



MEDICAL COUNCIL OF INDIA

National Workshop
on
‘Alternative Model for Undergraduate Medical Education’
(Background Paper)

4th & 5th February, 2010
NEW DELHI

BACKGROUND PAPER

ALTERNATIVE MODEL FOR UNDERGRADUATE MEDICAL EDUCATION

INTRODUCTION

The time has come for us to take a real hard look at the entire health care delivery and medical education scenario of our country. We have to take stock of the national needs and the aspirations of our people regarding healthcare and should be able to take daring and innovative steps, find newer and radical solutions to address these.

The need of the hour is to be able to provide a competent, trained, caring and compassionate healthcare provider in the furflung rural areas of our country where majority of Indians still live and work.

Medical Education policy makers over a period of time have focused on the limitations and deficiencies of the existing medical education system and efforts have been initiated for bringing suitable modifications and incorporations, so as to make it more realistically relevant to the community requirements. These modifications have been cumulatively referred as "Innovations in Medical Education".

THE BACKGROUND

It is in this backdrop that one has to bear in mind that India constitutes 17% of the world's population but accounts for 20% of reported ailments. Percentage share of India in World Health parameters is -

Beds	-6%
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India contributes to

20% of maternal deaths
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The bed density per thousand population of India to the world is as under:-

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In last 6 decades, India has made significant improvement in the health care but still lags behind many other developing countries on the key health indicators, in as much as, life expectancy at birth in India is almost 10 years less than China and Brazil. Likewise, infant mortality is more than twice than that of China and Brazil.

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Human resource indicators provide an over view of availability of trained and specialized medical, nursing and para medical personnel in the country. It also gives an idea regarding 'regional distribution' and disparities as well. Human resource indicators cover the details of 'allopathic doctors, dental surgeons, nursing personnel, and various para medical health manpower' in the country.

The number of allopathic doctors possessing recognised medical qualifications under the I.M.C. Act and registered with various State Medical Councils and therefrom included in the Indian Medical Register for the years 2006 to 2009 are as under:-

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It is evident that the trained health manpower generation has been on ascendancy, in as much as, that as of now there are 300 medical colleges in the country with an annual intake capacity for the MBBS course being more than 34,000 and the annual intake capacity for Postgraduate Medical Education in India is well over 14000 for General specialities (Degrees and Diplomas taken together) and 709 for the Super-specialities courses as on 31st December, 2009. With 300 Medical Schools as of now in India, it turns out to be the largest number in any country because as on 31st December, 2009 statistically

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It is thus true that the avenues of medical education in India have multiplied significantly and the rate of growth of trained health manpower is also substantial. Yet, it is not commensurate with the prescribed ratio of population: available doctor and para medical health workers by the World Health Organisation. It is on this premise, that the Task Force on Health & Medical Education of Planning Commission of India and also the Knowledge Commission have categorically brought out that as of now the deficiency of trained health manpower in the domain of modern medicine is to the extent that India is deficient by about 6 lakhs doctors, 2 lakhs dental surgeons and 12 lakhs nursing personnel.

In order to mitigate this numerical 'crucial' gap vis-à-vis the man power requirement and the availability thereof the country would require almost double the number of medical colleges that we have as of now in coming times.

The issue of concern is not just limited to the 'crunch' of the health manpower but more vital issue pertains to the 'unequal distribution' of the available trained health manpower. The core fact still remains is that the requirement of rural health manpower has not been met with significantly. The crunch is evident and the feasibility of making it available is tough and difficult. Amongst the varied reasons for this reality the most significant one is that the health professionals have an 'urban-centric approach' for lucrative propositions. This urban centric approach amongst the professionals is also attributable to the urban-centric ethos incorporated in the present model of undergraduate medical education in vogue as of now.

In due recognition to these stark realities the Medical Council of India had constituted a Study Group in 1999 to evaluate the status of the present model of medical education and propose an alternative/innovative model to cater to the rural health care services.

The Study Group brought out that -

"The aim of undergraduate medical education is to produce doctors who would promote the health of all people who would be socially relevant and responsive and would possess appropriate professional competencies including ethical, social, technical, scientific and managerial abilities. The graduate doctors should not only demonstrate the essential preventative, promotive and rehabilitative abilities over and above the traditional curative skills, but should also be sensitive enough to express empathy and manifest all humane affective elements to the fullest. The health care planners and medical educationists all over the world today are dismayed over the fact that the skills and virtues are conspicuously different in the products of present undergraduate medical education system. The enormous progress made in the biomedical and social sciences notwithstanding, the general aim of medical education has not been realized in true sense.

