MIMER MEDICAL COLLEGE, TALEGAON(D)

Achievements which lead to Institutional Excellence

Index

6.1.1

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MIMER MEDICAL COLLEGE, TALEGAON DABHADE List of Awards

Sept 2020- Aug 2021

Date	Name of Faculty	Awards
31/7/2021	Dr. Suchitra Karad	Best Medical College and Dedicated
31///2021	Nagare	COVID Hospital of the year
2021	Dr. Virendra Ghaisas	Felicitated as Inspiring Doctor - 4th Edition of Economic Times Doctors Day Conclave 2021
27/7/2021	Dr. Sudeep Kumar	Certificate of Honour for MIMER Covid Hospital
07/8/2021	Dr. Dattatray Gopalghare	Live Facebook talk on Doctors Day
07/08/2021	Dr. Dattatray	Live Facebook talk Breast Feeding &
	Gopalghare	Immunization
22/7/2021	Dr. Shilpa Bagalkotkar	Felicitation of Covid Warrior
2021	Dr. Tushar Khachane	Felicitation of Covid Warrior
13/8/2021	Dr. Ashlesha Dandekar	Online Guest lecture
11/04/2021	Dr.Vaishali Korde	Safe Motherhood day -Live talk show on Akashwani
08/03/2021	Dr. Sushma Sharma	Felicitation of CORONA Warriors
21/7/2021	Dr. Vijaykumar Powar	Appreciation of Garware Blood Bank Services
08/03/2021	Dr. Meenakshi Surve	Felicitation of CORONA Warriors
08/03/2021	Dr. Priya Bagade	Felicitation of CORONA Warriors
01/07/2020	Dr. Juhi Kaithwas	Felicitation of CORONA Warriors
2021	Mr. Satish Mitkari	Life time Achievement
2019	Lalita Patil	Felicitation of CORONA Warriors
20/06/2020	Mangal Ovhal	Felicitation of CORONA Warriors
20/06/2020	Sunita Solanki	Felicitation of CORONA Warriors

CONGRATULATIONS!

MIMER Medical College & Dr BSTR Hospital, Talegaon Dabhade, Pune



Best Medical College & Dedicated COVID Hospital Of The Year

Dr. Suchitra Nagare Received Best Medical College & Dedicated COVID Hospital of the Year by Nav Bharat Times







Dr. Virendra Ghaisas Felicitated as an Inspiring Doctor by team ET Edge



Dr. Sudeep kumar received Certificate of honour for his outstanding contribution during COVID Pandemic by Prajapita Brhamakumari Organization





On the Occasion of Doctors Day a Virtual Live interview was conducted for Dr Gopalghare by Rokhthok Maval on 18th July 2021

DOCTORS DAY SPECIAL.....डॉक्टर श्री दत्तात्रेय गोपाळघरे सर.....यांची मुलाखत



Dr. Gopalghare talk on Breast feeding & Immunization on 7th August 2021





ROTARY CLUB OF TALEGAON DABHADE

District 3131

Club ID 29617

organises

SEMINAR ON Breast Feedin



On the occassion of **National Breast Feeding Week**

Speaker

Dr. Dattatray Gopalghare

Gynaecologist Director, Mauli Hospital, Dy. Superintendent, MIMER Medical College



Saturday, 7th August 2021 at 7 to 8 pm

Rtn. Anand Aswale President

Rtn.Anish Hole Vice President

Rtn.Udhhav Chitale Secretary

Rtn. Dr. Neha Kulkarni Medical Director

Dr. Shilpa Bagalkotkar was felicitated as Female COVID Warrior by Rashtrawadi Mahila Congress Maval Vidhansabha on 22 July 2021







कोरोता

राष्ट्रवादी महिला काँग्रेस,मावळ विधानसभा

सौ.सुवर्णा राऊत

सौ.मिनाक्षी ढोरे

योद्धांचा

सौ.सारिका शेळके

दि.२२ जुलै २०२१ रोजी सकाळी १०.३० वा. स्थळ:भेगडे लॉन्स जुना मुंबई-पुणे हायवे, वडगाव,ता.मावळ जि.पुणे

श्रीमती मंजुश्री वाघ

सौ.वैशाली टिळेकर

प्रमुख उपस्थिती

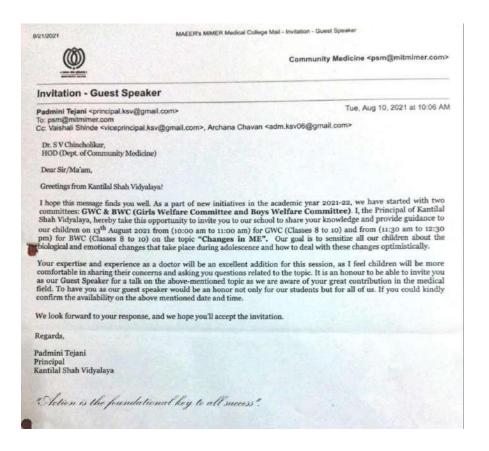
सौ.रुपालीताई चाकणकर प्रदेशाध्यक्षा राष्ट्रवादी महिला काँग्रेस

सौ.अर्चना घारे

सौ.सुनिता काळोखे सौ.मनिषा गरुड



Dr. Ashlesha Dandekar conducted the virtual session 'Change in ME" at Kantilal Shah on 13th August 2021



Dr. Ashlesha Dandekar conducted the virtual session 'Change in ME" at Kantilal Shah on 13th August 2021





Dr. Vaishali Korde talk on Safe Motherhood day -Live talk show on Akashwani on 11/04/2021

MIMER MEDICAL COLLEGE TALEGAON DABHADE DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

SAFE MOTHERHOOD DAY

"MOTHERHOOD- All love begins there and ends there"

On the occasion of SAFE MOTHERHOOD DAY on 11th April 2021 our faculty Dr. Vaishali Korde-Nayak (Prof and Head, Dept of OBGY) participated in a "LIVE TALK SHOW ON AKASHWANI-101" speaking about safe motherhood practice which was relayed on 11.4.2021. She was in conversation with live audience and answered there queries.

This was a very innovative topic and had great response from general public. This platform could reach to remote areas and was a grand success. Thus department of OBGY, MIMER Medical College is always ready to create awareness regarding maternal health and bring positive change in our society.



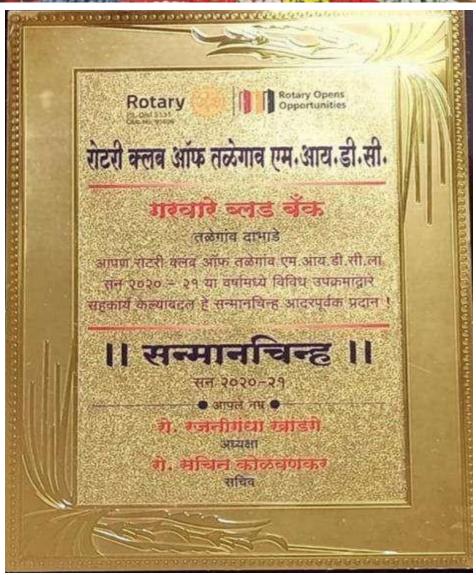
Professor & POD Dept. of Obst. & Cyn. MIMER MEZICAL COLLEGE TALEGAON (D), PUNE

Dr. Sushma Sharma received CORONA Warriors Honor on 08/03/2021



Dr.Vijaykumar Powar received the recognition award on 21st July 2021 for services provided in the pandemic period by Rotary Club Talegaon MIDC





Dr. Meenakshi Surve received CORONA Warriors Honor on 08/03/2021



Dr. Priya Bagade received CORONA Warriors Honor on 08/03/2021



IMA TALEGAON DABHADE



HAPPY DOCTOR'S DAY

On July 1st, 2020

Certificate of Appreciation to the COVID WARRIOR

Dr. Juhee kaithwas

Is the most caring and compassionate Doctor.

Dr. Dattatraya Gopalghare

tatraya Gopalghare President

Hon. Secretary

Dr. Nilesh Narkhede

Hon, Treasurer















${\bf MIMER\,MEDICAL\,COLLEGE\,,TALEGAON\,DABHADE}$

Activities taken under department of Clinical research and Incubation center -2020 -21

Name of the workshop/ seminar	Date: From - To	Number of participants	Link to the Activity report on the website
Conduct of Journal Club	8/18/2021	81	https://mimer.edu.in/02-pdf/naac/3.1.3/1.%20conduct%20of%20journal%20club.pdf
Overview of Research parameters of Mindray BC 6000	6/25/2021	12	https://mimer.edu.in/02-pdf/naac/3.1.3/3.%20Mindary%20BC%20-%206000%20- %20Guest%20Lect.pdf
SELECTION OF JOURNAL: Targeting the right journal for publishing your research	3/30/2021	83	https://mimer.edu.in/02-pdf/naac/3.1.3/5.%20selection%20of%20journal.pdf
Workshop on orientation to methods in clinical research Part-I- Development of synopsis for JR & PG guides	04-11- 2020 to 05-11- 2020	48	https://mimer.edu.in/02-pdf/naac/3.1.3/10.%20Workshop%20on%20Orientation%20in%20Clinical%20Research.pdf
How to develop a research proposal	10/20/2020	109	https://mimer.edu.in/02-pdf/naac/3.1.3/13.%20How%20to%20develop%20a%20research%20proposal.pdf

3T-IBHSC TRAINING

2016INVITATION



MAEER MIT PUNE'S MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH (Medical College)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

Accredited by NAAC with 'A' Grade

P.O. Talegaon General Hospital, Talegaon Dabhade, Pune 410507, Maharashtra, India.

■ Tel.:- 02114 - 308300, 8087099040 / 41 / 42 / 43 ■ Fax :- 02114 - 223916.

■ Website :- www.mitmimer.com ■ Email :- info@mitmimer.com.

Ref: No. MIMER/Bioethics Unit/1887 (+) holo.

Date: 16/11/2016.

To,

Prof. Arun Jamkar

Director - Post Graduate Programme, Research & Development, MIT group of Institutions Co-chair M.I.M.E.R unit of UNESCO Bioethics Chair(Haifa)

Sub: Invitation for the Installation ceremony of M.I.M.E.R.unit of UNESCO Bioethics Chair (Haifa) at M.I.M.E.R. Medical College, Pune.

Respected Sir,

M.I.M.E.R unit of UNESCO Bioethics chair is approved by UNESCO Bioethics Chair (Haifa) as per letter dated on 29th July 2016. Installation function of the M.I.M.E.R unit of UNESCO Bioethics Chair is planned on 24th Nov. 2016 at M.I.M.E.R. Medical College, Talegaon(D) at 12.15 pm. We would like to invite you as a dignitary for this function.

Prof. Russell D'Souza, Head of Asia Pacific Division of UNESCO Bioethics Chair (Haifa) & Dr. Mary Mathew, Chair 3-T Indian Program are the chief guests for this function. We request you to grace this occasion by your presence and your valuable guidance to the staff of the institute.

Enclosing herewith the detail program of the function.

Thanking you,

Yours Faithfully,

(Dr. Mahesh Asalkar) Secretary,

MIMER unit of UNESCO

PROGRAMME

3T – IBHSc Training Course in Bioethics Training for Health Professionals of Health Science

Universities An Initiative of
The Indian Program of the UNESCO Chair in Bioethics (Haifa)

Train, Teach and Transfer ← Empower Impart

The Vertically & Horizontally Integrated Bioethics Curriculum of the

UNESCO Core Curriculum MIMER Pune

Accredited Training Faculty

Prof Dr Russell D'Souza Course Director Melbourne AustraliaProf Dr Mary Mathew Head Training Manipal University Prof Dr. ArunJamkar, MIMER Pune Prof Dr. Derek DSouza SMIMS Gangtok Prof SiddharthDubhashi, MGM IHS Navi Mumbai

> Prof AvinashDesousa Mumbai Prof Dr. VaishaliKorde-Nayak MIMER PuneProf Dr. Mahesh Asalkar MIMER Pune

DAY 1 – BASIC CONCEPTS – Part I

24.11.2016

TIME	ТОРІС	FACULTY
9.00AM – 9.15AM	Overview of the 3T Course	Dr. Russell D"Souza DrArunJamkar
9.15AM – 10.15AM	History, Principles, codes & Guidelines of Ethics Evolution of Codes, Principles & Guidelines, Code of conduct, Codes of medical ethics Nuremberg code, Universal declaration of human rights, MCI Code, Helsinki declaration, Tuskegee syphilis trial, Belmont report, CIOMS, ICMR Guidelines	Dr Mary Mathew DrDerekDSouza
10.15AM 10.30AM	Tea	
10.30AM 11.30PM	Autonomy& Consent Respect for personal autonomy; negative liberty, Degrees of self-rule. Respectfor Autonomy not absolute – Mill"s Harm principle Autonomy, Truth, and Difficult choices 3 elements of informed consent; Exceptions to the informed consent standard; Proxy decision making; Special status of medical informed consent	DrSiddarthDubashi DrVaishaliKorde-Nayak Dr Derek Dsouza
	Case Discussions on Autonomy Role play	
11.30PM – 12.30PM	Privacy & Confidentiality Prudery norms is a moral value; the Abject;Biographic privacy Hippocratic Oath- Stigmatization, the Abject;Biographic privacy; IT & Privacy	DrVaishaliKorde-Nayak Dr Derek DSouza Dr Mary Mathew
	Case Discussions on Privacy & Confidentiality	DrSiddharthDubhashi
12.30PM – 1.00PM	Inauguration	
1.00PM – 2.00PM	Lunch	
2.00 PM – 3.00PM	Human Dignity & Human Rights -The role of "human dignity" in bioethics; Origins of the ethos of human dignity; the idea of human dignity thenormative implications of the value of human dignity; Human Rights; First generation (negative rights) and Second generation (positive rights) – The Universal Declaration of Human Rights. Controversies – "Margin of appreciation (principle of subsidiarity)	Dr. Mary Mathew
	Interactive sessions	Dr Derek DSouza DrSiddharthDubhashi
3.00PM- 4.00PM	Communication skills	DrSiddharthDubhashi Dr. Derek Dsouza
4.00PM – 4.15PM	Tea	
4.15PM – 5.15PM	Case Based Teaching / Learning – Part I	Dr. Russell DSouza DrArunJamkar

DAY 2 – BASIC CONCEPTS & TEACHING TECHNOLOGY & INTEGRATEDBIOETHICS – Part II

25.11.2016

TIME	TOPIC	FACULTY
9.00AM 10.00AM	Benefit & Harm "Medical benefit" and "the good; Futility; The common good; The rule of rescue and the defense of necessity- Good Samaritan; Harm; The principle of double effect; The precautionary principle	Dr. Derek DSouza DrAvinashDeSouza
	Case Discussions	DrVaishaliKorde- Nayak
10.00AM 10.45AM	Vulnerable Population, Gender Disparity and Protection Concerns in Bioethics; What makes individuals or countries vulnerable? Exploitation – Clinical research, Health Policy, Research ethics. Inducing vulnerable subjects as exploitation. When can Protection become paternalistic? Context of multinational research and situation of women madevulnerable in cultural / region settings	DrAvinashDeSouza Dr. SidharthDubhashi Dr Derek DSouza
10.45AM 11.00AM	Tea	
11.00AM 12.30PM	Emotional Intelligence Practice self-management, self-awareness, self-regulation, self-motivation, and empathy. Understand, use and manage your emotions. Verbally communicate with others. Successfully communicate with others in a non-verbal manner. The benefits of emotional intelligence; Effectively impact others Role play	Dr. Russell D'Souza Dr Derek DSouza Dr Mary Mathew DrAvinashDesousa
12.30 PM - 1.00PM	1 7	
1.00PM – 2.00PM	Ethics and Professionalism	Dr. ArunJamkar DrSidarthDubhashi DrAvinashDeSouza
2.00PM - 3.00PM	Teaching Bioethics in a clinical setting	Dr. Russell DSouza Dr Mary Mathew
3.00PM – 4.00PM	Ethical Deliberation / Decision Making / Clinical Ethics Committee	Dr. Russell DSouza Dr Derek Dsouza
4.00PM – 4.15PM	Tea	
4.15PM – 5.00PM	Innovative methods of teaching Bioethics – Medical Humanities	Dr. SiddharthDubhashi Dr Mary Mathew

