



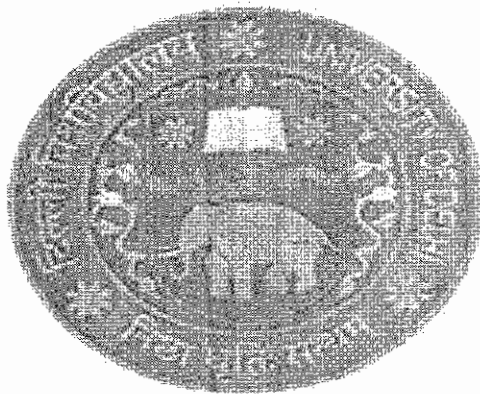
MD/MS/DIPLOMA/D.M./M.Ch. ORDINANCES

**FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF DELHI**

**POST GRADUATE (DEGREE/DIPLOMA)
POST-DOCTORAL COURSES**

MD/MS/DIPLOMA/D.M./M.Ch. ORDINANCES-2024

(In the light of the Regulations of the National Medical Commission and published in the Gazette Notification No. F. No. CDN-19012/5/2023-Coord-NMC dated 01.01.2024).



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Joshi
Smita Khandu
Sema Jain
Bai



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CHAPTER I PRELIMINARY

1.1 Focus and Goal

The focus and goal of post-graduate medical education shall be to produce competent specialist and medical teachers, recognised by the fraternity as the graduating scholars, building upon their undergraduate education and skills who shall

- Recognise the health needs of the community and carry out professional obligations ethically keeping in view the objectives of the national health policy;
- Have mastered most of the competencies, pertaining to the respective speciality, that is required to be practised at the secondary and the tertiary levels of the health care delivery system;
- Be aware of the contemporary advancements and developments in the respective discipline concerned and shall progress accordingly;
- Have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology;
- Have acquired the basic skills in the teaching of medical and paramedical professionals;
- Acquire basic management skills in human resources, materials and resource management related to health care delivery, general hospital management, principal inventory skills and counselling;
- Develop personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals;
- Become an exemplary citizen by observing the highest standards of professional ethics and working towards fulfilling social and professional obligations to respond to national aspirations.

The institutions imparting post-graduate medical education shall continually work to synchronize the institutional goals with the national goals to produce the kind of trained manpower with high knowledge, appropriate skills and impeccable ethical standards required.

CHAPTER II

LIST OF QUALIFICATIONS AND DURATION OF THE COURSES

2.1 List of qualifications, duration of the course and components of Post-graduate Training shall be as indicated below:

S.No.	Name of Qualification	Duration of Course (including period of examination)
i.	Post-graduate broad-speciality Qualifications (Annexure-1)	3 Years/ 2 years*
ii.	Post-graduate super-speciality Courses (Annexure-2)	3 Years
iii.	Post-graduate diploma Courses (Annexure-3) @	2 Years

* The period of training, including the period of examination, shall be two years for the students, who possess a recognized two-year post-graduate diploma course in the same subject.

@ Medical colleges/institutions may apply to Medical Assessment and Rating Board (MARB) for converting diploma seats to degree seats. No more new applications will be entertained for permission to start or increase in number of diploma seats.

CHAPTER III

for
General
Chair

Smriti

19/5 *2/6*



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ESTABLISHMENT OF POST-GRADUATE MEDICAL INSTITUTIONS, STARTING OF NEW POSTGRADUATE MEDICAL COURSES AND MAINTENANCE OF STANDARD OF MEDICAL EDUCATION

3.1 Permission and Recognition

- i. No Medical Institution shall start any post-graduate course unless granted permission from the National Medical Commission or such Board or Boards as indicated by the National Medical Commission.
- ii. Without prejudice to sub-section (i) above, permission to start the post-graduate course in a medical college/institution running the undergraduate course and determination of number of seats to be permitted shall be as per the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses and Assessment and Rating Regulations, 2023, Post-Graduate Medical Education Regulations, 2023, Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022, MSR(s) notified by UGMEB and PGMEB, Curriculum requirements of respective Speciality as notified/informed from time to time on website or by other methods by Post-Graduate Medical Education Board (PGMEB), other relevant regulations, explanatory notes, circulars and advisories etc., issued from time to time.

The medical college/institution will be permitted to start the post-graduate courses if it fulfils all the requirements for running the existing undergraduate course. The medical college/institution can apply for starting the post-graduate course(s) one year after the medical college/institution has been permitted to start an undergraduate course (i.e. during the second year of the undergraduate course).

- iii. Existing or proposed non-teaching hospitals owned and managed by government can start post-graduate courses without having undergraduate college, provided they fulfil the norms and procedures prescribed in the Establishment of New Medical Institution, Starting of New Medical Courses, Increase of Seats for Existing Courses and Assessment and Rating Regulations, 2023, Post-Graduate Medical Education Regulations, 2023, Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022, MSR notified by PGMEB (PGMSR-23), Curriculum requirements of respective Speciality as notified/informed from time to time on website or by other methods by Post-Graduate Medical Education Board (PGMEB), other relevant regulations, explanatory notes, circulars and advisories etc., issued from time to time.
- iv. Once permitted, the course for the qualification will be considered recognised and seats permitted will be considered as recognised seats for registration of the degree awarded. Medical colleges/Institutions running such courses will be considered as Accredited Medical colleges/Institutions for the said course of qualification.

3.2 Increase of Seats

Procedures, methods and criteria for increase of seats will be the same as prescribed in sub-section 3.1 above.

Provided an increase of seats so granted in already Recognised (Accredited) post-graduate courses shall be deemed to be recognized post-graduate seats for the purpose of registration of the students.

3.3 MONITORING OF STANDARDS OF MEDICAL EDUCATION

The standards of the Medical Education shall be monitored as per the Maintenance of Standards of Medical Education Regulations, 2023. Medical college/institution shall pay Annual Fee, as may be prescribed by the National Medical Commission from time to time, for the purpose of annual evaluation and affiliation etc. PGMEB may also conduct assessments of medical colleges/institutions at regular intervals or randomly as it desires to increase the standard of their offerings.

3.4 MINIMUM STANDARDS OF REQUIREMENTS (MSR)

Medical institution shall satisfy the conditions pertaining to but not limited to physical infrastructure, teaching staff, clinical material and hospital as detailed in the MSR document for post-graduate medical education. This document is attached as PGMSR-2023 as notified by the PGMEB vide F.No. N-P016(11)/1/2023-PGMEB-NMC(Part-I) dated 15.01.2024 (Appendix -I). The modifications or amendments in the MSR notified by the PGMEB from time to time, shall have to be mandatorily followed by the medical colleges/institutions.

For
Seema Jain
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Smriti Khandelwal



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CHAPTER IV

ADMISSION, COUNSELLING, ETC.

4.1 Eligibility Criteria –

Eligibility to pursue a post-graduate broad-speciality course in Medicine shall be as per "NMC, National Exit Test Regulations, 2023".

Provided that until the first batch based on National Exit Test (NEXT) becomes eligible for admission in broad-speciality courses, the existing system of admission through National Eligibility-cum-Entrance Test-Postgraduate (NEET-PG) as per Post-Graduate Medical Education Regulation, 2000 (PGMER-2000) shall continue.

Without prejudice to anything stated above the Post-Graduate Medical Education Board may determine the manner, modalities etc., of conducting the NEET-PG for broad-speciality courses by way of Notification.

Provided further that eligibility to pursue a super-speciality programme/course in Medicine shall be by securing the minimum eligible score at the National Eligibility-cum-Entrance Test-Super-Speciality (NEET-SS) conducted either by the National Medical Commission or caused to have been conducted by the National Medical Commission. The list of feeder broad Speciality qualifications required to pursue a super-speciality course of recognised super-speciality qualification is as per Annexure-4.

An all-India merit list as well as a State-wise merit list of the eligible candidates shall be prepared based on the marks obtained in NEXT or NEET-PG and candidates shall be admitted to post-graduate courses from the said merit lists only.

4.2 Conduct of NEET-SS – Either the National Medical Commission may conduct the NEET-SS for all or any few super-speciality courses or may designate any such agency or authority to cause the NEET-SS to be conducted.

Provided National Medical Commission may designate multiple agencies or authorities or a combination of agencies or authorities, to conduct NEET-SS if such designation suits the purpose.

Without prejudice to anything stated above the Post-Graduate Medical Education Board shall determine the manner, modalities, etc., of conducting the NEET-SS for super-speciality courses by way of notification.

4.3 Common Counselling – Without prejudice to anything stated in the present Regulations or other NMC Regulations, there shall be common counselling for admission to post-graduate courses in medicine for all medical institutions in India solely based on the merit list of respective exams.

