit the hostel residents with permission of the warden, only on Sundays and other full holidays, between 9.00 am to 7.00 pm in the visitor's room.

31.13.2. Only parents and relatives with permission letter from the parents shall be permitted to meet the hostellers. They can meet the student only with the consent of the warden.

31.13.3. Going out of the campus with relatives should be along with parents'/ guardians only. Other relatives, cousins, family friends, etc. shall not be entertained.

31.13.4. No male students are expected to be found in the areas around the ladies hostel and no ladies are to be found in the vicinity of men's hostel.

31.14. Home visits

31.14.1. Students are permitted to go home only on second Saturdays and officially permitted long holidays.

31.14.2. In case of any emergency, letter requesting permission for leave will have to be submitted to the warden to be forwarded, and sanctioned by the Principal. If the request is not forwarded by the warden, it shall not be accepted in the Principal's office.

31.14.3. Lady students who are going home should give their parents'/ guardian's phone numbers

31.14.4. to the hostel warden/ manager, so that the warden/ manager can make a call to the parent/ guardian and inform them when they leave the hostel. The parent/ guardian should inform the warden/ hostel manager without fail that their ward has reached safely, as soon as she gets home. Similarly, the parent/ guardian should inform the time when the student starts back home, so that, the warden/ manager can ensure that she reaches the hostel in time.

31.14.5. s should be intimated promptly to the warden/ hostel manager.

31.14.6. Failure to properly intimate the warden/ hostel manager regarding the delay in return and prolonging return by more than one day without prior permission shall not be permitted. The student will have to bring his/her parent/guardian and provide due explanation at the office of the Principal on return.

31.14.7. W hen the lady students are being taken home by the parent/ guardian, they should meet the warden/ manager in person, both while taking her and on bringing back to the hostel.

31.14.8. Parents of hostellers should submit to the warden, the name, relationship, mobile phone numbers, and address of the local guardian with whom he/she is permitted to stay during the monthly home visits and vacations.

31.15. Vacating from the Hostel

31.15.1. It is imperative that the students vacate the hostel rooms immediately after their course is over, unless a specific allotment is obtained.

31.15.2. A resident who is vacating the hostel room must give two weeks' written notice to the warden and mess contractor, and all the accounts must be cleared at least two days prior to departure.

31.15.3. At the time of leaving the hostel, a no no-dues certificate should be obtained from the Accounts Department, failing which, the amount will be recovered from the caution deposit of the hostel. If required, the Principal will take any additional appropriate action.

31.16. Roll-call, Movement, Library & Home Registers

31.16.1. All hostellers should put their signatures in the Roll call register in the evenings. A fine of rupees twenty shall be levied to the defaulter in case of omission. This amount will go to the poor patients' fund/ Thanal of the Student Union.

31.16.2. Any hosteller seeking to go out of the campus should sign in the Movement register with time, while leaving the hostel and on coming back.

31.16.3. Those students who leave the hostel to go to Central Library, shall enter their names in the Library register provided in the hostel separately for the purpose. This shall be regularly cross checked with the Central Library entry register. Students using the Central Library facility should reach back to their respective hostels as per the stipulated time.

31.16.4. During the monthly home visits, the student has to report to the manager/ warden, and sign in the Home register kept for the purpose while leaving and also immediately on return.

31.17. Penalties

31.17.1. Misconduct or any serious break of any hostel rule will render the offender liable to suspension or even dismissal, according to the gravity of the offence.

31.17.2. Any act causing violation of the above rules and regulations of the hostel could invite disciplinary action as decided by the warden in consultation with the Principal. The fine amount should be paid by the parent/ authorised guardian within ten days of issue of penalty notice.

31.17.3. Violation of discipline will be intimated to the parent/ guardian of the student immediately.

31.17.4. Repeat in discipline will result in suspension from the classes or expulsion from the hostel or both.

31.17.5. A student who is suspended from the college for grave misbehaviour, is ipso facto suspended from the hostel.

31.18. The Warden's decision shall be final in interpretation of rules in all matters concerned with the hostels. They shall, in consultation with the Principal, have power to modify, suspend, cancel or add to any of the rules as exigencies occur.

32. Incentivising Research and Related Scholarly Activities Policy

32.1. Introduction

32.1.1. The institution & the employees of Believers Church Medical College Hospital are committed to the principle of quality contributions to the fields of medical education and medical research. This policy will encourage its employees to undertake research and related scientific activities and promote the pursuit for excellence among the employees.

32.2. Statement of Purpose

32.2.1. The purpose of this policy is to define the criteria for providing funding and incentives for the research activities and related scientific activities.

32.3. Policy

32.3.1. Believers Church Medical College Hospital is committed to encouraging its faculty in their pursuit of research and related scientific activities by providing funding for the research projects or by providing cash and/ or leave incentives for publications, scientific presentations or other related scientific activities on an annual basis, as applicable. The activities qualifying for the award of funds or incentives will be judged on the basis of the individual's submission in the Academic Performance Evaluation Form and from the finalised list of projects submitted by the Institutional Ethics Committee.

32.4. Definitions

32.4.1. Annual: Every academic year.

32.4.2. Academic year: The period commencing from 1st August of every year to 31st July next year (e.g. Academic calendar year 2019-2020 will be from 1st August 2019 to 31st July 2020).

32.4.3. Calendar year: The period commencing from 1st January to 31st December of a year. Calendar year will be considered for issue of leave.

32.4.4. Research activities: Designing & conducting the research projects by the faculty and publishing the findings of their projects.

32.4.5. Related scholarly activities: These following activities of the faculty members are included under the term 'related scholarly activities':

32.4.5.1. Attending international or national conferences by the faculty to present the findings of their research project(s) as oral or poster presentations, or for conducting a workshop or for participating in a panel discussion.

32.4.5.2. Acquiring PhD or MPhil degrees by the faculty in the said academic year.

32.4.5.3. Acquiring fellowships or completing certificate courses (that involve a minimum of one year course duration) by the faculty in the said academic year.

32.4.5.4. Faculty being appointed as a member of the editorial board for any indexed scientific journal in that academic year, if the position held is non-remunerative.

32.4.6. Research Funding Committee: A committee that is constituted afresh every year, comprising of Director, Dean, Principal and two members appointed by the Director for that year. The duty of the committee is to hold a meeting in the month of March to scrutinise the finalised list of research projects of the faculty from the previous year (From 1st of March of previous year to 28th/ 29th of February of the current year) submitted by the Institutional Ethics Committee for their merit and need for funding and to select the top three projects.

32.4.7. Faculty (& Senior Residents): All the employees who are employed in the posts of assistant professor, associate professor or professor as well as senior residents. In this policy, wherever the term faculty is used, it shall therefore also includes senior residents.

32.5. Leave and cash incentives:

32.5.1. I. Awarding seed money for the research projects: As per the recommendations of the Research Funding Committee, a one-time funding of the following seed money will be awarded to the top three research projects of the faculty every year:

32.5.1.1. The best research project will be awarded seed money of a sum of rupees fifteen thousand (Rupees 15000/-) or the entire expense amount, whichever is lesser.

32.5.1.2. The second best research project will be awarded seed money of a sum of rupees ten thousand (Rupees 10000/-) or the entire expense amount, whichever is lesser.

32.5.1.3. The third best research project will be awarded seed money of a sum of rupees five

32.5.1.4. thousand (Rupees 5000/-) or the entire expense amount, whichever is lesser.

32.6. II. Incentives for publications: Each publication of a research article in an academic year will be provided with cash incentive as follows:

32.6.1. Publication of an original article in a speciality international journal indexed in Medline/ PubMed, Scopus and/or Web of Science shall be awarded a cash incentive of rupees one thousand (Rupees 1000/-).

32.6.2. Publication of an original article or a review article in an indexed speciality national or international journal will be awarded an incentive of rupees six hundred (Rupees 600/-).

32.7. Ill. Incentives for related scientific activities: Faculty engaged in related scientific activities will be provided with cash and/ or leave incentives as follows:

32.7.1. For presenting a scientific oral presentation of an original research work or for conducting a workshop or for being a panellist in a panel discussion in an international conference: Professors working for five or more days in a week or other faculty working all six days in a week will be awarded a cash incentive of rupees one thousand (Rupees 1000/-) and will be eligible for special duty leave of seven days for international conference held offshore or five days if the international conference is held within the country (not exceeding seven days in a calendar year).

32.7.2. For presenting a scientific oral presentation of an original research work or conducting a workshop or for being a panellist in a panel discussion in a national conference or for presenting a case report or a poster in an international conference: Professors working for five or more days in a week or other faculty working all six days in a week will be eligible for duty leave not exceeding five days in a calendar year.

32.7.3. For presenting a case report or a poster in a national conference or any type of scientific presentations in a state or regional conference: Professors working for five or more days in a week or other faculty working all six days in a week will be eligible for duty leave not exceeding three days in a calendar year.

32.7.4. Any faculty being awarded PhD or MPhil is eligible to be awarded a one time cash incentive of rupees one thousand (Rupees 1000/-).

32.7.5. Any faculty being awarded fellowship or receiving membership of a professional body with a minimum course duration of one year will be awarded a one time incentive of rupees one thousand (Rupees 1000/-).

32.7.6. Any faculty being appointed as a member of editorial board to any indexed scientific journals in an academic year will be awarded an incentive of rupees one thousand (Rupees 1000/-).

32.8. Applies to:

32.8.1. All the faculty members of the institution from the rank of senior resident and upwards.

33. Inclusivity & Equal Opportunity

33.1. Statement of Purpose

33.1.1. Believers Church Medical College Hospital believes in the principles and right to equality.

33.2. Policy

33.2.1. The institution is committed to encouraging diversity and inclusivity. Institutions shall be open to and shall provide equal opportunities to all the qualified members regardless of age, sex, caste, religion, race, ethnicity, disability, nationality, sexual orientation, marital status, parental status, or socio-economic status.

33.3. Applies to:

33.3.1. All the members of the institution.

34. Internal Assessment - Frequency & Calculation of Aggregate

34.1. Statement of Purpose

34.1.1. The policy provides a consistent and transparent process of internal assessment that determines eligibility for the University Examination.

34.2. Policy

34.2.1. Each student shall attend the minimum number of internal assessments and obtain a minimum of fifty percentage of average score for the internal assessment - separately for theory and practicals - to be eligible for the University examinations. In each assessment, the minimum marks to be obtained to be declared as pass is 50%.

34.2.2. I. Minimum number of Internal Assessments:

34.2.3. A. First year students:

34.2.3.1. Departments of Anatomy, Physiology and Biochemistry shall conduct at least three internal assessments each (both theory & practical), of which one of the test is the model exam.

34.2.3.2. Attendance in the model exam is compulsory for the students.

34.2.3.3. The Department of Community Medicine shall conduct at least one internal assessment.

34.2.3.4. Assessment for early clinical exposure shall be included subject-wise

34.2.3.5. At least one short question from AETCOM shall be included in each subject.

34.2.3.6. The students shall have the logbook completed, with certification of all the necessary competencies.

34.2.4. B. Second Year Students:

34.2.4.1. Departments of Pathology, Microbiology & Pharmacology shall conduct at least three internal assessments each (both theory & practical), of which one of the test is the model exam.

34.2.4.2. Attendance in the model exam is compulsory for the students.

34.2.4.3. At least one short question from AETCOM shall included in each subject.

34.2.4.4. Departments of General Medicine & allied, General Surgery & allied, OBG, Forensic Medicine and Community Medicine shall conduct at least two internal assessments.

34.2.4.5. There shall be End Of Posting (EOP) examination in each clinical posting.

34.2.4.6. The students shall have the logbook completed, with certification of all the necessary competencies.

34.2.5. C. Third year students (Phase Ill Part I):

34.2.5.1. Departments of Forensic Medicine, Community Medicine, ENT & Ophthalmology shall conduct at least two internal assessments each (theory and practical/ clinical), of which one of the tests is the model exam.

34.2.5.2. Attendance in the model exam is compulsory for the students.

34.2.5.3. At least one short question from AETCOM shall be included in each subject.

34.2.5.4. General Medicine and allied, General Surgery and allied, OBG, Paediatrics shall conduct at least two internal assessments each.

34.2.5.5. There shall be End of Posting examinations in each clinical postings.

34.2.5.6. The students shall have the logbook completed, with certification of all the necessary competencies.

34.2.6. D. Fourth year (Third year, part II) students:

34.2.6.1. General Medicine and allied, General Surgery and allied, OBG and Paediatrics shall have two internal assessments each, of which one of the test is the model exam.

34.2.6.2. Attendance in the model examination is compulsory.

34.2.6.3. There shall be End of Posting examinations in each clinical postings.

34.2.6.4. At least one short question from AETCOM is included in each subject

34.2.6.5. Assessment of electives shall be included in the internal assessment.

34.2.6.6. The students shall have the logbook completed, with certification of all the necessary competencies.

34.3. II. Calculation of Internal Assessment Marks

34.3.1. The internal assessment marks shall be calculated cumulatively at the end of the year, taking the year-round performance in both formative and summative assessments into consideration.

34.3.2. The method followed for calculating the internal assessment marks shall be notified to the students within the first fortnight of the beginning of the academic year.

	Main Categories		Maximum Total Marks
Scores in the Internal Assessments			80
Professionalism, day-to-day activities, research, extracurricular activities			20
	Attendance	6 (> 90% - 6 marks; 85-90% - 3 marks)	
	Presentation in Seminar	3 marks	
	Participation in Seminars	1 mark	
	Regular submission of Records	2 marks	
	Regular appearances in examination	2 marks	
	Regular submission of logbook	2 marks	
	Research Activities	2 marks	
	Extracurricular activities	2 marks	
Grand Total			100

34.4. Procedure

34.4.1. Timely Administration of CIE

34.4.1.1. Initiatives are taken by the institution for timely administration of CIE. Institutional academic calendar is framed in accordance with the University calendar and care is

taken to ensure the periodicity of conduct of Internal assessment examinations in accordance with the institutional academic calendar.

34.4.1.2. Components of the CIE include attentiveness and participation in regular classroom activities, attendance, record maintenance and periodical completion of assignments in addition to the scores in the academic events.

34.4.2. Nature of the Internal Assessment and their Frequency

34.4.2.1. Written Internal Assessments - Monthly once (Minimum 2 tests/ semester)

34.4.2.2. Practical Internal Assessments - Once in 2 months (subject to variation (including OSPE, OSCE) with individual departments)

34.4.2.3. Term ending exams - Twice in a year

34.4.2.4. Model Exams - Before the University Exams (Both Theory and Practical)

34.4.2.5. Theory Viva-Voce - At the end of each internal assessment

34.4.2.6. Ward Leaving Exams - At the end of each clinical Posting

34.4.3. The test portions will be displayed 15-20 days well in advance in the notice board. The scheduling of the internal assessments is communicated to the Dean academic, Examination committee Coordinator, Principal's office and head of other departments in the concerned academic year, to avoid overlapping of the events.

34.4.4. Postgraduates

34.4.4.1. For the postgraduates periodical seminars, journal clubs, group discussion and internal assessment exams are being timely administered. The frequency of the assessment vary from department to department, however uniformity is maintained in the mode of evaluation of the presentation of seminars and journal clubs. Periodical term ending exams (twice in a year) and model exams (before the University exams) are conducted regularly.

34.5. On time assessment and feedback

34.5.1. Theory

34.5.1.1. The results of the internal assessment tests will be displayed within a period of average 7 days. The evaluation of the answer note books is done at the individual departments, by all the faculty. Each faculty is allotted around 10-15 answer note books for evaluation in rotation.

34.5.2. Internal assessment marks and the details of the attendance percentage are stored and communicated to the parents. In the preclinical and para-clinical departments, the comments on strengths and areas of improvement are mentioned in the answer notebooks at the end of each internal assessment. In the Clinical departments, an Evaluation sheet is distributed to the faculty, for entering the details of student roll numbers, names, marks obtained and feedback on strengths and areas of improvement. This serves as a record of the student performance and is used during the feedback sessions. Periodical feedback sessions

are arranged in some departments to highlight the performance of the students and give suggestions for improvement.

34.5.3. Viva – Voce

34.5.3.1. In most of the departments, Viva-voce is conducted along with the theory internal assessment. Viva –Voce sessions provide a good opportunity for the faculty for on-time assessment of the student and also provide a platform for giving feedback.

34.5.4. Case Presentations in Clinical Postings

34.5.4.1. Daily case presentations by the students in the clinical postings also serve as a platform for assessment of the student and providing immediate feedback. In addition ward –leaving exams are also conducted periodically at the end of clinical posting help to assess the clinical knowledge attained by the student at the end of clinical posting. In departments like General Medicine, Viva-voce is planned during afternoon sessions for assessment of the students and providing feedback.

34.5.5. OSPE/OSCE

34.5.5.1. In the Pre-clinical departments, OSPE/OSCE are periodically conducted and students are assessed with a check list and feedback is provided to the students to improve their performance.

34.5.6. Mentorship Programme

34.5.6.1. In addition to the above mentioned activities, regular mentor-mentee interaction also help in periodical assessment of the student and creates an opportunity to provide feedback to the students.

34.5.7. Postgraduates

34.5.7.1. - The Postgraduates are encouraged to present periodical Seminars and Journal clubs and their performance is evaluated and a written feedback is given to them after each presentation in all the departments. To maintain uniformity, a common protocol is being followed in order to assess and maintain the quality of the presentations by all the departments

34.5.7.2. - In addition to the Faculty and Peer assessment, in the clinical departments the post graduates are encouraged to submit self-appraisal report, to promote their professional growth

34.5.8. Make-up assignments

34.5.8.1. The Institution follows a standard protocol in identifying the slow learners and takes immense measures in providing opportunities for mid-course improvement of the same. Make-up assignments are one among the opportunities provided to the students in supporting their academic improvement.

34.5.9. In the Preclinical Departments (Phase I MBBS)

34.5.9.1. Identification based on the aggregate of first three internal assessment scores (Students scoring less than 35% - considered as slow learners)

34.5.10. In the Paraclinical Departments (Phase II MBBS)

34.5.10.1. Identification based on the aggregate of internal assessment scores in 3rd Semester (Students scoring less than 35% - considered as slow learners)

34.5.11. In the Clinical Departments (Phase III MBBS – Part I & II)

34.5.11.1. Identification based on the aggregate of first three internal assessment scores (Students scoring less than 35% - considered as slow learners)

34.5.12. The following protocol is being uniformly followed by all the departments for administration of make-up assignments.

34.5.12.1. A faculty In-charge is assigned to handle the slow learners for training in each internal assessment exam. The week prior to the internal assessment, make-up assignments are allotted to the slow learners in the topics related to the concerned internal assessment. A last date is assigned for the submission of the assignments. This is not publicised and the information are personally communicated to the students.

34.5.13. Remedial Classes

34.5.13.1. The Institution follows a standard protocol in identifying the slow learners and takes immense measures in providing opportunities for mid-course improvement of the same. Remedial classes are one among the opportunities provided to the students in supporting their academic improvement.