Day 3 CONCEPTS & TEACHING TECHNOLOGY AND INTEGRATED BIOETHICS

26.11.2016

TIME	TOPIC	FACULTY
9.00AM 9.45AM	Equality, Justice & Equity Types of justice, Concepts of distributive justice, Healthcare ethics, , Munson"s principles of distributive justice, Right to health, Role of health professionals in allocating resources	Dr. Mary Mathew DrAvinashDesousa
9.45AM 10.30AM	Environmental Ethics Biotechnology & Biosafety Conceptual foundations of environment values as well as issues surrounding societal attitudes, actions and policies to protect and sustain biodiversity and ecological system	Dr. Derek D'Souza Dr. Mary Mathew
10.30AM – 10.45AM	Tea	
10.45AM – 11.00AM	Ethical dimensions of Teaching Bioethics	Dr Mary Mathew
11.00AM – 12.00PM	Research Ethics	Dr. SiddarthDubhashi Dr Russell Dsouza
12.00PM- 12.45PM	Health Law	Dr. Mary Mathew
12.45 PM 01.15 PM	Case Based Learning Part 2	Dr Russell Dsouza
01.15PM – 01.45PM	Lunch	
1.45PM – 2.30PM	Assessment of teaching – course, teacher, students	Dr SiddharthDubashi DrMary Mathew
2.30PM – 3.30PM	Simulated Teaching from participants&Trainer Evaluation x 4 batches Interactive Feedback sessions	PANELS OF TRAINERS Dr Russell D'Souza Dr Mary Mathew Dr Derek DSouza Dr SiddharthDubhashi DrAvinashDesousa
3.30PM – 4.30PM	Integration into curriculum ofInstitutional Road Map	Dr. Russell D'Souza Dr. Derek DSouza Dr SiddharthDubhashi Dr Mary Mathew
4.30PM – 4.45PM	Tea	
4.45 PM – 5.15PM	Valedictory and Certificate Distribution	Dr Russell DSouza Dr Mary Mathew

DAY 3

PRE-CLINICAL

Dr. Mary Mathew
Day 3 - Anatomy

TIME	TOPIC
3.30PM-4.30PM	Respect to human body & respect of dead
	Privacy & confidentiality, Cultural sensitivities, consent, autonomy
	Cadaver sources
	Eugenics
	Genetic counseling

*Feedback written & verbal from participants & facilitator DAY 3 – Physiology

TIME	TOPIC
3.30PM—4.30PM	Animal ethics Privacy & Confidentiality Whistle Blowing Student ethical issues

*Feedback written & verbal from participants & facilitator DAY 3 – Biochemistry

TIME	TOPIC
3.30PM-4.30PM	Necessity & prudency in the choice of testsInformed consent & refusal of tests Confidentiality Dichotomy

*Feedback written & verbal from participants & facilitator

PARA-CLINICAL Dr. Mary Mathew

DAY 3 – Pathology

TIME	TOPIC
3.30PM-4.30PM	Ethics related to use of Biological materialEthical issues in autopsy Ethics in Blood transfusion Ethical pathologists

*Feedback written & verbal from participants & facilitator DAY 3 – Forensic Medicine

TIME	TOPIC
3.30PM-4.30PM	Laws related to medical practice – Part 1 Laws in related to medical practice – Part 2Consumer Protection Act MCI Code of Ethics 2002

DAY 3 - Pharmacology

TIME	TOPIC
3.30PM-4.30PM	Rational drug prescribing Use of expensive drugs Research Ethics – Part 1 Research Ethics – Part 2

*Feedback written & verbal from participants & facilitator DAY 3 – Microbiology

TIME	TOPIC
3.30-4.30PM	Lab reports - Confidentiality, privacy, notification & report disclosure Pre &post test counseling Quarantine & its impact – patient, vector, carrier Specimen transport Bioterrorism

^{*}Feedback written & verbal from participants & facilitator

CLINICAL

Dr. SiddarthDubashi DrRussell D'Souza

DAY 3 – Medicine

TIME	TOPIC
3.30 PM-4.30 PM	Doctor – Patient relationship –Part 1
	Doctors' rights & duties
	Risk benefit assessment
	End of life issues – Medical futility, euthanasia

*Feedback written & verbal from participants & facilitator DAY 3 – Surgery

TIME	TOPIC
3.30PM-4.30 PM	Benefit vs Harm Emergency case attention Breaking bad news Organ transplantation

*Feedback written & verbal from participants & facilitator DAY 3 - Obstetrics & Gynaecology

TIME	ТОРІС
3.30PM-4.30 PM	Privacy & Confidentiality Beginning of Life issues MTP - Consent PNDT Assisted Reproductive Technology

*Feedback written & verbal from participants & facilitator

TIME	TOPIC
3.30PM-4.30 PM	Public Health Ethics – Part 1
	Public Health Ethics – Part 2
	Health Education
	Research Ethics

*Feedback written & verbal from participants & facilitator

ALLIED HEALTH SCIENCES

Dr. Derek D'Souza

DAY 3 - Physiotherapy

TIME	TOPIC
3.30 PM-4.30 PM	Doctor – Patient relationship Doctors' rights & duties Risk benefit assessment Privacy and Confidentiality Investigations and tests

*Feedback written & verbal from participants & facilitator

DAY 3 - Nursing

TIME	TOPIC
3.30PM-4.30 PM	Benefit vs Harm Emergency case attention Breaking bad news End of life issues Privacy and Confidentiality

*Feedback written & verbal from participants & facilitator

DAY 3 – Biotechnology

TIME	TOPIC
3.30PM-4.30 PM	Benefit vs Harm Research Ethics Privacy and Confidentiality Cloning / Genetic technology Eugenics

*Feedback written & verbal from participants & facilitator

DAY 3 - Dental Bioethics

TIME	TOPIC
3.30PM – 4.30 PM	Biomaterials & dental materials Ethical aspects of treatment options in children/ young adults/ geriatric & mentally challenged patients Biotechnology & Dental Research Care & respect for human organs/dental tissue

 $^{{\}bf *Feedback\ written\ \&\ verbal\ from\ participants\ \&\ facilitator}$

INSTALLATION CEREMONY 3T-IBHSc Trainig program- 2016



PHOTOGRAPHS: 3T-IBHSc Trainig program- 2016













CERTIFICATES









MAEER'S MIMER MEDICAL COLLEGE & DR. B. S. T. R. HOSPITAL TALEGAON (D) Pune 410 507

The Indian Program of the UNESCO Chair Bioethics (Haifa)

CERTIFICATE No. 1152

This is to certify that

Dr. Mahesh Asalkar.

has successfully completed the

'3T - IBHSc Training Program for Health Sciences Faculty',

held at MIMER Medical College, Talegaon Dabhade, Pune from 24° to 26" November 2016

Maharashtra Medical Council has granted _____ Credit Hours.

CME Code: MMC/MAC/2016/F-006376

Annon Carri

Prof. Amnon Carmi Head & Chair Holder UNSECO Chair in Bioethics

> Dr. Hernant Damle MMC Observer

Prof. Rusell D'Souza Chair Asia Pacific Programma

sold .

Dr. Arun Jamkar Chair National Bioethics Curriculum Implementation May Made

Prof. Mary Mathew Chair 31 - IBHSc Programme

Dr. Mahesh Asalkar Organizing Secretary Dr. V. D. Karad Unit Head Founder & Director MIT Group of Institution

Principal
MIMER Medical College

MIMER MEDICAL COLLEGE TALEGAON DABHADE INAUGURATION OF THE NATIONAL BIOETHICS

CURRICULUMIMPLEMENTATION CENTRE OF UNESCO CHAIR IN BIOETHICS

4тн ОСТОВЕК 2017

The National Bioethics Curriculum Implementation Centre under the Indian programme of the UNESCO Bioethics Chair (Haifa) was inaugurated at a glittering function presided over by the revered Founder and Director General of the MAEER's Group of Institutions, Dr VishwananthKarad held at MIMER Medical College on 4th Oct 2017.

The Indian programme of the UNESCO Chair in Bioethics has played a pioneering role in the establishment of the Bioethics curriculum into the health sciences syllabus. Under the leadership of Dr Amnon Carmi, Chair UNESCO Bioethics (Haifa), and Dr Russell DSouza, faculty training courses have been organised all across India to setup a network of Bioethics units with trained faculty to carry this programme forward.

The rapid spread of the network in India had necessitated the need to establish a National Bioethics Curriculum Implementation Centre. The vision and foresight of Dr VishwananthKarad and the whole-hearted support of Executive Director, Dr Suchitra Nagare had resulted in MIMER Medical College, Talegaon, Pune being bestowed upon the unique honour to host such a centre. Dr ArunJamkar has been installed as the Head and Dr Derek DSouza as the Director of this prestigious centre. This centre is the first of its kind in the entire Asia Pacific region under the UNESCO Chair in Haifa. The centre will be the National Co-ordination Centre for planning and implementation of the integrated Bioethics programme for the entire country.

Dr Russell DSouza, Head Asia Pacific Region UNESCO Bioethics Programme handed over the writs of establishment on the 4th October at a special function organised at MIMER Medical College. He said that he was confident that the faculty and students of the college would live up to the responsibility bestowed upon them. Speakingon the occasion, Dr S Geethalakshmi, Vice Chancellor Tamil Nadu MGR Medical University congratulated Executive Director and all faculty of MIMER Medical College and said that she was looking forward to working closely with the faculty in taking this programme further. Dr V. D. Karad, in his Presidential address expressed his satisfaction at the establishment of such a centre at MIMER Medical College. He emphasised that this special occasion should inspire all faculty and students to abide by the teachings of Swami Vivekananda and Saint ShriDnyaneshwara that the "Union of science and Relgion/Spirituality alone will bring harmony and peace to the humanity" and also of the guiding principle of "VasudhaivaKutumbakam – that the World is One Family"

A separate Bioethics unit has also been established at MAEER's College of Physiotherapy and the Writ of establishment was handed over at the same function. Thisis the first time that an independent Bioethics unit has been set-up in a college of physiotherapy in India. Separate Writs of establishment of the Student Wings at both MIMER Medical College and MAEER's Physiotherapy college were also presented to the students.

PROGRAMME FOR INAUGURATION OF NBCIC 04 OCT 2017

No	Time	Programme
1.	11:00 - 11:20	Address by Dr OP Kalra
2.	11:20 - 11:40	Address by Dr S Geetalakshmi
3.	11:40 - 11:55	Interaction with students
		INAUGURATION
4.	12:00 - 12:02	Arrival of Guests on the dais
5.	12:02 - 12:05	Introductory remarks by DrVaishaliKorde
6.	12:05 - 12:10	World Peace Prayer
7.	12:10 - 12:15	Welcome Address by Dr Suchitra Nagare
8.	12:15 - 12:25	Address by DrArunJamkar
9.	12:25 - 12:35	Address by Chief Guest Dr Russell DSouza
10.	12:35 - 12:38	Presentation of Writ of Establishment of NBCIC
		Writ of Establishment presented to Dr Suchitra Nagare
		Writ of Chair, NBCIC to DrArunJamkar
		Writ of Director, NBCIC to Dr Derek DSouza
11.	12:38 - 12:40	Presentation of Writ of Establishment of Bioethics Unit
		MAEER's Physiotherapy College
		Writ of establishment of Bioethics Unit to PrincipalWritof
		Steering Committee Head
		Writ of Head of Students Wing
	12:40 - 12:55	Presidential Address by DrVishwanath D. Karad
13.	12:55 - 13:00	Vote of Thanks by Dr Derek DSouza
14.	13:00 onwards	Lunch

The National Bioethics Curriculum Implementation Centre (NBCIC) was inaugurated on 4th Oct 2017 at MIMER Medical College, Talegaon Pune









Dr Suchitra Nagare, Executive Director MIMER Medical College was invited as Guest of Honour at the Inauguration of the Bioethics Unit of Maharaja Agrasen Hospital at Punjabi Bagh Delhi on 18th Nov 2017



 $$1_{\rm st}$$ National Bioethics Conference Father Muller's Medical College and Hospital, Mangalore.

21st and 22nd Nov 2017Dr Suchitra Nagare,

Executive Director MIMER Medical College was invited as Chief Guest



4th October 2017

Dr. Suchitra Nagare, Executive Director MIMER Medical College Talegaon Dabhade

On establishing that the requirements of the UNESCO Chair in Bioethics (Haifa) have been met, I hereby on the Fourth Day of October in the year Two Thousand and Seventeen, issue this writ confirming and approving the establishment of the

National Bioethics Curriculum Implementation Centre

of the Indian Program of the UNESCO Chair and of the International Bioethics Network of the UNESCO Chair in Bioethics at:

> MIMER Medical College Talegaon Dabhade

Amon Calmi

Professor Amnon Co.

Professor Amnon Carmi, Head, & Chair Holder UNESCO Chair in Bioethics (Haifa)



The UNESCO Chair in Bioethics Haifa

Certifies that

Dr Arun Jamkar

Has been appointed

Chair

National Bioethics Curriculum Implementation Centre
MIMER Medical College

Talegaon Dabhade

to fulfil the objectives of stimulating Teaching, Training and Research in Bioethics in Medical and Health Science Education

Prof. Amnon Carmi, Head, UNESCO Chair in Bioethics University of Haifa

Annon Carri

Prof Russell D'Souza MD Head Asia Pacific Division UNESCO Chair in Bioethics

4 October 2017



The UNESCO Chair in Bioethics Haifa

Certifies that

Col (Dr) Derek SJ DSouza

Has been appointed

Director

National Bioethics Curriculum Implementation Centre
MIMER Medical College

Talegaon Dabhade

to fulfil the objectives of stimulating Teaching, Training and Research in Bioethics in Medical and Health Science Education.

Amon Calmi Prof. Amnon Carmi, Head, UNESCO Chair in Bioethics University of Haifa

Prof Russell D'Souza MD Head Asia Pacific Division UNESCO Chair in Bioethics

4th October 2017



The UNESCO Chair in Bioethics Haifa

Certifies that

The Student Wing of

MIMER Medical College

of the UNESCO Chair in Bioethics is established

In proclamation of the establishment of the

Bioethics Unit at MIMER Medical College

on the 4th October 2017

to fulfil the objectives of stimulating Teaching, Training and Research in Bioethics in Medical & Health Science Education.

Amon Calba

Prof. Amnon Carmi, Head, UNESCO Chair in Bioethics University of Haifa Prof Russell D'Souza MD Head Asia Pacific Division UNESCO Chair in Bioethics

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MAEER MIT PUNE'S

MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, (MEDICAL COLLEGE)

DR. BHAUSAHEB SARDESAI TALEGAON RURAL HOSPITAL

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P.O.Talegaon General Hospital, Talegaon Dabhade, Pune – 410 507, Maharashtra, India.

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MAAER"s MIT Pune

Maharashtra Institute of Medical Education & Research(MIMER Medical College)

Bhausaheb Sardesai Talegaon Rural Hospital.

TalegaonDabhade, Pune, Maharashtra, India.

To, **Dr. (Col.) R. P. Gupta,** Principal, MIMER Medical College, Talegaon, (D), 410507.

<u>Subject – Report on participation of students in Ethos 2018, 2nd National</u> Bioethics, Medical and Research Conference, SGRDUHS, Amritsar.

Respected Sir,

We, the students of MIMER Medical college, represented our institute in Ethos 2018, 2nd National Bioethics, Medical and Research Conference, SGRDUHS, Amritsar.

We"re giving you a brief report about the same

1. INTRODUCTION OF ETHOS

ETHOS 2018, was the 2nd National Bioethics, Medical and Research Conference, held at Sri Guru Ram Das Institute of Medical Sciences & Research, affiliated to Sri Guru

Ram Das University of Health Sciences, Amritsar, from 31_{st} August to 2_{nd} September. ETHOS 2018, was one signature event by the Students" Wing of Indian Program of International Network of UNESCO Chair in Bioethics, Haifa.

2. ROLE OF THE INSTITUTION

As we know, the most valuable resource that a student can have, is their teachers. Without a Guru, students" growth is limited to their own perspectives. Very much in coincidence with the previous lines, the entire team was under a constant guidance of the following teachers;

- a. Dr. VaishaliKordeNayak, Professor in Obstetrics & Gynecology, an educator, who also serves as the head of Student's Steering Committee.
- b. Dr. (Col.) Derek D"Souza, Professor in Dentistry, who also serves as the Director of National Bioethics Curriculum Implementation Centre.
- c. Dr. Aneesh Bhat, who serves as Professor & Head in the department of Psychiatry.
- d. Dr. Rupali Bagga, Associate Professor in the department of Community Medicine.

Lastly, Dr. (Col.) R.P. Gupta, Principal, for giving us the permission to attend the conference.

After a few fruitful meetings of the students" steering committe, from one studentdelegate, the count increased to fifteen delegates. To put it all in a sentence, these teachers placed a baton in the hands of fifteen students, who went all the way to Amritsar and came back as achievers.

3. PARTICIPATION

"The future belongs to those who believe in the beauty of their dreams." Want to know who these dreamers are? Yes, these are the fifteen delegates, the students of their very own MIMER.