While extreme concerns over such crisis have been expressed by the Medical Education policy makers in different countries, the limitations and deficiencies of the existing medical education system have been well identified and efforts have also been made through adoption of various kinds of modifications and changes in the curricular system for reorienting medical education to make it more relevant to the real community needs. Such modifications as prescribed and practice in different countries are referred to as "Innovation in Medical Education".

The awareness and concerns over the inefficiencies and shortcomings of the existing system of undergraduate medical education system have grown in India over the last two decades or more. Serious discussions and consultations by the education planners and other relevant authorities have

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taken place time and again. The Medical Council of India being responsible for upholding the standards of medical education in India, positively responded to this by bringing out certain curricular charges that are incorporated in the Regulation of Graduate Medical Education as notified by the MCI in 1997.

While at the present moment this modified regulation is in vogue nation wide, a further critical audit of its implementation in different medical colleges in the country would leave room for scepticism. One may well doubt the efficacy of even the revised curriculum of 1997 in regard to its prospect of achieving the broad goals national or international, as outlined in the MCI 1997 regulation document. These areas of concern and relevant considerations towards essential emphasis of community based medical education have led the MCI to appreciate the need of incorporating more appropriate innovations in the curriculum.

It is in this context that the MCI had formed a Sub-Committee to carefully examine all the relevant issues and formulate an "Alternative Model of Medical Education" that might more optimally achieve the National or International goals of undergraduate medical education as set out in the 1997 MCI Regulation Document. Nevertheless, at the present moment the alternative model with an innovative approach as proposed in this regard may be tried on an experimental basis in some new medical colleges, set up with this purpose. Experiences gathered thereupon can be well utilized in future towards wider scale application of such innovations in the undergraduate medical education in the country.

The triggering factors that promoted the proposed include model include among other things an unequal geographical distribution of doctors in the country with their tendency to concentrate in the urban areas and metropolis. What is even more unfortunate is that the existing system of medical education utterly failed to include in the graduate doctors the right kind of attitude that would make them responsive to the community needs. A critical scrutiny would reveal that the seeds of the failure to achieve the broad goals of medical education lie in the curricular structure and

organisation and its content and delivery. Any half hearted, tentative reform effort would only end up in yet another failure and frustrate further reform initiative in near future. The key to success of any reform initiative lies not only in the strong motivation on the part of the education planners to design an effective need based and efficient yet realistic curriculum but also on the part of the universities to execute its operational implementation in strict compliance with the minimum standard requirements as prescribed in the curriculum."

The report of the Task Force on Medical Education for the National Rural Health Mission has explicitly observed as under:-

"Experimentation with Alternative Model of Undergraduate Medical Education

While the above package of reforms will make the existing medical curriculum more relevant for achieving the NRHM goals, there is an urgent need to also provide some autonomy and space for more radical alternative models of undergraduate medical education. This has been done in many countries of the world, leading to the now well-known 'Network of Community-Oriented Health Science Institutions'. After over 50 years of medical education in India, only one college (out of the 242 colleges in the country) has qualified to be admitted as a member of this Network- this innovative institution is the Christian Medical College, Vellore. The Task Force is aware that several novel experiments have been tried in the past- the Kottayam Experiment, the Alternative Curriculum suggested by Medicos Friends Circle, a radical group of doctors and health workers; and an alternative track curriculum proposed by the MCI to train doctors who are suitable for primary healthcare. All these experiments faced operational obstacles and never came to fruition. **There is an urgent need to support more experiments of alternative models of Medical Education and to ensure that they get a fair field trial in order to assess their wider implementability.**

New Proposal *Total 4 years Course 3 1/2 yrs + 6 month.*

A model has been developed and proposed by Dr. G.P. Dutta, a veteran medical educationist. The model shifts the fulcrum of medical education from the tertiary care hospital to the community. Under this model, 1½ years of the training is centered on a CHC, another 1½ years is centered on a secondary care hospital, and the last ½ year's training is centered on a tertiary care hospital. The philosophical underpinning of the model rests on the belief that a sustainable and effective health system has to be located in the community. The concept envisages a health system with the following elements: community health planning, community healthcare volunteers, socially-oriented graduate doctors and supervision of the healthcare services by local-self-government institutions and community groups. One element of this holistic model has also been included in the NRHM through the provision of ASHA, who would perform the role of community health volunteers. This proposed model curriculum has been approved by the MCI.