34.6. Applies to:

34.6.1. All the students from the 2019 batch of admission onwards.

35. Internal Assessment Notifications

35.1. Statement of Purpose

35.1.1. This policy pertains to providing guidelines regarding various announcements regarding internal assessments.Policy

35.1.2. Each department shall notify the dates of internal assessments and marks of internal assessments within the stipulated time.

35.2. Procedure:

35.2.1. Each department shall notify the tentative dates of summative internal assessments in the academic calendar made available to the students at the beginning of the academic year.

35.2.2. Coordinator department for each phase and the heads of the concerned Departments shall display the definite date of summative internal assessment on the notice board at least 15 days before the day of examination.

35.2.3. Formative assessments shall be notified at least one week prior to the date of examination.

35.2.4. Results of the examinations shall be displayed on the notice board not later than two weeks of the completion of the examination.

35.2.5. Feedback for the formative assessments shall be provided to the students not later than one week after the examinations.

35.2.6. The finalised marks (along with periodical attendance) shall be notified to the parents either through email within a week of announcement or through the website by common login shared between the student and the parent.

35.2.7. All the written assignments shall be given a minimum one week period for completion.

35.2.8. Assignments shall be assessed and returned to the students with feedback no later than five working days after the date of submission.

35.2.9. Applies to: All the faculty and students of the institution.

36. Procedure of Admission for Various Programs

36.1. Statement of Purpose:

36.1.1. The policy provides a consistent and transparent process of admission for clarity.

36.2. Procedure:

36.2.1. The eligible students allotted to this institution for undergraduate program, postgraduate degree programs or postdoctoral programs (as per their admission letters) shall complete the procedure of admission by following a two step process.

36.2.2. The selected candidates shall contact the college office for the information regarding the list of documents and amount of fees appropriate to their program.

36.2.3. The selected/ allotted students shall take admission to their respective Program by:

36.2.3.1. Producing the required list of documents in Original in the College Office for verification on or before the last date for admission.

36.2.3.2. Depositing the stipulated fees in the college office on or before the last date of admission.

Applies to: All the students taking admission to Believers Church Medical College Hospital.

37. Leave Policy

37.1. Introduction

37.1.1. The institution and its employees are committed to the principle of discharging the duties without unnecessary hold-ups due to uninformed absence of required personnel, at the same time, enabling the employees to avail their rightful leave when needed.

37.2. Statement of Purpose

37.2.1. This policy outlines the number of days of leave available to all the employees of the institution.

37.3. Policy

37.3.1. The employees will not absent themselves from duties without proper authorisation.

37.3.2. It is the responsibility of the department head or the designated in-charge to receive and review the requests for leave submitted in the prescribed application format.

37.3.3. These applications are to be addressed to the Director and have to be forwarded to the office of

37.3.4. Principal in the case of college staff and to the office of HR Manager in case of the hospital staff.

37.4. Definitions

37.4.1. Faculty: Full-time, permanent academic staff employed in various departments with the rank of Senior Resident or equivalent and above.

37.4.2. Other academic staff: Part-time academic staff (if any) and academic staff below the rank of senior residents.

37.4.3. Non-teaching staff: All auxiliary staff or the members who are not holding the position of 'faculty' or 'other academic staff'.

37.4.4. Annual leave: Every permanent employee, working for six days a week is entitled to annual leave after completion of 12 months of continuous service in the institution. It is the leave with pay, amounting to a total of not more than 12 days in a calendar year.

37.4.5. Casual leave: It is the leave with pay, granted to all the employees working for five days or more in a week and the number of days of availed casual leave shall not exceed 12 days in a calendar year.

37.4.6. Sick leave: It is the leave with pay, granted for sickness, to all the employees working for four days or more in a week, and the number of days of availed sick leave shall not exceed 12 days in a calendar year.

37.4.7. Duty leave: It is the leave with pay, granted to every permanent employee deputed by the management for official purposes, e.g., to fulfil the responsibilities as examiner for the University examinations, conducted by KUHS, and to attend official meetings with the Government, University, Local bodies, regulatory bodies like MCI , INC, etc. The leave shall be granted upon prior sanctioning and subsequently producing the certificate of attendance or any other evidence of having attended the meeting/ event.

37.4.8. Special leave: It is the leave with pay, granted to every employee under stipulated conditions or for special circumstances as decided by the office of Director.

37.4.9. CME Leave: It is the leave with pay, granted to all the employees working for six days in a week or for the HODs and the Professors working for 5 days or more in a week, for the purpose of attending CME/ conference. The leave shall be granted only after prior sanctioning and subsequently producing the attendance certificate.

37.4.10. Special Duty Leave: It is the leave with pay, granted to all the employees working for six days in a week or for the HODs and the Professors working for 5 days or more in a week, for the purpose of presenting a paper (oral or poster) in a conference.

37.4.11. Leave of absence: It is the permission to remain absent from the duty.

37.4.12. Emergency leave: It is the leave with pay granted to an employee who has been affected by an emergency, like natural calamities, personal disaster or other such conditions as approved by the office of Director.

37.4.13. Leave for Voting: As permitted by the Government policy.

37.4.14. n. Holiday leave: List of national & institutional holidays will be provided every year by the office of the Director. Employees working for five days or more in a week and not on hospital duty can avail the holidays as provided in the list.

37.4.15. Leave of absence without pay: Leave of absence without pay may be granted to an employee with a good cause acceptable for the management authority.

37.5. Use of leave

37.5.1. Annual leave can be availed and used for any personal purpose contingent upon departmental or designated approval. It can be availed at any time after it is credited, at one stretch or as needed. The number of days of availed leave will be counted from the first day of leave until the day of joining.

37.5.2. Use of annual leave immediately preceding retirement or resignation or termination is limited to the annual leave earned by the employee during that calendar year.

37.5.3. Not more than six days of casual leave shall be availed at a time.

37.5.4. The number of days of availed casual leave are counted as the number of working days between the first day of leave and the day of joining.

37.5.5. The number of days of availed sick leave are counted from the first day of leave until the day of joining.

37.5.6. Employees other than the faculty members, are required to produce a copy of medical certificate from the treating doctor upon joining back to the duty if the duration of sick leave exceeds two days.

37.5.7. An employee can combine annual leave with sick leave if required.

37.5.8. Minimum charge to leave records shall not be less than half-a-day in case of sick leave and casual leave and one day in case of annual leave and other types of leave.

37.5.9. Each employee who is eligible as an examiner, can avail the entire period he/she is posted as an examiner within the University as duty leave. Employee can also avail a maximum of 6 (+2 days for PG examinations) days of duty leave in a calendar year for being an examiner to the outside Universities.

37.5.10. An employee is granted 5 days of duty leave per calendar year for attending CME/ conferences in a calendar year.

37.5.11. An employee is granted up to 12 days of special duty leave per calendar year for presenting a scientific article or for being a panelist in a panel discussion or for conducting a workshop in in a state or a national or an international conference/ CME (For details, refer to Leave & Cash Incentives Policy).

37.5.12. The number of days of availed duty/ CME/ special duty leave are counted from the first day of leave until the day of joining.

37.5.13. An employee can combine duty/ special duty/ CME leave with annual leave or sick leave if required.

37.5.14. Leave without pay of more than 30 days can be availed only with prior permission from the office of Director.

37.5.15. The period of leave of absence without pay does not count as credited service, but, the service before and after leave shall be credited as if the service has been continuous.

37.5.16. The employee cannot accrue sick leave or annual leave when he/she is on leave without pay.

37.5.17. Advance of leave: Advancing of sick leave or annual leave is not permitted.

37.5.18. Transfer of leave: Any type of leave cannot be shared with or borrowed from the leave balances of other employees.

37.5.19. Employee transferred within the institution: If an employee is transferred between the departments within the institution, the leave accrued shall be credited to the leave record with immediate effect. He or she can avail the balance leave for that calendar year with immediate availability.

37.5.20. Applies to: All the employees working in Believers Church Medical College Hospital, Thiruvalla.. Reference: Kerala Shops and Commercial Establishment Act

38. Duties of the Library Staff Policy

38.1. Introduction

38.1.1. The institution and its employees are committed to the principle of discharging the duties with integrity and sincerity to help in the smooth functioning of the institution.

38.2. Statement of Purpose

38.2.1. This policy outlines the duties of the librarian and other library staff.

38.3. Policy

38.4. Duties of the Librarian:

38.4.1. To formulate and administer policies, rules and regulations for efficient functioning of the library.

38.4.2. To select, acquire, catalogue, classify and maintain the library resources - both in print and digital formats.

38.4.3. To analyse the requests for search and furnish the reference and bibliographic material to assist the research scholars.

38.4.4. To help the library users to conduct research and find the information needed. v. To train the library assistants and other supporting staff.

38.4.5. To convene the meeting with the Library Committee whenever required to address the issues on agenda.

38.4.6. To develop repair and weeding policies. viii. To periodically conduct stock verification. ix. To supervise budgeting and planning.

38.4.7. To periodically analyse the feedback, recommendations, suggestions and complaints of the users and respond appropriately.

38.4.8. To update the information display and notify the new arrivals.

38.4.9. To organise the novice orientation and the user promotion programmes.

38.4.10. To supervise the personnel and facilities for optimal functioning. xiv. To provide input into architectural planning of library facilities.

38.4.11. To collect rare books and special collections that help the growth of the institutional library. xvi. To prepare the annual report of the library along with the members of the Library Committee.

38.5. Duties of the Assistant Librarian:

38.5.1. To assist the librarian in his duties.

38.5.2. To assist the library users in finding the information.

38.5.3. To help the librarian in cataloguing and classifying the library resources.

38.5.4. To collect the damaged and unused books for the consideration of the weeding policy. v. To maintain the records.

38.6. Duties of the other supporting staff in the Library:

38.6.1. To assist the Librarian and Assistant Librarian as required.

38.6.2. To ensure the shelving and maintenance of the library resources.

38.6.3. To report to the Librarian immediately in case of any damage or disruption.

38.6.4. To supervise all the areas to ensure proper ambience, silence and optimum use of the resources by the users.

38.7. Definitions

38.7.1. ibrary Committee: Current members among the faculty and non-teaching staff appointed by the office of the management authority for a duration of three years.

38.7.2. Annual Report of the Library: To compile a report at the end of each financial year with a summary of the stock-verification of the resources, listing the details of the services, recommendations, budgeting and reporting.

38.8. Applies to: Library staff and the library users of Believers Church Medical College Hospital, Thiruvalla..

39. Library Rules Policy

39.1. Introduction

39.1.1. The institution encourages the use of the Central Library by all the faculty, residents, interns, undergraduate and postgraduate students and the non-teaching staff upon acquiring the membership of the Library. However the members are required to abide by certain rules for the maintenance and smooth functioning of the library.

39.2. Statement of Purpose

39.2.1. This policy outlines the rules of the central library.

39.3. Policy

39.3.1. All the members of the central library are bound by the following rules of the central library while using the library facilities and while on the library premises.

39.4. Library Hours:

39.4.1. Monday to Saturday: 8.30 am to 9.00 pm

39.4.2. Second Saturday: 8.30 am to 4.00 pm

39.4.3. Sundays and Holidays: 10.00 am to 4.00 pm (On the days prior to University Examinations as will be informed on the Information Display Board)

39.4.4. External Reading Rooms: 6.00 am to 11.00 pm on all days

39.5. Library Shifts:

39.5.1. The library staff will work in two shifts on Monday to Saturday. First Shift: 8.30 am to 4.00 pm

39.5.2. Second Shift: 1.00 pm to 9.00 pm

39.5.3. On the second Saturday, Sunday and holidays, there will be only one shift.

39.6. General Rules:

39.6.1. All the students, faculty and non-teaching staff should have library memberships cards to avail the library facilities.

39.6.2. External faculty and students must take prior permission and have their temporary membership cards issued before they are permitted inside the library.

39.6.3. Strict silence should be observed within the premises. d. Handle books and digital resources with proper care.

39.6.4. Every member will sign his/ her name in the register provided at the entrance.

39.6.5. No tracing or mechanical reproduction or underlining or marking with marker pens or disfiguring of the books or taking out the pages is permitted. In such cases, the member has to replace the book or pay the current cost.

39.6.6. Personal belongings, like bags, mobiles, overcoats, etc. should not be taken inside the library. They can be stored in the lockers provided in the personal belongings storage area.

39.6.7. Carrying or consuming edibles and alcohol, smoking, using mobile phones, photography (including photography using mobile phones), disturbing fellow members are all considered as objectionable behaviour within the premises of the library.

39.6.8. Librarian is the custodian of the resources and discipline in the library. If anyone's behaviour is objectionable or in violation of the library rules, the librarian is empowered to request the person to leave the premises of the library and to report the incident to the Director, Dean and the Principal.

39.6.9. Books defaced or damaged have to be replaced by the user.

39.6.10. No-dues certificate has to be obtained by the member of the library upon completing his/ her course (for UG & PG students) or upon retirement/resignation from his/her job (for faculty & other staff) and has to be produced in the college for the issue of relieving order from the institution.

39.6.11. Do not bring any storage devices like CDs, DVDs, pen drives, hard disks into the library and use them on the computers in the library.

39.6.12. Members can use their personal books in the external reading room only.

39.6.13. Do not return the books you have taken for reading back to the shelves. Leave them on the table for the library staff for replacement later.

39.6.14. Never attempt to carry a book or a document that is a property of the library from the library without proper permission; it is tantamount to serious social offence of theft and the person will be liable for summary dismissal from the institution.

39.7. IV. Issue of Books:

39.7.1. The College library is mainly a reference library.

39.7.2. No books will be issued outside the library for the students.

39.7.3. Faculty and residents of Believers Church Medical College Hospital may be issued books from the library and the students may be issued books from the book bank on request and filling up the issue-form. Failure to return the books within the stipulated time may invite disciplinary action and/ or fine.

39.7.4. Journals and reference books will not be issued.

39.7.5. Books shall be issued for a maximum period of one week. Belated return of books shall attract a fine of 20 rupees per day per book.

39.7.6. No sub-lending of the books issued from the library is permitted.

39.7.7. Books and other material issued from the library are liable to be recalled at any time and have to be returned at once if recalled.

39.7.8. Books borrowed for reading in the Library Reading Room have to be returned on the same day before leaving the library premises, failing which, the book will be considered as lost. It will attract the fine equivalent to the entire charge of the book. Such student can re-use the library facility only after clearing the dues.

39.7.9. If a book issued to the faculty is lost: The member has to replace the book within a month after paying the late return dues or pay the entire cost of the book along with clearing the late return dues.

39.7.10. Applies to: All the members of the central library of Believers Church Medical College Hospital and Research Foundation.

40. Library Membership Policy

40.1. Introduction

40.1.1. The institution encourages the use of the Central Library by all the faculty, residents, interns, undergraduate and postgraduate students and the non-teaching staff upon acquiring the membership of the Library.

40.2. Statement of Purpose

40.2.1. This policy outlines the procedure and details of obtaining the membership of the Central Library.

40.3. Policy

40.3.1. Facilities of Central Library can be utilised only after taking the membership of the Central Library.

40.4. Definitions

40.4.1. Who can be the members?

40.4.1.1. Faculty, residents, interns and non-teaching staff of Believers Church Medical College Hospital.

40.4.1.2. Undergraduate and postgraduate students of Believers Church Medical College Hospital

40.4.1.3. Students and faculty of Believers Nursing College and Believers Ac academy of Allied health sciences can also become members of the Central Library after taking membership and access learning resources.

40.4.1.4. External faculty and students after the prior request has been permitted by the Dean or Principal of this institution can be temporary members not exceeding 15 days at a time.

40.4.2. How to become a member of the Central Library?

40.4.2.1. To fill and submit the Library Membership Form within the first fifteen days of admission/ joining the institution.

40.4.2.2. The library membership card will be issued after scrutinising your application form.

40.4.3. c. How to use the library membership card?

40.4.3.1. To authenticate your presence by carrying the membership card each time you visit the Library.

40.4.3.2. To issue the books as permitted by the library rules.

40.4.4. d. When will you cease to be a member of the Central Library?

40.4.4.1. For the faculty residents & non-teaching staff of Believers Church Medical College Hospital and for the staff of Believers Nursing College and Believers Academy of Allied Health Sciences: At the time of retirement or resignation, a no-dues certificate will be issued by the library on forfeiting your library membership card and clearing any dues or returning any prior issued books., after which, one ceases to be the member of the Library.

40.4.4.2. For undergraduate and postgraduate students and interns of Believers Church Medical College Hospital and for the staff of Believers Nursing College and Believers Academy of Allied Health Sciences: At the time of completion of your course, a no-dues certificate will be issued from the library after forfeiting your library membership card and clearing any dues, after which, you cease to be the member of the Library.

40.4.4.3. For the external faculty and students: Your Library Membership Card is issued for a period written on the said card. Your membership ceases on the last date automatically. You can renew your membership for an extended period by prior submission of request.

40.4.4.4. Applies to: - All the faculty, non-teaching staff, undergraduate and postgraduate students of Believers Church Medical College Hospital, Thiruvalla.
- Faculty and students of other institutes wishing to use the library facility.

41. Membership Form

41.1. Membership form for the UG Students, Interns and PG Students

41.1.1. Name:

41.1.2. Year of Admission:

41.1.3. Year of likely graduation:

41.1.4. Roll Number (For UG Students): Department (For PG Students):

41.1.5. Forwarded by the Head of the Department (For PG Students): Father's Name:

41.1.6. Permanent Address:

41.1.7. Mobile Number: Email Id:

41.1.8. Person to contact if you are unreachable: Mobile Number of the Contact Person:

41.1.9. Declaration

41.1.10. Upon becoming the member of the Central Library, I shall always abide by the library rules in the Library premises.

41.1.11. Signature of the Student with Date

41.2. Membership Form for the Faculty Members & Residents

41.2.1. Name:

41.2.2. Date of Joining (DD/MM/YYYY): Department:

41.2.3. Designation: Permanent Address:

41.2.4. Mobile Number: Email Id:

41.2.5. Person to contact if you are unreachable: Mobile Number of the Contact Person: Forwarded by the Head of the Department:

41.2.6. Declaration

41.2.7. Upon receiving the membership of the Central Library, I shall always abide by the library rules in the Library premises.

41.2.8. Signature with Date

41.3. Membership Form for the Staff & Students of Believers Nursing College & Believers Academy of Allied Health Sciences and for the visiting faculty/ students.

41.3.1. Name:

41.3.2. Faculty or Student:

41.3.3. Full Name of the Institution:

41.3.4. Designation & Department (For Faculty):

41.3.5. Current year of Studying & Course (For Students):

41.3.6. Mobile Number: Email Id:

41.3.7. Person to contact if you are unreachable: Mobile Number of the Contact Person:

41.3.8. Recommended by the Head of Your Institution: (Signature with seal)

41.3.9. Approved by Principal / Dean of BCMC & RF: (Signature with seal)

41.3.10. Declaration

41.3.11. Upon receiving the membership of the Central Library, I shall always abide by the library rules in the Library premises.