Provided the common counselling may have multiple rounds as may be necessary.

All rounds of counselling for all seats will be held on online mode by state or central counselling authority and no medical college/ institution will admit any candidate themselves.

While entering details in seat matrix, medical colleges shall mention the amount of fees for each course, failing which seat will not be counted.

PGMEB of NMC shall publish guidelines and time schedule for the conduct of examination, common counselling, admission, joining and commencement of academic session; and the designated authority under Section 4.4 shall conduct common counselling in conformity with such published guidelines and time schedule.

4.4 Government to Appoint a Designated Authority for Common Counselling – For admission to broad-speciality post-graduate courses in medicine in medical institutions, the Central Government or its designated authority shall be the counselling agency for the All-India quota seats and the concerned State Government/U.T. administration shall be the counselling agency for the respective State/Union Territory quota of seats. For all the seats in the super-speciality courses, the Central Government or its designated authority shall be the counselling agency.

4.5 Prohibition for any Student Seeking Admission in any other way than Counselling – No medical institution shall admit any candidate to the Post-Graduate Medical Education courses (including super-speciality medical courses) in contravention of these regulations.

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Provided the medical institution granting admission to any student in contravention of these Regulations, shall be fined rupees one crore per seat for non-compliance. For any subsequent non-compliance or continued contravention, the medical institution shall be barred from granting admissions to any student in the subject for minimum two academic years from the next academic year.

Provided further that such Student admitted in contravention of this mandate shall be discharged from the Medical College and double the number of seats shall be reduced for one or more years.

4.6 Submission of the Final List – The respective designated authorities (who have conducted the Common Counselling) shall submit the final list of students in the prescribed form to the Post-graduate Medical Education Board within one week of the completion of the common counselling, which in turn shall publish that list in the NMC website. Provided each institution shall also submit the final list of students admitted, in the prescribed form to the PGMEB within one week of the last date of the joining course, declared by the PGMEB.

Provided only those medical institutions that were permitted to start the post-graduate medical course prior to the date of notification of Common Counselling are allowed to admit students; and those medical institutions, who get requisite permission after the date of notification of Common Counselling shall participate in the next academic year's common counselling to admit students.

Explanation: Requisite permission shall also apply *mutatis mutandis* for increase of seat strength in medical institutions already established.

4.7 Student Migration – No student finally designated to a medical institution, notwithstanding anything stated in these Regulations, shall be permitted migration to any other medical institution.

4.8 Reservation of Seats - The reservation of seats in medical colleges/institutions for respective categories shall be as per applicable laws prevailing in States/Union Territories.

Provided further that 5% seats of annual sanctioned intake capacity in Government or government-aided higher educational institutions shall be filled up by candidates with benchmark disabilities by the provisions of the Rights of Persons with Disabilities Act, 2016 based on the merit list of NExT or NEET-PG for admission to postgraduate medical courses. For this purpose, the "Specified Disability" contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 is annexed at Annexure-5 and the eligibility of candidates to pursue a course in medicine with a specified disability shall be in accordance with Annexure-6. If the seats reserved for the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats should be included in the annual sanctioned seats for the respective category.

4.9 Feeder Broad Speciality Qualifications for Super Speciality Courses – The prior requirement of broad-speciality degree qualification to pursue super-speciality course for qualification will be called the Feeder Course.

4.10 The maximum number of students for Postgraduate Medical Course in a particular academic year, who can be registered in any recognized Department for training for the award of Postgraduate Degree or Diploma by the University of Delhi, shall be determined by the facilities available in the department in terms of infrastructure staff and clinical teaching material as per the data/details provided by the Head of Institution of the concerned College/Institute.

4.11. Every Student, selected for admission to a Postgraduate Medical Course in any of the Medical Institute on acquiring MBBS Degree or equivalent qualification there to shall have obtained permanent registration with the National Medical Commission (NMC), or any State Medical Council(s) and DMC or shall obtain the same within a period of one month from the date his/her admission, failing which the admission of the candidate shall be cancelled.

Provided that in the case of a foreign national, the National Medical Commission (NMC) may, on payment of the Prescribed fee for registration, grant temporary registration for the duration of the Postgraduate training to Medical College/ Institute to which he/ she is admitted for the time being exclusive for postgraduate studies.

Provided further that temporary registration to such foreign national shall be subject to the condition that such person is duly registered as a Medical Practitioner with appropriate registering authority in his own country wherefrom he has obtained his Basic Medical qualification and is duly recognized by the corresponding Medical or concerned authority.

For
Sana Jais
By

Smriti Kishore

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4.12 Fifty percent (50%) seats will be contributed by Delhi University to All India Quota. For the remaining 50% seats, candidates who have completed their MBBS from DU are eligible for Internal Quota of 50% in Delhi University. Further, the vacant seats of Delhi University quota (50%), remaining unfilled after three rounds of counselling (1st Round, 2nd Round and Mop-up Round) will be offered to all candidates participating in AIQ quota during stray vacancy counselling round.

CHAPTER V TRAINING, ETC.

5 Period of Training

The period of training for the award of various Postgraduate degree or diplomas shall be as follows:

5.1 DOCTOR OF MEDICINE (M.D)/ MASTER OF SURGERY (M.S)

The period of training for obtaining these degrees shall be THREE COMPLETED YEARS including the period of examination:

Provided that in the case of students possessing a recognized TWO YEARS Postgraduate Diploma course in the same subject. The period of training including the period of examination shall be TWO YEARS.

Note: A student having Diploma in a particular subject, seeking admission in MD/MS course in any other subject will undergo three years course.

5.2 DOCTOR OF MEDICINE (D.M)/ MAGISTER CHIRURGIAE (M.Ch)

The period of training for obtaining these degrees shall be THREE COMPLETED YEARS including the examination period.

5.3 DIPLOMAS

The period of training for obtaining a Postgraduate diploma shall be two completed years including the examination period.

5.4. SPAN PERIOD:

(i) Students admitted to MD/ MS / MDS courses should pass the degree examination within 5 years after registration to the course.

(ii) Students admitted to the M.Ch. and D.M. courses should pass the examinations within 5 years from the date of registration to the course.

(iii) Students admitted for diploma courses shall pass the examination within 4 years from the date of registration to the course. Similar rules will apply for 2 years MD/ MS course where the student had obtained diploma at the time of registration.

(iv). Salary in lieu of the training period will only be payable for the regular duration.

EXPLANATION: If a student leaves after submission of thesis and wants to continue study during the span period he/ she will not be entitled for salary.

(v). The student shall submit himself/herself to disciplinary Jurisdiction of Vice-Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinance, and the Rules that have been framed by the University from time to time.

(vi). University can remove the name of the student from the rolls in case his/her work or conduct is reported to be not satisfactory by the Supervisor/Head of the Department/Head of the Institution. An undertaking to this should be obtained from student at the time of admission.

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5.5 Training Programme

- (i) Post-graduate training shall consist of training of the students through lectures, seminars, journal clubs, group discussions, participation in laboratory and experimental work, involvement in research, clinical meetings, grand rounds, clinicopathological conferences, practical training in the diagnosis and medical and surgical treatment, training in the basic medical sciences as well as in allied clinical specialties; etc. as per the requirement of Speciality training.

Specialities where patient treatment is involved the teaching and training of the students, shall include graded responsibility in the management and treatment of patients entrusted to their care.

- (ii) All post-graduate students will work as full-time resident doctors. They will work for reasonable working hours and will be provided reasonable time for rest in a day.
- (iii) All broad-speciality and super-speciality students will do thesis related research and will write thesis.
- (iv) Every institution undertaking post-graduate training programme shall set up an Academic Cell, under the Chairmanship of a senior faculty member, who shall monitor the implementation of training programmes in each speciality and ensure its quality as mandated by the PGMEB.
- (v) The training programmes shall be updated as and when required while keeping in mind the curriculum requirements and other relevant requirements prescribed by PGMEB from time to time. The structured training programme shall be written and strictly followed, to enable the examiners to determine the training undergone by the candidates.
- (vi) Post-graduate students of broad and super Speciality degree courses shall maintain a dynamic e-log book which needs to be updated on a weekly basis about the work being carried out by them and the training programme undergone during the period of training. Provided that M.S. /M.Ch students shall mandatorily enter details of surgical procedures assisted or done independently.
- (vii) It shall be the duty of the Post-graduate guide imparting the training to assess and authenticate monthly the record (e-Log) books.
- (viii) The post-graduate students shall essentially be required to participate in the teaching and training programme of undergraduate students and interns.
- (ix) During the training for award of Degree/Diploma, there shall be proper training in basic medical sciences related to the disciplines concerned. During the training programmes emphasis has to be laid on preventive and social aspects. All post-graduate medical college/institution shall have facilities for teaching the basic science subjects as per guidelines.
- (x) A post-graduate student of a degree course in broad specialty/super specialty will do **AT LEAST ONE** of the following to make him/her eligible to appear in his/her final examination:
- Poster presentation at a National/Zonal/State conference of his/her speciality;
 - Podium presentation at a National/Zonal/State conference of his/her speciality;
 - Have one research paper published/accepted for publication in journal of his/her speciality as first author
- (xi) **Course in Research Methodology**
- All post-graduate students shall complete an online course in Research Methodology.
 - The students shall have to register on the portal of the designated training institutions.
 - The students are expected to complete the course in the first year.
 - The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.