1. Tejas Mhapankar (9thSem)

2. Oshin Behl (9thSem)

3.	ShantanuChitale	(7thSem)
4.	Manalee Das	(7 th Sem)
5.	PrajaktaKurade	(7 th Sem)
6.	Ritika Mishra	(7 th Sem)
7.	AkshitaShrivastava	a (7th Sem)
8.	TanushreeNahata	(7thSem)
9.	NishitaManjrekar	(7 th Sem)
10	.KirtiRodge	(5thSem)
11.	.RutujaKhanvilkar	(5thSem)
12.	Simran Kapoor	(5thSem)
13.	Asma Patel	(5thSem)
14.	PrachiJethwa	(5thSem)
15.	.DharaDarji	(5thSem)

Tejas Mhapankar, a student of MBBS Final Year, served as the college ambassador for ETHOS 2018. His role was instrumental in bringing all these fifteen starts together.

These students actively participated in various pre-conference workshops, events like Paper Presentation, Poster Presentation, Sharp Tank, Ethi Scan – Quiz, Debate, Just a Minute and Medical Short Film. As they say, an enthusiastic heart finds opportunities everywhere, these delegates didn't leave a single opportunity to showcase their talent. Their participation in online events like Ethi Shot – Photography, Online Ethi Scan and Sketch it Syndrome is noteworthy.

The journey of these delegates over a period of one month before conference has been full of energy, liveliness, zeal, perseverance and lastly the most important thing, team spirit.

4. WINNERS

Now that one looks back at ETHOS 2018, one can rightly say, the forecast for Team MIMER in Amritsar was 100 percent chance of winning. Amidst 600 national delegates and many participations, Team MIMER has bagged twelve awards and putMIMER at the national forefront in the field of Bioethics and Research.

1) Ethirhythm— Dance Contest — 1st prize

Theme – Transgender Choreographer – Prajakta Team – Ritika Mishra, Tanushre, Dhara, Manalee, Shantanu.

2) Medflix – Medical Short Film - 1st prize

Theme – Euthanasia

Team – Sourabh, Asmal, Prachi, Shruti, Rutuja, Kirti, Simran, Vinit Sairaja, Dhara

https://drive.google.com/file/d/1sU6IrEvXgQEAL9vO - wSfYrDkXyPGEq/view?usp=drivesdk

3) Medflix – Medical Short Film 2nd prize

Theme— Doctor patient relationship

Team – Akshita, Ritika, Nishita Manjrekar, Manalee, Satyajeet, Advait

https://drive.google.com/file/d/1 7cNznu0zCSNcKcf08OjPnhKg0btsDk8/view?usp=drivesdk

<u>4)</u>Apprise – The Debate – 2nd Prize

Topic- Surrogacy, the dark side of the moonTeam – Manalee, Shantanu_____

https://drive.google.com/folderview?id=1R3oF3Eisn04w8cAFfP0h3G YI1 oM53l

5) Sharp Tank – Medical Innovation –

1stPrizeWinner – Tanushree

https://photos.app.goo.gl/e2AuuoSiH2pF84dJ9

6) Sketch it Syndrome

1st prize – Kirti Rodge

2nd prize-Rutuja Khanvilkar

https://drive.google.com/file/d/1hsOWjRato-QBzS1Ve1J0MHMaE qPVbG3/view?usp=drivesdk

https://drive.google.com/file/d/15otjye-1b0_nx4nn-Bt4v-TwLVt75dwC/view?usp=drivesdk

7) Ethiart- 3rd Prize – Rutuja Khanvilkar
https://drive.google.com/file/d/1jTplKHZeJMvqyD89M-9uD1uW1HnslkMw/view?usp=drivesdk
8) Ethiscan- 1st prize – Prachi Jethwa
9) Just A Minute –2nd prize- Simran Kapoor
10) Quote it –3rd prize - Simran Kapoor
11) Treasure Hunt- 2nd Prize-
Team - Ritika, Tanushree, Dhara

12) Ethos Balladry- 2nd prize- ShantanuChitale

We, the delegates, are thankful to all the teachers, principal sir and our fellow batch mates for their constant support, guidance, love and affection.

Thanking you,

Mr. Tejas

Pramod

Mhapankar, MBBS 4th

Professional Representative,

Students" Steering Committee, MIMER Medical College



Dr. Vaishali Korde Nayak,Head, Students Steering
Committee, Professor & Head of
Unit,
MIMER Medical College.







MAAER"s MIT Pune

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BhausahebSardesai Talegaon Rural Hospital.

Talegaon Dabhade, Pune, Maharashtra, India.

The Asia Pacific Division of the UNESCO Chair in Bioethics organised the "Ist International Conference on Bioethics in Health Sciences - BIOETHICON 2019', it was held at SRM Institute of Science and Technology, Chennai from 8th to 10th November, 2019. The theme of the conference was 'Redefining Bioethics in Health Sciences for the next century'

- Dr Suchitra Nagare attended as Chair of the National Bioethics Curriculum Implementation Centre and Chaired the Plenary Scientific Sessions at the conference.
- Dr Derek D"Souza was the Organising Secretary of the Conference and he conducted a pre-conference workshop on 7th Nov at SRM University.
- Faculty of MIMER Dr. (Col) Derek D"Souza, Dr. Shilpa Pratinidhi, Dr. Usha Khadtare & Dr. Anjum Sayyad presented E-Poster in Conference.

















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Nanorobot technology might soon be India's new cancer weapon

05 July,2020 05:49 AM IST | Mumbai Vinod Kumar Menon | vinodm@mid-day.com

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Pune scientists see hope in nanotech to deliwer antii-cancer drug to turmour, without harming rest of the body



A junior scientist seemint bled abboratory of IMINIER Medical college, where the technology is being researched

A team of cancer scientists in Pune are researching a unique nanorobot technology that

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Manjul

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OPEN Self-Propelling Targeted Magneto-**Nanobots for Deep Tumor** Penetration and pH-Responsive Intracellular Drug Delivery

Saloni S. Andhari^{1,4}, Ravindra D. Wavhale^{2,4}, Kshama D. Dhobale², Bhausaheb V. Tawade², Govind P. Chate², Yuvraj N. Patil², Jayant J. Khandare^{3*} & Shashwat S. Banerjee^{2*}

Self-propelling magnetic nanorobots capable of intrinsic-navigation in biological fluids with enhanced pharmacokinetics and deeper tissue penetration implicates promising strategy in targeted cancer therapy. Here, multi-component magnetic nanobot designed by chemically conjugating magnetic Fe₃O₄ nanoparticles (NPs), anti-epithelial cell adhesion molecule antibody (anti-EpCAM mAb) to multiwalled carbon nanotubes (CNT) loaded with an anticancer drug, doxorubicin hydrochloride (DOX) is reported. Autonomous propulsion of the nanobots and their external magnetic guidance is enabled by enriching Fe₂O, NPs with dual catalytic-magnetic functionality. The nanobots propel at high velocities even in complex biological fluids. In addition, the nanobots preferably release DOX in the intracellular lysosomal compartment of human colorectal carcinoma (HCT116) cells by the opening of Fe₃O₆ NP gate. Further, nanobot reduce ex vivo HCT116 tumor spheroids more efficiently than free DOX. The multicomponent nanobot's design represents a more pronounced method in targeting tumors with selfassisted anticancer drug delivery for 'far-reaching' sites in treating cancers.

Designing miniaturized and versatile robots in the dimensional-range of a few micrometers or less offer potential for unprecedented biomedical applications, such as refinements in targeted drug delivery platforms 1-1. Miniature robotic systems provide considerable benefits over conventional and micro/nanoparticle-based therapies^{8,9}. Existing anticancer drug delivery systems demonstrate pharmacokinetic (PK) limitations as they are passive systems driven by the blood fluidics and lack intrinsic navigation for long circulation time, targeting, localized delivery, and tissue penetration ^{10,11}. Furthermore, despite surface functionalization with a specific ligand that allows nanocarriers to increase the active targeting ability; the nanocarriers are unable to guide themselves to a target. Hence, for targeted anticancer delivery of therapeutic payloads to disease sites, drug carriers are desired to possess some distinctive traits, including self-propelling force and velocity, navigational functions, precise cell targeting, drug cargo-towing and finally tissue penetration with the release of drug payload ^{12–16}.

Micro/nanomotors with efficient cargo towing and effective penetrating abilities make them excellent delivery vehicles that can meet the necessary features for targeted delivery of therapeutics⁶. Chemically propelled micro-/ nanorobots have been widely explored for active drug delivery, and tremendous progresses has been made in the past few years 17. However, designing nanobots for biological functionality is still a challenge as they have some inherent limitations, such as complex preparation technology, difficulty of surface modification, difficulty of motion in biological fluids and depending on the material, poor biocompatibility or biodegradability 6.18,19 Furthermore, none of the reported micro/nanobot system has demonstrated practically useful speed high enough for biomedical applications due to high-speed blood flow in human arteries (dimensions from 4 to 25 mm) with a blood flow velocity from 100 to 400 mm/s²⁰.

Herein, we report for the first time a smart H_2O_2 and pH-responsive nanobot system to transport anticancer drug deep inside the three dimensional (3D) tumors by exploiting Fe₃O₄ dependent decomposition of H₂O₂

¹Maharashtra Academy of Engineering Education and Research's Maharashtra Institute of Pharmacy, Pune, 411038, India. ²Maharashtra Institute of Medical Education and Research, Talegaon Dabhade, Pune, 410507, India. ³School of Pharmacy, Dr. Vishwanath Karad MIT World Peace University, Pune, 411038, India. ⁴These authors contributed equally: Saloni S. Andhari and Ravindra D. Wavhale. *email: jayant.khandare@mippune.edu.in; shashwatbanerjee@ mitmimer.com



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The book provides the scientific community with a much-needed overview of how adsorbents based on inexpensive waste materials can be used to treat various major water pollutants. This work focuses on design, surface modification and characterization of these materials, thereby leading to an understanding of the role that sorption mechanism plays in treating water pollution. The introductory section deals with a comprehensive overview of various techniques applied for water treatment, the complexity involved and advantages of sorption technique. The following sections then present novel surface modification methods for adsorbents depending on the pollutants and different methodology used to characterize them. The results and discussion section highlights the efficacy of the novel adsorbents in removing various water pollutants and the mechanism involved in the sorption process. The book concludes with a conclusion chapter enlisting the salient features of the investigation and scope for future work. The result is a reliable reference for those wanting to learn more about this important class of inexpensive adsorbents, as well as



Shashwat Banerjee



Shashwat Banerjee

Shashwat Banerjee received his PhD in Chemistry from the Institute of Chemical Technology, University of Mumbai in 2003. After postdoctoral work at the National Cheng Kung University and Washington State University, he joined Piramal Life Sciences Ltd. as a Research Scientist. His research interest is in surface chemistry and biomaterials.



978-3-8465-9520-6

Application of Simple and Modified Adsorbents in Water Treatment

Novel and Inexpensive Adsorbents for Treating Major Water Pollutants



Shashwat Banerjee

Novel Adsorbents for Water Treatment

List of Articles of Dr Shashwat Banerjee, Head, Dept. of Central Research Laboratory, MIMER

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	M	edical	College	Talegaon (D)

Sr No	Title of Article	Name of Authors	Name of Journal	Year
1	Nanoparticle properties modulate their effect on thehuman blood functions	P.N Baravkar, A.A. Sayyed, C S Rahane, Dr Shshwat Banerjee	BioNanoScience	2021
2	Water powered self – propelled Magnetic nanobot for Rapid and Highly Efficient Capture of Circulating Tumour Cells	R.D.Wavhale, K.D. Dhobale, C.S.Rahane, Dr Shashwat Banerjee	Communications Chemistry	2021
3	Nanocarrier anticancer drug-conjugates cause higher cellular deformations: culpable for mischief	Dr Shashwat Banerjee	Biomaterials Science	2020
4	A graphene-sandwiched DNA nanosystem, regulation of intercalated doxorubicin for cellular localization	S.Nandi, N.Kale, A.Patil, Dr.Shashwat Banerjee	Nanoscale Advances	2020
5	Cellular regeneration and proliferation on polymeric 3D inverse-space substrates and the effect of doxorubicin	Dr Shashwat Banerjee	Nanoscale Advances	2020
6	Self-Propelling Targeted Magneto-Nanobots for Deep Tumor Penetration and pH-Responsive Intracellular Drug Delivery	Dr Shashwat Banerjee	Scientific Reports	2020
7	Cell deformation and acquired drug resistance: elucidating the major influence of drug-nanocarrier delivery systems	Dr Shashwat Banerjee	Scientific Reports	2020
8	Selective Cell Isolation by Transferrin Functionalized Silane— Carbon Soot Mediated Superhydrophobic Micropatterns	Govind P. Chate, Narendra R. Kale, Vrushali Khobragade, Chinmay Rahane, Marcelo Calderon, Shashwat S. Banerjee (corresponding author), Jayant J. Kandhare	Advanced Materials Interfaces	2018
9	Bio functionalized Capillary Flow Channel Platform Integrated with 3D Nanostructured Matrix to Capture Circulating Tumor Cells	Shashwat S. Banerjee (corresponding author), Ganesh V. Khutale, Vrushali Khobragade, Narendra R. Kale, Milind Pore, Archana Jalota-Badhwar, Manoj Dongare, Jayant J. Kandhare	Advanced Materials Interfaces	2017
10	Budding trends in integrated pest management using advanced micro- and nano-materials: Challenges and perspectives	Neha Khandelwal Ranjit S. Barbole Shashwat S. Banerjee Govind P. Chate Ankush V. Biradar, Jayant J.Khandare Ashok P.Giri	Journal of Environmental Management	2016

Dr Shashwat Banerjee, Head, Dept. of Central Research Laboratory: - MOU with Yenepoya University

11/16/21, 8:04 PM

MAEER's MIMER Medical College Mail - Fwd; Will start the work on osteogenic differentiation in sometime



NAAC Criterion 6 <naac.criterion6@mitmimer.com>

Fwd: Will start the work on osteogenic differentiation in sometime

2 messages

DR. JANICE JAISON <drjanicejaison@mitmimer.com> To: NAAC Criterion 6 <naac.criterion6@mitmimer.com> Tue, Nov 16, 2021 at 3:13 PM

Date: Tue, Nov 16, 2021 at 12:14 AM

Subject: Fwd: Will start the work on osteogenic differentiation in sometime

To: <anjumsayyed102@gmail.com>

 Forwarded message From: Suchitra Karad <suchitra@mitpune.com>

Date: Mon, 15 Nov, 2021, 7:37 pm

Subject: Fwd: Will start the work on osteogenic differentiation in sometime

To: DR. JANICE JAISON <drjanicejaison@mitmimer.com>

- Forwarded message -

From: Shashwat Banerjee <shashwatbanerjee@gmail.com>

Date: Mon, 15 Nov 2021, 19:28

Subject: Fwd: Will start the work on osteogenic differentiation in sometime

To: Suchitra Karad <suchitra@mitpune.com>

- Forwarded message -

From: Bipasha

bipasha.bose@gmail.com>

Date: Fri, 19 Aug 2016, 12:29

Subject: Will start the work on osteogenic differentiation in sometime

To: Shashwat Banerjee <shashwatbanerjee@gmail.com>

Dear Shahshwat.

How are you?

I have now ordered for the reagents for the osteogenic differentiation. They will arrive within 3 weeks or so. Once they arrive, I should be able to start checking your compound for enhanced osteogenesis, with or without using the classical osteogenic differentiation media.

Will update you once I have the results.