42. Responsibilities of Library Committee

42.1. Introduction

42.1.1. The institution and its employees are committed to the principle of discharging the duties with integrity and sincerity to help in the smooth functioning of the institution. Various Committees help in the efficient functioning of the specified areas.

42.2. Statement of Purpose

42.2.1. This policy outlines the responsibilities of the library committee, which is appointed by the Office of Management Authority and functions for a period of three years.

42.3. Policy

42.4. Responsibilities of the Library Committee:

42.4.1. To attend the meeting whenever called by the librarian and to address the issues on agenda.

42.4.2. To scrutinise and recommend the purchase of books, journals and digital contents from the

42.4.3. list suggested by the departments and book recommendation box.

42.4.4. To recommend the procedure for purchase of books, journals and digital contents. iv. To recommend further training, refresher courses and promotion to the library staff. v. To recommend to write-off the missing books.

42.4.5. To recommend the disposal of the damaged books and the unused books.

42.4.6. To periodically analyse the feedback collected from the faculty and students and recommend actions based on it.

42.4.7. To periodically scrutinise and recommend action based on the list of suggestions and

42.4.8. complaints received.

42.4.9. To recommend methods to constantly improve and increase the library services. x. To help the librarian in the management of the library.

42.4.10. To prepare the annual report of the library.

42.5. Definitions

42.5.1. Library Committee: Current members among the faculty and non-teaching staff appointed by the office of the management authority for a duration of three years.

42.5.2. Annual Report of the Library: To compile a report at the end of each financial year with a summary of the stock-verification of the resources, listing the details of the services, recommendations, budgeting and reporting.

42.5.3. Applies to: All the appointed members of the Library Committee of Believers Church Medical College Hospital.

43. 'Lost and Found' Articles Handling Policy

43.1. Introduction

43.1.1. The management, employees and students of SBelievers Church Medical College Hospital are committed to safeguarding and returning any lost articles found to its rightful owner when claimed within a reasonable period of time.

43.2. Statement of Purpose

43.2.1. This policy outlines the procedure of handling the lost and found articles.

43.3. Policy

43.3.1. Any lost article found in the premises will be deposited with and claimed from the office of the Chief Security Officer. In routine circumstances, once received, the responsibility of safekeeping of the article solely rests on the office of the Chief Security Officer.

43.4. Definitions

43.4.1. Lost and Found Article: Any article found in the premises of the institution with no owner claiming it.

43.4.2. Routine circumstances: Regular days exempting circumstances like disasters, natural calamities and burglary.

43.5. Procedure

43.5.1. If any individual finds any articles in the premises of this institution with none claiming its ownership, it has to be handed over to the (i) Head of the respective Departments if found in the Medical College or Nursing College or (ii) to the Hostel Manager if found in the hostel premises or (iii) to the Unit Chief, if found in the Out Patient Department or (iv) to the Incharge Nursing Officer if found in the wards of the hospital.

43.5.2. If articles are found in the common areas (roads, central lobby on each floor of the college or hospital, stairways, lifts, etc.), they have to be deposited with the office of the Chief Security Officer directly at the earliest.

43.5.3. Heads of the Departments/ Unit Chiefs/ In-charge Nursing Officers/ Hostel Managers shall forward these articles to the office of the Chief Security Officer within 24 hours of receiving them.

43.5.4. Office of the Chief Security Officer shall maintain a register for lost and found articles, noting the description of the article found, date of finding, time of finding, place of finding, name of the person finding, name of the person forwarding &/or depositing, date and time of receiving the article, name & signature of the person handing over and the name & signature of the person receiving.

43.5.5. Anyone tracing the lost article shall contact the office of the Chief Security Officer directly, and upon producing the necessary evidence, may stake claim to the article.

43.5.6. If the article is claimed by its rightful owner, the name of the owner, date and time of

43.5.7. claiming the article back, signature of the person claiming it (owner), his/her mobile number and address along with the name & signature (with date) of the person handing it over from the office shall be noted in the register for the lost and found articles, maintained by the office of the Chief Security Officer.

43.5.8. Any lost and found article shall be held in the office of the Chief Security Officer for a period of one year of receiving it.

43.5.9. If the article is valuable (e.g. money purse with cash more than rupees ten thousand (Rs.

43.5.10. 10000/-), jewellery, important documents pertaining to academic accomplishments, details of occupation, property or other monetary instruments or proof of identity), it shall informed to the nearest Police Station after one month of holding and the article shall be handed over to the nearest Police Station after holding it for a period of one-year if no one comes to claim it.

43.5.11. If the articles are useful and consumable, with none claiming them even at the end of one year (money purse with cash less than ten thousand rupees, clothes, blankets, etc.), the same shall be donated for a suitable cause as deemed appropriate by the committee comprising

43.5.12. of Chief Security Officer and two other nominated members appointed for the purpose of sorting and condemnation of the lost and found articles by the Office of Director. Proper record of the items handed over shall be maintained by the office of the Chief Security Officer.

43.5.13. Remaining articles shall be condemned/ destroyed after being approved and minuted in the meeting held by the committee comprising Chief Security Officer, and two other nominated members appointed for the purpose of sorting and condemnation of the lost

43.5.14. and found articles by the Office of Director. The meetings shall be held once every month to consider the articles accumulated in the same month of the previous year.

43.5.15. Applies to: All the lost and found articles within the premises.

44. Medical Student Honour Code

44.1. Statement of Purpose

44.1.1. The status of members of the medical profession depends upon the moral and ethical conduct of its members. The institution is committed to instilling the appropriate behaviour in its students from the beginning of their journey into the medical profession. The honour code helps in maintaining the moral and ethical conduct by its members.

44.2. Policy

44.2.1. The students of this institution shall conduct themselves at all the times bound by the honour code to uphold the reputation of the medical profession. They shall be administered the honour pledge at the beginning of their profession along with the White Coat Ceremony. They shall take a pledge as follows:

44.2.1.1. I shall begin my journey in the medical profession by taking an oath that.

44.2.1.2. I shall always tell the truth and live honestly.

44.2.1.3. I shall make efforts to advance on my own merit, and not represent other's work as my own.

44.2.1.4. I shall neither indulge in cheating, nor condone cheating by others. I shall not attempt to gain unfair academic advantage by utilising unauthorised assistance or unauthorised material during examinations like notes, writing on body parts or desk, or through using mobiles, smart watches or any other electronic gadgets, etc.

44.2.1.5. I will take steps to ensure that others do not cheat from my examination answer paper or assignments or record book or log book.

44.2.1.6. I shall not provide incorrect information or do anything deliberately to obstruct other students' academic work.

44.2.1.7. I shall not disclose the patient's details to anyone who is not a member of the patient's healthcare team or unless instructed by the healthcare team.

44.2.1.8. I shall refrain from placing others deliberately at risk from injury or disease.

44.2.1.9. I shall not indulge in plagiarism, falsification of data or forgery.

44.2.1.10. While I am studying on this campus, I shall refrain from using any illegal substances.

44.2.1.11. I shall be willing to report to the Principal or Dean, if I observe violation of the honour code by anyone, including myself.

44.2.1.12. Applies to: All the students of Believers Church Medical College Hospital.

45. Methods of Internal Assessment

45.1. Statement of Purpose

45.1.1. This policy provides guidelines regarding the methods of assessing the learners under the Competency Based Curriculum.

45.2. Policy

45.2.1. Each student shall be assessed through both formative and summative assessments in addition to the day-to-day assessments.

45.3. Methods & Procedures:

45.3.1. Day to day assessment: It includes:

45.3.1.1. Participation in learning processes, e.g. in practical or clinical sessions

45.3.1.2. Regularity and quality of submission of assignments, records and logbook

45.3.1.3. Preparation, presentation and participation in seminars

45.3.1.4. Proficiency in carrying out a practical or a skill.

45.4. Formative Assessment:

45.4.1. Any number of formative assessments may be conducted in a subject during an academic year.

45.4.2. They shall be conducted in the format of written test, practical or viva.

45.4.3. Written tests shall be conducted using multiple choice questions or objective short answer questions or short notes.

45.4.4. They may include video-based tests, still-picture based tests, case-based tests, problem• based tests, quizzes, etc.

45.4.5. Primary purpose of formative assessment is to provide feedback to the learners and to enhance the competence of the learners (assessment for learning).

45.4.6. Marks in the formative assessments may not be included in calculation of internal assessment marks. Wherever possible, online formative internal assessments shall be conducted.

45.5. Summative Internal Assessments:

45.5.1. Two or three summative internal assessments shall be conducted in each subject (as specified) in each phase (assessment of learning). The details are stated in the Internal Assessment Policy. Clinical departments shall also conduct End of Posting clinical examinations for each batch of students.

45.5.2. The question paper pattern of the summative internal assessment shall be similar to the University Examination pattern.

45.5.3. Learners shall complete the required certifiable competencies in each subject by the end of each phase.

45.5.4. Theory examinations in summative internal assessments shall include structured essays, short essays, short notes, creative writing experiences, case based essays, Multiple Choice Questions, Objective short answer questions, etc.

45.5.5. Practical or clinical examination shall include Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OSPE), Direct Observation of Procedural Skills (DOPS), Mini Clinical Examinations (MiniCEx), attitudinal assessments, workplace based assessment (in case of postgraduate students), etc.

45.5.6. Competency Based Assessments shall help both in acquiring competencies (Assessment for Learning) and their certification (Assessment of Learning).

45.5.7. Applies to: All the undergraduate and postgraduate students.

46. New Programme Development and Approval

46.1. Statement of Purpose

46.1.1. The policy provides guidelines for developing new programs and processes of approval.

46.2. Policy

46.2.1. The new programs (including certificate courses and value added courses) shall be developed indigenously owing to the demand and/ or development of new technologies.

46.3. Guidelines for developing new program:

46.3.1. New program should align with the vision, mission and objectives of the institution.

46.3.2. Program should be in demand owing to its usefulness in place of employment or its novelty.

46.3.3. Program should reflect best practices in andragogy.

46.3.4. Programs should be collaborative and interdisciplinary wherever possible and relevant to the stakeholders.

46.3.5. Proposals for the new program should include the detailed schedule, feasibility, physical and manpower resource requirements, cost and sustainability, requirements for certification, method of evaluation, responsibility and accountability.

46.3.6. The program duration, if it is a Certificate Course, should be for a minimum of 30 hours and should be conducted twice a year.

46.3.7. The proposal shall be submitted to the Hospital Management Council along with relevant Heads of the departments for approval.

46.3.8. The committee shall review the program for its feasibility, its financial impact on the institution, and usefulness before granting approval.

46.3.9. Applies to: The departments or faculty developing new programs in Believers Church medical College Hospital,

47. Post Examination Evaluation

47.1. Statement of Purpose

47.1.1. The institution is committed to practising robust and continuous evaluation of the program and to constantly improve the delivery of programs to help educate our students with the highest standard and to realise our vision to emerge as a centre of excellence in medical education.

47.2. Policy

47.2.1. Each department shall use the previous experience of teaching and assessment to plan and improve the methods in future.

47.3. Method:

47.3.1. 1. The department shall evaluate after every formative and summative internal assessment whether,

47.3.1.1. a. The objectives of teaching this portion of the curriculum are met.

47.3.1.2. b. The objectives of learning were in alignment with the vision and objectives of the institution.

47.3.1.3. c. The methods used for teaching were appropriate and effective and

47.3.1.4. d. The methods used for assessment were in alignment with the objectives of learning.

47.3.2. 2. The department shall collect and analyse the feedback from the students.

47.3.3. 3. The department shall list the avenues for improvement in methods of teaching and methods of assessment based on the inputs.

47.3.4. 4. The department shall document the findings and endeavour to utilise the understanding from the current experience in improving the teaching and assessment in the next cycle.

47.3.5. Applies to: All the faculty members in all the departments of the institution.

48. Postgraduate Students Research Activities

48.1. Statement of Purpose

48.1.1. The institution encourages its postgraduate students to actively engage in research activities to enrich their learning experience and inculcate a scientific temperament.

48.2. Policy

48.3. All the postgraduate students shall fulfil the following activities during the course of their program:

48.3.1. a. Design, conduct and report a research project in the form of dissertation/ thesis, under the supervision of a guide, as a part of requirement for the completion of course. The project has to be completed and submitted to the University, six months prior to the date of final examination.

48.3.2. b. Present a poster highlighting a case presentation in a state I national/ international conference during the first year of their postgraduate program.

48.3.3. c. Present the findings of a research project as an oral presentation in a state I national/ international conference during the second year of the postgraduate program.

48.3.4. d. Send an article for publication to any subject-related or preferably subject-specific medical journal during the third year of the postgraduate program.

48.3.5. e. It is the responsibility of the guides to have their postgraduates submit the thesis/ dissertation work for publication within a span of one year from its completion and University approval.

Applies to: All the postgraduate students and the faculty of this institution.

49. Program Quality Assurance

49.1. Statement of Purpose

49.1.1. To provide a standardised mechanism to constantly improve the quality of our programs through regular, cyclical evaluation.

49.2. Policy

49.2.1. Believers Church Medical College Hospital assures program quality through:

49.2.1.1. Aligning the curriculum with the vision and objectives of our institution

49.2.1.2. Aligning the program with the guidelines from the regulatory bodies and University

49.2.1.3. Regular evaluation and review to guide the actions related to program refocusing

49.2.1.4. Constant improvement through evidence-based decision making

49.2.1.5. Upgradation and staying cutting-edge through subjecting ourselves to accreditation processes.

49.3. Three components of Program quality assurance:

49.3.1. Annual Curriculum Review:

49.3.1.1. Each year, the Institutional Academics Committee along with the Medical Education Unit shall review the curriculum and submit its report by 10th of June.

49.3.1.2. Each department shall submit to the Institutional Academics Committee before 15th of May every year, a concise report based on the decisions taken during

49.3.1.2.1. the Post examination Evaluation Meetings within the department and

49.3.1.2.2. Bi-annual Departmental Curriculum Committee meetings

49.3.1.3. Institutional Academics Committee shall review based on:

49.3.1.3.1. The existing annual program plan

49.3.1.3.2. Inputs from all the concerned departments regarding departmental evaluation and reports from biannual Departmental Curriculum Committee Meetings

49.3.1.3.3. Requirements for renewal of recognition from the regulatory bodies

49.3.1.4. Accreditation requirements

49.3.1.4.1. Amended program requirements or standards as released by the regulatory body or the Kerala University of Health Sciences.

49.3.1.4.2. Recommendations from the Program Advisory Committee

49.3.1.4.3. Students' course feedback and

49.3.1.5. Results of various assessment activities of the previous academic year.

49.3.1.5.1. Post-review, the committee shall suggest the curriculum for the next academic year, along with changes if any.

49.3.1.5.2. Faculty of different departments shall incorporate these changes and submit the curriculum revisions to Principal/Dean for approval before 10th of July.

49.3.1.5.3. Before 1st of August, the final, approved and revised curriculum shall be ready and shall be adopted for the next academic year.

49.3.2. Annual Program Review

49.3.2.1. Development or revision of a program plan by the Program Advisory Committee in collaboration with the medical Education Unit shall be based on program specific information (e.g. the introduction of new Competency Based Undergraduate Curriculum 2019). The Program Advisory Committee shall involve departmental representatives when reviewing postgraduate programs.

49.3.2.2. Program planning and revision shall also take into account

49.3.2.2.1. The student enrolment

49.3.2.2.2. Retention rate

49.3.2.2.3. Graduation rate

49.3.2.2.4. Student satisfaction

49.3.2.2.5. Faculty satisfaction

49.3.2.2.6. Feasibility

49.3.2.2.7. Desired quality of the graduates

49.3.2.2.8. Graduate acceptance into higher studies or employment

49.3.2.2.9. Any new program specific information

49.3.2.2.10. The Medical Education Unit shall contribute through conducting Curriculum Implementation Support Programs.

49.3.2.2.11. The Program Advisory Committee shall review the program annually and the review process shall critically analyse and ensure effective, relevant and sustainable programs by:

49.3.2.2.12. Defining the criteria by which the programs are evaluated.

49.3.2.2.13. Stating the process to evaluate the program performance.

49.3.2.2.14. Stating the process of developing and implementing improvement strategies.

49.3.2.2.15. Suggesting the process to guide the actions helping in program refocusing.

49.3.2.2.16. The program review process involves program plan and performance scorecard. Faculty shall engage in program planning and review as needed.

Recommendations by the program review committee shall be reviewed by the Dean and Principal, and the approved review shall be made available to all the faculty.

49.3.2.2.17. The planning shall also include resource planning, equipment, delivery options, etc.

49.3.3. Program Quality Review

49.3.3.1. Based on the curriculum review, program planning/ review, and the outcomes, program quality shall be reviewed once every five years jointly by Director, Dean, Principal, Program Advisory Committee, representatives from Medical Education Unit & Institutional Academics Committee.

49.3.3.2. This process shall:

49.3.3.2.1. Evaluate whether the program meets with the expected program learning outcomes

49.3.3.2.2. Undertake extensive curriculum mapping for various programs

49.3.3.2.3. Identify potential gaps and misalignments.

49.3.3.3. The process shall include the assessments of the program advisory committee, inputs from the focused group discussion with faculty, students and graduates.

49.3.3.3.1. A summative report shall be formulated including the recommendations and the proposed plan of action. The report shall be integrated in the program planning.

49.4. Definitions

49.4.1. Program Plan: Educational Program needs to deliver targeted and measurable outcomes. A program plan is a document used to assist in program planning, development and reporting of performance goals, renewal strategies, and achievements in alignment with strategic priorities.

49.4.2. Performance scorecard: Assesses program performance and assists in planning and developing renewal strategies.

49.4.3. Applies to: Director, Dean, Principal, Institutional Program Advisory Committee, Institutional Academics Committee, Medical Education Unit and all the faculty.

50. On-Demand Examination

50.1. Statement of Purpose

50.1.1. The Institution is committed to providing opportunities for the students to improve the performance throughout the year and thereby improve the aggregate internal assessment marks.

50.2. Policy

50.2.1. The students failing in or absent from the summative internal assessments shall be provided with an opportunity to improve the aggregate score in the internal assessment through attending on-demand examinations.

50.3. Definition:

50.3.1. On-demand exam: An exam conducted for those students who demand for additional chance to write an exam to improve their score in the summative internal examination. It includes both remedial and make-up examinations.

50.3.2. Remedial exam: An exam conducted for the students failing in the summative internal assessment to provide them with an opportunity to improve their scores.

50.3.3. Make-up exam: An exam conducted for the students who had remained absent for a summative internal examination with a pre-approved or valid reason. This exam shall provide an opportunity to improve the aggregate score of the internal assessment.

50.3.4. Remedial or make-up competency assessment: This is an assessment for certification of a competency for the students failing or absenting in the prior certification assessment.