The Task Force has carefully studied the proposed model and finds much merit in it. However, it is observed that it has not been tried out on a pilot basis so far. The success of the model rests critically on the success of the health educators in preparing course material linked to teaching at the decentralized levels of the primary healthcare network in the rural sector. The Task Force feels that all opportunities should be made available to try out this proposed model in different parts of the country.

The Task Force also recommends that the Government should encourage pilot studies of this model in Government Medical Colleges. The MCI already having approved the syllabus should have no difficulty in granting registration to graduates from such institutions. On the successful completion of the pilot projects, the application of this model can be extended to privately managed medical colleges also.

Innovation in Medical Education

There is an urgent need for the creation of space and opportunity for experimentation in medical education in the country. Several novel experiments have been conducted – e.g. Kottayam experiment and MCI's Alternative curriculum; but these were in limited operational conditions. Institutions that have capacity and a socially relevant approach need to be identified and given all support for their experimentation. With the increasing privatization and commercialization of medical education, and the drifting away from primary healthcare to technology-dominated medical care, experiments in primary healthcare are urgently needed, and Dr. Dutta's decentralized teaching module, deserves consideration".

Against this backdrop the Study Group formulated a draft proposal cataloguing the details in regard to alternative/innovative model of medical education in India which were approved by the Executive Committee of the Council at its meeting held on 24.3.2000 and General Body of the Medical Council of India at its meeting held on 31.3.2000 and was sent to Ministry of Health & F.W., Govt. of India for its appropriate implementation as would be deemed necessary.

However, Medical Council of India after extensive consultations with Ministry of Health & F.W., Govt. of India decided to take a fresh stock of alternative/innovative undergraduate medical education model as proposed by the Study Group in the year 1999 specially in the context that in the impending period various changes have taken place in the dynamics of medical education and the Graduate Medical Education Regulations, 1997 alongwith Minimum Standard Requirements for the Medical College for 50/100/150 Admissions Annually Regulations, 1999 have been amended

substantially by the Council to incorporate the changing needs of the society'.

The Executive Committee in its meeting held on 1.12.2009 decided to adopt updated alternative/innovate model as under:-
THE NEW MODEL OF UNDERGRADUATE MEDICAL EDUCATION:

Mission

- To mitigate the crunch of available trained health manpower for catering to the health needs of Indian rural population

Basis:

- Uneven distribution of the trained health manpower in rural vs urban areas of the country
 - Reluctance of the medical fraternity to serve in the rural areas and villages
- Resultantly, a perennial crunch of the health manpower in the rural areas.
 - As such, the need for an 'alternate/innovative model of UG Medical Education.
 - The proposed model contemplates teaching, training and learning to be acquired in 3 consequential phases in a "Medical School" located at the district hospital preferably in those districts where there is no medical college.

Nomenclature of the degree

'Bachelor of Rural Medicine & Surgery' (BRMS)

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Medical Schools and their affiliation

- The programme would be run institutionally in 'Medical Schools'.
- The degree of 'BRMS' would be conferred by the Universities to which such Medical Schools would be affiliated.

Qualifying criteria for admission

Applicants who have completed their entire schooling (primary and secondary) and passed their qualifying examination (10+2) from a 'notified rural area' in the concerned district.

- Admissions would be district based while rendering of the services by such graduates would be in the notified rural area in the state as a whole.

Annual Intake

- The permissible annual intake would be 25 or 50.

Norms for District Hospitals for training BRMS students

District hospital would have bed strength of not less than 300, of which 100 would in Medicinal specialities, 100 in Surgical specialties and 50 for Obst. & Gynae. and 25 each for Paediatrics & Orthopaedics, for an annual intake of 50.

- For intake of 25, it would be 150 beds of which 50 would be in Medicinal specialities, 50 in Surgical specialties and 30 for Obst. & Gynae. and 10 for Paediatrics & Orthopaedics each.
- However, for North East, hilly states and 'notified tribal area' across the country, the requirement would be 100 beds for the intake of 25 and 150 for intake of 50.

Training Schedule 3rd June 67 4 years

- Training would be 'institutional' in character and in three Phases of the following duration:
- Phase I - 1 year;
- Phase II - 1 year;
- Phase III - 1 ½ years.
- The rotatory internship would be of six months duration.
- Total duration - 4 years

Accommodation

- The campus would be 'Residential' with accommodation for girl and boy students, and nursing staff.