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e. The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective post-graduate course.

f. This requirement shall be applicable for all post-graduate students.

(xii) Course in Ethics

a. All post-graduate students shall complete course in ethics including Good Clinical Practices and Good Laboratory Practices, whichever is relevant to them, to be conducted by institutions/Universities.

b. The students are expected to complete the course in the first year.

c. No post-graduate student shall be permitted to appear in the examination without the above certification.

(xiii) Course in Cardiac Life Support Skills

a. All post-graduate students shall complete a course in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) skills to be conducted by the institution.

b. The students are expected to complete the course in the first year.

c. No post-graduate student shall be permitted to appear in the examination without the above certification.

(xiv) Others - Institutions may arrange training in any other courses like awareness in medical audit, medical law, exposure to human behaviour studies, finance, accounts, etc, which are beneficial to the postgraduate students.

(xv) DISTRICT RESIDENCY PROGRAMME (DRP)

I. Preamble: Doctors have to be trained in diverse settings including those which are close to the community. Hence, they should be trained in the District Health System / the District Hospitals.

Provided that in respect of M.D./M.S. students admitted with effect from academic session 2021, the training imparted as part of the District Residency Programme, shall be considered as training imparted in a medical institution.

II. Objectives: The main objectives of the District Residency Programme (DRP) would be:

a. To expose the post-graduate student to the District Health System/ District Hospital and involve them in health care services being provided by District Health System /District Hospital for learning while serving;

b. To acquaint them with the planning, implementation, monitoring, and assessment of outcomes of the National Health programmes at the district level.

c. To orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of the National Health Mission.

In doing so, the post-graduate medical students would also be contributing towards strengthening of services of the District Health System as Speciality resident doctors working as members of the district teams.

III. Definition of District Hospital: For the purpose of this programme, a District Hospital shall be a functional public sector/government-funded hospital of not less than 50 beds with facilities/staff for the designated specialties at that level/facility. Any post-graduate medical institution or a super-speciality hospital will not be considered as district hospital.

IV. Definition of District Health System: For the purpose of this programme, the District Health System shall include all public sector/government-funded hospitals and facilities (including community health centres, primary health centres, sub-health centres, urban health centres, etc.), as well as community outreach system in a district. This would also include district system engaged in running respective public health services including the implementation of national and state public health programmes.



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- V. District Residency Programme:** All post-graduate students pursuing M.D./M.S. in broad specialties in all medical colleges/institutions under the purview of the National Medical Commission shall undergo a compulsory residential rotation of three months in District Hospitals/ District Health System as a part of the course curriculum. Such rotation shall take place in the 3rd or 4th or 5th semester of the postgraduate programme. In the case of those students who have taken admission after completion of the Diploma in the relevant Speciality, the District Residency Programme shall take place in the third semester only. Similarly, the post-graduate diploma students shall undergo the District Residency Programme in the third semester.
- This rotation shall be termed as 'District Residency Programme' (DRP) and the post-graduate medical student undergoing training shall be termed as a 'District Resident'.
- VI. Training and Responsibilities of District Residents:** The District Resident will work under the overall directions and supervision of the District Residency Programme Coordinator (DRPC).
- During this rotation, the Resident doctor will be posted with the concerned/allied Speciality team/unit/ sections/services at the District Health System/ District Hospital. The clinical responsibilities assigned to the Residents would include serving in outpatient, inpatient, casualty, and other areas pertaining to their Speciality and encompass night duties.
- Post-graduate students of specialties where direct patient care is not involved will be trained by District Health System/ District Hospital teams within the available avenues in coordination with the District Health Officer/Chief Medical Officer. They would be trained in and contribute to the diagnostic/laboratory services, pharmacy services, forensic services, general clinical duties, managerial roles, public health programmes etc., as applicable. They may also be posted in research units / facilities, laboratories and field sites of the Indian Council of Medical Research and other national research organizations.
- VII. Stipend and Leave for District Residents:** The District Residents shall continue to draw full stipend from their respective medical colleges for the duration of the rotation subject to the attendance record submitted by the appropriate district authorities to the parent medical college/institution, based on methods and system as prescribed. Subject to exigencies of work, the District Resident will be allowed one weekly holiday by rotation. They shall also be entitled to leave benefits as per the rules/ guidelines of the parent college/university.
- VIII. Training during DRP and Certification thereof:**
- a. Quality of training shall be monitored by log books, supportive supervision, and continuous assessment of performance. The attendance and performance of District Residents shall be tracked by the District Residency Programme Coordinator (DRPC) of the district concerned, as well as the parent Medical College through an appropriate electronic/digital or mobile enabled system. Such monitoring systems shall also be accessible to the State/Union Territory Steering Committee and the National Coordination Cell.
 - b. The District Residents would remain in contact with their designated post-graduate teachers and departments at their parent Medical College / Institution by phone and e-communication for guidance, learning, and for being able to participate remotely in scheduled case discussions, seminars, journal clubs, thesis discussion, etc. and other academic activities.
 - c. Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective post-graduate course.
 - d. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to be decided by the PGMEB to the concerned medical college and the Govt. of the State/UT.
- IX. Responsibility of Medical College/Medical Institution:** It shall be incumbent upon all medical colleges/ institutions to place the post-graduate students at the disposal of the Government of concerned State/Union Territory.

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for the District Residency Programme. The faculty of the concerned departments would provide guidance to the District Residents by phone/e-communication in accordance with Clause 5.2.VI and VIII.

X. Responsibility of State Government /Union Territory: The State Government /Union Territory shall implement the District Residency Programme within their jurisdiction as under: -

- a. The Programme shall be coordinated jointly by the Directorate of Medical Education and the Directorate of Health Services. An Officer of the State Government /Union Territory shall be designated as the State/UT District Residency Programme (DRP) Nodal Officer. The concerned Government shall be responsible for the facilitation, oversight and supervision of the District Residency Programme.
- b. The designated State/UT DRP Nodal officer shall identify and designate District Health System/ District Hospital that are suitable for such rotation in terms of availability of specific specialties, specialists, facilities and services available in consultation with the Directorate of Health Services of the State and the medical colleges, and develop a placement schedule of the Post-graduate residents of the medical colleges due for rotation at least six months in advance. This official will also be responsible for grievance redressal at State level.
- c. The State DRP Nodal officer shall undertake rule-based allotment of the training facilities to the Post-graduate Residents.
- d. The State Government shall provide appropriate amenities to the District Residents, including, amongst others, suitable accommodation, mess, transportation to work place (if living quarters is far away), security, especially for lady Residents. Accommodation could be by means of Government premises or that rented by concerned State Government and should conform to prescribed norms.
- e. The District Residents shall remain under the jurisdiction of respective State/ UT DRP Nodal officer where they are undergoing District Residency.
- f. In case all the Post-graduate Residents of a State/UT cannot be absorbed within their respective jurisdiction, possibility of posting them to other States/Union Territories may be explored by mutual understanding in consultation with the respective Governments facilitated by the National Coordination Cell.
- g. It shall be permissible for the post-graduate students from the North East Zone (NEZ) in various medical colleges/institutions in the country, to undergo District Residency Programme in their respective States.
- h. The State Government/UT may consider providing additional honorarium to the District Residents as a token of recognition of their contribution to the healthcare services of the States. In addition, the concerned Governments may make provisions to incentivize postings to remote and difficult areas, and encourage volunteering by post-graduate students to serve at these places.
- i. The concerned State Government shall also designate a senior official of the District Health System as the District Residency Programme Coordinator (DRPC) in each District for coordinating between the State DRP Nodal officer and the medical colleges. The District Residency Programme Coordinator shall also be responsible for orienting the Post-graduate Residents to the District health system, supervising the postings within the district, ensuring their accommodation, safety and transport needs, grievance redressal, etc. District Residency Programme Coordinator shall be the competent authority for sanctioning leave to District Residents.