50.3.5. Improve the aggregate score in the internal assessment: At the end of each academic year, the aggregate score of internal assessments shall be calculated (details in the Internal Assessment Policy) based on the scores in all the summative internal assessments. When a student fails in the summative internal assessment or has absented from an examination (which shall be scored as zero), the resultant lower cumulative score shall be improved by the expected higher scores in the on-demand examination.

50.4. Procedure:

50.4.1. The department shall conduct at-least one on-demand examination for each batch of students, that serves the purpose of remedial or make-up examination for all those students who had failed in or had absented from any summative internal assessments.

50.4.2. The department shall conduct the on-demand examination, at least four weeks before the model exam.

50.4.3. The Head of the Department shall decide the appropriate syllabus and method for the examination. The department shall notify the date, syllabus, method of examination, venue and time at least 15 days prior to the examination.

50.4.4. The students who wish to attend this examination shall give a written request to the head of the department and pay the stipulated fees for the on-demand examination within three working days from the date of announcement of the examination.

50.4.5. The exam shall be scheduled for a Monday or immediately after the holidays (if any in that period) to allow the students to prepare for the exam.

50.4.6. The results shall be announced within two weeks of conducting examination.

50.4.7. Obtaining 50% of marks shall be considered as pass. Higher scores shall be considered for the candidates taking remedial examination.

50.4.8. Applies to: All the faculty and the undergraduate students failing in a summative internal assessment or absenting from it.

51. Remedial Teaching

51.1. Statement of Purpose

51.1.1. The institution is committed to providing remedial teaching opportunities to the low achievers to improve mid-course so that they do not suffer emotional, financial or course progression penalties and to those learners who have failed in the University Examination.

51.2. Policy

51.2.1. The students identified as low achievers (refer to low achievers and high performers policy) shall be provided with additional academic help during mid-course to help them improve their performance. The students who have failed in University Examinations shall be provided with remedial teaching before the supplementary examinations to help them improve their scores.

51.3. Procedure

51.3.1. 'Mid-course Improvement of Performance Program'

51.3.2. The students identified as low achievers shall enrol in 'Mid-course Improvement of Performance Program' in the concerned department.

51.3.3. Participation of the students in these programs is voluntary, but, once enrolled, attendance is compulsory. Any unauthorised absence shall automatically disqualify the student from continuing in the program unless permitted by the Head of the Department.

51.3.4. A group of 5-6 students (more number of students shall be accommodated only if the student teacher ratio warrants it) shall be assigned to a faculty member in the Department by the Head of the Department.

51.3.5. The assigned faculty member shall discuss specific course topics (based on the students' requirement) during the lunch-break or during the immediate after-class-hours (as per the convenience of the faculty member) for 20 minutes a day for three days a week. If the student has to attend these remedial classes in more than one department, he/she shall be allotted the days accordingly by the concerned departments.

51.3.6. Additional written assignments shall be given to the low achievers for the remaining three days in the week. The assigned faculty member shall evaluate the assignments and guide the students with individual feedback.

51.3.7. Quizzes, revision of practical sessions, video demonstrations or clinical case discussions may be included during these sessions.

51.3.8. Assigned faculty members shall also consult with the student's mentor to exchange notes about the student and to arrive at the best method to help the student.

51.3.9. The students shall stop attending the program after they pass in any subsequent internal assessment conducted by the department.

51.3.10. Department shall also allot designated time for the 'each one, teach one' (peer teaching) method, supervised study in Central Library, additional interaction with the mentor and the counsellor.

51.3.11. Remedial Teaching for the Students failing in University Examination

51.3.12. All the students failing in the University Examinations shall enrol for the Remedial Teaching in the concerned department.

51.3.13. Participation of the students in the remedial teaching programs is compulsory.

51.3.14. The Coordinator for the respective phase shall allot specific days for each subject to conduct remedial teaching.

51.3.15. Head of the Department shall assign a faculty member in-charge of the remedial teaching.

51.3.16. The assigned faculty member shall revise the subject system-wise or region-wise during the time allotted for each subject.

51.3.17. Additional assignments or formative assessments shall be conducted and the students shall be given appropriate feedback. Students may approach the assigned faculty for clarifying doubts about specific topics.

51.3.18. Applies to: All the identified Low Achiever Students and the students failing in University Examination in any phase of MBBS.

52. Research Policy

52.1. Statement of Purpose

52.1.1. Believers Church Medical College Hospital actively promotes and facilitates involvement of its faculty and students in research activities. The institution is also committed to ensuring that all the research activities meet the highest scientific and ethical standards.

52.2. Policy

52.2.1. All the faculty and students of the institution shall have their research projects reviewed and approved by the Institutional Research Cell (IRC) followed by Institutional Ethics Committee (IEC) / Institutional Animal Ethics Committee (IAEC) (as applicable) before the work commences. The institution participates by provision of reasonable amount of time for research activities, use of facilities, subsidised investigations (as agreed on case to case basis), use of college personnel, grant of appropriate financial incentives (as permitted on case to case basis), etc.

52.3. Procedure

52.3.1. The research project protocols shall be first submitted to the Institutional Research cell for approval before the due date of the scheduled IRC meeting.

52.3.2. All submissions to IRC, IEC or IAEC shall be made online on the institution's website.

52.3.3. The protocols shall specify if they are collaborative projects and applying for external funding.

52.3.4. If collaborative in nature, the details of the collaborating agency (e.g. name of the collaborating agency, contact details, website address, etc.) nature of collaboration, source offunding, etc. need to be specified.

52.3.5. Wherever applicable, the project information details, consent form and questionnaire should be available both in English and Malayalam.

52.3.6. If applying for funding or funding, the type of the funding agency (Government, NonGovernment, or independent), expected or approved amount of funding, expected duration of the project shall be specified.

52.3.7. The protocols shall specify if there is a conflict of interest. If yes, then, the nature of conflict (financial, non-financial, etc.), how it may affect the design, conduct or reporting of the research shall be specified.

52.3.8. The principal investigator shall present the protocol in the meeting of the Institutional Research Cell. If the principal investigator is an undergraduate or postgraduate student, he/ she shall be accompanied by their guide.

52.3.9. The Institutional Research Cell shall review the protocol for scientific correctness in the design and suggest modifications or grant approval as the case may be.

52.3.10. If modifications are suggested the investigator shall re-submit the modified protocol to IRC before the scheduled date. IRC may decide to grant approval or may schedule a second presentation in the subsequent IRC meeting.

52.3.11. Following the IRC approval, the investigator shall remit the ethics committee fees and resubmit the approved protocol in the prescribed proforma to the Institutional Ethics Committee or the Institutional Animal Ethics Committee as the case may be.

52.3.12. The respective Ethics Committees shall review the protocols for ethical considerations, resolve conflicts of interest and suggest modifications or grant approval.

52.3.13. The prescribed format for the submission of the protocol is available on the website of the institution. Any changes to the format and the scheduled dates for the IRC, IEC & IAEC meetings shall be notified on the website.

52.3.14. The IEC shall grant a provisional approval letter.

52.3.15. Granting the final approval letter from IEC is contingent on investigators furnishing six-monthly progress reports and project completion reports.

52.3.16. IAEC shall grant final approval letter and continued permission to work in the animal house facility (in case of animal experiments) is contingent to investigators furnishing six-monthly progress reports and project completion reports.

52.3.17. Any change in the design during the conduct of the research project shall be immediately notified to the respective ethics committees.

52.3.18. Applies to: All the Faculty and students engaging in research activities.

52.4. National Goal: The national goal is, at the end of undergraduate program, the Indian Medical Graduate should be able to:

52.4.1. (a) Recognise 'health for all' as a national goal and health right of all citizens and by undergoing training for the medical profession to fulfil his/her social obligations towards realisation of this goal.

52.4.2. (b) Learn every aspect of National policies on health and devote her/him to its practical implementation.

52.4.3. (c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.

52.4.4. (d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.

52.4.5. (e) Become an exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

53. Students Course Completion & Clearance Policy

53.1. Statement of Purpose

53.1.1. The policy elaborates on the procedure of obtaining clearance from the Institution upon completion of the course enrolled.

53.2. Policy

53.2.1. The students who have completed the course to which they have enrolled, shall receive a completion and clearance certificate from the office of Principal upon completion of the following procedure.

53.3. Procedure: He/she shall shall apply and obtain the completion and clearance certificate from the office of the Principal by submitting the following documents:

53.3.1. No-dues certificate from Accountant, College Office.

53.3.2. No-dues certificate from the In-charge Officer, Accounts Department

53.3.3. No objection Certificate from the Library

53.3.4. No objection certificate from the Hostel (Men's or Ladies)

53.3.5. No-dues certificate from the College and Hospital Canteens f. No-dues certificate from the Student Store

53.3.6. No-dues certificate from the Main Store

53.3.7. No objection certificate from the CRRI Program Officer

53.3.8. No objection certificate from the Deputy Superintendent

53.3.9. No objection certificate from the Administrative Officer/ Superintendent

53.3.10. He/she shall forfeit all the rights to use the college resources once the student obtains completion and clearance certificate from the college.

53.4. Applies to: All the students and the concerned offices of the Institution.

54. Students Dress Code

54.1. Statement of Purpose

54.1.1. Believers Church Medical College Hospital is committed to upholding the principle of professional behaviour and right of freedom.

54.2. Policy

54.2.1. The students shall dress appropriately on the campus as stipulated by the supervisory departments. Although students have freedom to choose their mode of dress, their attire must be appropriate and professional when dealing with patients or when in the college/hospital premises, to increase one's own credibility among patients and peers, to maintain the reputation of the medical college and to uphold the dignity of the profession.

54.3. Expected grooming standards:

54.3.1. Personal Hygiene: Practise daily oral hygiene, daily bathing, and maintain nails clipped short and clean. Nail colours have to be avoided for the safety reasons of the patient and the self. Hair (including facial hair) has to be kept clean and neat. Well groomed facial hair shall be allowed, provided, it does not interfere with the personal protective equipment. Long hair should be braided and put-up. Using appropriate deodorants is optional, but heavily scented toiletries shall be avoided. Make-up, if used, should be conservative.

54.3.2. Jewellery and piercings: Must be appropriate and professional. Rings on the fingers, bangles and bracelets shall be avoided during dissection and patient care. In addition, wrist watches shall be avoided during the dissection.

54.3.3. Attire: Clothes should be clean, not revealing and of appropriate length. Pants should be professional.

54.3.4. Footwear: Clean and close toed appropriate footwear/ shoes shall be used both for personal safety and to project conservative and professional dressing.

54.3.5. White coat: Clean and well pressed white coat shall be worn in all the patient care settings and laboratories. They should be regularly laundered for infection control.

54.3.6. Scrubs: Shall be worn in the operation theatre premises and in specific patient care settings when advised by the supervising clinical departments.

Applies to: All the students of the institution.

55. Student Union Policy

55.1. Statement of purpose

55.1.1. The institution encourages its students in their pursuit of leadership opportunities and meaningful contribution to society.

55.2. Policy

55.2.1. The college union shall be formed and function as per the bye-laws of the Kerala University of Health Sciences as is given below in bold letters. The student union of SBelievers Church Medical College Hospital shall be called as 'Dhruva'.

55.3. The objectives of the union shall be:

55.3.1. To train the students of the college in the duties, responsibilities and rights of citizenship (ii) to promote opportunities for the development of character leadership, efficiency, knowledge and spirit of service among the students.

55.3.2. To organize debates, seminars, work squads, torus and similar other activities.

55.3.3. To encourage sports, arts and other cultural, educational and recreational activities that are incidental and conducive to the above objectives and

55.3.4. To work for the general welfare of the college and to support every activity proposed by College or University like Student Support and Guidance Programme.

55.4. General Information:

55.4.1. All students of the College shall Ipso Facto be ordinary members of the union and shall have the right to vote and contest in the elections of the union, unless they are otherwise disqualified.

55.4.2. Every ordinary member of the union can become a member of the other associations.

55.4.3. Every ordinary member shall pay the prescribed fee towards the College Union fund. The fees shall be paid with the first instalment of the fees as per the instructions from the General and Academic branch of the Kerala University of Health Sciences from time to time. The magazine fee shall be fixed by the college authorities as per the advice of the magazine committee under intimation to the General and Academic branch.

55.5. Terms of the Union:

55.5.1. The term of College Union shall be one year from the date of its constitution or till the reconstitution of new college union whichever is earlier. A member or an office - bearer will cease to be a member or office bearer of the college Union (as the case may be) if he/she ceases to be a student of the College.

55.6. Constitution of College Union Council:

55.6.1. The college union shall have the following office-bearers:

55.6.1.1. Chairperson

55.6.1.1.1. a Vice Chairperson - General

55.6.1.1.2. a Vice Chairperson- Reserved for Women

55.6.1.2. a General Secretary

55.6.1.3. a Joint Secretary

55.6.1.4. two University Union Councillors to the KUHS Students Union (One councillor elected from the students of all UG classes and one from students of all PG/Super-specialty classes.

55.6.1.5. a Secretary Fine Arts
55.6.1.6. a Students Editor of the College Magazine
55.6.1.7. a Secretary Sports and Games
55.6.1.8. Secretaries of various College associations
55.6.1.9. One representative from each UG course for each year and one PG representative elected from students of all PG classes together.

55.6.2. Constitution of College Union Executive Council: (i} Chairperson
55.6.2.1. Vice chairpersons (2 numbers of whom one shall be women}
55.6.2.2. Secretary
55.6.2.3. Joint Secretary
55.6.2.4. University Union Councillors to the KUHS Students Union
55.6.2.5. Secretary Fine Arts
55.6.2.6. Students Editor of the College Magazine
55.6.2.7. Secretary Sports and Games
55.6.2.8. 3 Members: representatives elected by the College Union Council from among themselves. The College Union Secretary shall act as the secretary of the executive committee.

55.6.3. The Office bearers of the College Union Executive Council are
55.6.3.1. Chairperson
55.6.3.2. Two Vice Chairpersons
55.6.3.3. General Secretary
55.6.3.4. Joint Secretary

55.6.4. Powers & Duties:
55.6.4.1. Chairperson: The Chairperson shall ordinarily preside over all the meetings of the Union Council and Executive Council and shall guide the activities of the Union.
55.6.4.2. Vice Chairperson: The Vice Chairperson shall act as chairperson in the absence of the latter and assist the Chairperson in the discharge office duties.
55.6.4.3. Secretary: The Secretary shall issue notices of the meetings of the functions of College Union and keep the minutes of the meetings. He shall take steps to carry out the decisions of the Union Council and Executive Council and shall be the custodian of all records relating to the Union.
55.6.4.4. Joint Secretary: Joint Secretary will act as the Secretary in the absence of the latter and shall assist the Secretary.
55.6.4.5. The Secretary fine Arts shall primarily be responsible for promoting the artistic talents of the students and for this purpose it shall be his duty to organize activities and functions.
55.6.4.6. The Student Editor:- Shall be responsible for the publication of the college magazine with help of the magazine Committee which shall consist of (i} The

Student Editor,(ii}The Chairperson of the Union(iii}The Secretary of the Union(iv}The Staff Advisor of the Union nominated by the Principal. No student of the final year class of any course of the College shall be eligible to contest the election as the Student Editor of the College Magazine.

55.6.4.7. The Councillor/ Councillors of the University Students Union will represent the College Students Union in the University Students Union.

55.6.4.8. The Principal will be the Ex-Officio President of the Union and shall have the authority to suspend any or all activities of the Union, with the prior approval of the Vice Chancellor, if in his opinion circumstances warrant such action.

55.6.4.9. The Staff Advisor shall be nominated by the President from among the members of the teaching staff of the College.

55.7. Funds of the Union:

55.7.1. The funds of the Union shall be kept in the joint account of the Principal and Secretary of the Union, opened in a nationalized bank and shall be operated by both of them .

55.7.2. Expenses for the Union activities shall be incurred only with the previous sanction of the Union. Union members may submit proposals for each programme after obtaining the approval of the executive Committee and avail 75% of expected expenditure as advance, which will be settled immediately after the programme.

55.7.3. The Staff-Advisor shall keep the regular accounts of income and expenditure. Unspent balance, if any, shall be carried over to the next year. The accounts will be audited by a teacher appointed by the Principal, at the end of each financial year.

55.8. Subject Associations

55.8.1. In a college, each main subject may have a subject association in which the membership shall be restricted to the students studying that subject as the main subject.

55.8.2. Each subject association shall have a Secretary elected by and from the members of the association at the degree and P.G.level. The Secretary so elected shall organize the activities of the association. The Head of the Department concerned shall be the ex-officio President of the Association.

55.9. Functioning of the Union

55.9.1. The Union Council shall meet at the beginning of the academic year to formulate the activities and prepare and pass the annual budget. It shall also meet subsequently whenever necessary.

55.9.2. The Executive Council shall be responsible for carrying out the policy and programme decided by the Council. It shall meet as often as is necessary for the effective discharge of its functions. It shall be responsible for the administration of the Union funds and for submitting the audited accounts of the Union at the end of the year.

55.9.3. The Union Executive Council shall also function as a consultative committee to advise the Principal of the College on student needs and problems.

55.9.4. The Union Council and the Executive Committee shall take decisions by simple majority. In case of the tie, the Chairman will have a casting vote in addition to his normal vote. The quorum for the meeting shall be one-third of the total members.

55.9.5. Any amendment to these Bye-laws shall be made by the Governing Council of the University. Any dispute or question arising with regard to the provisions contained in these Bye-laws be

55.9.6. decided by the Vice-Chancellor in consultation with the Governing Council and such decisions

55.9.7. made by the Vice Chancellor shall be final. Election/ Nomination:

55.9.8. MANNER OF ELECTION : The Election to College Students Union shall be conducted by secret ballot on the principle of each member having single non-transferable vote and shall be taken at a booth specially provided in the College office, in accordance with the provisions of part C Chapter XXXIX of Kerala University of Health Sciences Statutes and as per the recommendation of Lyndho Committee 2006, accepted by Hon'ble Supreme Court of India. Election to College students Union in affiliated colleges of KUHS shall be conducted in two phases in an academic year.

55.9.9. The Returning Officer: The Principal of the college or a senior member of the staff appointed by the Principal and intimated to the University in time, shall be the Returning Officer for all Union elections held in the College. He may appoint the required number of staff to assist him in the conduct of election. (It shall be the responsibility of the Principal to take all precautionary measures to ensure a peaceful atmosphere in the college campus during the election days).

55.9.10. Electoral Rolls: The Returning Officer shall maintain electoral rolls to elect candidates at any election showing the names of students qualified to vote there at, serially numbered with details of their class group, subject etc. Copies of the electoral rolls shall be made available to the students in the office of the Returning Officer. Electoral roll shall be published in not less than 7 clear working days before the date of notification. The names of all the students who are on the effective rolls of the College on the date of publication of the election notification shall be included in the electoral rolls. Only persons whose names are on the electoral rolls shall be entitled to participate in the elections.