Best wishes,

Bipasha Bose, PhD

Faculty and Principal Investigator Stem Cell Biology and Tissue Engineering Division Yenepoya Research Centre Yenepoya University,

Academic Excellence

MIMER MEDICAL COLLEGE, TALEGAON DABHADE, PUNE

UNIVERSITY RESULT SUMMARY

UNDER GRADUATE COURSE - MBBS

		Acar	demic Y	ear 201	6-17			Aca	demic Y	ear 201	7-18			Aca	demic Y	ear 201	8-19			Acad	demic Y	ear 201	9-20			Aca	demic Y	ear 202	0-21	
1220000000	WI	NTER-20			MMER-2	017	W	INTER-2	017	SUI	MMER-2	2018	w	NTER-2	018	SUI	AMER-2	2019	w	NTER-20	019	SUI	MMER-2	2020	WI	NTER-2	020	Sur	nmer- 2	021
Year Year	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %	No. of Student Appeared	No. of Student Pass	Percenta ge of Result %
First Year				74		-											1					150	122	81.33%	E Late				Mr.	
MBBS						N	EW COU	RSE STA	RTED FRO	M ACADI	EMIC YE	AR 2019-	20						NO EXAM	FOR FIRST	YEAR MBBS	28	23	82.14%	NO EXAM	FOR FIRST	YEAR MBBS			741
(New Course)	100																		- 11 -		0.4	Supplen	nentary - 2	020 Exam	5.1.83			Supplen	nentary - 2	021 Exam
First Year				153	136	88.89%				110	88	80.00%				159	145	91.19%				5	3	60.00%	NO EVANA	EOD EIBST	YEAR MBBS	2	0	0.00%
MBBS	NO EXAM I	FOR FIRST	YEAR MBBS	15	08	53.33%	NO EXAM	FOR FIRST	YEAR MBBS	20	11	55.00%	NO EXAM	FOR FIRST	YEAR MBBS	14	11	78.57%	NO EXAM	FOR FIRST	YEAR MBBS	2	0	0.00%	NO EXAM	FOR FIRST	TEAR MIDES			
(Old Course)				Supplen	nentary - 2	017 Exam				Supplen	nentary - 2	018 Exam				Supplen	entary - 20	019 Exam				Suppler	mentary - 2	020 Exam				Supplen	nentary - 2	
Second Year	152	136	89.47%	16	12	75.00%	111	98	88.29%	16	09	56.25%	150	134	89.33%	14	06	42.86%	106	84	79.24%	23	18	78.26%	163	139	85.28%	20	from M	is awaiting UHS Nashik
Third Year MBBS	109	99	90.83%	12	09	75.00%	149	142	95.30%	08	08	100%	106	104	98.11%	03	01	33.33%	140	133	95.00%	10	09	90.00%	101	96	95.04%	6		is awaiting UHS Nashik
(P-I) Third Year MBBS (P-II)	102	98	96.08%	08	06	75.00%	106	97	91.51%	11	06	54.54%	154	134	87.01%	22	17	77.27%	108	101	93.51%	09	05	55.56%	146	132	90.41%	14	12	85.71%



Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

MIMER MEDICAL COLLEGE, TALEGAON DABHADE, PUNE

UNIVERSITY RESULT SUMMARY

POST GRADUATE COURSE - MD / MS

		Acad	demic Y	ear 201	6-17			Acad	lemic Y	ear 201	7-18			Acad	demic Y	ear 201	8-19			Acad	demic Y	ear 201	9-20			Acad	demic Y	ear 202	0-21	
	WI	NTER-20	16	SUI	MMER-2	017	WI	INTER-20)17	SUI	MMER-2	018	WI	NTER-20	018	SUI	MMER-2	019	w	INTER-20)19	SUI	MMER-2	020	W	NTER-20	020	Sur	nmer- 2	021
Course	No. of Student Appeared	No. of Student Pass	- 25 To Co. Co.	No. of Student Appeared	No. of Student Pass	C442.03	No. of Student Appeared	No. of Student Pass	7.97	No. of Student Appeared	Student	age of	No. of Student Appeared	No. of Student Pass		No. of Student Appeared	Student			Student		No. of Student Appeared	Student		No. of Student Appeared	No. of Student Pass	Percent- age of Result %	No. of Student Appeared	Student	Percent- age of Result %
MD/MS	3	3	100%	19	18	94.73%	0	0	0.00%	21	17	80.95%	3	2	66.67%	21	17	80.95%	4	2	50.00%	19	17	89.47%	2	2	100%	17	17	100%

POST GRADUATE COURSE - FELLOWSHIP COURSES

	T	Aca	demic \	ear 201	6-17			Acad	lemic Y	ear 201	7-18			Acad	demic Y	ear 201	8-19			Acad	lemic Y	ear 201	9-20			Acad	demic Y	ear 202	0-21	
	WI	NTER-2	016	SU	MMER-2	017	W	NTER-20	17	SUI	MMER-2	018	W	NTER-20	18	SU	MMER-2	019	w	INTER-20	19	SUI	MMER-2	020	W	INTER-20	020	Sun	nmer- 2	021
Course	No. of Student Appeared	2000		No. of Student Appeared	No. of Student Pass		No. of Student Appeared	Student	Percent- age of Result %		No. of Student Pass	age of	No. of Student Appeared	No. of Student Pass		No. of Student Appeared	Student		No. of Student Appeared	Student		2000	Student		No. of Student Appeared	Student		No. of Student Appeared	Student	Percent age of Result !
FCC				COURSI	STARTE	D FROM	ACADEM	IC YEAR	2017-18				2	2	100%	1	1	100%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%

POST GRADUATE COURSE - CERTIFICATE COURSE IN MODERN PHARMACOLOGY

		Acad	demic Y	ear 201	6-17			Acad	lemic Y	ear 201	7-18			Aca	demic Y	ear 201	8-19			Acad	lemic Y	ear 201	9-20			Aca	demic Y	ear 202	0-21	
	WI	NTER-20	016	SUI	MMER-2	017	W	NTER-20	117	SUI	MMER-2	018	w	INTER-2)18	SUI	VIMER-2	019	w	INTER-20	119	SUI	MMER-2	020	W	INTER-20	020	Sur	nmer- 2	021
Course	No. of Student Appeared	No. of Student Pass	0.0000000000000000000000000000000000000	No. of Student Appeared	Student	Percent- age of Result %	No. of Student Appeared	Student	Percent- age of Result %	No. of Student Appeared	No. of Student Pass	age of	No. of Student Appeared	No. of Student Pass		No. of Student Appeared	Student		No. of Student Appeared	Student		No. of Student Appeared	Student	0.00000000	No. of Student Appeared	Student	100000000000000000000000000000000000000	No. of Student Appeared	Student	Percent age of Result 9
ССМР			Į N	COURSE	STARTE	D FROM	ACADEM	IC YEAR	2017-18				50	47	94.00%	0	0	0.00%	49	49	100%	0	0	0.00%	46	46	100%	0	0	0.00%



Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरीरोड, म्हसरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

EPABX:0253-2539100/300FAX:0253-2539260,2531836,2539222-223 Tel:0253-2539219,6659253 Website:http://www.muhs.ac.in, Email:coe@muhs.ac.in, phdexam@muhs.ac.in

डॉ.अजित गजानन पाठक एम.बी.बी.एस,एम.डी. (न्यायवैद्यवशास्त्र) परीक्षा नियंत्रक Dr. Ajit Gajanan Pathak M.B.B.S., M.D. (Forensic Medicine)

Controller of Examinations

MUHS/XPG-6/Ph.D./1426/2021

Date: 10 /08/2021

Ph.D. Notification

It is hereby notified that Hon'ble Vice-Chancellor, Maharashtra University of Health Sciences in anticipation of the University Authority, has accepted the thesis submitted by the following candidate and declared her eligible for the award of the degree of 'Doctor of Philosophy' (Ph.D.) of the Maharashtra University of Health Sciences, Nashik in the subject concerned. The degree will be issued in due course. The relevant details are indicated below:

Name of Candidate

Anjum Abdul Karim Sayyed

Permanent Registration No.

2710100077

Faculty

Medicine

Subject

Medical Biochemistry

Title of Thesis

"Metabolic Alterations in Preeclampsia."

Name of Guide

Dr. Alka Sontakke

Name of Research Centre

MIMER Medical College, Talegaon, Pune

Date of Ph.D. Viva Voce

30th July, 2021

Controller of Examinations

Copy forwarded to:

1) The Secretary, UGC, Bahadur Shah Zafar Marg, New Delhi- 110 002.

2) The Secretary, Association of Indian Universities, AIU House, 16-kotla Marg, New Delhi- 110 002.

3) The Head, Human Resource Development Group, CSIR Complex, Library Avenue, Pusa New Delhi 110012.

4) The Editor, University News, AIU, AIU House, 16-kotla Marg, New Delhi- 110 002.

5) The Member Secretary, Indian Council of Social Sciences Research, 35, Firoz Shah Road, New Delhi.

 Director, Information and Library Network Centre, Inflibent Centre Road, Opp. TCS, Infocity, Gndhinagar Gujarat- 382421.

7) The Secretary/Director, Scientific & Industrial Research, CSIR, Anusandhan Bhawan, 2, Rafi Marg, New Delhi.

8) The Indian Sciences Abstract Section, Indian National Scientific Documentation Centre, Vidyan Sanchar Bhawan), Dr. K.S. Krishnan Marg, Pusa Campus, New Delhi- 110012.

9) The Hon'ble Vice-Chancellor Office, Maharashtra University of Health Sciences, Nashik.

10) The Controller of Examinations Office, Maharashtra University of Health Sciences, Nashik.

11) To, Dean/Principal/Director/Head of the Institute, MIMER Medical College, Talegaon, Pune- 410507.

To, Anjum Abdul Karim Sayyed, MIMER Medical College, Talegaon, Pune.

13) Incharge Result Section, MUHS, Nashik.

14) Incharge Convocation Cell, MUHS, Nashik.

Principal
MIMER Medical College
Talegaon Dabhade,
Pune-410 507.

Note: 1) For any query / objection, kindly raise on or before 15th January 2021 by email on result@muhs.ac.in
2) This list is not final and subject to change as per query / objection /correction.

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK (20TH CONVOCATION, 2020) LIST OF SPONSORED GOLD MEDALS

FACULTY: MEDICAL (UG) (FOR SUM-19 & WIN-19 EXAM ONLY)

Donor	Title of the Medal	Faculty / Subject	College Name	Name of Student
Maharashtra University of Health Sciences, Nashik	Late Dr. Dayanand Dongaonkar Gold Medal	Securing highest marks in (Ist +IInd +III(I)st +III(II)nd MBBS combined	Mahatma Gandhi Inst.of	Shambhavi Chowdhary
Prof Dr Arun Jamkar, Vice Chancellor, MUHS, Nashik	"Late Vyankatesh Jamkar Gold Medal"	Securing highest marks in (lst +lInd +lII(I)st +lII(II)nd MBBS combined	Medical Science , Wardha	(Marks=2002) (Win-19)
Sau. Vimal Laxminarayan Mahadule	"Dr.Kunal L. Mahadule Gold Medal"	Securing highest marks in Third MBBS (Part-II) (From N.K.P.Salve Institute of Medical Sciences & Research Centre, Nagpur)	N.K.P.Salve Institute of Medical Sciences & Research Centre, Nagpur	Thombare Avantika Ramesh (Marks=677) (Win-19)
Trustee, Harshvardhan Medical Foundation, MEERA Hospital, Pune	"In The Memory of Late Dr.A.V.Umranikar Gold Medal"	Securing highest marks in Third MBBS (Part-II) (From B.J. Govt. Medical College, Pune)	B.J. Govt. Medical College, Pune	Shetty Harshitha Harish (Marks=688) (Win-19)
Rajebahadur Heart Foundation Pvt. Ltd. Nashik	"Rajebahadur Heart Foundation Gold Medai"	Third MBBS (Part-II)		Section and Associations
Shri. Bhagwan G. Joshi, Pune	" Dr.S.M.Patankar Gold Medal"	Third MBBS (Part-II)	Armed Forces Medical College, Pune	M. Sri Saran (Marks=738) (Win-19)
Shri.Laxminarayan Mahadule	"Dr.Kunal L. Mahadule Gold Medal"	Third MBBS (Part-II)		
Dr. L. H. Hiranandani, Mumbai	"Krantijyoti Dr. Rakhamabai Memorial Gold Medal"	Third MBBS (Part-II) (Women Category)	Mahatma Gandhi Inst.of Medical Science , Wardha	Shambhavi Chowdhary (Marks=707) (Win-19)
Shri, Shriram Kushaba Bakare Foundation, Malegaon	"Late Shri Shriram Kushaba Bakare Memorial Gold Medal"	Combined highest total marks in Third MBBS (Part-I & II)	Armed Forces Medical College, Pune	Shantanu Khanna (Marks=1070) (Win-19)
Shri. Arvind Shamrao Choudhari and Dr. Prakash Shamrao Choudhari, Dhule	"Shamrao Mango alias Nanasaheb Choudhari Gold Medal"	Third MBBS (Part-II) Subject-Obstetrics and Gynaecology	Armed Forces Medical	M. Sri Saran (Marks=173)
Smt. R. Krishnaveni, Pune	"Late Dr. Anjaneyulu Gold Medal"	Third MBBS (Part-II) Subject-Obstetrics and Gynaecology	College, Pune	(Win-19)
Dr. K. G. Deshmukh, Nagpur	"Dr. Kamaltai Deshmukh Gold Medal"	Third MBBS (Part-II) Subject-Obstetrics and Gynaecology (Women Category)	MIMER Medical College, Talegaon Dabhade, Pune	Deshmukh Asmita Ajay (Marks=168) (Win-19)
Dr. Jaising Phadtare, Mumbai	"Late Smt. Vijayadevi Phadtare Memorial Gold Medal"	Third MBBS (Part-II) Subject- Medicine (Women Category)	B.J. Govt. Medical College, Pune	Shetty Harshitha Harish (Marks=239) (Win-19)

MIMER MEDICAL COLLEGE TALEGAON DABHADEDEPARTMENT OF OBSTETRICS &GYNAECOLOGY

STRIKING GOLD

Our UG student Asmita Deshmukh (MBBS 2017) has been awarded GOLD MEDAL at the 20th Convocation ceremony of MUHS, Nashik for securing the highest marks in Obstetrics and Gynecology in the entire state. Asmita has made Dept. of OBGY- MIMER Medical College, very proud by her remarkable achievement and has been an inspiration for other students. As teachers we are very happy and student's achievements are priceless and reflect teacher's efforts.

Department arranged a small celebration and awarded her with a token of appreciation.

Department of OBGY has always strived hard to keep the academics upto the mark and will always continue to do the good work for the welfare of our students and institute.





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

EPABX: 0253-2539100/300, Fax: 0253-2531836, Ph.: 2539219/178

Email: coe@muhs.ac.in Website: www.muhs.ac.in

डॉ .अजित गजानन पाठक एम.बी.बी.एस, एम.डी.(न्यायवैद्यकशास्त्र).

Dr. Ajit Gajanan Pathak M.B.B.S., M.D.(Forensic Medicine)

Controller of Examinations

परीक्षा नियंत्रक

HE WHILE WHI

Ref. No.: MUHS/X-1/UG/ 7/28 /2019

To. The Dean / Principal MIMER Medical College, Talegaon Dabhade. Pune - 410 507

Sub :- Award of Merit Certificate.

Sir/Madam,

We have great pleasure to inform you that the student/students of your college as per list attached has / have won the merit certificate for obtaining the ranks as shown against their name. The lists of student & Merit Certificate/s are enclosed herewith.

Please arrange to forward the merit certificate/s to the concerned student/s and inform to the University accordingly

Controller of Examinations

Name of College: - MIMER Medical College, Talegaon Dabhade, Pune

Sr. No.	Name of Student	Year	Subject	P.R.N. No.	Merit Certificate No.	Merit Certificate Date
1	Shetty Shruti Somashekhar	(III)II MBBS	***	0114113359	171080	10 th December 2018

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Executive Quartor		
Principal	a.	7
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congratulations brishouti!



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

R. No. 0114113359

No. 171080

VICE-CHANCELLOR'S CERTIFICATE OF MERIT

This is to certify that SHETTY SHRUTI SOMASHEKHAR

a student of MIMER Medical College, Talegaon Dabhade, Pune

affiliated to the Maharashtra University of Health Sciences, Nashik, stood

FIFTH in order of merit at Final MBBS

Examinations

held in year 2017

Place: Nashik

Date: 10 December 2018



Vice - Chancellor



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

EPABX: 0253-2539100/300, Fax: 0253 - 2531836, Ph.: 2539219/178

Email: coe@muhs.ac.in Website: www.muhs.ac.in

डॉ.अजित गजानन पाठक एम.बी.बी.एस, एम.डी.(न्यायवैद्यकशास्त्र), परीक्षा नियंत्रक Dr. Ajit Gajanan Pathak M.B.B.S., M.D. (Forensic Medicine)

Controller of Examinations

Ref. No.: MUHS/X-1/UG/ 1/6 39 /2018

Date:- 9 /5 /2018

To,
The Dean / Principal
Maharashtra Institute of Medical Education
& Research (MIMER), Medical College,
Post Talegaon General Hospital,
Talegaon Dabhade, Tal. Maval,
Dist. Pune - 410 507.

Sub :- Award of Merit Certificate.

Sir/Madam,

We have great pleasure to inform you that the student/students of your college as per list attached has / have won the merit certificate for obtaining the ranks as shown against their name.

The lists of student & Merit Certificate/s are enclosed herewith.

Please arrange to forward the merit certificate/s to the concerned student/s and inform to the University accordingly.

Controller of Examinations

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P.T.O.

Name of College: - MIMER Medical College, Talegaon Dabhade, Pune.