XI. Responsibility of National Medical Commission: All Medical institutions will submit the DRP posting details of the students to PGMEB of the National Medical Commission within one week of completion of the DRP. The PGMEB of the National Medical Commission will monitor the training programme and may direct necessary changes to the State Government and Medical institutions, if so desired.

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- XII. Application for Proportionate Enhancement of Postgraduate Seats:** The Medical College/Institution may apply for proportionate enhancement of MD/MS seats to compensate for the potential compromise of work at its teaching hospital/institution due to out-posting of the postgraduate medical students/residents for the District Residency Programme. Such applications can be made after one year of the implementation of the District Residency Programme.
- XIII. Launch of the District Residency Programme:** The District Residency Programme shall be implemented with the post-graduate broad-speciality batch that has joined the post-graduate course in the Academic Session 2021.
- 5.6 Curriculum:** The Post-graduate Medical Education Board shall publish the model curriculum and the outcome objectives of the same from time to time on the NMC website, which shall be implemented by the colleges/institutions.
- 5.7 Stipend to Post-graduate Students:** The post-graduate students undergoing post-graduate Degree/Diploma/Super-speciality courses in all the institutions shall be paid a stipend at par with the stipend being paid to the post-graduate students of State Government medical institutions/Central Government medical institutions, in the State/Union Territory where the institution is located.
- 5.8 Leave Rules for Post-graduate Students - The following leave rules will be followed:**
- Every post-graduate student will be given minimum 20 days of paid leave (casual leave) per year.
 - Subject to exigencies of work, post-graduate students will be allowed one weekly holiday.
 - Female post-graduate students shall be allowed maternity leave as per existing Government rules and regulations.
 - Male post-graduate students shall be allowed paternity leave as per existing Government rules and regulations.
 - In addition to 20 days' paid leave, the candidates will be allowed academic paid leave of 5 days per year.
 - No vacation is permitted to any Postgraduate (PG) Degree (MD/MS), Diploma, or Post-Doctoral (DM / M.Ch) Course student.
 - During pregnancy: 180 days Maternity Leave are admissible only to candidates with less than two surviving children subject to the condition that the students will have to complete the required period of training before being allowed to appear in the examination. Any amendments on the duration & condition of the maternity leave, notified by the Central Govt. will stand applicable.
 - During miscarriage/ abortion (induced or otherwise): total leave of 45 days are admissible during the entire course. However, any such leave taken prior to 16/06/1994 will not be taken into account for this limitation. Leave are admissible irrespective of number of surviving children. Application should be supported by a certificate from a Registered Medical Practitioner/ Authorized Medical Attendant subject to the condition that the students will have to complete the required period of training before being allowed to appear in the examination.
 - The leave remaining un-availed during a particular academic year would lapse at the end of the academic year, and will not be carried over to next year of the course.
 - In case a student takes more leave than the prescribed leave, or remains absent from training without proper permission, he/she shall not be allowed to appear in the university examination until he/she completes the shortage of training, which may have occurred due to extra leave/ unauthorized absence, by undergoing further training beyond the normal duration of the course. The student will not be entitled for any pay for this training period. Extra duties undertaken during the normal duration of the course would not compensate the shortage of training.
 - The conditions mentioned in clause 5.5 are to be fulfilled by all candidates independent of requirements to be eligible for appearing in the examination for the post graduate Degree/Diploma and Super speciality courses.
 - The concerned Head of the institution should issue a notice to the student(s), who remains absent from training with out permission of competent authority (HOD/ Head of the Institution) for a period exceeding 7 days. The name of any student, who remains absent from training with out proper permission of competent authority (HOD/ Head of the Institution) for a period exceeding 30 days, would be removed, on the advice of concerned Head of the Institution, from the rolls of the Institution and the University, and his/her registration for the course would be cancelled. Such

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student would not be allowed to join any other PG/ Post Doctoral course during the remaining duration of the course from which the registration has been cancelled.

Note: The Training Period shall be as per the Chapter II If candidate avails leave in excess of the permitted number of days, his/her term of course shall be extended by the same number of days to complete the training period. However, one shall be able to appear in the examination if one has 80% (eighty per cent) of the attendance.

5.9 Accommodation for Post-graduate Students: It will be mandatory for the college to provide appropriate residential accommodation to post-graduate students. However, it will not be mandatory for the post-graduate students to stay in the hostel.

CHAPTER VI

ROLE OF UNIVERSITIES

6.1 It shall be the duty of all concerned Universities with the medical institutions under them, to partner with the National Medical Commission –

- To implement an appropriate curriculum to provide high-quality and affordable post-graduate medical education to the student to make him a competent specialist and/or medical teacher.
- To provide training in clinical and practical skills along with theoretical knowledge, laying emphasis upon attitude, ethics and communication skills to ensure imparting competency-based medical education.
- Encourage scholars in both self-directed and assisted learning.
- Provide periodic and transparent assessment of medical education being imparted by Medical Institutions to meet with highest global standards.
- Provide a summative assessment for overall successful completion of the post-graduate programme.
- Inspire confidence in the students to handle emergencies and calamities at all levels.

6.2 Without prejudice to the above, the concerned University and medical institutions under them shall ensure that proper records of the work be maintained so that they form the basis of objective, efficient and transparent internal assessment of scholars. (As Per E.C. Res. 47-1.4 dated 08.12.2020; Appendix-II)

Provided further that, these maintained and well-classified documents shall be made available for consultation at all times, particularly for the purposes of assessment of the medical college either by the concerned University or NMC.

6.3 It shall be the constant endeavour of the concerned University to constantly develop strategies for optimal utilization of evolving technology by the faculty, medical education department and scholars during the period of training at the post-graduation level.

6.4 It shall be the constant endeavour of the concerned University to maximize the use of digital technology for conducting examinations and issuance of Degrees/Diploma and other certificates in digital mode which should be available on the Digi locker platform. All the Universities should make all-out efforts to start the issuance of Certificates in digital mode on the Digi locker platform as early as possible.

CHAPTER VII

DEPARTMENT, UNITS, FACULTY AND SENIOR RESIDENTS

7.1 Department: The name of the Department will be as per the name of the Speciality subject (qualification) (Annexure-1, Annexure-2). Each Department will be headed by a Professor.

Unit: All Departments with inpatient beds will have unit structure (Units), if applicable.

Faculty: Professor, Associate Professor and Assistant Professor will be considered as faculty and they will be full time. Appointment and promotion of faculty in various teaching Specialities imparting post-graduate medical education in medical institutions, falling within the purview of the National Medical Commission, has to be in accordance with the norms of

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Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022. The number of faculty requirement and the number of post-graduate students registrable under each faculty will be as per Post-Graduate Medical Education Regulations, 2023 and PGMSR-23.

In Government institutions, where faculty holding post of Additional Professor fulfilling all the requirements to become Professor will be considered as Professor for all purposes. Similarly, in Government institutions, where faculty holding post of Reader, fulfilling all the requirements to become Associate Professor will be considered as Associate Professor for all purposes.

Senior Residents and Junior Residents: Senior Resident shall have post-graduate degree qualification in the respective broad- speciality. Post-graduate students pursuing super-speciality courses will also be called as senior residents. Students pursuing broad-speciality courses will be called as junior residents.

Post-graduate courses under any other body like the National Board of Examinations in Medical Sciences (NBEMS), etc. are not permissible against the very same units, teaching personnel and infrastructure for courses under these regulations.

7.2 The faculty of a medical college/institution shall assist the National Medical Commission/ Boards whenever required for the purpose of assessment and as experts, etc.

7.3 The position of Dean/Director/Principal of Medical College/Institution should be held by a person possessing recognised post-graduate medical degree from a recognised/accredited institution with a minimum of ten years teaching experience as Professor/Associate Professor in a Medical College/ Institution, out of which at least five years should be as Professor in the Department. Appointment to these posts shall be made on seniority-cum-merit basis. The Dean/Director/Principal of Medical Institution shall not hold the post of Head of the Department in a Medical College/Institution.

7.4 The Medical Superintendent of the affiliated teaching hospital shall possess a recognised post-graduate medical degree from a recognised/accredited institution with a minimum of ten years teaching experience as Professor/Associate Professor in the relevant departments of the Hospital, out of which at least five years should be as Professor. Appointment to these posts shall be made on seniority-cum-merit basis. Medical Superintendent shall not occupy the position of the Head of the Department in a Medical College/Institution. However, he/she can head the unit.