55.9.11. Provided however that, any student, whose name is subsequently removed from the College roll and thereby ceases to be student before the date of election shall be removed from the electoral rolls. The Returning Officer shall make any correction, alteration or deletion in the rolls provided the requisition for the same is received by him within twenty four hours of the

55.9.12. publication of the rolls and further he is satisfied that the correction, alteration or deletion in the rolls provided the requisition for the same is received by him within twenty four hours of the publication of the rolls and further he is satisfied that the correction, alteration/or deletion is justified. The Returning Officer may also include the name of any student

inadvertently omitted from the original electoral rolls. The corrected final electoral roll shall be published in the College Notice Board.

55.9.13. Notification: The election shall be notified by Kerala University of Health Sciences not less than

55.9.14. 10 clear working days before the date fixed for the polling. The notification shall contain: date of notification; last date of receipt of nominations; date of scrutiny of nomination and publication of list of candidates validly nominated; last date and hour for withdrawal of candidature and that of publication of the final list of candidates; date and hour fixed for the poll date and hour of scrutiny and counting of votes.

55.10. Eligibility to take part in Elections.

55.10.1. Undergraduate Students between the ages of 17 and 30 may contest elections. For Post Graduate Students the maximum age limit to legitimately contest an election would be 32 years. For Research Students the maximum age limit to legitimately contest an election would be 35 years.

55.10.2. The candidate should in no event have any academic arrears in University Examinations. (The Candidate shall have passed all papers in all previous examinations of which results are published before the last date of filing nomination.)

55.10.3. The candidate should have attained 75 % attendance during the current academic year before filing for nomination.

55.10.4. (iv) The candidate shall have one opportunity to contest for the post of office bearer, and two opportunities to contest for the post of an Executive member.

55.10.5. (v) The candidate shall not have a previous criminal record, that is to say he should not have been tried and/or convicted of any criminal offence or misdemeanour and punished with a fine of Rs. 2000/-. The candidate shall also not have been subject to any disciplinary action by the University authorities.

55.10.6. (vi) The candidate must be a regular, full time student of the College/ University and should not be a distance/proximate education student. That is to say that all eligible candidates must be enrolled in a full time course, the course duration being at least one year.

55.11. Nomination of Candidates.

55.11.1. Every elector shall be at liberty to nominate qualified students from the electoral roll to fill up a vacancy. Every nomination shall be in the prescribed form (specimen form Annexure 'I') and shall be made by an elector in writing and shall be seconded by another elector. Every such nomination shall be accompanied by the consent of the nominee agreeing to serve on the body, if elected, the consent being signed in the presence of the Returning Officer after proper identification. (Other Conditions for submitting nominations are prescribed in Annexure IV).

55.12. Scrutiny of Nominations

55.12.1. All nomination papers shall be scrutinized by the Returning Officer at the hour on the date prescribed. The candidate or his authorized agent from among the electors alone will be permitted to be present at the time of scrutiny of nominations.

55.12.2. The Returning Officer shall examine the nomination papers and shall decide all objections made to any nomination paper on the ground that it is not valid and may reject either on his own motion or on such objection on any nomination paper. The decision of the Returning Officer shall in each case be endorsed by him on the nomination paper in respect of which such decision is given.

55.13. List of Candidates validly nominated

55.13.1. A list of candidates (with their names, Course, class, subject, group) whose nominations have been declared valid shall be published by affixing the same on the notice boards in the College.

55.14. Withdrawal of candidature:

55.14.1. Any candidate may withdraw his candidature by notice in writing signed by him and delivered in person to the Returning Officer so as to be received by him within the date and hour fixed for the same. Withdrawal once made shall be final.

55.15. Final List of Candidates:

55.15.1. The Returning Officer shall publish after the lapse of time fixed for withdrawal of candidature, a final list of candidates validly nominated showing the names arranged in alphabetical order together with their class, group and/or subject.

55.16. Declaration of election of validly nominated candidates:

55.16.1. If the number of candidates validly nominated and not withdrawn does not exceed the number of vacancies to be filled by election, such candidates shall be declared to have been duly elected.

55.16.2. If the number of candidates validly nominated and not withdrawn is less than the number of vacancies to be filled by election, such candidates shall be declared to have been duly elected, and the electorate shall be called upon to elect a person(s) as the case may be to fill the remaining vacancy(ies) on a subsequent date.

55.16.3. iii} If the number of candidates validly nominated and not withdrawn exceeds the number of vacancies to be filled by election, then the Returning Officer shall proceed with the election in the manner prescribed.

55.17. Voting

55.17.1. Voting shall be by secret ballot. No vote shall be given by proxy. For the convenience of students and for the smooth conduct of the election, a number of polling booths may be arranged. There will be Presiding and Polling Officers attached to each booth.

55.17.2. The ballot box sealed or locked (In the presence of the candidates or their agents if so requested by them} shall be placed in a convenient place with arrangements for exercising

the franchise by the electors by depositing the ballot papers through a slit provided in the box.

55.17.3. The Presiding Officer shall ascertain (a} the identity of the elector before issue of the ballot paper and (b) that the person desiring to vote has not already voted.

55.17.4. iv} The name of the person shall be entered upon the serially numbered counterfoil of the ballot paper (for specimen see annexure 6 } in a ballot paper book, which shall be got printed for the purpose. The ballot paper corresponding to that counterfoil shall then be torn off after affixing the signature of the Presiding Officer thereon and handed over to the voter.

55.17.5. At the time of issuing the ballot paper, the Polling or Presiding Officer shall tick mark against the name of the elector in a copy of the electoral roll kept for the purpose and get the signature of the elector on the electoral roll.

55.17.6. The elector who has received the ballot paper shall then proceed to the place screened from observation by others, for marking the vote, record his vote in the ballot paper in the manner prescribed-Le by marking 'X' mark against the name of the candidate, in the column provided for that and then proceed to the place where the ballot box is placed and deposit the same in the ballot box.

55.17.7. No elector shall be allowed to enter the place arranged for marking the vote when another elector is there and no elector shall remain there longer than is necessary for recording his vote.

55.17.8. If an elector is incapacitated from blindness or other physical causes, it shall be competent for him to record his vote by the hand of the Returning Officer. The Returning Officer shall seal the slit of the ballot box immediately after the polling (but not earlier than the completion of the period for voting} is over and keep it in safe custody.

55.18. Procedure on Counting

55.18.1. The scrutiny and counting of votes shall be held by the Returning Officer from the hour appointed on the date fixed. The ballot box shall be opened at the hour fixed for the purpose and the Scrutiny and counting shall begin in the presence of the Returning Officer.

55.18.2. No person shall be present at the scrutiny and counting of votes except the Returning Officer and his staff and the candidates concerned. The candidates (in case they are unable to be present at the counting) may nominate (in writing) a representative (agent) from among the voters in their place to be present at the time of counting.

55.19. Ballot paper when rejected:

55.19.1. Ballot paper shall be invalid and rejected:

55.19.1.1. If it does not bear signature of the Presiding Officer or

55.19.1.2. If a voter signs his name or writes any word or makes any mark on it by which it becomes recognizable; or

55.19.1.3. If the vote is recorded thereon by any mark other than X against the name or names of the candidate(s); or

55.19.1.4. no vote recorded thereon; or

55.19.1.5. If the number of vote recorded exceeds the number of vacancies to be filled; or vi) If it is void for uncertainty, or

55.19.1.6. If it violates any other law

55.19.1.7. If the vote is recorded outside the column provided for that purpose.

55.19.2. Every ballot paper rejected shall be endorsed by the Returning Officer and such papers shall be kept separately.

55.20. Recounting:

55.20.1. Any candidate (or his agent) may, immediately after completion of the counting, request (in writing) the Returning Officer to re-examine or recount the papers of all or any candidate contesting for that particular office and the Returning Officer shall reexamine and recount the same accordingly.

55.20.2. The Returning Officer may at his own discretion recount the votes either once or more than once when he is not satisfied as to the accuracy of any previous count, Provided however that nothing in these rules shall make it obligatory on the Returning Officer to recount the same votes more than once.

55.21. Declaration of Results:

55.21.1. The candidate (s) equal in number to the number of vacancies, receiving the largest number of votes shall be declared duly elected.

55.21.2. If two or more candidates receive an equal number of votes and they cannot all be declared, the final election shall be made by drawing lots by the Returning Officer.

55.21.3. Objection: Complaints and objections regarding the election before the publication of the results shall be made to the Returning Officer, who shall be the authority to dispose of such complaints and objections. Objection to the election, if any, after the publication of the results shall be made in writing to the Principal of the College so as to reach him within seven days after the declaration of the results of the election and his decision shall be final.

55.22. Preservation of Election Papers.

55.22.1. All papers connected with the conduct of Union elections (electoral rolls, nomination papers, used and unused ballot papers, etc.} shall be preserved by Returning Officer for a period of one month after the declaration of the results, or if any dispute arises regarding the election, until it is disposed of.

55.22.2. Students should desist from disfiguring the classrooms, compound walls and buildings in the college campus by pasting posters or writing on the walls as part of their election campaign. They should also desist from disfiguring the compound walls of neighbouring buildings as well.

55.22.3. Election campaign/propaganda in the College campus should be limited to the issue of pamphlets and bit-notices, display of banners and posters and conducting group meetings to present the candidates.

55.22.4. The maximum permitted expenditure per candidate shall be Rs. 5000/-

55.22.5. Persons who are not on the rolls of the College Register should not be allowed to take part in the propaganda work in the College campus.

55.22.6. Students should not arrange for election propaganda/Campaign/meetings in the College campus during working hours except with the specific sanction of the Principal.

55.22.7. No candidate shall indulge in, nor shall abet, any capacity, which may aggravate existing differences or create mutual hatred or cause tension between different castes and communities, religious or linguistic, or between any group(s} of students

55.22.8. All candidates shall be prohibited from indulging or abetting, all activities which are considered to be "corrupt practices" and offences, such as bribing of voters, intimidation of voters, impersonation of voters, canvassing or the use of propaganda within 100 meters of polling stations, holding public meetings during the period of 24 hours ending with the hour fixed for the close of the poll, and the transport and conveyance of voters to and from polling station.

55.23. Grievance Redressal Mechanism:

55.23.1. All the grievances shall be redressed by the Grievance Redressal Cell.

55.23.2. Maintaining Law and Order on the Campus during the Election Process.

55.23.3. Any instance of acute lawlessness or the commission of a criminal offence shall be reported to the police by the college authorities as soon as possible, but not later than 12 hours after the alleged commission of the offence.

55.24. Miscellaneous Recommendations:

55.24.1. Student representation is essential to the overall development of students.

55.24.2. The institution should organize leadership-training programs with the help of professional organizations so as to groom and instil the students' leadership qualities.

55.24.3. In the event of the office of any major post of office bearer falling vacant within two months of elections, re-elections should be conducted; otherwise the Vice Chairperson may be promoted to the Post of Chairperson and Joint Secretary to the post of Secretary, as the case may be. All the annexes are available with the original document of bye-laws of Kerala University of Health Sciences.

56. Students Initial and Annual Health Checkup Policy

56.1. Purpose:

56.1.1. The purpose of this policy is to establish guidelines and procedures for the initial and annual health check of students at Believers Church Medical College Hospital. This policy aims to ensure the well-being of students, identify potential health issues, and provide necessary medical care.

56.2. Scope:

56.2.1. This policy applies to all students enrolled in courses at Believers Church Medical College Hospital.

56.3. Policy:

56.3.1. The Format

56.3.1.1. BCMC Uses standard Approved format for students health Check (#######)

56.3.1.2. Evidence including test results, receipt of vaccination bill, certificate of vaccination taken etc are to be attached as required.

56.3.2. Personal Details:

56.3.2.1. Students are required to complete the annual health check form, providing accurate personal information.

56.3.2.2. The form includes details such as course, batch/year, date, student ID, name, UHID number, age, gender, contact number, email address, and address.

56.3.2.3. Identification documents, such as passports or national IDs, must be submitted with relevant details.

56.3.3. Existing Illness:

56.3.3.1. Students are required to disclose any existing allergies or illnesses.

56.3.4. Medications:

56.3.4.1. Students on medications must provide details of the medication, dosage, and frequency.

56.3.5. Past Illness/Surgeries:

56.3.5.1. Students must indicate if they have a history of past illnesses or surgeries.

56.3.6. Chronic Conditions:

56.3.6.1. Students must disclose any chronic conditions such as asthma, diabetes, or epilepsy.

56.3.7. Family Medical History:

56.3.7.1. Students are encouraged to provide information on their family's medical history.

56.3.8. Recent Health Concerns:

56.3.8.1. Students must report any recent health concerns, including fever, cough, or allergies.

56.3.9. Dietary Preferences:

56.3.9.1. Students are required to specify their dietary preferences, including vegetarian, vegan, or omnivore.

56.3.10. Physical Activity:

56.3.10.1. Information on regular exercise and sports participation must be provided.

56.3.11. Sleep Patterns:

56.3.11.1. Students should indicate their average hours of sleep per night.

56.3.12. Review of Systems:

56.3.12.1. Students will be asked about current issues or symptoms in various areas, including general health, cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, and psychological.

56.3.13. Physical Examination:

56.3.13.1. A thorough physical examination will be conducted, including blood pressure, pulse, respiratory rate, temperature, general appearance, skin, eyes, ears, nose, throat, cardiovascular, respiratory, abdomen, musculoskeletal, neurological, height, and weight.

56.3.14. Confidentiality:

56.3.14.1. All information collected during the health check will be treated with utmost confidentiality and used solely for healthcare purposes. Access to this information will be restricted to authorized medical personnel.

56.3.15. Compliance:

56.3.15.1. All students are required to comply with the annual health check policy. Failure to do so may result in consequences such as restricted access to certain facilities or services.

56.3.16. Review:

56.3.16.1. This policy will be reviewed periodically to ensure its effectiveness and relevance. Any necessary updates or revisions will be made accordingly.

57. Study Tour

57.1. Statement of Purpose

57.1.1. While institutions acknowledge study tours as a necessary part of the college education, bringing about better interaction and enriching experiences, they should be conducted in a responsible way. The policy states the guidelines in organising a study tour.

57.2. Policy

57.2.1. The students planning for a study tour, shall follow the procedure given below, in the absence of which, shall be liable to face appropriate disciplinary actions.

57.3. Procedure

57.3.1. The class representatives or the tour leaders shall assess the risk in the tour, communicate the risk with the staff-advisors and the faculty accompanying, and put in place appropriate risk management methods. They will make necessary arrangements for sufficient supply of food, water, first aid kit, personal protection gear (if required) and immunisation (if needed).

57.3.2. College authorities and the students planning to go to the tour shall be briefed about the entire itinerary in advance.

57.3.3. Students shall decide the dates of the tour in such a way that they shall not miss any classes or examinations or inconvenience themselves in preparing for an examination.

57.3.4. The tour leaders shall submit an application in writing regarding the tour itinerary to the office of the Principal for pre-approval, specifying:

57.3.4.1. The dates & time of the tour
57.3.4.2. Place (s) visiting
57.3.4.3. Mode of conveyance (including the vehicle number and make, name of the owner/ agency, name of the driver and a copy of Driver's license if a vehicle is being hired)
57.3.4.4. Place (s) of stay (including booking details).
57.3.4.5. List of names of the students going for the tour along with their mobile numbers.
57.3.4.6. A signed permission from their parents. A student shall not be permitted to proceed with the tour unless approved by their parents.
57.3.4.7. List of names and contact numbers of the parents to contact in case of emergency from each student.
57.3.4.8. Names and signed letters of consent from a male and a female faculty members not below the rank of Assistant Professor, who are accompanying the students on the study tour.
57.3.4.9. Permission to visit from the office/ institution of public health importance planning to visit.
57.3.4.10. The tour shall be considered as sanctioned only if the application letter is signed by the
57.3.4.11. Principal or Director. The students shall not proceed on the tour unless sanctioned.
57.3.4.12. All the students proceeding on the study tour shall board from the college and report back to the college on completion of the tour.
57.3.4.13. Students are expected to conduct themselves as per the code of conduct of this institution during the tour. Any misbehaviour reported by an outsider or the accompanying faculty members shall result in an appropriate disciplinary action.
57.3.4.14. Students requiring any medical, physical or dietary considerations shall inform the study tour leaders and the faculty members in advance.
57.3.4.15. During the tour, the students shall always be in a group and shall be accompanied by the faculty members.
57.3.4.16. Applies to: All those students planning for a study tour.

Study Tour Application Format
Batch of Admission:
Name and Roll Numbers of Tour Leaders:
1.
2.
Place(s) Visiting:
1.
2.
3.Dates: From To

Time of Departure: Expected time of Arrival:
Place(s) of Staying during the Trip:
1.
2.
3.
From To
From To
From To
Mode of Conveyance: Vehicle No.
Name of the Driver:
Name of the owner/ agency:
Name of the accompanying male faculty: Name of the accompanying lady faculty:
Attachments:
Copy of Driver's Licence: Yes / No
Permission Letter from the visiting Institute: Yes/ No
List of students with mobile numbers: Yes/ No
Signed consent form from the accompanying male faculty: Yes/ No Signed consent form from the accompanying lady faculty: Yes/ No Signed permission from all Parents: Yes/ No
List of Parents names & contact numbers (for emergency) Yes/ No
Route map with list of hospitals en route (for emergency): Yes/ No
Permission Granted: Yes/ No

58. Transparency in Internal Assessment

58.1. Statement of Purpose

58.1.1. The institution values the principle of fairness and transparency in the assessment process.

58.2. Policy

58.2.1. The faculty shall maintain fairness and transparency in gathering, consolidating and disseminating the data regarding internal assessment.

58.3. Procedure:

58.3.1. The department shall notify the students regarding the date of conducting the examination at least 15 days prior to the date of examination. The department shall clearly display on the notice board the method of examination, maximum marks, time, date and venue.

58.4. For Theory Examination:

58.4.1. a. The department shall set the question paper with the members of the faculty who shall be responsible for maintaining the confidentiality of the questions, to avoid leaking of question papers and/ or benefitting a fraction of students. As an alternative method, one faculty may

be assigned duty for one examination on rotation basis and the designated member shall be responsible for maintaining the confidentiality of the question paper until the date of examination.

58.4.2. b. The question paper shall be typed either on a personal computer, in which case it is the responsibility of the individual or it may be typed on the department computer, in which case it shall be password protected.

58.4.3. Printing and photocopying of the question paper shall be done at the last minute possible, under the direct supervision of a designated faculty member, to minimise the chances of question paper leaking. The photocopying shall be done in the Principal's office or on a designated printer/ photocopier directed by the Principal's office.

58.4.4. From the time of photocopying to 10 minutes before the examination, the question papers shall be kept locked with the Head of the Department or the designated member.

58.4.5. The answer books shall be assessed by assigning different questions to specified faculty members, to ensure that the individual variations in assessment among the faculty members does not affect the students.

58.5. The marks shall be tabulated in the department computer.

58.5.1. The students shall be allowed to scrutinise the evaluated answer books before the final mark list is displayed on the noticeboard. They shall be permitted to compare their answers with the model answers provided by the department and with those of their peers (if permitted by the concerned student).