Mode of Teaching

Teaching would be 'modular' in character at all the levels.

Curriculum contents

Phase - I

Duration : 1 Year

Curriculum Will Be Module Based

Different modules of epidemiological methods / Community health studies and methods of clinical examination will be devised. *Clinical Exam to start from day 1*

Phase - II

Duration 1 year

Curriculum will be system based.

Medicine - CVS, GI, Respiratory, Urinary, Re Systems, Introduction To Nervous System, Some Infectious Diseases.

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Surgery - Common Surgical Problems Like Hernia, Hydrocoele, Abdominal Pain, Appendicitis, Head Injury, Male Genital System.

Obst. & Gynae - Pregnancy And Its Problems, Gynecological Problems, Family Welfare Services, Paediatrics- Care of New Born, Common Paediatric Problems, Vaccination, School Health Services.

Orthopaedics - Fracture And Dislocation, Back Problems, Trauma Disaster Management.

Eye & ENT - Common Disorders.

Phase - III

Duration 1½ year

Curriculum will be Subject based

Will incorporate the following subjects:

- Community medicine
- Forensic medicine
- Medicine and its allied specialities
- Paediatrics
- General surgery and its allied specialities
- Orthopaedics
- Obst. & Gynaecology

Curriculum update

A standing mechanism should be created for the periodic update of the curriculum for the BRMS Course, so as to make it 'timely and relevant' and also 'commensurate with the contemporary and long-term' requirements. Emphasis should be laid on various National Health Programmes and their appropriate inclusion in curriculum in all the three Phases of Study.

Curriculum Updated as per needs esp National Health Program.

ASHA RCH/Immunization

Competencies to be acquired

- Competencies required for a student to practice after acquiring the "Bachelor of Rural Medicine and Surgery (BRMS)" would be clearly defined and notified as in the case of Graduate Medical Education Regulations for MBBS.

Scheme of Evaluation

An examination will be conducted at the end of each Phase. Only the students who pass the respective examination will be allowed to progress to the next higher phase of study.

Scheme of examination - Phase - I

Theoretical	Two Papers of 100 Marks Each Paper I covers the syllabus of I and II Semesters Paper II that of III Semester	200 Marks	
Oral	-	100 Marks	
Practical/Clinical		200 Marks	
Internal Assessment	Theoretical - 100 marks Practical/Clinical-150 marks	250 marks	
Total		750 marks	

Scheme of Examination - Phase - II

SUBJECT AREAS	MARKS ALLOTTED			
	THEORY	ORAL	PRACTICAL / CLINICAL	
Medical including Paediatric problems	100	50	100	
Surgical problems including Orthopaedic, Eye and ENT	100	50	100	
Obstetric/Gynaecological	100	50	100	

problems and Family Welfare			
Community Health	100	50	100
Total	400	200	400

Scheme of Examination Phase - III

Subject	Marks allotted			
	Theoretical	Oral	Practical	Total
Internal Medicine	Two Papers 50 x 2 = 100 I.A. = 100	50 I.A. = 50	100 I.A. = 100	500
Surgery and Orthopedics	Two Papers 50 x 2 = 100 I.A. = 100	50 I.A. = 50	100 I.A. = 100	500
Pediatrics	One Paper = 40 I.A. = 40	20 I.A. = 20	40 I.A. = 40	200
Obstetrics and Gynecology	One Paper 50 x 1 = 50 I.A. = 50	50 I.A. = 50	100 I.A. = 100	400
Eye & ENT	One paper = 40 I.A. = 40	20 I.A. = 20	40 I.A. = 40	200
Total	660	380	760	1800

Nomenclature of Departments in Medical Schools *= Total 11 depts*

- Anatomy
- Physiology + Biochemistry
- Pathology + Microbiology
- Pharmacology
- Forensic Medicine
- Medicine and allied disciplines
- Paediatrics
- Surgical and allied disciplines
- Orthopaedics

- Obstetrics & Gyanaecology
- Community Medicine

Teaching Personnel

- Each Medical School will have a full time
- Principal/Dean,
- Medical Superintendent,
- Professor/ Associate Professor as Head of the Department (in any case not below the rank of Associate Professor),
- Minimum one Medical Officer in Pre and Para clinical departments like Anatomy, Physiology & Biochemistry, Pathology & Microbiology, Pharmacology, Forensic Medicine and Community Medicine. as assigned faculty.
- In Clinical departments like Medicine and allied disciplines, Paediatrics, surgical and allied disciplines, Orthopedics, Obstetrics and Gynecology, each teaching clinical unit will have two medical officers as assigned faculties except unit (I), which would be headed by the head of the concerned department.
- Visiting faculty (not more than 20% of the total faculty strength).