Sr. No.	Name of Student	Year	P.R.N. No.	Merit Certificate No.	Merit Certificate Date
1	Limaye Saurabh Vinayak	Final MBBS	0113152743	170168	15 th Nov. 2017

MOTHER OF
SAURABH LIMAYE

INWAF	RD	
Executive Director		- Caloobs
Principal	RA	In needline
Medical Supdt./Hospital		for necondreps. Give 1 copy to chair NAA
Co-Ordinator		" Pr
Asst. Registrar		
Purchase Section		* ************************************
Account Section		
Student Section (UG)		
Student Section (PG)	-	
Dealing Clerk	SH	



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

No. 170168

K No 011315274

VICE-CHANCELLOR'S CERTIFICATE OF MERIT

This is to certify that LIMAYE SAURABH VINAYAK

a student of MIMER Medical College, Talegaon Dabhade, Pune

affiliated to the Maharashtra University of Health Sciences, Nashik, stood

FIFTH in order of merit at

Final MBBS

Examinations

held in year 2016

Place : Nashik

Date : 15 November 2017

- Dybaisekol



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ,नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK (An ISO 9001:2008 Certified University)

विंडोरी रोड, म्हसरुळ, नाशिक-४२२००४ Dindori Road, Mhasrul, Nashik-422004

EPABX: 0253-2539100/300, Fax: 0253-2531836, Ph.: 2539219 Email: coe@muhs.ac.in Website: www.muhs.ac.in

Santosh Kokate

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Maharashtra University of Health Sciences, Nashik

Vani-Dindori Road, Mhasrul, Nashik - 422004

GOLD MEDAL



This is to certify that "Anandrao Bhauji Saindane Gold Medal" is awarded during the 18th Foundation Day Ceremony of the University to Mr. Kevin Kiran Rambhia (PRN:0114113307) of MIMER Medical College, Talegaon Dabhade, Pune for Standing First in MBBS-II.

Date: 10/06/2016

Prof. Dr. Deelip Mhaisekar (Vice-Chancellor)

MUHS

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK (An ISO 9001:2008 Certified University)

दिडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004 Tel: (0253) 2539226 / EPABX: 0253-2539100-300 / Fax: (0253) 2539222

E-mail: examadmin@muhs.ac.in / Website: www.muhs.ac.in

डॉ. क्त्रलिदास द. चव्हाण एम.वी.वी.एस., एम.डी. (न्यायवैद्यक्शास्त्र)

एम.वा.वा.एस., एम.डा. (न्यायवद्यकशास्त्र परीक्षा नियंत्रक Dr. Kalidas D. Chavan M.B.B.S., M.D. (Forensic Medicine) Controller of Examinations

Date: -20/2/2017

IU,

The Dean / Principal,

MIMER Medical College, Pune

Subject :- Award of Merit Certificate ...

Sir / Madam,

We have great pleasure to inform you that the student / students of your college as per list attached has / have won the merit certificate for obtaining the ranks as shown against their name. The lists of students & Merit Certificate/s are enclosed herewith.

Please arrange to forward the merit certificate/s to the concerned student/s and inform to the University accordingly.

Principal

MIMER Medical College alegan Dobhade-410 507.

Controller of Examinations

Congrate

MIRAER NIEDICAL COLLEGE

Inward No. - 994

Date : 27/21/2:

Received original.

Sr. No.	Name of student	Year	Merit certificate No.	P.R.N. No.	Merit Cer. date
01	Kevin Kiyan	etona Mbbs	161068	0114113307	10/6/16
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महाराष्ट्र आयेज्य विचान विद्यापीठ, नावित MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

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डॉ. वालिदास द. चव्हाण

एम की को एस. एस चे (स्थानकेशकारक).

प परीक्षा नियंत्रक

Ref. No. MUHS/X-1/6768/2017

Dr. Kalidas D. Chavan to it is " - Al Et Chore was Medicino) Offg. Controller of Examinations

Date 05 10/2017

To

The Dean / Principal.

M. I.M.E.R. Medical College Post Talegaon General Hospital, Talegaon Dabhade, Tal. Maral. Dist-Pune- 410 509

Subject :- Award of Merit Certificate

Sir / Madain.

We have great pleasure to inform you that the student/students of your college as per list attached has I have won the merit certificate for obtaining the ranks as shown against their name. The lists of student & Merit Certificate/s are enclosed herewith.

Please arrange to forward the merit certificate/s to the concerned student/s and inform to the University accordingly.

Offg. Controller of Examinations

P. T. O .

MINE TO THE MALL PARTIEGE

100 -d No. - 5137

Name of College :- M.I.M.E.R. Medical College, Talegaon Dabhade, Pune.

Sr. No.	Name of Student	Year	Subject	P.R.N. No	Merit Certificate No.	Merit Certificate Date
01	Shetty Shruti Somashekhar	III MBBS	22	0114113359	161663	10 June 2017

Lenti



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

II CHERTIES RASHIEMAHARASHTRA UN P. R. No.: 0114113359

No. 161663

VICE-CHANCELLOR'S CERTIFICATE OF MERIT

This is to certify that SHETTY SHRUTI SOMASHEKHAR

MIMER Medical College, Talegaon Dabhade, Pune

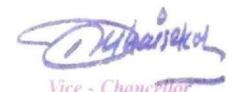
affiliated to the Maharashtra University of Health Sciences, Nashik, stood

in order of merit at THIRD THIRD MBBS Examinations

held in year 2016

Place Nashik

10 June 2017



MIMER MEDICAL COLLEGE, TALEGAON (D)

Summary of Extension and outreach activities 2016-2021

Year	2020-21	2019-20	2018-19	2017-18	2016-17
Extension Activities	95	14	21	12	30
NSS Activities	7	15	16	8	9
Outreach Camps	15	19	40	61	66
Total	117	48	77	81	105

No. of Students participating in Extension and Outreach activities

Year	2020-21	2019-20	2018-19	2017-18	2016-17
Extension Activities	260	30	35	40	35
NSS Activities	50	50	50	50	50
Outreach Camps	32	19	13	28	23
Total	342	99	98	118	108

PRINCIPAL
MIMER MEDICAL COLLEGE
TALEGAON DABHADE
PUNE -410507

MIMER MEDICAL COLLEGE, TALEGAON DABHADE

Funded Research Projects

Year	ICMR (Students)	STRG MUHS (Students)	LTRJ for (Teacher)
2020-21	13	Nil	19
2019-20	11	15	30
2018-19	11	Nil	14
2017- 18	02	Nil	04
2016- 17	Nil	Nil	01



MIMER Medical College, Talegeon Debhade, Pune

Retablished in the year 1995, MIMER Medical College and Dr. Bheusaheb Sardessi Talegaon Rural Hospital, is celebrating its Silver Jubilec year 2019 20,

Hospital, is celebrating its Suver runner year 2019 20.

To fulfil the dream of late Dr. Bhanasheb Sardesai to have a medical college and hospital in Mayar region to surve the poor at affordable coast, MABER's MIT, Pune established this Medical College in the Year 1995. Having started with 100 MBBS admissions, today the college is recognized for 150 MBBS seats and MDAMS in 11 subjects. The

for 150 MBBS seats and MD/MS in 11 subjects. The college is excredited by NAAC with Grade 'A'. Today, Dr. BSTR Heapital is having more than 700 beds and serves as a tertiary care center catering to the health needs of all sections of society. The 8° Ammal Research Society Conference and CMB amanged on 20° & 21° December 2019 is part of this year-long celebration.

This Ammal Research Society Conference is a small effort taken by the teachers and students of MIMER Medical College to promote a research extended mindact amongst the medical finteenity, In addition to this, MIMER Medical College has its own journal, MIMER Medical College has its own journal, MIMER Medical College has its own journal, which is indexed by various agencies like Index Copennicus, ProQuest and CrossRef.

CrossRef.
Todsy, MIMER Medical College is working on many impositive and pionoering research projects of academic carcellence which are recognized globalty. On this momentum occasion we, the dedicated On this momentous occasion we, two oscionosod faculty of MIMER Modical College, resuffrm our commitment to quality medical education aligned with moral, value-based universal education to produce globally competent Indian Medical Graduates to serve humanity.

PATRON

Prof. Dr. Vighwunath Karad Founder, Bacoutive President & Menaging Trustee MAEER's MIT Group of Institutions, Pans, INDIA.

Dr. Suresh Ghale Motion Director & True

Dr. Virendru Chains Trates A Executive Discous

Dr. Seehkira Nagare Trates & Essective Directe

Dr. Arms Jamker Dr. (Col) R P Gepte ctor, PG Programme R&D Principal

ORGANIZING COMMITTEE

CHAIRPERSONS

Dr. Saehn Jeahl Dr. Saedbys Kulkerni Prof. & Head Pathology Prof. & Head Microbiology

Dr. Rajendra Shende Prof. & Head Skin & VD

ORGANIZING SECRETARIES Dr. Smits Bhile Probesor Pathology

Dr. Rajarum Powur Professor Microbiology

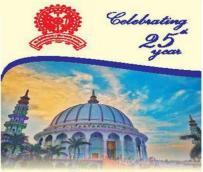
Dr. Adlid Deshmakh Senior Resident Sidn & VD

CONTACT DETAILS

Dr Ganri Metkar 1+91 9379206949,

Dr Sadhana Chate : + 91 9371026268

E-mail: conference@mitmimer.com Web: www.mltmlmer.com



8"ANNUAL RESEARCH SOCIETY CONFERENCE

20" & 21" December 2019 Leprosy -

Past, Present and Future'

VENUE Sushrut Hall, OPD Complex, 1" Floor

MAEER's MJ.M.E.R. MEDICAL COLLEGE & Dr. B.S.T.R. HOSPITAL Talegaon Dabhade, Dist. Pune

INVITATION

Dear Delegate,

Legrosy is one of the oldest diseases known to man. Despite advances in all spheres of medical science, leproey continues to be a public health challenge in countries like India. According to challenge in countries like India, According to WHO, there were 2,08,619 new leprosy cases registered globally in 2018 from 159 countries including India.

The International Federation of Anti-Leprosy Association has declared this year's theme for

World Leprosy Day as 'Ending discrimination, stigms and prejudice. In alignment with this flume, we at MIMER Medical College thought to take review of the Leprosy scenario in the country. So, the theme chosen for this 8th Annual Research Conference is Legarosy — Past, Present and Future'. In India, Leprosy Day' is observed on 30th January every year to pay homage to Father of the Nation Mahatma Gandhi remembering his dedication towards

This 8th Annual Research Society Conference will be an ideal platform for budding as well as experienced healthcare professionals to deliberate on many facets related to Leprosy. The outcome of this conference will definitely contribute towards a deeper understanding and evidence-based treatment of Leprosy.

We welcome you to the 84 Annual Research Society Conference and wish you an scademically emiching experience.

Expected 2 MMC Credit Points for Confere Expected 1 MMC Credit Point for CME

SCIENTIFIC PROGRAMME

Pre-Conference CME Friday 20° Dec 2019

		is Safe Blood Transfusion.
9:00mm	- 10:00mm	Registration
10:00am	- 10:05em	Opening Remarks
10:05am	- 11:20cm	Compresset Thompy and Researt Advances, in Transfering Medicine Dr Atal Kalkaval
11:20em	- 11:30em	The
11:30em	- 12:25pm	Blood Transfasion Reactions and Hacmovigilance programme Dr Snekel Majandar
12;15pm	- 1:00gm	Hospital Transferior Practices Dr Smits Joséd
1:00pm	- 1:15pm	Concluding Remedos
1:15pm	- 2:00pm	Lanch
Ann	ual Resea Satur	rch Society Conference day 21" Noc 2019

Registration & Breaks Scientific Senson (I) 9:00mm - 9:00mm 9:00mm - 10:30mm - 11:10em Inaugurance.
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Key-Note Address
Mycobacterium indica
the vaccine for leprocy
Dr Usseab Gaptie

Guest Lecture I Changing specario in the therapy of leprosy - Dr Pitthel Jacker 12:15pm - 1:00pm 1:00pm - 1:10pm

1:10pm - 2:20pm 2:20pm - 2:40pm Greet Lecture II Addressing disabilities of definition in legency -Dr Robbet Gathwad

tific Sendon (II)

REGISTRATION FORM

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MIMER MEDICAL COLLEGE

The hallmark of an outstanding healthcare professional is mastery of technical knowledge and skill, allied with a commitment to care with empathy for their patients. In order to fulfill the dream of creating such committed doctors, MAEER's MIT Pune, established Maharashtra Institute of Medical Education & research (MIMER) Medical College, in the year 1995, at Talegaon Dabhade, near Pune, India. The institute is affiliated to MUHS Nashik and recognised by the Medical Council of India. The college has an intake of 150 MBBS students and also conducts Post-Graduate training in various departments. The institution has been accredited with 'A' Grade by NAAC. The National Bioethics Curriculum Implementation Centre has also been established at MIMER Medical College.

A benevolent Board of Management, highly experienced and dedicated teaching faculty, ample clinical material, state-of-art educational facilities, student-friendly atmosphere, set in an idyllic and scenic ambience, aptly summarise the Talegaon Dabhade campus of MIMER Medical College.

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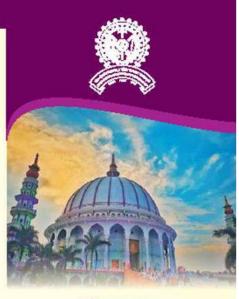
CONTACT DETAILS

Anjum Sayyed :+ 91 9823965661 Dr. Gayatri More :+ 91 8975560398

7th ANNUAL RESEARCH SOCIETY CONFERENCE MIMER Medical College, Talegaon Dabhade, Pune - 410507

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7th December 2018

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Organizing Secretaries

Dr. A. S. Chincholkar Prof. Pharmacology

Dr. R. T. Majumdar Prof. Community Medicine

CONTACT DETAILS

Dr. Aastha Pandey + 91 9922403426 Dr. Ganesh Pentewar + 91 9422022294

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7th December 2017

"Prevention: Positive attitude



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Talegaon Dabhade, Dist. Pune.

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Dr. Virendra Ghaisas **Executive Director**

Dr. Suchitra Nagare **Executive Director**

Dr. Swati Belsare Vice - Principal & Secretary Research Society.

Dr. Alka Sontakke Principal & Chairperson Research Society,

ORGANIZING COMMITTEE

Chairperson

Dr. Virendra Ghaisas **Executive Director**

Organizing Secretaries

Dr. P. S. Kamath HOD, Dept. of Orthopaedics

Dr. S. M. Belsare HOD, Dept. of Anatomy

CONTACT DETAILS

ORGANIZING SECRETARY

Dr. Swati Belsare

+91 9881475747

Dr. Prashant Kamath + 91 9890761303

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MIMER Medical College, Talegaon Dabhade,

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E-mail: anatomy@mitmimer.com conference@mitmimer.com Web: www.mitmimer.com Fax - 02114 - 223916.



5th ANNUAL RESEARCH SOCIETY CONFERENCE

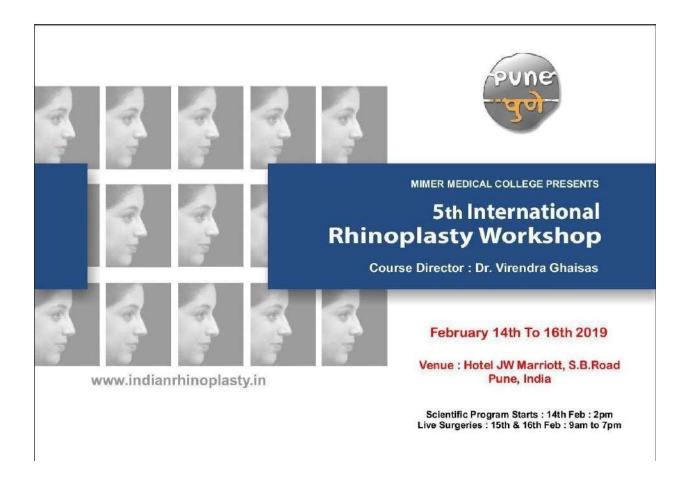
1st & 2nd December 2016 " Holistic approach to Health"



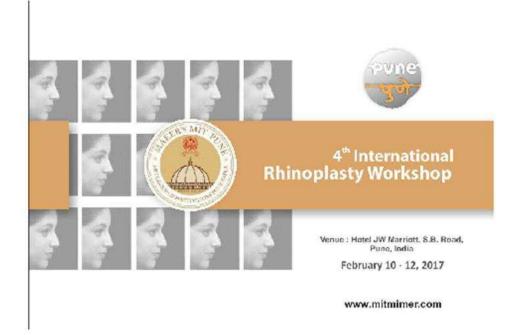
Organizing Depts.-Dept. of Anatomy, Dept. of ENT, of Orthopaedics & Dept. of Psychiatry



Rhinoplasty Workshop



Rhinoplasty Workshop



REPORT

NATIONAL ROUND TABLE CONFERENCE "IMPACT OF CLIMATE CHANGE ON PUBLIC HEALTH"

7th APRIL 2018

MIMER Medical College, Talegaon Dabhade, Pune and MIT World Peace University, Pune, India, prganized a One-Day National Round Table Conference On "Impact of Climate Change on Public Health"onSaturday 7th April 2018 at Saint Dnyaneshwara Hall, MAEER's MIT Kothrud Campus, Pune, India. In the 21st century, advances in technology have benefitted the human race in many ways but there has been anadverse and hazardous impact of technological advancement on the environment as well. The impact ofclimate change that we are already facing today includes global warming, sea level rise, altered and extremeweather events like floods and droughts, decreased agricultural productivity, land degradationanduncontrolled deforestation. Public health is also affected, both directly and indirectly, as a result of climatechange. Changes in disease patterns and appearance of many new diseases threaten the very existence of thebiosphere and life on the planet. We cannot afford to ignore the situation and believe that things will get sortedout as it is already too late. A mass movement of committed persons, all across the economic spectrum, is essential for the desired changes to be effective. It is vital to work together in solidarity towards our commongoal of cleaning up the environment as the only way that this monumental problem can be controlledeffectively in the years ahead.