58.5.2. They shall be allowed to bring the answers to the faculty members for queries or re-totalling or re-assessment as applicable. Faculty members shall explain to the student the reason/ method for scoring or re-evaluate the answer if needed.

58.5.3. It is desirable for the departments to provide a model answer to the questions asked.

58.5.4. If there are any changes in the marks, the corrections shall be included in the mark list in the computer.

58.5.5. The students may also submit in writing their grievances regarding marking of an answer to the head of the department or to the faculty member who has taught the topic or to the next senior faculty member if the grievance involves the head of the Department without any fear of reprisal. The department shall constitute a committee of three members that involves the faculty member who has taught the topic, the faculty member who has scored the answer and the head of the department or the next senior faculty member and resolve the issue on the same day. The answer shall be re-evaluated by another neutral member if required.

58.5.6. If the student is not satisfied with the manner in which the issue was resolved, he/she may take the grievance to the Students Grievance Redressal Committee without any fear of reprisal.

58.5.7. The faculty shall treat the grievances objectively and no intimidating or adversarial or confrontational means shall be used by either party. No individual shall coerce or influence either of the parties.

58.5.8. In case a student was absent on the day when the answer papers were handed over for scrutiny, he/she has to make an attempt to check the answer papers in next two working days.

58.5.9. After the students have scrutinised the answer books and are satisfied with the marks, the finalised mark list shall be displayed on the noticeboard.

58.5.10. The grievance redressal at the department level shall be done before the display of marks. However, if a student has appealed to the Students Grievance Redressal Committee, the mark list may be displayed before the due date and the concerned student's result shall be withheld until the matter is resolved. The student's mark may be displayed on the noticeboard after the issue is resolved.

58.5.11. The marks of the summative internal assessments shall also be notified to the parents through email within one week of displaying on the noticeboard.

58.6. For Practical/ clinical examination:

58.6.1. The department shall plan the examination in such a way that more than one examiner examines a student.

58.6.2. The examination shall utilise objective methods wherever possible, to rule out bias.

58.6.3. The marks shall be displayed on the notice board within two weeks of conducting the exams.

58.6.4. The marks of the summative internal assessments shall be notified to the parents via email within one week of displaying on the noticeboard.

58.6.5. If both theory and practical/ clinical exams are conducted successively, the marks shall be be displayed within two weeks of the last day of the exam.

58.6.6. Applies to: All the faculty and students of the institution.

59. Withdrawal Policy

59.1. Statement of Purpose

59.1.1. The policy elaborates on the procedure of withdrawal from the course enrolled.

59.2. Policy

59.2.1. The students wishing to discontinue from the course due to any reason, shall follow the procedure to complete the process of withdrawal from the course

59.3. Procedure:

59.3.1. He/she shall inform the University regarding the decision of withdrawal and obtain permission from the University for the same.

59.3.2. He /she shall inform the decision to the office of Principal simultaneously.

59.3.3. He/she shall shall apply and obtain the letter of Withdrawal from the Course from the office of the
Principal by submitting the following documents:
59.3.4. Letter of permission from the University for the request of withdrawal from the course. b. Receipts for paying the balance fees and dues.
59.3.5. No-dues certificate from Accountant, College Office.
59.3.6. No-dues certificate from the In-charge Officer, Accounts Department
59.3.7. No objection Certificate from the Library
59.3.8. No objection certificate from the Hostel (Men's or Ladies)
59.3.9. No-dues certificate from the College and Hospital Canteens
59.3.10. No-dues certificate from the Student Store
59.3.11. No-dues certificate from the Main Store
59.3.12. No objection certificate from the Deputy Superintendent
59.3.13. No objection certificate from the Administrative Officer/ Superintendent

59.4. He/she shall forfeit all the rights to use the college resources once the student withdraws from the college.

59.5. Applies to: All the students and the concerned offices of the Institution.

60. Policy: Identifying & Conducting Special Programs for Low Achievers and High Performers

60.1. Statement of Purpose:

60.1.1. This policy outlines the criteria and guidelines for identifying low achievers and high performers among the students of Believers Church Medical College Hospital, along with recommendations for implementing special programs to support the improvement and enhancement of their performance.

60.2. Policy:

60.2.1. Identifying Low Achievers and High Performers: Criteria for identifying Low Achievers:

60.2.1.1. Students meeting the first criterion and one or more of the following criteria shall be identified as low achievers:

60.2.1.1.1. Scoring less than 20% marks in at least two of the internal assessments (formative or summative).

60.2.1.1.2. Failing to meet the knowledge (recall) and comprehension (understanding) level in cognitive domain (Bloom's Taxonomy).

60.2.1.1.3. Failing to meet receiving and responding levels in the effective domain.

60.2.1.1.4. Failing to meet perception and set guided response in the psychomotor domain.

60.2.1.1.5. Lacking motivation for self-improvement (as notified by the mentor).

60.2.1.1.6. Being motivated but unable to improve scores.

60.2.1.1.7. Failing to maintain an attendance of 50% in theory or practical/clinical sessions (a distinction shall be made between learners having learning difficulties and those who are reluctant to learn).

60.2.2. Criteria for identifying High Performers:

60.2.2.1. Students meeting the first criterion and one or more of the following criteria shall be identified as high performers:

60.2.2.2. Scoring more than 70% marks in at least two of the internal assessments (formative or summative).

60.2.2.3. Meeting analysis, synthesis, and evaluation levels in cognitive domain.

60.2.2.4. Meeting, organizing and internalising levels in the effective domain.

60.2.2.5. Meeting the level of complex or overt response and adaptation in the psychomotor domain.

60.2.2.6. Demonstrating constant self-motivation and willingness to evolve (as noticed by the mentor or faculty).

60.2.2.7. Having their names included in the Chairman's or Director's Honour Roll (Details in Honour Roll Policy).

60.2.3. Special Programs for Low Achievers:

60.2.3.1. Low achievers shall be enrolled in specific programs to enhance their outcomes. These programs shall include:

60.2.3.2. Mid-course Improvement of Performance Program (Details in Remedial Teaching Policy).

60.2.3.3. Regular meetings with mentors (minimum once a week).

60.2.3.4. Counseling with student counselors.

60.2.3.5. Interaction with parents to exchange effective methods.

60.2.3.6. Remedial examinations (Details in remedial examination policy).

60.2.3.7. Supervised study in the Central Library.

60.2.3.8. Peer mentoring by high performers or senior students.

60.2.3.9. Video-guided small group teaching.

60.2.3.10. Special Programs for High Performers:

60.2.3.11. High performers shall be provided with one or more of the following programs:

60.2.4. Additional self-directed learning resources.

60.2.4.1. Short to ultra-short term student research projects (2-4 week duration).

60.2.4.2. Case-based or problem-based learning teams.

60.2.4.3. Student debates, seminars, symposia on medical topics.

60.2.4.4. Creative writing assignments.

60.2.4.5. Quizzes, poster and/or paper presentations.

60.2.4.6. Specific motivational talks for high performers.

60.2.4.7. Targeted training in attitudes, ethics, and professionalism.

60.2.4.8. Targeted training through certificate courses.

60.2.4.9. 'Each One Teach One' Program: Peer mentoring modules for volunteers, where a high performer mentors a low achiever.

60.2.5. C. Monitoring Progress:

60.2.5.1. The progress of both low achievers and high performers shall be constantly monitored to identify improvements and provide necessary support.

60.2.5.2. Protocols to Measure Achievements of Low Achievers:

60.2.5.2.1. Continuous monitoring of performance in formative and summative internal assessments and remedial examinations.

60.2.5.2.2. Continuous monitoring of participation in learning activities to check improvement in cognitive, affective, and psychomotor domains.

60.2.5.2.3. Regular monitoring of motivation.

60.2.5.2.4. Inputs from mentors, parents, and counselors.

60.2.5.3. Protocols to Measure Achievements of High Performers:

60.2.5.3.1. Continuous monitoring of performance in formative and summative assessments to assess steady performance or improvement.

60.2.5.3.2. Completion of research projects and oral/poster presentations.

60.2.5.3.3. Participation in seminars, symposia, debates, and quizzes.

60.2.5.3.4. Participation and performance in creative writing and certificate courses.

60.2.6. Applies to:

60.2.6.1. All faculty and students identified as low achievers and high performers at Believers Church Medical College Hospital.

61. The Green Campus, Energy and Environment Policy

61.1. Context

61.1.1. The relationship between BCMCH and nature is a long and enduring one, something that students and staff of the college are aware of. The buildings of this educational institution stand on the solid rock of the Aravalli range, a topographical feature that the Congregation has consciously chosen to preserve and protect. BCMCH is very often recognized as the college with huge rocks jutting from the concrete giving it a completely natural and organic facade.

61.1.2. Since 2014, the college has always had sustainable initiatives at the core of all activities. The Campus area is left in its natural form and acts as a natural habitat for biodiversity and a large variety of species of grasses, herbs, shrubs and trees.

61.2. Scope of the Policy

61.2.1. The Green Campus, Energy and Environment Policies will develop exciting new co-curricular and extracurricular practices that encourage students to take the lead in creating positive change. These initiatives call for a thorough review of all infrastructural, administrative functions from the standpoints of energy efficiency, sustainability and the environment.

61.2.1.1. The focus areas of this policy are:

61.2.1.1.1. Clean Campus Initiatives

61.2.1.1.2. Landscaping Initiatives

61.2.1.1.3. Clean Air Initiatives

61.2.1.1.3.1. Smoking Free Campus

61.2.1.1.4. Infrastructure

61.2.1.1.4.1. Solar Power Plant (planned)

61.2.1.1.4.2. Installation of Energy Efficiency Equipment

61.2.1.1.4.3. Water Conservation through Rainwater Harvesting System

61.2.1.2. Waste Management processes

61.2.1.2.1.1. Solid Waste Management

61.2.1.2.1.2. Liquid Waste Management

61.2.1.2.1.3. Biomedical Waste Management

61.2.1.2.1.4. E-Waste Management

61.2.1.3. Awareness Initiatives

61.2.1.3.1. Environment-centric Student Societies and Department Activities

61.2.1.3.2. Green Audit

61.2.1.3.3. Energy Audit

61.2.1.4. Plastic-Free Campus

61.3. Objectives of the Policy

61.3.1. To protect and conserve ecological systems and resources within the campus.

61.3.2. To ensure judicious use of environmental resources to meet the needs and aspirations of the present and future generations.

61.3.3. To integrate environmental concerns into policies, plans and programmes for social development and outreach activities.

61.3.4. To work with all stakeholders and the local community to raise awareness and seek the adoption of environmental good practice and the reduction of any adverse effects on the environment.

61.3.5. To continuously improve our contribution to climate protection and adaptation to climate change and to the conservation of global resources.

61.3.6. To continuously improve the efficient use of all resources, including energy and water, and to reduce consumption and the amount of waste produced, recovering and recycling waste where possible.

61.3.6.1. To make the campus plastic free.

61.3.6.2. To conduct environmental and energy audits from time to time.

61.3.6.3. To minimise the use of paper in administration through having a policy for E-governance.

61.4. Policy

61.5. Clean Campus Initiatives

61.5.1.1. BCMCH had pledged to actively coordinate cleanliness activities in the college and beyond the campus in accordance with the vision of Swachh Bharat Abhiyan. It commits to continue with this Programme. The broad vision is as follows:

61.5.1.1.1. Generating mass awareness on cleanliness and hygiene amongst students and staff members by holding regular cleanliness drives. The idea is to motivate them to contribute in a proactive manner.

61.5.1.1.2. Activities under 'Swachh Bharat Abhiyan' will be a key component of all the community work being done by NSS, NCC and Green Society volunteers of the college.

61.5.1.1.3. Staff Members will be encouraged to participate in the cleanliness drive in the college campus.

61.5.1.1.4. Events such as poster and slogan competitions, essay writing, spoken word poetry, speeches, skits on 'Swachh Bharat' will be organised.

61.5.1.1.5. Rallies on themes connected with 'Swachh Bharat Abhiyan' in and around the college campus will be conducted to create mass awareness.

61.5.1.1.6. Remove all kinds of waste material like broken furniture, unusable equipment etc.

61.5.1.1.7. Administer of the pledge by students and staff members to maintain cleanliness of the college campus and its surrounding areas on an annual basis.

61.5.1.1.8. Conduct workshops on the 3Rs: Reduce, reusing and recycling of waste.

61.5.1.1.9. Commit to manage waste and maintain clean campus especially during college events.

61.5.2. Landscaping Initiatives

61.5.2.1. The campus landscape, like its buildings, can be seen as the physical embodiment of a college's values. It is a vital part of the life of a campus, providing space for study, play, outdoor events, relaxation and aesthetic appreciation. Green campus landscapes also manage runoff, help recharge groundwater, and clean and cool the air on campus. The landscape serves as a visual representation of the campus community's commitment to sustainability. As campus landscapes are so visible and accessible, landscaping initiatives are a great way to build awareness around the environment.

61.5.2.2. The campus is abundant in trees, herbs and shrubs. The landscape of trees and plants provide the 700+ students and staff with clean and cool air and is a soothing environment.

61.5.2.3. The diverse green cover of BCMCH is also home to a number of rare birds, creating a campus rich in biodiversity. The college commits to enriching this healthy habitat and maintaining the symbiotic relation of the institution with nature by

61.5.2.3.1. Organising annual tree plantation drives

61.5.2.3.2. Visit to the Nature friendly initiatives

61.5.2.3.3. Collaboration with the Forest and Environment ministry

61.5.2.3.4. Encouraging student societies to hold tree planting events

61.5.2.3.5. One tree per Batch of MBBS

61.5.3. Clean Air Initiatives

61.5.3.1. We encourage our students and staff to use public transportation. We encourage carpooling to college, an activity that will control air pollution and strengthen social interaction. The entry of automobiles inside the campus is restricted to discourage the use of private vehicles as far as possible.

61.5.3.2. The abundant natural landscape not only cleans the air on campus but also becomes an extension of the green lungs of the city.

61.6. Smoking Free Campus

61.6.1. In compliance with the framework provided by the National Tobacco Control Programme (NTCP), the college prohibits smoking and the use of other tobacco products and continuously promotes a tobacco free environment. As a step in this direction, smoking and use of tobacco in and around the campus is strictly prohibited. Warning signages are displayed appropriately.

61.6.2. Infrastructural Initiatives

61.6.2.1. Renewable Sources of Energy

61.6.2.1.1. BCMCH is dedicated to minimize and sustainably manage its use of electricity. BCMCH believes in reducing the consumption of electricity produced by non-renewable resources by switching to clean energy sources like LED/Solar energy for purposes like lighting the campus. **Energy Saving and Energy Efficient Equipment**

61.6.2.2. We commit to install environment-friendly electrical appliances that save energy and reduce wasteful inefficiencies. The college believes in using cleaner energy such as LED lighting.

61.6.3. Water Conservation through Rainwater Harvesting System

61.6.3.1. BCMCH has committed itself to this effort to replenish the groundwater table by practising rainwater harvesting. This practice helps in the replenishment and recharge of the groundwater.

61.6.3.2. 7 Acres of rainwater harvesting lake is the hallmark of commitment to environment friendly initiative of the institution

61.6.4. Waste Management Processes

61.6.4.1. BCMCH strives to have a minimal impact on the environment and is dedicated to reduce and manage the waste generated by the college campus. The following specific procedures will be undertaken to ensure BCMCH's contribution in protecting the environment.

61.7. Solid Waste Management

61.7.1. With its aim to provide holistic education that also has a positive impact on the environment, the college will adopt practices that will mitigate the generation, and manage solid waste through the following methods:

61.7.1.1. Systematically engage with the 3Rs of environment friendliness (Reduce, Reuse and Recycle).

61.7.1.2. Collect paper waste produced on campus and collaborate with scrap dealers for recycling.

61.7.1.3. Reduce solid waste by developing a technology-centric teaching and administrative model.

61.7.1.4. Reduce use of paper by supporting digitization of attendance and internal assessment records.

61.7.1.5. Reduce the requirement of printed books by updating the e-books and e-journals collection of the college library.

61.7.1.6. Encourage the students and teachers to use emails for assignment submissions.

61.7.1.7. Take initiatives to spread awareness amongst students about

61.7.1.7.1. Food wastage and ways of minimizing it

61.7.1.7.2. Minimizing the use of packaged food

61.7.1.7.3. The habit of reusing and recycling non-biodegradable products

61.7.1.7.4. Organizing workshops for students on solid waste management.

61.8. Liquid Waste Management

61.8.1. Maintain leak proof water fixtures.

61.8.2. Continued employment of a caretaker to take immediate steps to stop any water leakage through taps, pipes, tanks, toilet flush etc.

61.8.3. Reuse of wastewater generated by the STP systems and being used for irrigation and toilet flush..

61.9. E-Waste Management

61.9.1. BCMCH ensures that its usage of technology and generation of e-waste does not impact the environment. For this purpose, the college plans to strive towards: More provisions for the disposal of the institutional e-waste.

61.9.2. Collaboration with e-waste recycling companies to get electronic waste recycled. (MOU)

61.9.3. Awareness amongst students about reduction of e-waste and environment friendly disposal practices for e-waste.

61.9.4. Encouraging department and society level activities pertaining to e-waste management.

61.10. Awareness Initiatives

61.10.1.1. Outreach and education are of utmost importance so that all members of the campus community may value the objectives of the policy and aid in its implementation. This is why BCMCH supports and encourages awareness campaigns, seminars, workshops, conferences and other interactive sessions to facilitate effective implementation of the Green Campus, Energy and Environment policies.

61.10.2. Environment-centric Student Union and Department Activities

61.10.2.1. BCMCH encourages all the departments and Student Union, NSS and others to organize events, competitions and training sessions that will bring about positive environmental changes at the grassroot level. The college supports departments and student societies in moulding the students into active agents of environment protection and conservation.

61.11. Green Society

61.11.1. Institutional changes towards sustainability and eco-friendly practices have percolated down to the students which have led more and more students to join Green Society. Making the society a compulsory one will provide it a bigger platform to broadcast the institution's environmental values to raise awareness. Because compulsory societies expect the fulfilment of a specified number of hours of work and commitment, this will aid the green initiatives and practices that are a part of this policy to grow exponentially.

61.11.2. Conduct Green Audit

61.11.2.1. The college aims to regularly conduct a Green Audit of our college campus to assess our strengths and weaknesses to further our goals of long-term sustainability. A green audit is a useful tool to determine how and where most energy or water or resources are being used. The college can then consider how to implement changes and make savings. It can determine the type and volume of waste. Recycling projects or waste minimization plans can be adopted. It will create health consciousness and promote environmental values and ethics. It provides a better understanding of the impact of ecofriendly practices on campus. Green auditing will promote financial savings through reduction of resource use. It is imperative that the college evaluate its own contributions toward a sustainable future.

61.11.2.2. Green Audit format BCMC/GEN/R004 Green Campus Audit Report

61.11.3. Conduct Energy Audit

61.11.3.1. An Energy Audit to be conducted as and when required to further reduce its carbon footprint. The importance of reducing energy consumption cannot be overstated.