Teacher Eligibility Requirements

- * Initial designation for Assigned Faculty
- * MBBS + 3 years Medical officership - Lecturer
- * Medical Officer with PG Qualification - Assistant Professor
- * Medical officer with PG +8 years Medical Officership - Associate Professor
- * Medical officer with PG +14 years Medical Officership - Professor

Regular Mechanism for Placement/ Promotion:

- Assistant Professor with four years experience will be promoted as Associate Professor.

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- Associate Professor with 3 years experience will be promoted as Professor.

Age of Superannuation

- In Medical Schools, teachers who have retired from existing medical colleges can be reemployed until the age of 70 years as faculty of these schools only.

Internship

The internship will be for a period of six months and will be based in rural set up either at primary health center or community health center, district hospitals and tertiary health care centre. The training during internship would be mainly focused on the following:

1. National rural health mission
2. Integrated child development services
3. National health programmes
4. Maternal and child health services
5. School health services
6. Common paediatric problem
7. Accident and trauma based services
8. Disaster management services
9. Medico legal problems
10. Epidemiological method and common studies.
11. Common eye and ent problems
12. Blood transfusion services

Faculty Development Programme

Before starting the undergraduate medical course at least three (3) faculty development programmes should be conducted that would train seventy five (75) prospective teachers. The responsibility of holding three such

programmes can be taken up by medical teachers' training center, duly established in the medical college.

From the second year on, at least two (2) such programs should be conducted every year in order to re-orient the faculty members of the innovative medical education model.

The duration of the programme would be of 14 days wherein each programme will enroll 25 medical officers from amongst those employed under the state health services. The programme would be guided by facilitators drawn from the faculty members attached to the medical teachers' training center.

Recognition of the Degree

The medical schools would be recognised for the conferment of degree by the concerned State Medical Council or by such authority as would be designated/created for the said purpose by the Govt. of India.

Graduate Registering Mechanism

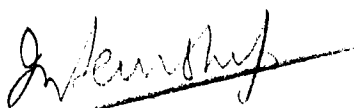
- An appropriate mechanism would be provided for registering BRMS graduates by the States.
- Registration accruable would be 'provisional' on yearly basis and on due and appropriate certification by the designated authority notified by the appropriate agency as the case may be to the effect that the incumbent has rendered one year of rural health service would be renewed on year to year basis.
- Upon four such renewals, permanent registration would accrue at the end of five years.
- The Graduates so registered would be under the ambit and coverage of disciplinary jurisdiction of the Code of Medical Ethics prescribed by the MCI.

Minimum Standard Requirements

- *Teacher Eligibility Criteria and Minimum Standard Requirements for BRMS graduate would be spelt out and appropriate regulations would be issued time to time.*

The Executive Committee of the Council at its meeting held on 15.12.2009 also decided that in order to have a 'wider consultation' from the relevant stake holders, a National Workshop be convened in the month of February, 2010 at New Delhi seeking participation of Medical Education/Health Secretaries and Director, Medical Education of various States and Union Territories, Vice Chancellors of various Health Sciences Universities/Deemed Universities and Deans/Principals of all the medical colleges in the country.

Accordingly, the National Workshop on Alternative Model of Undergraduate Medical Education has been organized on 4-5th February, 2010 at New Delhi for a 'wider consultation' on it and evoking a desired 'national consensus' thereon in larger societal interests of generating the much desired trained health manpower to cater to the rural health care which has remained neglected over a period of time so that the concept of 'Welfare State enshrined in the constitution is actualized in a 'genuine, realistic and humane' sense.





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It is in this context that the MCI had formed a Sub-Committee to carefully examine all the relevant issues and formulate an "Alternative Model of Medical Education" that might more optimally achieve the National or International goals of undergraduate medical education as set out in the 1997 MCI Regulation Document. Nevertheless, at the present moment the alternative model with an innovative approach as proposed in this regard may be tried on an experimental basis in some new medical colleges, set up with this purpose. Experiences gathered thereupon can be well utilized in future towards wider scale application of such innovations in the undergraduate medical education in the country.