The one-day National Round Table Conference On 'Impact of Climate Change on Public Health', was organized to identify critical areas where climate change is affecting public health and develop a draft plan of action, which was presented before the authorities like Ministry of Environment, Forests & Climate Change, Ministry of Health & Family Welfare, National Green Tribunal etc.

 $\underline{https://indianexpress.com/article/cities/pune/national-conference-held-on-impact-of-climate-change-on-public-health-5129506/$

EMINENT SPEAKERS AND THEIR INFORMATION

Rajendra Shende

Chairman TERRE

(Technology, Education, Research and Rehabilitation for the Environment)

- Chemical Engineer by qualification from the Indian Institute of Technology (IIT), Bombay
- Part of the task force set up by the Govt. of India to negotiate the multilateral environmental agreement, the Montreal protocol.
- Former Director at United Nations Environment Programme
- Head of the Paris based 'Ozon Action Programme' of UNEP
- Worked with the governments of 146 developing countries' to develop their national management plans to eliminate use of Ozone Depleting Substances

SUMMARY OF THE CONFERENCE

Background:

Climate Change is real and it is happening. It is pinching all the strata of the society. It is one of the most crucial challenge of the century facing the humanity, apart from terrorism.

The impacts of climate change that we are already facing today include global warming, sea level rise, extreme weather events like floods and droughts, agricultural productivity, land degradation, deforestation due to forest fires, and health due to spread of infectious and other diseases, many of which are making new appearances and many would emerge in future threatening very existence of the biosphere and life on the planet.

Those who have economic muscles-the rich of the world- would be able to absorb the adverse impacts of the climate change for longer period. The lower middle class, poor strata of the society, particularly small farmers, have already started suffering the most. Unless the action is taken at various levels, and at various speeds, the climate scientists have predicted that by year 2100, the Earth will face catastrophe.

Present situation:

Paris Climate Agreement reached in 2015 has entered into force in 2017. India is Party to the Paris Climate Agreement and has played very active role in its formulation. It is now pursuing the implementation phase to fulfill its Nationally Determined Contributions (NDCs), committed to United Nations, that include emission mitigation and climate adaptation policies.

It is important to note that in spite of global efforts spanning over last two decades, the global warming and its impacts continue unabated.

Proposal:

Substantive efforts are being done in India in terms of climate change mitigation like, enhancement of energy efficiency, renewable energy, reducing the dependence on coal, oil and gas, afforestation and reducing land degradation. Technology development, policy and research are being strengthened in these mitigation areas.

However, the efforts in adapting to the climate change, particularly in development and research in climate resilient agriculture and health are lacking.

It is proposed to up a Center of Excellence in research into climate change and health studies, starting with academic courses with the help of Indian Institute of Public Health and WHO.

Key facts:

Following **key facts** put forward by World Health Organization, United Nations Organization and IPCC are the drivers of the scope of the proposal:

Climate change affects the social and environmental determinants of health – clean air, safe drinking

water, sufficient food and secure shelter.

Between 2030 and 2050, climate change is expected to cause

approximately 250 000 additional deaths per year, from malnutrition, malaria, diarrhoea and heat stress.

The direct damage costs to health (i.e. excluding costs in health determining sectors such as agriculture and water and sanitation), is estimated to be between US\$ 2-4 billion/year by 2030.

Areas with weak health infrastructure – mostly in developing countries– will be the least able to cope without assistance to prepare and respond.

Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution.

The priority areas of academic courses and research focus:

Impacts study due to rising temperature:

How extreme high ambient temperatures contribute directly to deaths from cardiovascular and respiratory disease, particularly among elderly people. Pollen and other aeroallergen levels are also higher in extreme heat. These can trigger asthma, which affects around 300 million people. Ongoing temperature increases are expected to increase this burden.

In the heat wave of summer 2003 in Europe for example, more

than 70 000 excess deaths were recorded. Indian Institute of Public Health-Ahmedabad is assessing the heat wave impacts in India

How rising temperatures and variable precipitation will adversely decrease the

production of staple foods and increase the prevalence of malnutrition and undernutrition, which currently cause 3.1 million deaths globally every year.

Impacts due to Seal level rise, Natural disasters and variable rainfall patterns

How rising sea levels and increasingly extreme weather events will force people in coastal area to move (. More than half of the world's population lives within 60 km of the sea.) forced to move, which in turn heightens the risk of a range of health effects, from mental disorders to communicable diseases.

How increasingly variable rainfall patterns, droughts are likely to affect the supply of fresh water, compromise hygiene and increase the risk of diarrhoeal disease, (which kills over 500 000 children aged under 5 years, every year globally).

How increasing frequency and intensity of floods and precipitation heighten the risk of water-borne diseases, and create breeding grounds for disease-carrying insects such as mosquitoes.

Patterns of infection

How climatic conditions affect water-borne diseases and diseasestransmitted through insects, snails or other cold-blooded animals.

How changes in climate are likely to lengthen the transmission seasons of important vector-borne diseases and to alter their geographic range.

How malaria is strongly influenced by climate. (malaria kills over 400 000 people every year The Aedes mosquito vector of dengue is also highly sensitive to climate conditions, and studies suggest that climate change is likely to continue to increase exposure to dengue)

Who is at risk? Focus on vulnerable sections of society

Centre would focus its study on following sections of the society:

People living in heat-wave prone area, coastal regions, megacities, slums and mountainous regions, children in particular living in poor countries – are among the most vulnerable to the resulting health risks and will be exposed longer to the health consequences.

The health effects are also expected to be more severe for **elderly people** and **people with infirmities or pre-existing medical conditions**.

Areas with weak health infrastructure – mostly in developing countries – will be the least able to cope without assistance to prepare and respond.

Village and city dwellers: Household air pollution due to smokes, which causes some

4.3 million deaths per year, and ambient air pollution by factories and vehicular traffic, which causes

about 3 million deaths every year.

What are the next steps:

<u>Dialogue with Indian Institute of Public Health - Ahmedabad, Indian Institute of Tropical Meteorology-Pune, WHO- Geneva and New Delhi</u>

Initiate climate change and health related courses for medical students as first step,

Research projects as part of the post graduate, doctoral and post-doctoral studies as **secondstage** and also seek international cooperation including collaborative centre of WHO (as hinted by WHO in video conference).

Finalize the list of advisory council and local as well as visiting faculty.

Effects of 'Climate change' on human health should be differentiated from those due to environmental factors eg.pollution, lifestyle changes etc.

The developing countries would bear the maximum brunt of it, and should brace for it impact, well in advance.

1. Malnutrition:

Constantly rising temperatures and increasing uncertainty of precipitation will cause Food scarcity, and add to the existing malnutrition.

Worldwide, nearly half of all deaths in children under 5 are attributable to undernutrition, ie. 3 million young lives a year. [1]

The existing statistics shows that almost 50% of children below 5 years in India are undernourished (underweight) [2]. The efforts to improve upon that will have to face the uphill task of dealing with increasing food scarcity.

Government agencies will have to revolutionize the farming in the country to promote farming in controlled conditions (greenhouse, polyhouse).

R & D effective nutritional products

Meanwhile efforts should be made to research and develop wholesome products that would bridge all the gaps of nutritional deficiencies in children.

They may contain –

Protein, carbohydrates, all essential minerals and vitamins in their RDA to ensure - optimum growth(Biotin, phosphorus, chloride, sodium etc.), Immunity(fructo-oligosaccharide, Magnesium, Vit-A, Vit-C, Vit-E, trace elements etc.), brain development (DHA, B12, Essential Amino Acids etc.), healthy bones (Vit-D, Vit-K, Calcium etc.)

The government should supply the same free and include in a national program.

PHOTOS



INAUGURATION OF THE CONFERENCE BY LIGHTING OF THE LAMP FROM LEFT – DR SUCHITRA NAGARE (EXECUTIVE DIRECTOR, MIMER), DR ARUN JAMKAR (DIRECTOR PG PROGRAM, MIMER), DR NAMDEO PAWAR (FORMER VC), PROF. DR VISHWANATH KARAD (FOUNDER PRESIDENT MAEER), DR RAJENDRA SHENDE (FOUNDER, TERRE), COL DR R P GUPTA (PRINCIPAL, MIMER)



HANDING OVER THE DECLARATION TO THE EXECUTIVE DIRECTOR OF MIMER DR SUCHITRA NAGARE

REPORT

Two Day National Round Table Conference On "A Critical Review Of Present Status Of Medical Education And Research In India And Future Plan Of Action For Improving The Same". This conference was organised by MIMER Medical College, Talegaon Dabhade, Pune and MIT World Peace University, Pune, India MAEER's MIT-WPU Kothrud Campus, Pune.

INVITATION

PROGRAM

PHOTOTS

INAUGURATION BY LIGHTING OF THE LAMP



DELIBERATIONS OF THE CONFERENCE



THE MAJESTIC SANT DNYANESHWARA HALL



THE EMINENT FACULTY FROM ALL OVER THE COUNTRY

Press Report:

The Times of India

 $\frac{https://timesofindia.indiatimes.com/city/pune/medical-meets-focus-on-lack-of-specialists/articleshow/61633536.cms$

LIST OF SOME EMINENT SPEAKERS AND DELEGATES

	EMINENT STEAKERS AND I		
S No	Name	Designation	Role
1.	Shri Sanjay Deshmukh	Secretary, Medical Education & Drugs Dept	Inauguration
2.	Dr Vinod K Paul	Chairman Oversight Commmittee	Inauguration
3.	Dr CS Pandav	WHO expert	Inauguration
4.	Dr PravinShingare	DMER Maharashtra	Inauguration
5.	Dr DileepMhaisekar	Vice Chancellor MUHS Nasik	Inauguration
6.	Dr TP Lahane	Joint Director, DMER	Inauguration Chairperson Plenary 1
7.	Dr SitaNaik	Member, Hari Gautam Committee	Guest Speaker Plenary V
8.	Dr Sanjay Oak	Former VICE CHANCELLOR DY Patil Mumbai	Plenary 1
9.	Dr SN Kadam	VICE CHANCELLOR MGMUHS	Plenary 1
10.	Dr ShashankDalvi	Former VICE CHANCELLOR PravaraLoni	Plenary 1
11.	Dr ShirishPatil	VICE CHANCELLOR DY Patil University Navi Mumbai	Chairperson Plenary 2
12.	Dr RajaramPowar	Dean GMC Latur	Delegate
13.	Dr SD Nanandkar	Dean JJ Hospital	Delegate
14.	Dr S Geetalakshmi, MD, PhD	Vice Chancellor TNMGRMU	Chairperson Plenary 4
15.	Dr SB Nimse	VICE CHANCELLOR Lucknow University	Delegate
16.	Dr AV Bhore	Director SKNMC& GH Narhe Pune	Delegate

17.	Dr PV Vijayraghavan	VICE CHANCELLOR SRM University Chennai	Delegate
18.	Maj Gen MadhuriKanitkar	Dean, AFMC	Inauguration
19.	Dr BS Nagoba	Director MIMSR Latur	Delegate
20.	Dr MD Venkatesh	VICE CHANCELLOR Sikkim Manipal University Gangtok Sikkim	Inauguration
21.	Brig V Srinivas	Brig Education & Consultant (Path)	Session 5 Assessment and Evaluation
22.	Prof GirijaSivakumar	Professor Anatomy KV Inst of Med Sc& RI	Delegate
23.	Dr DP Lokwani	Former VICE CHANCELLOR MP University of Health Sciences	Delegate
24.	Dr PinakiWani	KJ Somaiya	Delegate
25.	Dr Hemant Damle	SKN Medical College	Delegate
26.	Dr SuptinSarbhadhikari	Dean, International Institute of Health Mgt Research	Delegate
27.	Dr PF Kotur	Dean SBVU	Delegate
28.	Dr Sheetal Joshi	Lady Hardinge Medical College	Delegate
29.	Dr Kamal Shigli	Pune	Delegate
30.	Dr Kusum Gandhi	Asst prof Anatomy AAIMS Bhopal	Delegate
31.	Dr Raman Kumar	Ghaziabad	Delegate
32.	Dr Akhilesh Agarwal	Prof FMT GMC Kanpur	Delegate
33.	Dr Kajli Gupta	GMC Kanpur	Delegate
34.	Dr Sarala Devi	Assoc Prof, Gulbarga	Delegate
35.	Dr Vatsalaswamy	DY Patil	Delegate
36.	Dr Amarjit Singh	Dean DY Patil	Delegate
37.	Dr Siddharth Das	KGMU, Lucknow	Delegate
38.	Dr DilipGade	Former VICE CHANCELLOR DattaMeghe	Delegate
39.	Dr Raj Bahadur	VICE CHANCELLOR Baba Farid Punjab	Delegate
40.	Dr ChandrakantMhaske	Dean GMC Nanded	Delegate
41.	Dr VivekSaoji	VICE CHANCELLOR, KLE University, Belgavi	Delegate

SUMMARY OF THE PLENARY SESSIONS

DAY - 1

Plenary Session I

Theme: Rationalisation of existing infrastructure and facilities for Medical Colleges with a view to reducing the cost of education

Most of the problems in the health sector are due to the meagre number of qualified doctors in the country, and constantly increasing cost of medical education.

Both the issues can be tackled if the regulatory authorities rethink upon the existing minimum standard requirements for staff and infrastructure, with the objective of accommodating more students in the existing medical colleges.

Teachers' Points

Pay in colleges should be uniform (maybe at par with AIIMS) to attract more teachers to the teaching institutes.

NPA to the faculties to be calculated on the basis of the average income of their practicing peers of their specialty.

Faculty, who happens to be on leave during the inspection should be counted as a teacher, and not considered as a 'deficiency'.

Publication and Research requirements, which are made mandatory for promotions, shouldbe reconsidered. Other ways of evaluation that speak about the quality/knowledge of teachers, should also be given due consideration eg. Clinical expertise, additional skills, involvement in development of the branch, review from colleagues, patients etc.

Provision of better facilities and working conditions for staff, particularly in institutes in the rural/distant regions.

Student-teacher (Guide-PG student) ratio should be same in private and government colleges Honorary/ Adjunct/ Visiting Faculty should be given appointments counted as regular teachers.

The ratio with that of the Fulltime Faculty may be fixed. (Eg. 60% Full time: 40% Honorary)

Diploma holders with long experience(eg. 10 years or more) and a fair clinical standing maybe allowed in the medical education system

Infrastructure related

Current infrastructure requirement is almost 50% more than what is actually required for imparting quality medical education.

Medical institutes of repute should not be penalized for trivial issues.

Same infrastructure need not be assessed again and again.

Condition of having the entire institute, including hospital, in unitary campus must be relaxed.

Some relaxation in the Minimum requirements would eliminate the practices of donation/capitation fees.

Feedback from the data of actual infrastructure utilized should be taken from the institutes.

Eg.

- 1. Admin block in Dean's area and café for 100 people is impractical in the present day.
- 2. Area requirement for Library for 100 students of 1000 sq.mt. in the era of a smartphone, is unnecessary.
- 3. Mandatory 'Reading area' outside library must be reconsidered.
- 4. Demonstration rooms are not needed in each department. They can be shared.
- 5. Three separate Exam halls are mandatory at present.

 Auditorium may be utilized for conduct of exams.
- 6. Subscription and maintaining the hard copies of every relevant subject journal is very expensive, and the costs in crores. Online subscription/ E journals should be considered.
- 7. Provision of accommodation for 75% of students is unnecessary.

- 8. Hostel requirement (100sq ft/student) is more than that of UGC (75 sq feet/student) and must be revised.
- 9. The need of mandatory number of Lecture halls should be reduced. It is the era of Interactive classrooms. The time of didactic lectures is gone!
- Central research facility is needed and sufficient.
 Department research room not needed for each department.
- 11. Outdated instruments to be removed

Conduct of MCI Inspection

'MCI' is formulated by the British and hence archaic and outmoded rules, regulations and eligibility and the MCI act is given a blanket protection

Report depends on the mood of the assessor

Assessors should be formally trained in assessment of Medical Colleges to bring uniformity in the process.