CHAPTER VIII

EXAMINATIONS

8.1 **Examinations:** The medical college/institution will conduct the Formative Assessment (examination) and the University will conduct the Summative Assessment (examination).

Both Formative Assessment (examination) and Summative Assessment (examination) shall consist of Theory, Clinical/Practical and Viva Voce.

The university shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 8 months between the two examinations.

8.2 Examiners:

- The examiner (both internal and external) for the post-graduate examination in Broad and Super Specialties shall have three years' experience as recognised Post-graduate Guide in the concerned subject.
- The minimum number of examiners for post-graduate examination shall be four. Out of which, at least two shall be external examiners and least one of them shall be from different university outside the state.
- An examiner shall not be appointed for more than two consecutive regular examinations for the same institution.

8.3 Methodology

- Broad Specialties: Doctor of Medicine (M.D.)/Master of Surgery (M.S.):** M.D./M.S. examinations, in any subject shall consist of theory papers, and clinical/practical and viva voce examinations.

- Theory:** The theory examination (both formative and summative) may be of descriptive answer of a question type, Multiple Choice Question (MCQ) type or mix of both types. Theory examination for summative examination shall

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be of four theory papers. The first and the fourth paper shall be on basic medical science and recent advances, respectively.

The theory examination shall be held well in advance before the clinical and practical examination.

b. Clinical/Practical and viva voce:

- i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a consultant/specialist/teacher, for which candidates shall be examined for one long case and two short cases.
- ii. Practical examination for other subjects shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/ laboratory studies and his ability to perform such studies as are relevant to his subject.
- iii. The viva voce examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the Speciality.
- iv. Clinical/practical examination shall include Objective Structured Clinical Examination (OSCE).

B. Super Specialties: Doctorate of Medicine (D.M.)/Master of Chirurgie (M.Ch.): The Examination consists of theory and clinical/practical and viva voce.

- a. Theory: The theory examination (both formative and summative) may be of descriptive answer of a question type, Multiple Choice Question (MCQ) type or mix of both types. Theory examination for summative examination shall be of four theory papers. The first and the fourth paper shall be on basic medical science and recent advances, respectively.

The theory examination shall be held well in advance before the clinical and practical examination.

b. Clinical/Practical and viva voce:

- i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a consultant/specialist/teacher, for which candidates shall be examined for one long case and two short cases.
- ii. Practical examination may consist of carrying out special investigative techniques for Diagnosis and Therapy. M.Ch. candidates shall also be examined in surgical procedures. Viva voce examination shall be comprehensive enough to test the candidate's overall knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the Speciality.
- iii. Clinical/practical examination shall include Objective Structured Clinical Examination (OSCE).

C. Post-graduate Diploma: Diploma examination in any subject shall consist of theory and practical/clinical and viva voce.

- a. Theory: There shall be three Theory papers. The first paper shall be on basic medical sciences. The theory examination will be held well in advance before the clinical examination.
- b. Clinical/Practical and viva voce: Clinical examination for the subject in clinical Science shall be conducted to test/aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a specialist for which a candidate shall examine a minimum of one long case and two short cases. The viva voce examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the Speciality. Clinical/practical examination shall include Objective Structured Clinical Examination (OSCE).

8.4 Valuation:

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- a. All the teachers of the other colleges of the concerned University or other Universities, who are eligible to be post-graduate examiners, can perform the valuation of the answer scripts.
- b. All the answer scripts shall be subjected for two valuations by the concerned University. The average of the total marks awarded by the two valuers for the paper, which is rounded off to the nearest integer (whole number), shall be considered for computation of the results. All the answer scripts, where the difference between two valuations is 15% and more of the total marks prescribed for the paper, shall be subjected to third valuation. The average of the best two total marks, awarded by the three evaluators for the paper, rounded off to the nearest integer (whole number), shall be considered for final computation of the results.
- c. After the computation and declaration of the results, under no circumstances, revaluation is permitted.
- d. All the Health Universities/Institutions imparting post-graduate courses shall implement digital valuation.

CRITERIA FOR EVALUATION OF M.S./M.D./M.Ch./DM COURSES

S.No.	Description	M.S./M.D./M.Ch./DM Courses
1	THEORY	
	No. of Theory Papers	4
	Marks for each Theory Paper	100
	Total marks for Theory Paper	400
	Passing Minimum for Theory	200/400 (40% minimum in each paper)
2	PRACTICAL/CLINICAL	300
3	VIVA VOCE	100
	Passing minimum for Practical/Clinical including Viva voce	200/400
	The candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory – aggregate 50% (In addition, in each Theory paper a candidate has to secure minimum of 40%) (2) Practical/Clinical and Viva voce – aggregate 50% (3) If any candidate fails even under one head, he/she has to re-appear for both Theory and Practical/Clinical and Viva voce examination. (4) Five per cent of mark of total marks of Clinical/Practical and Viva Voce marks (20 marks) will be of dissertation/thesis and it will be part of clinical/practical examination marks. External clinical/practical examiner from outside the state will evaluate dissertation/ thesis and take viva voce on it and marks will be given on quality of dissertation/thesis and performance on its viva voce. (5) No grace mark is permitted in post-graduate examination either for theory or for practical.	

Note:- The Mark sheet of Post-graduate(MD/MS) examination may be given to the candidate as marks obtained in theory (total) and marks obtained in practical/clinical & Viva-voce (Total).
(As Per E.C. Res. 47-1.4 dated 08.12.2020)

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CRITERIA FOR EVALUATION OF P.G. DIPLOMA COURSES

S. No.	Description	P.G. Diploma Courses
1	THEORY	
	No. of Theory Papers	3
	Marks for each Theory Paper	100
	Total marks for Theory Paper	300
	Passing Minimum for Theory	150/300 (40% minimum in each paper)
2	PRACTICAL/CLINICAL	200
3	Viva voce	100
	Passing minimum for Practical/Clinical including Viva voce	150/300
	The candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory – aggregate 50% (In addition, in each Theory paper a candidate has to secure minimum of 40%). (2) Practical/Clinical and Viva voce - aggregate 50%. (3) If any candidate fails even under one head, he/she has to re-appear for both Theory and Practical/Clinical and Viva voce examination. (4) No grace mark is permitted in post-graduate examination either for theory or for practical.	

9. THESIS-Applicability and allocation of Supervisors

9.1 Every candidate pursuing Post Graduate Degree Course shall carry out work on an assigned research project, under guidance of recognized postgraduate teacher(s), the results of which shall be written up and submitted in the form of a thesis. On acceptance of the thesis by the examiners, the candidate shall appear for the final examination. There shall be no thesis for Diploma Courses.

9.2 Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical sciences, and the manner of identifying and consulting available literature. Thesis shall be submitted as per the schedule decided by the Board of Research Studies and at least 1 year before the commencement of the final Theory and Clinical/ Practical examinations.

9.3 It shall be optional for a Department conducting Post Doctoral (DM/ M.Ch.) Courses to include thesis as a part of curriculum. In case the curriculum does not include thesis, it shall be mandatory for a student to publish two research papers, one in 'Journal indexed in Medline and another in 'Journal published by Indian National Academic Societies', in order to become eligible for appearing in the final theory and clinical/ practical examinations. Letter of Acceptance for publication from Journal/ Reprint/ Photocopy of printed article would be accepted as proof of fulfilling the criteria. The Head of the Department and the Institution shall



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not recommend a student for appearing in the final examinations unless he/she has fulfilled this criterion.