The triggering factors that promoted the proposed include model include among other things an unequal geographical distribution of doctors in the country with their tendency to concentrate in the urban areas and metropolis. What is even more unfortunate is that the existing system of medical education utterly failed to include in the graduate doctors the right kind of attitude that would make them responsive to the community needs. A critical scrutiny would reveal that the seeds of the failure to achieve the broad goals of medical education lie in the curricular structure and

organisation and its content and delivery. Any half hearted, tentative reform effort would only end up in yet another failure and frustrate further reform initiative in near future. The key to success of any reform initiative lies not only in the strong motivation on the part of the education planners to design an effective need based and efficient yet realistic curriculum but also on the part of the universities to execute its operational implementation in strict compliance with the minimum standard requirements as prescribed in the curriculum."

The report of the Task Force on Medical Education for the National Rural Health Mission has explicitly observed as under:-

"Experimentation with Alternative Model of Undergraduate Medical Education

While the above package of reforms will make the existing medical curriculum more relevant for achieving the NRHM goals, there is an urgent need to also provide some autonomy and space for more radical alternative models of undergraduate medical education. This has been done in many countries of the world, leading to the now well-known 'Network of Community-Oriented Health Science Institutions'. After over 50 years of medical education in India, only one college (out of the 242 colleges in the country) has qualified to be admitted as a member of this Network- this innovative institution is the Christian Medical College, Vellore. The Task Force is aware that several novel experiments have been tried in the past- the Kottayam Experiment, the Alternative Curriculum suggested by Medicos Friends Circle, a radical group of doctors and health workers; and an alternative track curriculum proposed by the MCI to train doctors who are suitable for primary healthcare. All these experiments faced operational obstacles and never came to fruition. There is an urgent need to support more experiments of alternative models of Medical Education and to ensure that they get a fair field trial in order to assess their wider implementability.

New Proposal *Total 4 years Course 3 1/2 yrs + 6 month.*

A model has been developed and proposed by Dr. G.P. Dutta, a veteran medical educationist. The model shifts the fulcrum of medical education from the tertiary care hospital to the community. Under this model, 1½ years of the training is centered on a CHC, another 1½ years is centered on a secondary care hospital, and the last ½ year's training is centered on a tertiary care hospital. The philosophical underpinning of the model rests on the belief that a sustainable and effective health system has to be located in the community. The concept envisages a health system with the following elements: community health planning, community healthcare volunteers, socially-oriented graduate doctors and supervision of the healthcare services by local-self-government institutions and community groups. One element of this holistic model has also been included in the NRHM through the provision of ASHA, who would perform the role of community health volunteers. This proposed model curriculum has been approved by the MCI.

The Task Force has carefully studied the proposed model and finds much merit in it. However, it is observed that it has not been tried out on a pilot basis so far. The success of the model rests critically on the success of the health educators in preparing course material linked to teaching at the decentralized levels of the primary healthcare network in the rural sector. The Task Force feels that all opportunities should be made available to try out this proposed model in different parts of the country.

The Task Force also recommends that the Government should encourage pilot studies of this model in Government Medical Colleges. The MCI already having approved the syllabus should have no difficulty in granting registration to graduates from such institutions. On the successful completion of the pilot projects, the application of this model can be extended to privately managed medical colleges also.

Innovation in Medical Education

There is an urgent need for the creation of space and opportunity for experimentation in medical education in the country. Several novel experiments have been conducted – e.g. Kottayam experiment and MCI's Alternative curriculum; but these were in limited operational conditions. Institutions that have capacity and a socially relevant approach need to be identified and given all support for their experimentation. With the increasing privatization and commercialization of medical education, and the drifting away from primary healthcare to technology-dominated medical care, experiments in primary healthcare are urgently needed, and Dr. Dutta's decentralized teaching module, deserves consideration".

Against this backdrop the Study Group formulated a draft proposal cataloguing the details in regard to alternative/innovative model of medical education in India which were approved by the Executive Committee of the Council at its meeting held on 24.3.2000 and General Body of the Medical Council of India at its meeting held on 31.3.2000 and was sent to Ministry of Health & F.W., Govt. of India for its appropriate implementation as would be deemed necessary.