The energy audit, with its specialized tools will identify wastage of energy. Such an inspection often reveals several different flaws which cause a loss of significant amounts of energy which the college will not be able to detect. These flaws often have easy and affordable solutions and provide significant savings.

61.11.3.2. Energy Audit Format: BCMC/GEN/R006 Energy Audit Report

61.11.4. Conduct Sound Pollution Monitoring Audit

61.11.4.1. Sound pollution monitoring audits are essential for assessing and managing noise levels in various environments. These audits involve systematically measuring and evaluating noise levels to identify potential sources of excessive noise and determine their impact on the surrounding community. The audit process typically includes the following steps:

61.11.4.1.1. Planning and Preparation: Defining the scope of the audit, identifying noise sources, selecting measurement locations, and establishing measurement protocols.

61.11.4.1.2. Noise Measurement: Utilizing calibrated sound level meters to measure noise levels at predetermined locations and times.

61.11.4.1.3. Data Analysis: Analyzing the collected noise data to identify noise levels, patterns, and trends.

61.11.4.1.4. Reporting and Recommendations: Preparing a comprehensive audit report summarizing the findings, identifying noise sources, and recommending mitigation measures.

61.11.4.1.5. Implementation: Implementing recommended mitigation measures and conducting follow-up monitoring to assess the effectiveness of the implemented measures.

61.11.4.1.6. Sound pollution monitoring audits play a crucial role in safeguarding public health and environmental quality by providing valuable insights into noise pollution levels and enabling effective noise control strategies.

61.11.4.2. Format for Sound Audit

BCMC/GEN/R005 Sound Pollution Monitoring Checklist

61.11.5. Plastic-Free Campus

61.11.5.1. BCMCH has been observing most of its duties in terms of solid waste management since its inception. In view of the Government of India's resolution to ban all single use plastics due to the hazardous impact of plastic use and pollution, the college administration strictly bans the use of single use plastics in its premise to make it a 'Plastic Free Campus'.

62. Linen Policy (KUHS QAS 1.5..3)

62.1. Objective:

62.1.1. This policy is established to ensure efficient and effective linen management within the hostel facilities of BCMCH. The objective is to provide a comfortable and hygienic living environment for students while promoting responsible use and sustainable practices.

62.2. Procedure:

62.2.1. Provision and Quality of Linen:

62.2.1.1. BCMCH will provide each hostel resident with a set of essential linens, including bed sheets, pillowcases, blankets, and towels. The provided linens will meet quality standards to ensure durability and comfort.

62.2.2. Inventory and Distribution:

62.2.2.1. The institution will maintain an organized inventory of all linens provided to the hostels. Distribution of linens to students will be managed through a systematic process during check-in, and a record of distributed items will be maintained.

62.2.3. Responsibility of Residents:

62.2.3.1. Hostel residents are responsible for the proper care and use of the provided linens. This includes avoiding damage, keeping linens clean, and reporting any issues promptly. Residents will be educated on responsible linen use through orientation programs.

62.2.4. Linen Replacement and Maintenance:

62.2.4.1. BCMCH will establish a routine linen replacement schedule to ensure that linens are refreshed periodically, considering wear and tear. Additionally, damaged or excessively worn linens will be replaced promptly, and a maintenance team will oversee the upkeep of all hostel linens.

62.2.5. Laundry Facilities:

62.2.5.1. Adequate laundry facilities will be provided within or near the hostel premises. Residents will be encouraged to use these facilities responsibly, following established guidelines for washing and drying linens. The institution will ensure that laundry facilities are well-maintained and equipped with appropriate detergents.

62.2.6. Reporting and Replacement Process:

62.2.6.1. Residents are required to report damaged or excessively worn linens promptly to the hostel management. A transparent and efficient process for reporting and replacing damaged linens will be established to ensure a quick resolution.

62.2.7. Sustainability Practices:

62.2.7.1. BCMCH is committed to sustainable practices, including linen management. The institution will explore eco-friendly options for linens, promote energy-efficient laundry practices, and implement recycling or donation programs for linens that are still in good condition but no longer suitable for use in hostels.

62.2.8. Audit and Compliance:

62.2.8.1. Regular audits of linen inventory, distribution, and maintenance processes will be conducted to ensure compliance with the policy. Any deviations or areas for improvement will be addressed promptly to maintain the highest standards of linen management.

62.2.9. Education and Awareness:

62.2.9.1. Ongoing education and awareness programs will be conducted for hostel residents, emphasizing the importance of responsible linen use, hygiene practices, and the institution's commitment to sustainability.

62.2.10. Review and Revision:

62.2.10.1. This policy will be subject to periodic review to ensure its effectiveness and relevance. Feedback from hostel residents and staff will be considered in any revisions to the policy, with the goal of continually enhancing the linen management system in BCMCH hostels.

62.3. Refer to BCMCH Linen Manual

63. Policy for compensating lost days (KUHS QAS 2.3.3)

63.1. Objective:

63.1.1. This comprehensive policy is established to address situations where BCMCH students experience a disruption in their academic schedule due to various circumstances, including institutional, disasters, and student-related matters such as sickness or accidents. The objective is to provide a structured and fair approach to compensating for lost instructional days, ensuring that students receive support and flexibility during challenging times.

63.2. Procedure:

63.2.1. Identification of Lost Days:

63.2.1.1. The determination of lost instructional days will be made by the institutional leadership in response to specific circumstances causing the disruption. These circumstances may include institutional decisions, natural disasters, public health emergencies, or individual student-related matters.

63.2.2. Communication:

63.2.2.1. BCMCH will promptly communicate with students, faculty, and staff through official channels, providing clear information about the nature of the disruption and any adjustments to the academic calendar. This communication will include details about support services available to students during the period of disruption.

63.2.3. Remote Learning and Alternative Instruction:

63.2.3.1. Whenever feasible, BCMCH will leverage technology to facilitate remote learning during the period of disruption. Faculty members will adapt instructional methods to ensure the curriculum is delivered effectively. Students are expected to actively engage in remote learning activities and fulfill academic responsibilities as communicated by faculty.

63.2.4. Institutional Situations:

63.2.4.1. In cases where institutional decisions lead to the closure or modification of the academic schedule, BCMCH will implement measures to compensate for lost days. This may involve adjusting the academic calendar, providing additional resources for remote learning, or other strategies deemed appropriate by the institution.

63.2.5. Disasters:

63.2.5.1. In the event of natural disasters or other emergencies affecting the institution, BCMCH will prioritize the safety of students and staff. Compensation for lost days may involve a combination of remote learning, academic calendar adjustments, and support services to help students navigate the challenges posed by the disaster.

63.2.6. Student-Related Matters (Sickness, Accidents, etc.):

63.2.6.1. BCMCH recognizes that individual student-related matters such as sickness or accidents may lead to absences and a need for compensation. Students facing such situations are encouraged to communicate with the appropriate channels within the institution. The institution will work collaboratively with affected students to develop a personalized plan, which may include extending deadlines, providing additional academic support, or other reasonable accommodations.

63.2.7. Assessment Adjustments:

63.2.7.1. Faculty members will have the flexibility to adjust assessment schedules and methods to accommodate changes in the academic calendar or individual student circumstances. Alternative assessments or modifications to existing assessments may be implemented on a case-by-case basis.

63.2.8. Support Services:

63.2.8.1. BCMCH will provide additional support services, such as counseling and academic advising, to help students cope with the challenges arising from the disruption. Special attention will be given to addressing any individual concerns or difficulties students may face, whether related to the disruption or personal circumstances.

63.2.9. Documentation and Reporting:

63.2.9.1. The institution will maintain accurate documentation of the circumstances leading to the compensation of lost days, the actions taken, and the overall impact on the academic program. This information will be reported to relevant accrediting bodies and stakeholders as required.

64. Clinical Evaluation Policy (KUHS QAS 2.4.3)

64.1. Objective:

64.1.1. This policy outlines the framework for the clinical evaluation of medical students at BCMCH Medical College. The objective is to ensure a fair, transparent, and comprehensive assessment of students' clinical competencies, promoting excellence in patient care and preparing future healthcare professionals.

64.2. Guiding Principles:

64.2.1. Objective Assessment:

64.2.1.1. Clinical evaluations will be conducted objectively, focusing on the demonstration of medical knowledge, clinical skills, professionalism, and effective communication with patients and healthcare teams.

64.2.2. Comprehensive Evaluation:

64.2.2.1. The clinical evaluation process will encompass a broad range of competencies, including history-taking, physical examination, diagnostic reasoning, patient management, teamwork, and communication skills.

64.2.3. Feedback and Improvement:

64.2.3.1. Constructive feedback will be an integral part of the clinical evaluation process. Students will receive timely and meaningful feedback to help them understand their strengths and areas for improvement. Opportunities for remediation and additional support will be provided as needed.

64.2.4. Standardized Assessment Tools:

64.2.4.1. BCMCH will implement standardized assessment tools to ensure consistency in evaluating students across different clinical settings. These tools will be designed to align with the curriculum and measure the expected competencies at each stage of the medical program.

64.2.5. Clinical Faculty Training:

64.2.5.1. Clinical faculty members responsible for student evaluations will undergo training to ensure a standardized and fair assessment process. This training will focus on the use of assessment tools, providing effective feedback, and maintaining professionalism in the evaluation process.

64.2.6. Patient-Centered Care:

64.2.6.1. Clinical evaluations will emphasize the importance of patient-centered care. Students will be assessed not only on their medical knowledge and technical skills but also on their ability to communicate effectively with patients, demonstrate empathy, and consider patient preferences in decision-making.

64.2.7. Ethical Considerations:

64.2.7.1. The clinical evaluation process will adhere to ethical principles, respecting patient confidentiality and ensuring that students uphold the highest standards of professionalism and integrity.

64.2.8. Regular Review and Updates:

64.2.8.1. The clinical evaluation policy will undergo regular review to incorporate advancements in medical education, changes in healthcare delivery, and feedback from faculty, students, and healthcare partners. Updates will be made to maintain relevance and effectiveness.

64.2.9. Multisource Feedback:

64.2.9.1. Multisource feedback, including input from peers, nursing staff, and other healthcare professionals, will be considered in the overall clinical evaluation process. This approach aims to provide a comprehensive view of a student's performance in diverse clinical scenarios.

64.2.10. Appeals Process:

64.2.10.1. A transparent appeals process will be established to address any concerns or disputes related to clinical evaluations. Students will have the right to appeal, and the process will include a fair and impartial review by designated authorities.

64.2.11. Confidentiality and Privacy:

64.2.11.1. All clinical evaluation records will be treated with the utmost confidentiality. Access to these records will be restricted to authorized personnel involved in the evaluation process.

64.2.12. Integration with Curriculum:

64.2.12.1. The clinical evaluation process will be seamlessly integrated with the overall medical curriculum, ensuring that assessments align with the learning objectives and milestones specified for each stage of the program.

64.2.13. Clinical evaluation format BCMC/GEN/R009 Clinical Evaluation form

65. Examination Policy (KUHS QAS 2.4.9)

65.1. Refer to KUHS Examination Policy Manual https://www2.kuhs.ac.in/kuhs_new/index.php?view=category&id=272

65.2. https://www2.kuhs.ac.in/kuhs_new/images/uploads/pdf/exam/instructions-circulars-proformas/2019/Exam-Manual-updated--version.pdf

66. Policy for information to students on Examination (KUHS QAS 2.5.2)

66.1. Introduction

66.1.1. a. Objective: The primary objective of this policy is to establish clear and transparent guidelines for providing information to students regarding examinations at BCMCH.

66.1.2. b. Scope: This policy applies to all undergraduate and postgraduate students enrolled at BCMCH.

66.2. Examination Schedule

66.2.1. a. Publication of Schedule:

66.2.1.1. i. The examination schedule, including dates, times, and locations, will be published well in advance.

66.2.1.2. ii. Any changes to the schedule will be communicated promptly to all students through official channels.

66.3. Syllabus and Study Materials

66.3.1. a. Availability:

66.3.1.1. i. The complete syllabus for each examination will be made available to students at the beginning of the academic term.

66.3.1.2. ii. Relevant study materials, recommended readings, and resources will be provided or referenced.

66.3.2. b. Updates and Revisions:

66.3.2.1. i. Any updates or revisions to the syllabus will be communicated in a timely manner.

66.3.2.2. ii. Students will be informed of any additional study materials that become relevant during the course.

66.4. Examination Guidelines

66.4.1. a. Code of Conduct:

66.4.1.1. i. Students will be provided with a clear code of conduct for examinations, outlining expected behavior and consequences for violations.

66.4.1.2. ii. Any changes to the code of conduct will be communicated before the examination period.

66.4.2. b. Examination Format:

66.4.2.1. i. Information on the format of each examination, including question types and marking schemes, will be provided in advance.

66.4.2.2. ii. Sample or past question papers may be made available for practice.

66.5. Examination Registration

66.5.1. a. Deadline and Procedures:

66.5.1.1. i. Clear information on examination registration deadlines and procedures will be communicated to all students.

66.5.1.2. ii. Late registration policies and associated fees will be outlined.

66.6. Grading and Evaluation

66.6.1. a. Criteria:

66.6.1.1. i. The criteria for grading and evaluation will be transparently communicated to students.

66.6.1.2. ii. Any changes to the grading system will be communicated before the commencement of examinations.

66.6.2. b. Timely Feedback:

66.6.2.1. i. Students will receive timely feedback on their performance, including marks and comments.

66.6.2.2. ii. The process for reevaluation or challenging grades will be clearly outlined.

66.7. Communication Channels

66.7.1. a. Official Channels:

66.7.1.1. i. All communication related to examinations will be disseminated through official channels such as the student portal, email, or notice boards.

66.7.1.2. Ii. Social media or other platforms may be used as supplementary communication tools.

66.8. Grievance Handling

66.8.1. a. Establishment of a Grievance Cell:

66.8.1.1. i. A dedicated grievance cell will be established to address any concerns or complaints related to examinations.

66.8.1.2. Ii. Grievances will be resolved promptly and transparently.

66.9. Conclusion

66.9.1. a. Review and Revision:

66.9.1.1. i. This policy will be subject to periodic review to incorporate feedback and address any emerging issues.

66.9.1.2. Ii. Any changes to examination-related policies will be communicated well in advance.

67. Policy for issuing transcript (KUHS QAS 2.5.6)

67.1. Introduction

67.1.1. Objective: The primary objective of this policy is to establish a standardized and transparent process for issuing transcripts to students of BCMCH in compliance with KUHS norms.

67.1.2. Scope: This policy applies to all undergraduate and postgraduate students who have completed their studies at BCMCH.

67.2. Definition of Transcripts

67.2.1. Definition: Transcripts are official records of a student's academic performance, including grades, courses completed, and other relevant information.

67.3. Transcript Request Process

67.3.1. Application Procedure:

67.3.1.1. Students or alumni requesting transcripts must submit a formal application through the designated process.

67.3.1.2. The application form will include details such as personal information, program details, and the number of copies required.

67.3.2. Verification of Identity:

67.3.2.1. The identity of the requester will be verified through official means, such as a government-issued ID or student identification.

67.3.3. Authorization:

67.3.3.1. Transcripts will only be issued to the student or an authorized representative.

67.3.3.2. A signed authorization from the student is required if a representative is collecting the transcript on their behalf.

67.4. Transcript Content

67.4.1. Academic Information:

67.4.1.1. The transcript will include a comprehensive list of courses completed, grades obtained, and overall performance.

67.4.1.2. Information on any honors, awards, or distinctions will be included.

67.4.2. b. Program Completion:

67.4.2.1. The transcript will indicate the completion of the program, including the degree awarded and the date of graduation.

67.5. Transcript Format

67.5.1. Standard Format:

67.5.1.1. Transcripts will be issued in a standard format as per the guidelines provided by KUHS.

67.5.1.2. Any specific formatting requirements outlined by KUHS will be strictly adhered to.

67.6. Transcript Security

67.6.1. Authentication:

67.6.1.1. Transcripts will bear the official seal and signature of the authorized personnel at BCMCH for authenticity.

67.6.1.2. The transcript paper will have security features to prevent unauthorized duplication.

67.6.2. Confidentiality:

67.6.2.1. The confidentiality of student records will be maintained, and transcripts will only be released to authorized parties.

67.7. Processing Time and Fees

67.7.1. Timely Processing:

67.7.1.1. The institution will make efforts to process transcript requests in a timely manner, as specified by KUHS norms.

67.7.1.2. Any delays will be communicated to the requester.

67.7.2. Fees:

67.7.2.1. A reasonable fee may be charged for processing and issuing transcripts, as per the fee structure approved by BCMCH and in compliance with KUHS norms.

67.8. Compliance with KUHS Norms

67.8.1. Regular Updates:

67.8.1.1. The institution will stay updated on any changes to the KUHS norms related to transcript issuance.

67.8.1.2. The transcript issuance process will be adjusted accordingly to align with the latest guidelines.

67.9. Grievance Handling

67.9.1. Establishment of a Grievance Cell:

67.9.1.1. A dedicated grievance cell will be established to address any concerns or complaints related to the transcript issuance process.

67.9.1.2. Grievances will be resolved promptly and transparently.

67.10. Conclusion

67.10.1. Review and Revision:

67.10.1.1. This policy will be subject to periodic review to ensure ongoing compliance with KUHS norms and to address any emerging issues.

67.10.1.2. Any changes to the transcript issuance process will be communicated through official channels.

68. Internal Examination policy, IA conduction policy, Policy on Assignment feedback, Policies on different types evaluation including unit tests, sessional examination, internal average (KUHS QAS 2.5.2, 2.5.7, 2.5.8, 8.1.8)

68.1. Internal Examination Policy

68.1.1. Objective:

68.1.1.1. The Internal Examination Policy aims to ensure fair, consistent, and transparent assessment practices for students enrolled in [Your Institution's Name]. This policy encompasses guidelines for Internal Assessment (IA) conduction, Assignment Feedback, and various types of evaluations, including Unit Tests, Sessional Examinations, and Internal Averages.

68.1.2. IA Conduction Policy:

68.1.2.1. Frequency: Internal Assessments will be conducted regularly throughout the academic term to gauge the continuous progress of students.

68.1.2.2. Weightage: The weightage assigned to IA will be communicated at the beginning of each course and will contribute to the overall course grade.

68.1.2.3. Diversity: IA methods may include quizzes, presentations, projects, and other relevant assessments to ensure a comprehensive evaluation.

68.1.3. Policy on Assignment Feedback:

68.1.3.1. Timeliness: Instructors are expected to provide constructive feedback on assignments within a specified timeframe to facilitate continuous learning.

68.1.3.2. Clarity: Feedback should be clear, specific, and focused on areas of improvement, helping students understand their strengths and weaknesses.

68.1.3.3. Accessibility: Students will have access to their graded assignments and feedback through a secure online platform.