- 9.4 The Head of the Department in institution shall appoint recognized P.G. teachers as supervisor/ co-supervisor for thesis in such a manner that each recognized P.G. teacher gets equal opportunity to supervise thesis, under intimation to the Head of Institution along with a statement showing allocation of students to recognized P.G. teachers in the department for the preceding five years. The Head of Institution, on the violation of guideline, may reallocate the supervisor/ co-supervisor at his/her discretion.
- 9.5 Incorporation of recognized PG teachers as co-supervisor should be included in the department where the number of recognized PG teachers is more than the yearly uptake of PG student. However, the number of co-supervisors, including those from parent department, should not exceed three for any PG Student. Before incorporating a PG teacher from department other than parent department as Co-Supervisor, the consent of the HOD of the PG teacher should be obtained.
- 9.6 In case a co-supervisor is required to be included, due the nature of the research, from a non-teaching department/ institution, the Board of Research Studies may grant necessary permission, on recommendation of the PG Cell, for the person to be associated as co-supervisor in the particular thesis after considering the qualification, experience, and designation of the person.
- 9.7 In case, the supervisor leaves the institute before submission/ acceptance of a thesis, co-supervisor or any other PG teacher from the parent department may be appointed as supervisor provided he/she fulfils the criteria, for getting the thesis completed by Head of Department of the Institution, under intimation to Faculty of Medical Sciences.
- 9.8 In case a P.G. student leaves the course in between the supervisor concerned should be allotted a student next year on priority basis.
- 9.9 If a teacher is superannuating within 4 months of the last date of submission of thesis, he/she cannot be supervisor, however, he/she can be one of the co-supervisor.
10. Thesis/Research Papers (where applicable) submission Dates :
- (i) MD/MS courses – In the last month of the 2nd year of the course.
 - (ii) Super speciality courses (where applicable) – In the last month of the 2nd year of the course.
 - (iii) Research Paper (where applicable)- In the last month of the 2nd year of the course.
- 10.1 No extension of time shall ordinarily be granted for submitting the thesis-protocol/ thesis beyond the last date stipulated for the purpose. The BRS may allow submission of the thesis-protocol/ thesis beyond the last date for genuine reasons on recommendations of Head of the institution. Extension for thesis submission for MD/MS//D.M./M.Ch beyond last date may be granted to a maximum of one month with late submission fee of Rs. 1000/-per day (as per University Notification no. Exam1/Secrecy/2024-25/690 dated 19.02.2024) (Annexure-7). In case of such late submission, of thesis beyond one month the student shall not be allowed to appear in the final examination at the end of normal duration of the course. He/she may be allowed to appear in supplementary or subsequent examinations at least

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six months after submission of the thesis, subject to approval of thesis. No relaxation will be granted in this regard.

- 10.2 A student may be debarred from appearing in the examination / and his/her registration for postgraduate course may be cancelled on the recommendations of BRS, if he/she fails to submit the thesis-protocol/ thesis to the department within six months of the last date fixed for the purpose and his/her work or conduct is reported to be not satisfactory by the Supervisor/ the Head of the department/ Head of the institution. Such student shall be debarred from joining any other PG/ Post-Doctoral course for a period of five years from the date of cancellation of his/her registration.

11. Thesis – protocol

While selecting a topic for research and designing the research project, among other things, the following aspect should be taken care of:

- i The feasibility of conducting the study within available resources and time frame.
- ii In case of interventional studies involving animal or human subjects, the projects and concerned departments should fulfill the ethical and other requirements necessary for human/ animal experiments, and necessary approval should be obtained as required under rules and regulations in force.
- iii The project design should satisfy the statistical requirements in respect of sample size, and proposed analysis of data.
- iv It must be ensured that the same thesis topics are not repeated year after year. The thesis-protocol must accompany a disclosure/ explanation if a similar study has been undertaken already under University of Delhi during last five years.

v Thesis-protocol should be submitted in the following format:

Title Page	Page 1
Certificate from Institution	Page 2
Introduction/ background including lacunae in existing knowledge	Page 3
Brief review of literature	Page 4-6
Objectives of research project	Page 7
Patients/ Subjects/ Materials and Methods including plan of statistical evaluation	Page 8-10

The thesis protocol must be presented and discussed in the meeting of the college Department before it is finalized. Each protocol should be considered and approved by the

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PG Cell of the Institute before the protocol is submitted to Faculty of Medical Sciences. PG Cell should, among other things, ensure that the design of protocol fulfills the statistical requirements. The need for consideration of the protocol by Institutional Ethics Committee must be considered. PG Cell must obtain clearance from the Institutional Ethics committee before giving approval in cases in which such clearance is needed.

One month before the last date of submission of thesis to Faculty, each institute should send a list of the thesis being processed by PG Cell in the following format: SN, Institution, Department, Candidate, Supervisor, and Title; to facilitate appointment of examiners. An electronic copy of the list on a floppy/compact disc should be sent along with a printed copy.

The Head of the Institution, while forwarding the protocols to Faculty of Medical Sciences, should certify that the thesis protocol fulfills all the requirements stipulated by Faculty of medical sciences, University of Delhi, and should identify the protocols which have been considered and approved by Institutional Ethics committee.

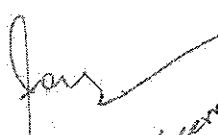
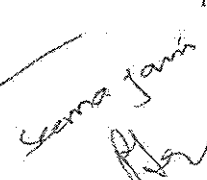
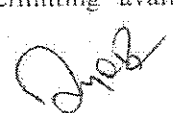
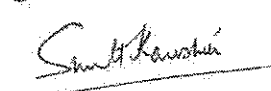
The protocols would be referred to the respective Head of the University Department for observations. The Protocols will be reviewed by the HoD's within four weeks after receipt of the protocols from the office of the faculty. Any comments/revision of the protocols, if necessary, should be communicated by the Delhi University HoD's of the respective Department to the Dean, Faculty of Medical Sciences within four weeks of the receipt of the protocols. In case the observations of the HOD are not received within stipulated time, approval of the HOD would be assumed. The revised thesis/protocols should be received not later than eight weeks from the date of submission. The protocols, marked by HOD, would be referred back to supervisor with approval of Chairman, Board of Research Study (BRS), through Head of the Institution, for suggested clarifications/modifications within specified time frame. The thesis-protocols, revised thesis-protocols, comments of HOD(s), and related matters would be submitted to BRS for consideration and approval.

Any request by candidate for revision in the thesis-protocol approved by BRS should have recommendations of the institution and should be received in office of Faculty of Medical Sciences within 2 months of BRS meeting in which protocol was approved. The Chairman BRS, in consultation with concerned HOD, would take a decision in the matter. In case of dispute, the Chairmen may place the matter before an emergent meeting of BRS.

11. Thesis

One hard copy and one electronic/softcopy of the thesis should be submitted in the following general format **Title Page:** title page should mention the topic of the thesis, Degree (with discipline) for which the thesis is being submitted, name and educational qualifications of the candidate, supervisor and co-supervisor(s), name of the institution where the thesis has been undertaken, and duration of the course.

Declaration by candidate: The candidate must submit a declaration that the contents of the thesis have not been submitted earlier in candidature for any degree. The candidate should also give a written consent for permitting availability of the thesis for




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photocopying and inter-library loan to other institutions.

Certificate from Institution: The thesis should be accompanied by a certificate issued by the supervisor, and co-supervisor, head of the department, and countersigned by the Head of the institution certifying that the candidate has undertaken the thesis work in the department under the direct guidance of the supervisors and that the thesis fulfils all the requirements stipulated by Faculty of Medical Sciences, University of Delhi.

Note:- Thesis is to be submitted at college/institution level by the last date of submission. The college/institute will be required to submit the collected thesis (one hard copy and softcopy) with all relevant documents by the next working day of the last date of thesis submission. The College/institution will be required to submit the data in the prescribed format (**Annexure-8**) related to thesis for all the PG's duly complied of each department in the separate pen drive for submission to the Office of the Faculty of Medical Sciences.

12.1 Acknowledgements

Presentation of thesis results to scientific forums and publications in scientific Journals, if any

Table of contents Glossary of abbreviations Text of thesis:

Introduction/background
Review of literature
Objectives of research
Patients/Subjects/Materials and Methods
Results
Discussion
Conclusions and recommendations

Index of references: Vancouver system of references

Appendix

Summary of the thesis: Each copy of thesis should be accompanied by a summary of the thesis ordinarily not exceeding six pages.

The thesis should not exceed one hundred pages. The text of thesis should be printed in 12 point font size letters, on both side of A4 size paper in double space, with at least 2.5cm margin and justification on both sides. The spine of the thesis should show the short title of the thesis, the degree (with subject) for which the thesis is being submitted, and the duration of the course.

12.2 Presentation/ Publication of Thesis results

The students would be encouraged to present the results of their thesis to scientific forums and to publish it in scientific journals.

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13. NUMBER OF POSTGRADUATE STUDENTS TO BE ADMITTED

As per PG Minimum Standard of Requirement for Post – Graduate Course 2023(PGMSR-2023) vide NMC Public Notice no. N-P016(11)/1/2023-PGMEB-NMC(Part-I) dated 15.01.2024.

14. EXAMINATION OF THE THESIS

14.1 There shall be two external examiners and one referee to examine each thesis. The supervisors of the each thesis would jointly suggest names of 5 persons for inclusion in the panel of examiners/referee for the theses to the Committee of Courses and Studies (CCS). The CCS of each department should recommend names of two examiners, one reserve examiner and one referee for thesis of each candidate before the last date of submission of these. Not more than three theses can be referred to a particular examiner/referee in a particular Academic year.