However, Medical Council of India after extensive consultations with Ministry of Health & F.W., Govt. of India decided to take a fresh stock of alternative/innovative undergraduate medical education model as proposed by the Study Group in the year 1999 specially in the context that in the impending period various changes have taken place in the dynamics of medical education and the Graduate Medical Education Regulations, 1997 alongwith Minimum Standard Requirements for the Medical College for 50/100/150 Admissions Annually Regulations, 1999 have been amended

substantially by the Council to incorporate the changing needs of the society'.

The Executive Committee in its meeting held on 1.12.2009 decided to adopt updated alternative/innovate model as under:-
THE NEW MODEL OF UNDERGRADUATE MEDICAL EDUCATION:

Mission

- To mitigate the crunch of available trained health manpower for catering to the health needs of Indian rural population

Basis:

- Uneven distribution of the trained health manpower in rural vs urban areas of the country
 - Reluctance of the medical fraternity to serve in the rural areas and villages
- Resultantly, a perennial crunch of the health manpower in the rural areas.
 - As such, the need for an 'alternate/innovative model of UG Medical Education.
 - The proposed model contemplates teaching, training and learning to be acquired in 3 consequential phases in a "Medical School" located at the district hospital preferably in those districts where there is no medical college.

Nomenclature of the degree

'Bachelor of Rural Medicine & Surgery' (BRMS)

25-8-0

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Medical Schools and their affiliation

- The programme would be run institutionally in 'Medical Schools'.
- The degree of 'BRMS' would be conferred by the Universities to which such Medical Schools would be affiliated.

Qualifying criteria for admission

Applicants who have completed their entire schooling (primary and secondary) and passed their qualifying examination (10+2) from a 'notified rural area' in the concerned district.

- Admissions would be district based while rendering of the services by such graduates would be in the notified rural area in the state as a whole.

Annual Intake

- The permissible annual intake would be 25 or 50.

Norms for District Hospitals for training BRMS students

District hospital would have bed strength of not less than 300, of which 100 would in Medicinal specialities, 100 in Surgical specialties and 50 for Obst. & Gynae. and 25 each for Paediatrics & Orthopaedics, for an annual intake of 50.

- For intake of 25, it would be 150 beds of which 50 would be in Medicinal specialities, 50 in Surgical specialties and 30 for Obst. & Gynae. and 10 for Paediatrics & Orthopaedics each.
- However, for North East, hilly states and 'notified tribal area' across the country, the requirement would be 100 beds for the intake of 25 and 150 for intake of 50.

Training Schedule 3rd June 67 4 years

- Training would be 'institutional' in character and in three Phases of the following duration:
- Phase I - 1 year;
- Phase II - 1 year;
- Phase III - 1 ½ years.
- The rotatory internship would be of six months duration.
- Total duration - 4 years

Accommodation

- The campus would be 'Residential' with accommodation for girl and boy students, and nursing staff.

Mode of Teaching

Teaching would be 'modular' in character at all the levels.

Curriculum contents

Phase - I

Duration : 1 Year

Curriculum Will Be Module Based

Different modules of epidemiological methods / Community health studies and methods of clinical examination will be devised. *Clinical Exam to start from day 1*

Phase - II

Duration 1 year

Curriculum will be system based.

Medicine - CVS, GI, Respiratory, Urinary, Re Systems, Introduction To
Nervous System, Some Infectious Diseases.

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Surgery - Common Surgical Problems Like Hernia, Hydrocoele, Abdominal Pain, Appendicitis, Head Injury, Male Genital System.

Obst. & Gynae - Pregnancy And Its Problems, Gynecological Problems, Family Welfare Services, Paediatrics- Care of New Born, Common Paediatric Problems, Vaccination, School Health Services.

Orthopaedics - Fracture And Dislocation, Back Problems, Trauma Disaster Management.

Eye & ENT - Common Disorders.

Phase - III

Duration 1½ year

Curriculum will be Subject based

Will incorporate the following subjects:

- Community medicine
- Forensic medicine
- Medicine and its allied specialities
- Paediatrics
- General surgery and its allied specialities
- Orthopaedics
- Obst. & Gynaecology

Curriculum update

A standing mechanism should be created for the periodic update of the curriculum for the BRMS Course, so as to make it 'timely and relevant' and also 'commensurate with the contemporary and long-term' requirements. Emphasis should be laid on various National Health Programmes and their appropriate inclusion in curriculum in all the three Phases of Study.

Curriculum Updated as per needs esp National Health Program.