Usage of derogatory words during assessment.

Cost fees for starting and reaffiliation are irrational and should be revised

Rural – Urban Divide

Doctors should be provided with better facilities in rural area Increase pay in rural areas and promise to bring them to urban area after a stage. Good to insist on rural centre for every Medical college

SUGGESTED REFORMS

Accountability needed in admission processes - "sword of closing admission"

For survival of such high expenditure colleges, long term planning is needed

Merit of the student should not be compromised for want of fees, by increasing seats to next slab.

Regular feedbacks needs to be given to MCI by govt. and pvt. Institutes, alike.

They are given mostly by private sector making it sound like a bias. Government institute needs to take part in the process.

MOU between private and govt colleges for sharing the clinical materials.

Utilization of resources may be by partnership or in 'shifts'

Requirement is huge and there is no optimum utilization

Exaggerated needs

Plenary Session II

Theme: To discuss and deliberate upon the norms and standards for qualified and competent faculty for Medical Colleges

There are always differences of opinion but the deficiency of medical faculty ranges from 20% to 30%.

Greater shortage in some disciplines than In others

Greater shortage at some locations than in others.

Maintenance of Biometric finger print machine for capturing faculty attendance, under Digital Mission Mode Project (DMMP) of Medical Council of India.

Daily twice attendance of all teaching faculty excluding SR & JR. (w.e.f. 1_{st} December 2017 the Biometric attendance shall be considered.)

Little or no training in significant areas related to academic responsibilities

There is no recognized body of knowledge and skills required that medical academic faculty must master.

Increasing attention to Teaching as a Valid form of scholarship

FDP must evolve to meet the changing needs of the society

Highest No. of Medical Colleges in the World with > 40,000 Teachers&>50,000 Intake capacity

Lack of formal policy for Faculty Development despite several committee since independence -

- Thus, current average of 0.65 Doctors/1000 in India less than world average of 1.42 doctors/1000
- To cater healthcare needs of 1.2 billion people additional 7,00,000 Doctors required by 2022 to meet 1:1000 ratio of WHO.

Suggested possible solutions.

"Teachers Eligibility Qualification 1998" had been fixed ,when ICT was not so advanced.

Now ICT is in such positionsharing of faculty through smart classroom easily possible. Honorary system can be continued again at least for rare specialty.

Use of DNB trained faculty in teachingcadre regularly with clear-cut long-termguidelines.

Equating "clinical experience regulationapplicable for ESIC hospitals" in generalto all medical colleges.

As MCI is monitoring actual classroomteaching *Adjunct faculty/ Part-time faculty* in subjects where shortages are existing may be considered for the suitable period.

Boyer's model of scholarship (1990)

Expansion of the traditional definition of scholarship

4 different categories:

- 1. Discovery: original research that advances knowledge
- 2. Integration across disciplines, across topics within a discipline/time;
- 3. Application (Engagement) of disciplinary expertise that goes beyond the service duties
- 4. Teaching and Learning that the systematic study of teaching and learning processes

Emphasis on quality rather on quantity

Teachers to choose the scholarship in the early part of their career as per their choice

Different Mandatory qualifications for different scholarly acts

Equal Weightage for all 4.

FDP: Keep the passion of teaching going not to allow life-long learning cease

Optimum Utilization of Infrastructure

For 100 intake - around 4,50,000 sq. ft. – includes Well-equipped 470 bedded hospital

College building hosting pre- & para-clinical depts

OPD building

10 operation theaters

5 lecture halls

Library building

Quarters

Hostels, etc.

This requirement - huge & no optimum utilization By meticulous planning, e.g.,

Physiology

Pathology & FMT

Pharmacology

Hostels

By meticulous planning & adding some additional infrastructure - for 150

Alternatively, by increasing field practice – possible to reduce infrastructure & lead to better learning with holistic approach.

Thus, help to reduce cost of education substantially

2. Optimum Utilization of Human Resource

With some specific addition- possible to use this human resource for 150 & to reduce cost

3. Introduction of Honorary System

Considering paucity of qualified fulltime teachers in Dermatology, TB Chest, Psychiatry, Radiology, Anaesthesia, etc.

Introduction of honorary – solve problem of non-availability & reduce cost of education substantially.

Hence, some percentage of honorary teachers - need of hour to solve problem & to reduce cost.

Diploma holder with long experience of 10 years or more- another alternative

4. Reduction in Number of Requirement of Journals

No. of journals required - 100 (70 National & 30 International)

In addition, for PG Courses, at least 5 international journals per subject

Budget for journal per year - more than one crore

Availability of many journals free of cost online and more than 2075 journals in MUHS consortia

Requirement restricted to journals not available freely-reduce the budget substantially

5. Removing Outdated Instruments from Requirement List

Many instruments - outdated in the current situation

Instruments required for mammalian & frog expts

Histology instruments

Synaptophore&cryo unit

Also many exaggerated requirements in some depts.

Outdated instruments – removed

Exaggerated requirements - restricted as per need.

Reduce the cost

6. Frequent Inspections by MCI & MUHS

Frequent inspections - unnecessary financial burdens.

Tremendous increase in assessment fees, e.g.,

MUHS continuation of affiliation - UG - 1 % of annual fees

MUHS continuation of affiliation - PG - 5 lacs or 1% of Fees

MUHS starting MD/MS – 10 lacs

MUHS extension of affiliation fees – PG – 5 lacs

MUHS starting of New MBBS Course – 40 lacs

MUHS Increase Intake in MBBS – 20 lacs

MCI Assessment fees UG - Rs. 3 to 4 Lacs

MCI Assessment fees PG - Rs. 4 Lacs

Government Assessment fees- Rs. 1, 50, 000/-

Plenary Session III

Theme: To discuss and deliberate upon the need for revision of curriculum for UG, PG and Research Programmes, so as to meet the requirement of Medical Professionals for country as per WHO standards

PROBLEM ISSUES

Medical profession has digressed from its original vows

Outdated equipment etc. is still assessed

Purpose of MBBS seems to be preparing a student for PG entrance exams

Exams are attempted just to score passing marks

Too much of referrals and investigations are making medical treatment expensive

Very Long Tenure of Medical Education is frustrating.

Syllabus is NOT REVISED in last five decades though the fraternity of medicine is so dynamic.

Tenure of curriculum of some of the subjects appears unjustified.

Lot of repetition of same topics in various subjects needs review and reorganization Only 40% students enter into PG courses. 60% of students are left frustrated with abuse of 'plain MBBS'

Doctor-Population ratio is poor in Rural areas and government is proposing to employ quacks, practioners of traditional medicine etc. in the rural areas. But urban and rural population cannot be discriminated like this, not justified.

ROME (41/2 course) started in 1964 and has remained almost the same with minor 'cosmetic' changes.

The Indian Medical Graduate is supposed to

- provide care to patients at the PHC.
- Administer all the National Programs.
- Attend all meetings at the District or State Headquarters.
- Keep himself abreast of the latest developments in Medical Science
- Do research at the PHC.
- The 4 1/2 year course was designed to suit the requirements envisaged for a MBBS doctor then.
- Post Graduate courses have taken the sheen of the MBBS doctor.
- MBBS course does not prepare doctor for the work he is expected to do at the PHC.
- He is taught a course that is far beyond the requirement.

The 4 1/2 year course was a more of a theoretical course but had an 1 year internship attached with it for the purpose of practical training.

This worked beautifully initially, but with the introduction of MCQ based entrance examinations for PG entrance the Internship program at most institutions become a time for reading MCQ books rather than for practical training.

Two major events have taken place in the last 20-25 years that force us to have a look at the curriculum.

- 1. The perception of the public that super-specialists provide the best care and a shift towards a super-specialist care. Patients now prefer to go to specialists and super-specialists rather than going to a MBBS doctor.
- 2. The MBBS doctor or the Indian Medical Graduate (IMG) has lost the sheen that was conceived in the ROME Plan.

MBBS Curiculum

The UG curriculum is designed to make him an ideal Medical Officer at the PHC.

Secondly, he is to be trained enough to be able to get selected in a highly competitive Post

Graduate Entrance Examination. As a result, he is taught the latest advances in Medical Science at the Undergraduate level.

The advances in Medical Sciences are happening at breakneck speed and every teacher triesnot only to train the IMG in basics but also in the latest advances. All this makes the Curriculum unwieldy.

Current Practice in Rural Areas – Private Sector

MBBS doctors account for only about 5-6% of Rural health service providers.

40% are trained BAMS, BHMS, and BUMS

More than 50% have no training in any system of Medicine

More than 80% use Modern Medicines.

There is great Urban Rural divide.

Students educated in Western Modern Medicine in Urban areas seldom return to rural areas.

The vacuum in Rural areas are filled by doctors in other different 'pathies' or by unqualified persons.

This category of Medical Healthcare providers is the most utilized resource in rural areas.

REFORMS

We need a complete change.

Piecemeal resolutions are not the answer

Syllabus NEEDS TO BE REWRITTEN. Curriculum needs to change

Reduce 6 months of the MBBS course

MBBS should INVARIABLY start on 1st July (instead of Sept.)

25% of MBBS marks should be considered for PG entrance

Remedy for rural: 6 months of Urban Internship followed by 6 months Rural30,000 additional doctors be available for rural services each year.

Increase the number of PG seats by 30%, by starting more MD in Family Medicine. No extra infrastructure is needed

'Tailor Made Medical Education'

The centrally conducted MCQ based scoring should be taken as NEET prePG score or N Exit Score.

- 1. Eligible for Provisional registration of MBBS / equivalent qualification in case of FMGE (who have done MBBS in India as well as for FMGE)
- 2. Eligible for One yr rotatory Internship (MBBS accomplished in 5th yr),
- 3. The internship done henceforth should be considered as House Job / first year residency
- 4. Additional one year specialist training, Diploma in Field of specialization (accomplished in 6th yr)
- 5. Additional two year specialist training with thesis submission Masters (accomplished in

7th yr)

IT WILL RESULT IN

- 1. 75% of the UGs will be POST GRADUATES
- 2. Stress and complications of Pre PG are avoided.
- 3. INTERNSHIP program will be better attended & better utilized.
- 4. MBBS tenure will be treated & attended seriously by UG students.
- 5. FAMILY PHYSICIAN concept will be reintroduced and will reduce the cost of treatment
- 6. Availability of Qualified Family Physician in society.
- 7. No crop of FRUSTRATED PLANE MBBS in society.
- 8. Problem of RURAL SERVICES is addressed.

SwasthyaMitra and RMA

Separate the Curative services from the Public Health Services. The doctor at the PHC may provide curative services whereas a different cadre be created to carry out public health engineering and Public health schemes. These cadres were separate in 60's when they were merged together.

We decry that doctors do not go to PHCs. Let us look at an alternative solution to forcing unwilling doctors to go to PHC. Let us see who goes to villages and provides medical help to the people. These are the quacks/RMPs/BAMS/BUMS doctors. If we train these people to provide basic Medical Care in the villages, it may make a big difference. A very interesting experiment was carried out at Bhopal AIIMS where they carried out Quack/RMP assisted Telemedicine program successfully.

Such workers may be called "SwasthyaMitra" just like "ShikshaMitra" for Education.

A 3 ½ year BSc in Community Science Course, envisaged by the MCI, also was such a course. It could be further shortened. The **Rural Medical Assistant (RMA)** Program in Chhattisgarh is on similar lines and has been a success.

The MBBS course may be modified from training for villages to a course for providing better curative services with a touch of specialization.

Framework for a 5 1/2 year course

The MBBS course may be made into a 5 ½ year course. There should be a core curriculum for 5 years and in the last six months the student be allowed to "major" in a subject of hischoice eg. Surgery, Anatomy, Pharmacology etc.

The first two years be devoted to Anatomy, Physiology, Biochemistry, Pharmacology, basic pathological processes, Forensic Medicine and Toxicology and basics of Community Medicine.

The next two years be spent totally in clinical subjects with students required to work in wards. Applied Anatomy, Physiology, Biochemistry, Pharmacology and Pathology be also taught to students where and as needed

The last year will be devoted to majoring in a specialty. If a student takes OB-GYNE as his major he will work in Obstetrics and Gynecology and will be rotated though Surgery, Urology and Anatomy/Radiology. He would be eligible to appear in NEET exam for admission to Obst and Gynae.

A student who does not get selected for PG in the subject in which he has majored may be allowed to join other courses.

Advantages of Such a system

The practical training shifts to the 3rd, 4th and 5th year when the student is posted in the wards.

During this period, he does not have to go for Theory and Practical class in the paraclinical subjects but can be taught applied basic subjects.

Competency based training can be given.

The Credit and Choice based curriculum can be developed. The choice is in the last year.

EXIT exam and NEET

I support the idea of an Exit Examination at both UG and PG level.

The Universities and Medical Colleges may only give a training certificate.

The UG level Exit Exam will be All India level hence can be used as a ranking exam for PG admission.

A personality assessment and interview may be held in the Institution where the candidate applies for selection to PG courses. This will also take into account the Performance during Under-graduation, Merit in the Exit Examination, Personality, Sports, and Cultural activities etc.

Only students who pass in the exit examination will be licensed to practice.

Post Graduate Curriculum

The Post Graduate Course does not train a student to be a Medical Teacher

Thesis done by students is usually a perfunctory affair, a passport for taking the Exam.

It has been recurrently proposed that the Thesis in Post Graduate Exams should be abolished.

One alternative could be to make Post Graduate courses of two varieties

Academic PG – Thesis and Training as a Teacher / Medical Educator. May be an extra year. If not selected for a Teaching job can

Service PG – No Thesis and shorter period of Training. Will not be taken for

academic jobs.

MBBS doctors need not be sent to villages. Quacks/RMPs/BAMS/BUMS/RMAs may be given adequate training to provide basic health services in villages.

Need to separate out curative medicine from Public Health.

Public Health courses should be started in Medical Colleges. It will not need clearance from MCI as they do not deal with patient treatment.

UG curriculum to have good amount of Practical training of 2-3 years.

Students get to give their choice for a specialty in which they wish to major and pursue in Post-Graduation.

There will be no bar for a MBBS who does not get PG Training to serve in Rural areas.

REVAMPING OF MEDICAL EDUCATION IN INDIA SHALL BE DONE UNDER FOUR BROAD HEADINGS

1. TEACHING - LEARNING PROCESS

Integration of Clinical Sciences into Basic Sciences and Basic Sciences into clinical years to bedone.(Annex 1-Model curriculum designed)

Conventional lecture classrooms to be converted into interactive class room

Activities to be given more than one way teaching.

Small group teaching and interactive teaching to be promoted and implemented than preaching on stage.

Maximum utility of all media (incl.blackboard, whiteboard, computers, charts etc.,)

2. ASSESSMENT

Substandard and disproportionate assessment and evaluation methods (Annex 2-MCI marksallotment)

Formative Assessment (**FA**) should be made transparent and official as it is being done so faras IA the marks which are being cooked up. FA should be followed by Summative Assessment.

Case Based, Problem Based Assessment, and case scenarios based assessment should be done. (*Annex 3 – Model Exam paper by Kerala University*)

Field based assessment should be done in clinical years.

CRRI to be assessed for the skills in each posting and should be graded. (Annex 4-project abstract)

3. CURRICULUM

Old pattern of course duration to be reverted back(6 years)

Semester system to be implemented

Uniform curriculum across the to be implemented

Strong foundation in basic sciences to be done with applied aspects into clinical sciences.

Implementation of projects, portfolio, 360° feedback in clinical years

Teaching hours to be specified for medical and dental (Annex 5-DCI teaching hours)

More of Hands of training to be implemented in clinical years (Annex 6-List of skills which are

expected from IMG to deliver first care in treating the patients.)

Medical Educationists shall be considered and prioritized while forming the curriculum committee. As of now, as per MCI, It is given that all the curriculum committee members need to undergo training in AT-COM.(practically will not sound good)

4. FACULTY DEVELOPMENT AND TRAINING PROGRAMS

Faculty training programs to be mandated before appointment(as like teacher training programs)

Government certified centers to be established which will train the faculty once they are confirmed with the appointment

These centers will be inspected twice a year for their various training activities

Pay scales, promotions and increments to be considered based on the credentials of the faculty.

Promotions by virtue of number of years of service shall be considered in addition to credentials of the faculty.

Students feedback should be a part of faculty credentials. Students should be given confidential space to register their feedback about faculty, department activities, institutionfacilities and activities.

5. HOW TO IMPROVE QUALITY OF MEDICAL EDUCATION – AN OVERALL PERSPECTIVE

Faculty requirement in each department need to be reverted back to older pattern.

Verifying the academic activities at different levels – Institutional, Departmental and Individual in addition to Physical verification of instruments and equipments.

With the implementation of digital teaching, maximum utility of technology in various activities of the Institution like TL process, Assessment, Module preparations, Curricular changes etc., shall be inspected.