14.2 The examiners would be required to evaluate the thesis with help of prescribed structured evaluation protocol (Appendix-III) and grade each thesis in the following terms: Accepted/ To be resubmitted after modification as suggested/or Rejected. Both the examiners should accept the thesis before the candidate is allowed to appear in the final examination. In case of rejection of the thesis by one of the two examiners, the thesis would be referred to the Referee.

14.3 Resubmitted thesis would be evaluated by the original set of examiners/referee except in case of their refusal to re-evaluate the thesis, or their non-availability. The referee would substitute the examiner, who has rejected the thesis, for evaluation of the resubmitted thesis in cases where one of the two examiners has rejected the thesis on initial evaluation. The thesis would be allowed to be resubmitted only once. A resubmitted thesis, if not accepted by both the examiners/referee, would be taken as 'Rejected'.

CHAPTER X

15. MISCELLANEOUS

15.1 **Faculty Development Programme:** The Post-graduate Medical Education Board shall prescribe the Faculty Development Programme to enhance the skills of the faculty for post-graduate training, which will have to be mandatorily followed.

15.2 **Animal Experimentation:** Animal experimentation should continue to be included as an integral part of the competency-based curriculum of post-graduate courses in Physiology and Pharmacology in medical institutions.

However, the use of non-animal, human relevant methods may be encouraged for teaching and training of post-graduate students in these subjects, wherever possible. If animals are used as a part of research studies or thesis work, biomedical ethics and relevant rules and guidelines framed under the Prevention of Cruelty to Animals Act, 1960, must be strictly adhered to.

15.3 **Collaborative Research:** Impetus may be provided to Research in medical field to produce Physician Scientists of highest calibre by collaborative arrangement with other scientific organizations of excellence as well as Institutions of Eminence/ Excellence conferred by the Government of India. Inter-disciplinary research with AYUSH may be encouraged.

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Chapter-XI

16. FEE STRUCTURE

16.1 DIPLOMA

Fees as mentioned below:	
Tuition Fees (Annual)	Rs 13000.00
Library Fees (Annual)	Rs 500.00
Athletic Fees (Annual)	Rs 10.00
Cultural Council Fees (Annual)	Rs 5.00
N.S.S Fees (Annual)	Rs 20.00
University Development Fund (Annual)	Rs 600.00
Faculty Management Fees (Annual)	Rs 1465.00
TOTAL FEES (Annual)	Rs 15900.00

Note:- The fee, as revised by the University Authorities, time to time, shall be applicable to the respective academic session/batch, accordingly.

16.2 M.D./M.S.

Fees as mentioned below:	
Tuition Fees (Annual)	Rs 13000.00
Library Fees (Annual)	Rs 500.00
Athletic Fees (Annual)	Rs 10.00
Cultural Council Fees (Annual)	Rs 5.00
N.S.S Fees (Annual)	Rs 20.00
University Development Fund (Annual)	Rs 600.00
Faculty Management Fees (Annual)	Rs 1465.00
TOTAL FEES (Annual)	Rs 15900.00

Note:- The fee, as revised by the University Authorities, time to time, shall be applicable to the respective academic session/batch, accordingly.

16.3 D.M./M.CH

Fee as mentioned below:	
Tuition Fees (Annual)	Rs. 23000
Library Fees (Annual)	Rs 500.00
Athletic Fees (Annual)	Rs 10.00
Cultural Council Fees (Annual)	Rs 5.00
N.S.S Fees (Annual)	Rs 20.00
University Development Fund (Annual)	Rs 900.00
Faculty Management Fees (Annual)	Rs 1465.00
TOTAL FEES (Annual)	Rs 25,900.00



MD/MS/DIPLOMA/D.M./M.Ch. ORDINANCES

Note:- The fee, as revised by the University Authorities, time to time, shall be applicable to the respective academic session/batch, accordingly.

16.4 Payment of Annual Tuition Fee by 2nd & 3rd year PG students (MD/MS/Post Diploma):-

The tuition fee amounting to Rs. 15,900/- (fifteen thousand nine hundred only) is required to be paid by Post-Graduate students for the 2nd year and 3rd year WITHIN FIRST MONTH OF THE STARTING OF RESPECTIVE ACADEMIC SESSION (2nd & 3rd), as notified by the NMC, time to time. Thereafter, Rs. 1000/- per week fine will be charged as late fees. No claim shall be there on College/Faculty if a candidate fails to submit the University Fees on time.

16.5 Payment of Annual Tuition Fee by 2nd & 3rd year PG students (D.M./M.Ch):-

The tuition fee amounting to Rs. 25,900/- (Twenty five thousand nine hundred only) is required to be paid by Post-Graduate students for the 2nd year and 3rd year WITHIN FIRST MONTH OF THE STARTING OF RESPECTIVE ACADEMIC SESSION (2nd & 3rd), as notified by the NMC, time to time. Thereafter, Rs. 1500/- per week fine will be charged as late fees. No claim shall be there on College/Faculty if a candidate fails to submit the University Fees on time.

Note:- All the concerned medical colleges/institutions are required to provide the details of the fee deposited by the students (Batch wise) along with copies of the receipts within one week of the last date of deposited of the annual fee to the office of the faculty in hardcopy and softcopy for verification and record.

17. Surety Bond:

A bond worth Rs 10.00 lacs with two sureties must be executed by the candidates at the time of their admission. The admission will not be valid unless and until the Bond is executed by the candidates. The proforma of Bond is available on website www.fmssc.ac.in.

The students shall have to pay the Bond money of Rs 10.00 lacs to the Institution/University in the following circumstances:-

- If the student surrenders seat in violation of MCC rules/instructions, after joining the allotted institution.
- If the student leaves the courses before its completion.
- If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct/indiscipline.

Note:- In case, the MCC confirmed that the seat surrendered by the any PG candidate is utilized in the subsequent round of the counselling than the Bond Money i.e Rs. 10 lacs will not be forfeited in such cases.

17.1 The original certificates of the students should be kept in the institution and be returned only after paying the said bond money / or on completion of 2/3 years course as applicable. Thirty percent of the bond money i.e. Rs. 3 lacs thus collected will be deposited with the University (Faculty of Medical Sciences) by the institution by 31st March every year for each such candidate through NEFT/RTGS in favour of the Registrar, University of Delhi in the University of account (contract security account no.

for

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Sumit Kaur

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10851298480, IFSC code SBIN0001067) and the rest could be utilized by the Institution for development of P.G. teaching and training programmes.

Annexure-I

[See Chapter II]

LIST OF RECOGNISED POST-GRADUATE BROAD SPECIALITY QUALIFICATIONS (M.D./M.S.)

A. M.D. (Doctor of Medicine)

1. M.D. (Anatomy)
2. M.D. (Anaesthesiology)
3. M.D. (Biochemistry)
4. M.D. (Community Medicine)
5. M.D. (Dermatology, Venereology and Leprosy)
6. M.D. (Forensic Medicine and Toxicology)
7. M.D. (General Medicine)
8. M.D. (Microbiology)
9. M.D. (Paediatrics)
10. M.D. (Pathology)
11. M.D. (Pharmacology)
12. M.D. (Physical Medicine Rehabilitation)
13. M.D. (Physiology)
14. M.D. (Psychiatry)
15. M.D. (Radio-diagnosis)
16. M.D. (Pulmonary Medicine)
17. M.D. (Radio-therapy)
18. M.D. (Radiology)

B. M.S. (Master of Surgery)

1. M.S. (General Surgery)
2. M.S. (Obstetrics and Gynaecology)
3. M.S. (Ophthalmology)
4. M.S. (Orthopaedics)
5. M.S. (Otorhinolaryngology)



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Annexure-2

[See Chapter II]

LIST OF RECOGNISED POST-GRADUATE SUPER SPECIALITY QUALIFICATIONS (D.M./M.Ch.)

A. Doctorate of Medicine

1. D.M. (Cardiac Anaesthesia)
2. D.M. (Cardiology)
3. D.M. (Endocrinology)
4. D.M. (Geriatric Mental Health)
5. D.M. (Medical Gastroenterology)
6. D.M. (Neonatology)
7. D.M. (Neuro-Anaesthesia)
8. D.M. (Neurology)
9. D.M. (Pulmonary Medicine)

B. M.Ch. (Master of Chirurgie)

1. M.Ch. (Neurosurgery)
2. M.Ch. (Paediatric Surgery)
3. M.Ch. (Surgical Gastroenterology)
4. M.Ch. (Cardio Vascular and Thoracic Surgery)

Annexure-3

[See Chapter II]

LIST OF RECOGNISED POST-GRADUATE DIPLOMA QUALIFICATIONS

1. Anaesthesiology (D.A.)
2. Dermatology, Venereology and Leprosy (D.D.V.L.)
3. Health Administration (D.H.A.)
4. Obstetrics and Gynaecology (D.G.O.)
5. Paediatrics (D.C.H.)
6. Radiation Medicine (D.R.M.)