68.1.4. Policies on Different Types of Evaluation:

68.1.4.1. Unit Tests:

68.1.4.1.1. Frequency: Unit tests will be scheduled at regular intervals to assess students' understanding of specific course units.

68.1.4.1.2. Format: Tests may include a mix of multiple-choice questions, short answer questions, and practical components, aligning with the course objectives.

68.1.5. Sessional Examination:

68.1.5.1. Comprehensive Assessment: Sessional examinations will cover a broader range of course material, providing a comprehensive evaluation of students' knowledge and skills.

68.1.5.2. Weightage: The weightage assigned to sessional examinations will be communicated in advance and will contribute significantly to the overall course grade.

68.1.6. Internal Average:

68.1.6.1. Calculation: The internal average will be computed based on the weighted average of IA, unit tests, and sessional examinations.

68.1.6.2. Transparency: The methodology for calculating the internal average will be transparently communicated to students at the beginning of each course.

68.1.7. Policy Implementation:

68.1.7.1. This policy will be implemented across all departments and courses.

68.1.7.2. Instructors are expected to adhere to these guidelines while conducting assessments and providing feedback.

68.1.7.3. Regular reviews will be conducted to ensure the effectiveness and fairness of the assessment practices outlined in this policy.

69. Add on courses policy (KUHS QAS 3.1.5)

69.1. Inclusion in Master Plan and Academic Calendar:

69.1.1. Add-on courses must be strategically integrated into the master plan and academic calendar to ensure alignment with the overall educational goals.

69.1.2. The inclusion process should consider factors such as relevance to the curriculum, student demand, and resource availability.

69.2. Information to Students:

69.2.1. Detailed information about add-on courses, including course descriptions, objectives, and benefits, should be made available to students prior to enrollment.

69.2.2. Provide a comprehensive overview of the services associated with each add-on course, ensuring clarity on additional costs, if any.

69.3. Key Policies:

69.3.1. Clearly outline key policies related to add-on courses, including attendance requirements, assessment methods, and grading criteria.

69.3.2. Communicate any specific rules or regulations unique to each add-on course.

69.4. Advantages of Add-On Courses:

69.4.1. Highlight the advantages and potential benefits of enrolling in add-on courses, emphasizing their relevance to personal and professional development.

69.4.2. Showcase how add-on courses contribute to a well-rounded education and enhance students' skills and knowledge.

69.5. Responsibilities of the Learner:

69.5.1. Clearly define the responsibilities of students enrolled in add-on courses, including active participation, timely completion of assignments, and adherence to the code of conduct.

69.5.2. Emphasize the importance of self-directed learning and proactive engagement with course materials.

69.6. Student Handbook:

69.6.1. Develop a comprehensive student handbook for each add-on course, covering essential information such as course structure, learning outcomes, and assessment details.

69.6.2. Ensure the handbook is easily accessible to students as a reference guide throughout the duration of the course.

69.7. Availability of Reading Materials:

69.7.1. Make reading materials for each add-on course readily available to students in digital or physical formats.

69.7.2. Provide access to supplementary resources that support the learning objectives of the course.

69.8. Periodic Review and Evaluation:

69.8.1. Implement a system for periodic review and evaluation of add-on courses to assess their effectiveness and relevance.

69.8.2. Use feedback from students and instructors to make necessary adjustments and improvements to the courses.

69.9. Integration with Career Development:

69.9.1. Explore opportunities to align add-on courses with career development initiatives, promoting the acquisition of skills that enhance employability.

69.9.2.

69.10. Continuous Communication:

69.10.1. Establish channels for continuous communication between instructors, students, and relevant administrative staff to address any concerns, provide updates, and gather feedback.

70. Antibiotic policy (KUHS QAS 8.2.8)

70.1. The Antibiotic policy can acessed at http://quality.bcmch.org/policy-49-antibiotic-policy/

71. Recruitment/HR policy (KUHS QAS 8.3.1)

71.1. The details are available at Human resource Manual Sec 14
http://quality.bcmch.org/nabh-manuals/bcmch-man-0040-human-resource/

72. Policy for increment and promotion (KUHS QAS 8.3.2)

72.1. Refer to the HR Manual section 18

72.1.1. http://quality.bcmch.org/nabh-manuals/bcmch-man-0040-human-resource/

73. Policy on Admission (KUHS QAS 8.3.5)

73.1. Introduction

73.1.1. Objective: The primary objective of this admission policy is to ensure a fair, transparent, and merit-based selection process for candidates seeking admission to BCMCH.

73.1.2. Scope: This policy applies to all undergraduate and postgraduate medical programs offered by BCMCH.

73.2. Eligibility Criteria

73.2.1. Academic Qualifications:

73.2.1.1. For undergraduate programs, candidates must have completed their higher secondary education with a focus on biology, physics, and chemistry.

73.2.1.2. Postgraduate programs require a relevant undergraduate degree in medicine.

73.2.2. Entrance Examination:

73.2.2.1. Admissions will be based on performance in recognized national level medical entrance examinations (NEET).

73.2.2.2. The minimum qualifying marks will be as per the guidelines provided by KUHS and NMC.

73.3. Admission Process

73.3.1. Application Procedure:

73.3.1.1. Interested candidates must submit an online application within the specified deadline.

73.3.1.2. The application form should include essential details, academic records, and scores of the entrance examination.

73.3.2. Merit List:

73.3.2.1. A merit list will be prepared based on the entrance examination scores and academic performance.

73.3.2.2. Separate merit lists will be generated for different categories as per KUHS and NMC guidelines.

73.3.3. Counseling:

73.3.3.1. Shortlisted candidates will be invited for counseling sessions.

73.3.3.2. During counseling, candidates will be informed about the available seats, course details, and required documentation.

73.4. Reservation Policy

73.4.1. Category-wise Reservation:

73.4.1.1. The institution will adhere to the reservation policies outlined by KUHS and NMC for various categories such as SC, ST, OBC, and economically weaker sections.

73.5. Fee Structure

73.5.1. Transparency:

73.5.1.1. The fee structure will be transparent and in accordance with the guidelines provided by KUHS and NMC.

73.5.2. Compliance with KUHS and NMC Norms

73.5.2.1. Regular Audits:

73.5.2.1.1. The institution will conduct regular internal audits to ensure compliance with KUHS and NMC norms.

73.5.2.1.2. Any changes in the norms will be promptly incorporated into the admission process.

73.5.3. Grievance Redressal

73.5.3.1. a. Establishment of a Grievance Cell:

73.5.3.1.1. A grievance cell will be established to address any concerns or complaints related to the admission process.

73.5.3.1.2. Grievances will be resolved promptly and transparently.

73.6. Conclusion

73.6.1. Review and Revision:

73.6.1.1. This policy will be subject to periodic review to incorporate any changes in the guidelines provided by KUHS and NMC.

74. Policy on Grievance Redressal for Employees (KUHS QAS 8.3.8)

74.1. Refer to the Committee Manual

74.1.1. BCMC/MAN-0003 - Committee Manual

75. Policy on performance appraisal (KUHS QAS 8.3.9)

75.1. Refer to the HR Manual section 17

75.1.1. http://quality.bcmch.org/nabh-manuals/bcmch-man-0040-human-resource/

75.2. Refer to the Faculty manual

75.2.1. BCMC/MAN-0012 - BCMC Faculty Manual

76. Policy on Meeting Contingencies/Imprest cash (KUHS QAS 8.4.8)

76.1. Refer to the Finance Manual

76.1.1. http://quality.bcmch.org/nabh-manuals/bcmch-man-0043-finance/

77. Policy of instituting Annual Maintenance Contract (KUHS QAS 8.5.9)

77.1. Objective:

77.1.1. This policy outlines the procedures for instituting Annual Maintenance Contracts (AMCs) for all equipment owned by BCMCH that are not on a rental basis. The objective is to ensure the continuous and efficient operation of equipment through regular maintenance and support provided by reputable service providers.

77.2. Guiding Principles:

77.3. Identification of Equipment:

77.3.1. The concerned sourcing departments, in collaboration with the respective departments utilizing the equipment, will identify all owned equipment that requires an AMC for optimal functioning. This includes, but is not limited to, medical devices, laboratory equipment, IT infrastructure, and other specialized equipment.

77.4. Vendor Selection:

77.4.1. The sourcing departments will be responsible for selecting reputable vendors to provide AMC services for the identified equipment. Vendor selection will be based on factors such as the vendor's track record, technical expertise, response time, and cost-effectiveness.

77.5. Contract Negotiation:

77.5.1. The sourcing departments will negotiate the terms of the AMC contracts with selected vendors. Contracts should include details such as the scope of maintenance services, response times for issue resolution, preventive maintenance schedules, and associated costs. Contracts should also specify the duration of the agreement, typically set for a one-year term.

77.6. Compliance with Regulations:

77.6.1. AMC contracts must comply with all relevant regulations and standards governing the maintenance of the specific type of equipment. Compliance will be ensured through collaboration with regulatory affairs and quality assurance departments.

77.7. Documentation and Records:

77.7.1. Comprehensive documentation, including equipment details, vendor contracts, service schedules, and maintenance records, will be maintained by the concerned sourcing departments. This documentation will be made available for audits and inspections as needed.

77.8. Payment and Invoicing:

77.8.1. The finance department will handle the payment of AMC fees in accordance with the agreed-upon terms outlined in the contracts. Invoices submitted by vendors must be thoroughly reviewed and processed promptly to ensure uninterrupted service.

77.9. Performance Monitoring:

77.9.1. The concerned departments will monitor the performance of vendors throughout the duration of the AMC. Regular reviews will assess whether the vendor is meeting the agreed-upon service levels, and corrective actions will be taken if any issues arise.

77.9.2. Renewal and Termination:

77.9.3. AMC contracts will be evaluated for renewal based on the performance of the vendor, changes in equipment requirements, and any feedback from the end-users. If necessary, the sourcing department may initiate a re-tendering process for new contracts. In the case of unsatisfactory performance, contracts may be terminated after due notice.

77.10. Communication Channels:

77.10.1. Clear communication channels will be established between the sourcing departments, end-users, and the vendors to facilitate efficient issue resolution, preventive maintenance scheduling, and any necessary updates or modifications to the AMC contracts.

77.11. Emergency Support:

77.11.1. Vendors providing AMC services must commit to providing emergency support as part of the contract terms. This ensures a rapid response in case of critical equipment failures that could impact the provision of essential services.

77.12. Refer to Manuals

77.12.1. The Engineering Manual
http://quality.bcmch.org/nabh-manuals/bcmch-man-0012-engineering-biomedical/

77.12.2. General Administration and Operation Manual :
http://quality.bcmch.org/nabh-manuals/bcmch-man-0045-operations/

78. Feedback Implementation policy (KUHS QAS 10.5.1)

78.1. Refer to the Feedback Manual: BCMC/MAN-0022 - BCMC Feedback Policy & Procedure Manual

79. Student Counselling Policy & Protocol for Medical College Students

79.1. Objective:

79.1.1. This policy outlines the framework for counseling services provided to medical students at BCMCH Medical College. The objective is to foster a supportive and conducive environment for students' emotional, mental, and psychological well-being, enhancing their overall academic success and personal development.

79.2. Guiding Principles:

79.2.1. Confidentiality:

79.2.1.1. Counseling services at BCMCH Medical College prioritize confidentiality. Information shared during counseling sessions will be treated with the utmost privacy, adhering to ethical standards and legal requirements. Exceptions to confidentiality will only be made in cases where there is a risk of harm to the student or others.

79.2.2. Accessibility and Outreach:

79.2.2.1. Counseling services will be easily accessible to all medical students. The college will promote awareness of counseling resources through orientation programs, informational materials, and regular communication channels. Outreach efforts will be made to reduce stigma associated with seeking counseling.

79.2.3. Multicultural Competence:

79.2.3.1. Counselors will receive training in multicultural competence to ensure sensitivity to the diverse backgrounds and experiences of medical students. Counseling services

will be inclusive and tailored to meet the unique needs of students from various cultural, ethnic, and social backgrounds.

79.2.4. Scope of Counseling:

79.2.4.1. Counseling services will address a broad range of concerns, including academic stress, personal challenges, interpersonal relationships, career development, and mental health issues. The goal is to provide holistic support for the overall well-being of medical students.

79.2.5. Student-Centered Approach:

79.2.5.1. Counseling sessions will follow a student-centered approach, recognizing the autonomy and agency of the individual seeking counseling. Students will actively participate in goal-setting and decision-making related to their counseling journey.

79.2.6. Timely Intervention:

79.2.6.1. BCMCH will promote a proactive approach to mental health and well-being. Early intervention strategies will be implemented to identify and address potential issues before they escalate. Students will be encouraged to seek counseling as part of a proactive and preventive approach.

79.2.7. Referral Services:

79.2.7.1. While the counseling services offered at BCMCH are comprehensive, students with specialized needs may be referred to external professionals or resources. The college will maintain a network of trusted external providers to ensure students receive appropriate care when necessary.

79.2.8. Crisis Management:

79.2.8.1. BCMCH will have protocols in place for crisis management, including immediate support for students facing acute mental health crises. Emergency contacts, crisis hotlines, and other resources will be readily available for students in urgent need.

79.2.9. Collaboration with Other Support Services:

79.2.9.1. The counseling services will collaborate with other support services within the institution, including academic advising, career counseling, and student health services, to provide integrated and comprehensive support for medical students.

79.2.10. Continuous Professional Development:

79.2.10.1. Counselors at BCMCH will engage in continuous professional development to stay informed about best practices in counseling and mental health. Regular training sessions will be conducted to enhance their skills and knowledge in supporting the unique needs of medical students.

79.2.11. Evaluation and Feedback:

79.2.11.1. The counseling services will undergo periodic evaluation to assess their effectiveness and responsiveness to student needs. Feedback from students will be

actively sought and used to make continuous improvements to the counseling program.

79.3. PROCEDURE

79.3.1. All students enrolled are introduced to the Student Life Coordinator (SLC) on their entry into College.

79.3.2. Students have direct access to the SLC via phone call, whatsapp or personal appointments.

79.3.3. Referrals are also made by faculty and parents as required.

79.3.4. All students are met in small groups at the beginning of the first year to establish an initial relationship with students. Apart from this, general life skill sessions are also conducted during the orientation period to establish familiarity and develop a comfort level with the student community.

79.3.5. Support is extended to students on a felt need basis. The willingness of a student and their personal readiness for change is an important factor to build a successful relationship and encourage development and growth with a good success rate.

79.3.6. Students generally meet with the SLC to address stresses faced in personal growth, academics or relationship struggles.

79.3.7. The SLC is available for students in the after hours so that classes are not disrupted when they need a session.

79.3.8. In the event that students do not find a resolution to their struggles, they are referred with their consent to a psychologist or psychiatrist as the situation demands.

79.3.9. The SLC participates in all events (curricular and co-curricular) that students organize in order to establish a good rapport as well as understand the pulse of their lives in community.

79.3.10. A separate CUG number is maintained by the SLC so that students can access help at any given time during the day. The same number is also shared with all parents as well

79.3.11. A separate whatsapp group is maintained for each batch in the college to keep a common line of communication open with students at all times.

79.3.12. Documentation of student issues are maintained in confidence and shared as the situation demands.

79.3.13. A register of students who meet with the SLC is also maintained to keep a track of student visits.

79.3.14. Contact Person Details

79.3.14.1. Name: Ms. Ann Geroge

79.3.14.2. Phone Number: 9746610838

79.3.14.3. Email: studentlife@bcmch.edu.in

80. Policy for Office communications and dispatch of Documents

80.1. Purpose:

80.1.1. The purpose of this policy is to establish guidelines for office communications and the secure dispatch of documents within the organization. It aims to ensure efficient communication

through email while maintaining the security and integrity of electronic documents and records.

80.2. Communication Method:

80.2.1. All official communications within the organization shall be conducted through email. This includes but is not limited to interdepartmental messages, announcements, and document sharing.

80.3. Email Security:

80.3.1. Employees must use their official organizational email accounts for all professional communications.

80.3.2. Emails containing sensitive information should be marked appropriately and encrypted when necessary.

80.3.3. Avoid sharing sensitive information, such as passwords or proprietary data, through email.

80.4. Document and Record Management:

80.4.1. All documents and records should be maintained in an electronic medium to ensure easy access and retrieval.

80.4.2. The document management system should have appropriate security measures to control access and prevent unauthorized modifications.

80.5. Document Dispatch:

80.5.1. When dispatching documents electronically, employees must use secure channels, such as encrypted attachments.

80.5.2. Clearly label the purpose and sensitivity of the document in the subject line and body of the email.

80.6. Version Control:

80.6.1. Maintain a version control system for documents to track changes and updates.

80.6.2. Clearly indicate the latest version in the document header or filename.

80.7. Data Backup:

80.7.1. Regularly back up all electronic documents and records to prevent data loss.

80.7.2. Store backup copies in secure locations, and periodically test the restoration process.

80.8. Training and Awareness:

80.8.1. Conduct training sessions to educate employees on the proper use of email for professional communication.

80.8.2. Raise awareness about the importance of document security and adherence to this policy.

80.9. Compliance and Monitoring:

80.9.1. Regularly review and update this policy to align with technological advancements and organizational needs.

80.9.2. Conduct periodic audits to ensure compliance with the policy and address any identified issues promptly.

80.10. Non-Compliance Consequences:

80.10.1. Non-compliance with this policy may result in disciplinary actions, including but not limited to warnings, training sessions, or, in severe cases, termination.

81. Scientific Misconduct Policy

81.1. The scientific misconduct policy has been detailed in detail in the BCMC/MAN-0015 -81 BCMC Policy- Scientific Misconduct Policy

BCMC/MAN-0015 -81 BCMC Policy- Scientific Misconduct Policy

82. Ethics Policy

82.1. The Ethics policy has been detailed in detail in the BCMC/MAN-0015 -82 BCMC Policy- Ethics Policy

BCMC/MAN-0015 -82 BCMC Policy- Ethics Policy

83. Financial Procedure and Fraud Policy

83.1. The Financial Procedure and Fraud Policy has been detailed in detail in the BCMC/MAN-0015 -83 BCMC Policy- Financial Procedure and Fraud Policy

BCMC/MAN-0015 -83 BCMC Policy- Financial Procedure and Fraud Policy

84. Anti-Bribery and Anti-Corruption Policy

84.1. The Anti-Bribery and Anti-Corruption Policy policy has been detailed in detail in the BCMC/MAN-0015 -84 BCMC Policy- Anti-Bribery and Anti-Corruption Policy

BCMC/MAN-0015 -84 BCMC Policy- Anti-Bribery and Anti-Corruption Policy

Document Control & Review Details

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Amended on 01.04.2025	Additional Vice Principal Dr. Abel Samuel	Principal Dr. Elizabeth Joseph	Nodal Officer Dr. Riju Mathew

Last updated on 24.01.2024. Added Sec 56 Students Initial and Annual Health Checkup Policy

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PREPARED BY: Vice Principal	APPROVED BY: Principal	ISSUED BY: Nodal Officer
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