Inspection shall be carried out with the addition of one medical education person along with subject experts (Annex7 – Inspection team and Inspection procedures)

Minimum standard requirements as mentioned in MCI shall not sufficient as many institutions misconsider that the minimum is enough to run a department and not considering the other courses run by them).

DAY 2:12th November 2017

Plenary Session IV

Theme: Introduction of modern and high-end technology like ICT, Smart Class rooms, Web-based Teaching, Distance Learning, Virtual Reality Programme, Simulator, Telemedicine etc. to improve the quality of Medical Education, which will also help in minimizing the dependence on clinical material and the teaching faculty.

ISSUES&REFORMS

Role of regulator should be facilitator

Trust factor there is a breakdown of trust on both sides and this needs to be addressed Lack of objectivity in evaluation

HIS Hospital Information Systems should be a standard practice for actual delivery SMART classrooms will help to save costs

Web based teaching makes the students more independent and is also up-to-date.

Modules can be designed by best teachers and shared on common site for all to access. This will also help in standardisation / uniformity of teaching

20% of teaching to be in open access mode

Flipped classroom: Lecture to be uploaded for viewing by all students one day before. Students come with their O & A's

Online courses and assessment will result in students having more time in hospitals/ clinical duties.

Role plays and use of standardised patients to mimic 'real-life' scenarios to help in teachingand assessment of affective domain. This will also improve empathy and communication between doctors and patients.

(VR) Virtual Reality and (AR) Augmented Reality can be used for skills training. This will make learning exciting and reduce dependence on clinical material. It also reduces the learning curve and increases confidence.

Telemedicine: All of advantages of telemedicine should be applied to the medical education system to benefit the students even in remote areas and also reduce the dependence on faculty.

Use of technology for evaluation of medical colleges. Biometric attendance should be made mandatory and this should be used as the basis for evaluation rather than a one-time absent or present on the day of surprise inspection.

Introduction and application of technology should however be balanced with sufficient exposure to clinical load. This is a unique advantage for our Indian Students and should not be diluted.

The aim of introduction of technology is NOT to replace human patients or clinical materialbut as add-on tools to deepen the understanding and allow self-directed learning.

Plenary Session V

Theme: To discuss and deliberate upon the present system of evaluation and assessment of Medical Colleges, medical education and suggesting improvement in the same ISSUES

Traditional Methods without appreciation of shortfalls

Reproduction of Knowledge mainly assessed

Subjective & Scope for Bias

Lack of content sampling / Skewed content

Issues related to VALIDITY and RELIABILITY

No standard assessment within across med colleges

Provide little or no information on whether learners have acquired the skills required tofunction effectively in society

Formative Assessment

Replica of the final examination

Restricted only to theory, practical tests; its potential to test other competencies is seldom exploited

Summative Assessment

Bias

Uncommon conditions sampled

Competencies not examined

Everyone wants to add more to the curriculum eg environment etc. No one wants to remove the material

Because of surprise inspections, faculty are deprived of social life

The curriculum is rigid

Insufficient clinical material with the institutes

Most institutes do not have reserve /dedicated funds for research

Assessment systems are flawed

Poor available data on student to teacher ratio

Teachers have additional burden eg medical, dental, physiotherapy, nursing etc

REFORMS

The SPICES model

S tudent-centred	Teacher-centred
Problem-based	Passive acquisition
Integrated	Discipline-based
Community	Hospital-based
Electives	Standardized
S ystematic	Opportunistic

- Examination systems based on inappropriate physical paradigm of a rigid, straight, accurately calibrated scale
- Human abilities, personality and behavior are often curvilinear, non-linear and variable
- Promote student-centered and competency-based learning
- Simulate analytical and problem-solving abilities
- Promote deep rather than strategic/surface learning
- Foster life-long learning skills
- Integrated curriculum
- · Assessment required on core curriculum
- Psychomotor or performance skills require Workplace-
- based assessment
- · Attitudinal and communication skills
- Decision making skills on ethical issues
- Teamwork skills
- Assessment should be criterion referenced
- Bring in uniformity and objectivity in assessment

- Develop new methods of assessment to focus on competencies acquired
- Assess wide range of competencies
- Overcome negative attitudes to assessment
- Workplace-based Assessment (WPBA) rather than in the controlled artificial settings of formal examinations
- Assessment should occur throughout the learning process
- Feedback to students at every stage throughout the training help them improve their deficiencies
- Enhance student motivation & commitment to learning
- Students will appreciate the relevance of assessment
- Formative Assessment to be given 50% weightage: residents, other staff, students themselves can be used
- Multiple tools/sources can be used for assessment
- Questions should be application based
- Soft skills should be assessed
- For appraisals, following points should be noted: feedback from students at regularintervals. It should be performance based
- Uniform faculty development program
- Assessments should be objective ,not subjective
- 360 degrees assessment of students and teachers
- There should be a dedicated budget for reforms

Inputs from Dr. ArunJamkar, Former Vice Chancellor, MUHS

- 1. Violence against Doctors is because of their shortage 'two minutes doctor'
- 2. Medical Education has become costly (Hari Gautam Committee report)
- 3. Increase the number of Dr by increasing the number of seats to next slab
- 4. No of PGs to be increased
- 5. Networking of all hospitals more than 100 beds to the Medical Colleges and extending PG Medical Education to those hospitals.
- 6. Shortage of Super specialists Hence same bed of basic specialty can be used for SuperSpecialty, with just additional expert faculty.
- 7. Part time teachers to be utilized:
 - Eg. Instead of 1 professor working for 40 hrs, we can have 4 prof. working for 10 hrs / week. We require 6 specialists for 6000 population.
- 8. Virtual classrooms can be used without addition of more spaces.
- 9. Digitalization of clinical materials use of hospital owned cloud.
- 10. NEET to be replaced by standardized Question Paper based on difficulty level, so that same paper won't be used at all places in India. Thus less possibility of 'leakage'.
- 11. Scenario based assessment
- 12. Need to achieve goals by 2022
- 13. Grading of performance of institutes during assessment should be based on predetermined indices with matrix
- 14. Need to create a transparent regulatory authority which works with, collaborates, encourages and improves the quality of Medical Education without the fear of any punitive action.
- 15. Improvement in ME will create better doctors, those will offer better healthcare and improve

the quality of life.		
	CERTIFICATE	
	CERTIFICATE	

MIMER Medical College, Talegaon Dabhade

Value Added Courses

Year	Name of Course	No of Participants
2020-2021	Haemorrhoids	11
2020-2021	Mucormycosis workshop	25
2020-21	Orientation to Methods in Clinical Research	23
2020-21	Basic Life Support	151
2019-20	Workshop on wheels (Johnsons and Johnsons)	27
2019-20	Basic Life Support	151
2018-2019	Spine Cadaveric Hands on Workshop	7
2018-2019	Basic Life Support	150
2017-2018	Orientation to Trauma life suppotrt	38
2017-2018	Suturing, Knotting & Staplers	34
2016-2017	SURGICAL KNOTTING & SUTURING Workshop	7

Dr Shashwat Banerjee, have found a list in word scientist and University ranking 2021





NAAC Criterion 6 <naac.criterion6@mitmimer.com>

Fwd: Fw: Fwd: Sub: Recognition of your Institute as Adverse Drug Reactions Monitoring Centre (AMC) under PvPI.

3 messages

Pharmacology Department PMTo: NAAC Criterion 6 <= rac.criterion6@mitmimer.com>

Tue, Nov 16, 2021 at 5:11

----- Forwarded message ------

Date: Tue, 10 Aug 2021, 10:26 am

Subject: Re: Fw: Fwd: Sub: Recognition of your Institute as Adverse Drug Reactions Monitoring Centre (AMC) under

PvPI.

To: Ranjit Wagh <waghinthenet@rediffmail.com>, <hr.nccpvpi@gmail.com>, PRINCIPAL MIMER

<principal@mitmimer.com>

To,

Dr. Jai Prakash

Sr.PSO, Officer-in-Charge, PvPI.

Dear Sir.

I will be highly obliged if you could provide the registration number for AMC at our Institute, M I M E E R, Talegaon, Pune, 410 507, for any future reference. Please, also provide us with the link of VIGIFLOW software to upload the ADR reports from our centre.

Thanking you in anticipation,

Dr. R. J. Wagh,

Co-Ordinator, AMC, MIMER.

On Sat, Feb 27, 2021 at 4:31 PM Ranjit Wagh <waghinthenet@rediffmail.com> wrote:

Respected Madam/ Sir,

We are honored for our MIMER Medical College, being approved as an ADR Monitoring Centre and I request you to kindly treat this mail as the acceptance communication towards the same. Please, note the correct email address of the designated Coordinator of this AMC as waghinthenet@rediffmail.com for any future communication.

Thanking you and looking forward to an enduring fruitful supportive interaction,

Dr. R. J. Wagh.

Sent: Thu, 25 Feb 2021 15:55:07

To: waghinthenet <waghinthenet@rediffmail.com>

Subject: Fwd: Sub: Recognition of your Institute as Adverse Drug Reactions Monitoring Centre (AMC) under PvPI.

----- Forwarded message ------

Date: Thu, Feb 25, 2021 at 3:52 PM

Subject: Re: Sub: Recognition of your Institute as Adverse Drug Reactions Monitoring Centre (AMC) under PvPI.To:

PRINCIPAL MIMER <principal@mitmimer.com>

RESPECTED SIR.

THANK YOU VERY MUCH FOR ALL THE POSITIVE SUPPORT. I WOULD GO THROUGH ALL THE NECESSARY INFORMATION AND WOULD LET HON. EXECUTIVE DIRECTOR ABOUT THIS BY TOMORROW. REGARDS.

DR. R. J. WAGH.

On Thu, Feb 25, 2021 at 3:28 PM PRINCIPAL MIMER <pri>principal@mitmimer.com> wrote:

HOD - Pharmacology - Inform acceptance to authorities & update to Suchitra Nagare Madam please.

Thanks

----- Forwarded message ------

From: HR NCC PvPI <hr.nccpvpi@gmail.com>

Date: Tue, 23 Feb 2021 at 18:12

Subject: Re: Sub: Recognition of your Institute as Adverse Drug Reactions Monitoring Centre (AMC) under PvPI.To:

<wagainthenet@rediffmail.com>

Cc: <khedkarsudam@gmail.com>, <pri>, <pri>, sprincipal@mitmimer.com>, jaiprakash.ipc <jaiprakash.ipc@gov.in>, SHASHI</pr>

<shashg8u@gmail.com>

Respected Sir/Madam,

With reference to the trailing mail, you are requested to send your acceptance ASAP for further processing at our end.

Thanks Madhu Smita

On Wed, Feb 17, 2021 at 2:32 PM HR NCC PvPI < hr.nccpvpi@gmail.com > wrote:

Sir/Madam. This is with reference to your letter of intent to participate in a nationwide programme to monitor the

safety of drugs. It is a matter of great pleasure to bring in your kind notice that the Indian Pharmacopoeia Commission (IPC), National Coordination Centre (NCC) - Pharmacovigilance Programme of India (PvPI), Ghaziabad has approved your institution as an Adverse Drug Reactions Monitoring Centre under PvPI.

The detailed roles, responsibilities of Coordinator and Deputy Coordinator of your AMC are attached herewith.

Kindly go through and send your acceptance within 5 days.

Please accept our heartiest congratulations.

On behalf of

(Dr. Jai Prakash) Sr.PSO, Officer-in-Charge, PvPI

Thanks & Regards

Anusha **HR** Associate IPC Ghaziabad. Thanks & Regards

HR NCC-PvPI, IPC Ghaziabad.

--

Dr. Rajendra Prasad Gupta Principal, MIMER Medical College & Dr.B.S.T.R. Hospital Talegaon (D), Pune - 410507

 Tue, Nov 16, 2021 at 5:11

[Quoted text hidden]

 Tue, Nov 16, 2021 at 8:07

[Quoted text hidden]

C' - Colo. ' !Ch.



PRINCIPAL MIMER <principal@mitmimer.com>

Outlook Professional College Survey 2021 - The letter

Survey <survey@outlookindia.com>

3 July 2021 at 18:56

Dear Sir/Ma'am,

Outlook, India's most popular English news magazine is bringing out its eagerly awaited annual survey and ranking of The Best Colleges in India, through a special issue in August 2020.

For the past many years, Outlook's ranking of the leading engineering and medical colleges has set the benchmark for tracking academic excellence..

For parents and students, this special issue is an invaluable guidebook. For colleges and institutes, it's a matter of prestige to be featured in this survey -- there is high peer recall of Outlook's ranking.

The survey is based on both objective and perceptual data across relevant parameters. Conducted by leading market research firm ICARE, the survey would also undertake a random physical audit of institutes and colleges as we do every year. Authenticity and evaluation process would be the key elements of this survey. A brief on the categories:

Engineering – More than 1000 institutes recognized by AICTE.

Medical – Over 300 (MCI approved).

Dental – Over 100 institutes.

Mass Communication – 60+ institutes are being contacted.

Hotel Management – More than 60 institutes.

Law – Around 100, recognized by Bar Council of India and All India Bar Social Welfare – 25+ institutes are being contacted.

Architecture – 50+ institutes are being contacted.

Fashion Design – 60 institutes.

Colleges providing undergraduate courses like Arts, Commerce and Sciences.

BBA and BCA

The survey will be based on the following parameters:

Academic Excellence Selection Process Industry Interface Infrastructure & Facilities Placements

The link to the questionnaires for ranking is given below. You are requested to kindly fill and send the same latest by 30st June 2021.

https://www.outlookindia.com/survey/

Warm regards

For Outlook Group

Download the Outlook Magazines
App from Play Store and App Store. Read on the go.
The Outlook Group - Fu
lly Loaded Magazines
| Outlook | Outlook Hindi | Outlook Money | Outlook T
raveller | Outlook Business | Outlook Guidebooks |

SPECIAL ISSUE 25TH ANNUAL SURVEY

THE COMPREHENSIVE INDIA TODAY-MORA GUIDE TO EXCELLENCE ACROSS 14 MAJOR DISCIPLINES

	*Course fee = Tuition fee + othe Note: AFMC does not charge an		
10	OSMANIA MEDICAL COLLEGE	Hyderabad	52,250
9	JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICA EDUCATION AND RESEARCH (JIPMER)	L Puducherry	34,500
8	UNIVERSITY COLLEGE OF MEDICAL SCIENCES	New Delhi	22,930
И	MAULANA AZAD MEDICAL CULLEGE (MAMC)	New Delhi	19,265

10 PRIVATE COLLEGES WITH LOWEST FEES



RANK	COLLEGE	CITY	COURSE FEES* FOR ENTIRE DURATION (₹)
1	CHRISTIAN MEDICAL COLLEGE & HOSPITAL (CMC)	Vellore	1,57,880
2	MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES	Wardha	6,74,550
3	ARMY COLLEGE OF MEDICAL SCIENCES	New Delhi	19,44,000
4	DAYANAND MEDICAL COLLEGE & HOSPITAL	Ludhiana	25,60,597
5	ST JOHN'S MEDICAL COLLEGE	Bengaluru	26,13,500
6	PSG INSTITUTE OF MEDICAL SCIENCES & RESEARCH	Colmbatore	34,80,000
7	DR PINNAMANENI SIDDHARTHA INSTITUTE OF MEDICAL SCIENCES & RESEARCH FOUNDATION	Vijayawada	37,21,250
8	CHRISTIAN MEDICAL COLLEGE, LUDHIANA	Ludhiana	40,59,365
9	M.S. RAMAIAH MEDICAL COLLEGE	Bengaluru	41,52,885
0	MAHARASHTRA INSTITUTE OF MEDICAL EDUCATION & RESEARCH MEDICAL COLLEGE, TALEGAON DABHADE	Pune	47,25,000

*Course fee = Tuition fee + other fees







VIRUS RESEARCH AND DIAGNOSTIC LABORATORY, MAEER'S MIMER MEDICAL COLLEGE AND DR. B.S.T.R.HOSPITAL

has been assessed and accredited in accordance with the standard

ISO 15189:2012

"Medical laboratories - Requirements for quality and competence"

for its facilities at

TALEGAON STATION, TALEGAON (DABHADE), PUNE, MAHARASHTRA, INDIA

in the field of

Medical Testing

Certificate Number: MC-4188

Issue Date: 05/03/2021 Valid Until: 04/03/2023

This certificate remains valid for the Scope of Accreditation as specified in the annexure subject to continued satisfactory compliance to the above standard & the relevant requirements of NABL. (To see the scope of accreditation of this laboratory, you may also visit NABL website www.nabl-india.org)

Name of Legal Identity: Maharashtra Academy of Engineering and Educational Research, PUNE

Signed for and on behalf of NABL

N. Venkateswaran Chief Executive Officer