Annexure-4

Annexure-5

[See Chapter II]

Annexure-6

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R.R.

Smit Kaur



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[See Chapter II]

Annexure-7
[See Section 4.1]

FEEDER BROAD SPECIALITY QUALIFICATIONS FOR SUPER SPECIALITY COURSES

A. D.M. (Doctorate of Medicine)

S.No.	Area of Specialization	Feeder Broad Speciality Qualification(s)
1.	D.M. (Cardiac Anaesthesia)	M.D./DNB (Anaesthesia)
2.	D.M. (Cardiology)	M.D./DNB (General Medicine) M.D./DNB (Paediatrics) M.D./DNB (Respiratory Medicine) M.D./DNB (Pulmonary Medicine)
3.	D.M. (Endocrinology)	M.D./DNB (General Medicine) M.D./DNB (Paediatrics)
4.	D.M. (Geriatric Mental Health)	M.D./DNB (Psychiatry)
5.	D.M. (Medical Gastroenterology)	M.D./DNB (General Medicine)
6.	D.M. (Neonatology)	M.D./DNB (Paediatrics)
7.	D.M. (Neuro- Anaesthesia)	M.D./DNB (Anaesthesia)
8.	D.M. (Neurology)	M.D./DNB (General Medicine) M.D./DNB (Paediatrics)
9.	D.M. (Pulmonary Medicine)	M.D./DNB (General Medicine) M.D./DNB (Respiratory Medicine) M.D./DNB (Paediatrics) M.D./DNB (Pulmonary Medicine)
10.	M.Ch. (Neurosurgery)	M.S./DNB (General Surgery) M.S./DNB (Otorhinolaryngology)



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11.	M.Ch. (Paediatric Surgery)	M.S./DNB (General Surgery)
12.	M.Ch. (Surgical Gastroenterology)	M.S./DNB (General Surgery)
13.	M.Ch. (Cardio Vascular and Thoracic Surgery)	M.S./DNB (General Surgery)

[See Section 4.8]

Note 1: All latest curricula of respective subjects and academic calendars to be followed as issued by National Medical Council from time to time.

Note 2: PG Minimum Standard of Requirement for Post – Graduate Course 2023(PGMSR-2023) vide NMC Public Notice no. N-P016(11)/1/2023-PGMEB-NMC(Part-1) dated 15.01.2024.

Note 3: Notwithstanding anything contained in this PG Ordinance 2024, the University is empowered to make any addition, deletion, substitution or any other amendment to the POST GRADUATE (DEGREE/DIPLOMA) POST-DOCTORAL COURSES MD/MS/DIPLOMA/D.M./M.Ch. ORDINANCES-2024, as per the advisories and clarifications issued by the PGMEB/NMC/Ministry of Health & Family Welfare, Govt. of India/orders of the Hon'ble court, time to time.

Schedule to the Rights of Persons with Disabilities (RPWD) Act, 2016 "SPECIFIED DISABILITY" 1. Physical disability

- A. Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including –
- (a) "leprosy cured person" means a person who has been cured of leprosy but is suffering from –
 - (i) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
 - (ii) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
 - (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall be construed accordingly;
 - (b) "cerebral palsy" means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;
 - (c) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less;
 - (d) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;
 - (e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

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- B. Visual impairment—
- (a) "blindness" means a condition where a person has any of the following conditions, after best correction—
 - (i) total absence of sight; or
 - (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
 - (iii) limitation of the field of vision subtending an angle of less than 10 degree.
 - (b) "low-vision" means a condition where a person has any of the following conditions, namely: —
 - (i) visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
 - (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.
- C. Hearing impairment—
- (a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears;
 - (b) "hard of hearing" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;
- D. "speech and language disability" mean a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.
2. Intellectual disability, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including -
- (a) "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
 - (b) "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.
3. Mental behaviour — "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
4. Disability caused due to—
- (a) chronic neurological conditions, such as—
 - (i) "Multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
 - (ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.
 - (b) Blood disorder—



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- (i) "Haemophilia" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;
- (ii) "Thalassemia" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
- (iii) "Sickle cell disease" means a haemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage; "haemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of haemoglobin.
5. **Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
6. Any other category as may be notified by the Central Government.

Note: Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above Annexure.

Annexure-9

[See Section 4.8]

Guidelines regarding admission of students with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 with respect to admission in Post-graduate Courses in Modern Medicine Note:

- The "Certificate of Disability" shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017 notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 15th June 2017.
- The extent of "specified disability" in a person shall be assessed in accordance with the "Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)" notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 4th January 2018.
- The minimum degree of disability should be 40% (Benchmark Disability) in order to be eligible for availing reservation for persons with specified disability.
- The term 'Persons with Disabilities' (PwD) is to be used instead of the term 'Physically Handicapped' (PH).

S. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
1.	Physical Disability	A. Locomotor Disability, including Specified Disabilities (a to f).	a. Leprosy cured person*	Less than 40% disability	40-80% disability. Persons with more than 80% disability may also be allowed on case to case basis and their functional competency will be determined with the aid of assistive devices, if it is being used, to see if it is	More than 80%
			b. Cerebral Palsy**			
			c. Dwarfism			
			d. Muscular Dystrophy			
			e. Acid attack victims			

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		f. Others*** such as Amputation, Poliomyelitis, etc.		brought below 80% and whether they possess sufficient motor ability as required to pursue and complete the course satisfactorily.	
		* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at. ** Attention should be paid to impairment of vision, hearing, cognitive function, etc. and corresponding recommendations be looked at. *** Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for medical course.			
	B. Visual Impairment (*)	a. Blindness	Less than 40% disability	---	Equal to or more than 40% Disability
		b. Low vision			
	C. Hearing Impairment @	a. Deaf	Less than 40% Disability	---	Equal to or more than 40% Disability
		b. Hard of hearing			
		(*) Persons with Visual impairment / visual disability of more than 40% may be made eligible to pursue Post-graduate Medical Education and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier etc. @ Persons with hearing disability of more than 40% may be made eligible to pursue Postgraduate Medical Education and may be given reservation, subject to the condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices. In addition to this, the individual should have a speech discrimination score of more than 60 %.			
	D. Speech and language disability\$	Organic/ neurological causes	Less than 40% Disability	-	Equal to or more than 40% Disability
	\$ Persons with Speech Intelligibility Affected (SIA) shall be eligible to pursue post-graduate courses, provided Speech Intelligibility Affected (SIA) score shall not exceed 3(three), which is 40% or below.				
	Persons with Aphasia shall be eligible to pursue post-graduate courses, provided Aphasia Quotient (AQ) is 40% or below.				

Sl. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical College/ Govt. PwD Quota	Eligible for	Medical Not

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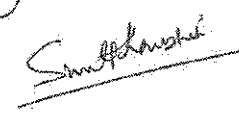
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2.	Intellectual Disability		a. Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia and Developmental aphasia) #	# Currently there is no Quantification scale available to assess the severity of SpLD, therefore the cut-off of 40% is arbitrary and more evidence is needed.		
				Less than 40% Disability	Equal to or more than 40% disability and equal to or less than 80%. But selection will be based on the learning competency evaluated with the help of the remediation/assisted technology/aids/infrastructural changes by the Expert Panel	More than 80% or severe nature or significant cognitive/intellectual disability
			b. Autism spectrum disorders	Absence or Mild Disability, Asperger syndrome (disability of up to 60% as per ISAA) where the individual is fit for post-graduate course by an expert panel	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	More than 60% disability or presence of cognitive/intellectual disability and/or if the person is unfit for pursuing post-graduate course by an expert panel
3.	Mental behaviour		Mental illness	Absence or mild less Disability: under than 40% (IDEAS)	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	No mental disorder is barred from pursuing PG Medical education subject to being eligible in NEXT/NEET-PG
4.	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis	Less than 40% Disability	40-80% disability	More than 80%
			ii. Parkinsonism			
		b. Blood Disorders	i. Haemophilia	Less than 40% Disability	40-80% disability	More than 80%
			ii. Thalassemia			
			iii. Sickle cell disease			







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5.	Multiple disabilities including deaf blindness	More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely, Visual, Hearing, Speech and Language disability, Intellectual Disability, and Mental Illness as a component of Multiple Disability. Combining Formula as notified by the related Gazette Notification issued by the Govt. of India $a + \frac{b(90-a)}{90}$ (where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.
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