ASHA RCH/Immunization

Competencies to be acquired

- Competencies required for a student to practice after acquiring the "Bachelor of Rural Medicine and Surgery (BRMS)" would be clearly defined and notified as in the case of Graduate Medical Education Regulations for MBBS.

Scheme of Evaluation

An examination will be conducted at the end of each Phase. Only the students who pass the respective examination will be allowed to progress to the next higher phase of study.

Scheme of examination - Phase - I

Theoretical	Two Papers of 100 Marks Each Paper I covers the syllabus of I and II Semesters Paper II that of III Semester	200 Marks	
Oral	-	100 Marks	
Practical/Clinical		200 Marks	
Internal Assessment	Theoretical - 100 marks Practical/Clinical-150 marks	250 marks	
Total		750 marks	

Scheme of Examination - Phase - II

SUBJECT AREAS	MARKS ALLOTTED			
	THEORY	ORAL	PRACTICAL / CLINICAL	
Medical including Paediatric problems	100	50	100	
Surgical problems including Orthopaedic, Eye and ENT	100	50	100	
Obstetric/Gynaecological	100	50	100	

problems and Family Welfare			
Community Health	100	50	100
Total	400	200	400

Scheme of Examination Phase - III

Subject	Marks allotted			
	Theoretical	Oral	Practical	Total
Internal Medicine	Two Papers 50 x 2 = 100 I.A. = 100	50 I.A. = 50	100 I.A. = 100	500
Surgery and Orthopedics	Two Papers 50 x 2 = 100 I.A. = 100	50 I.A. = 50	100 I.A. = 100	500
Pediatrics	One Paper = 40 I.A. = 40	20 I.A. = 20	40 I.A. = 40	200
Obstetrics and Gynecology	One Paper 50 x 1 = 50 I.A. = 50	50 I.A. = 50	100 I.A. = 100	400
Eye & ENT	One paper = 40 I.A. = 40	20 I.A. = 20	40 I.A. = 40	200
Total	660	380	760	1800

Nomenclature of Departments in Medical Schools *= Total 11 depts*

- Anatomy
- Physiology + Biochemistry
- Pathology + Microbiology
- Pharmacology
- Forensic Medicine
- Medicine and allied disciplines
- Paediatrics
- Surgical and allied disciplines
- Orthopaedics

- Obstetrics & Gynaecology
- Community Medicine

Teaching Personnel

- Each Medical School will have a full time
- Principal/Dean,
- Medical Superintendent,
- Professor/ Associate Professor as Head of the Department (in any case not below the rank of Associate Professor),
- Minimum one Medical Officer in Pre and Para clinical departments like Anatomy, Physiology & Biochemistry, Pathology & Microbiology, Pharmacology, Forensic Medicine and Community Medicine. as assigned faculty.
- In Clinical departments like Medicine and allied disciplines, Paediatrics, surgical and allied disciplines, Orthopedics, Obstetrics and Gynecology, each teaching clinical unit will have two medical officers as assigned faculties except unit (I), which would be headed by the head of the concerned department.
- Visiting faculty (not more than 20% of the total faculty strength).

Teacher Eligibility Requirements

- * Initial designation for Assigned Faculty
- * MBBS + 3 years Medical officership - Lecturer
- * Medical Officer with PG Qualification - Assistant Professor
- * Medical officer with PG +8 years Medical Officership - Associate Professor
- * Medical officer with PG +14 years Medical Officership - Professor

Regular Mechanism for Placement/ Promotion:

- Assistant Professor with four years experience will be promoted as Associate Professor.

Urban Smiles
K. S. S. S.

- 8
- Associate Professor with 3 years experience will be promoted as Professor.

Age of Superannuation

- In Medical Schools, teachers who have retired from existing medical colleges can be reemployed until the age of 70 years as faculty of these schools only.

Internship

The internship will be for a period of six months and will be based in rural set up either at primary health center or community health center, district hospitals and tertiary health care centre. The training during internship would be mainly focused on the following:

1. National rural health mission
2. Integrated child development services
3. National health programmes
4. Maternal and child health services
5. School health services
6. Common paediatric problem
7. Accident and trauma based services
8. Disaster management services
9. Medico legal problems
10. Epidemiological method and common studies.
11. Common eye and ent problems
12. Blood transfusion services

Faculty Development Programme

Before starting the undergraduate medical course at least three (3) faculty development programmes should be conducted that would train seventy five (75) prospective teachers. The responsibility of holding three such

programmes can be taken up by medical teachers' training center, duly established in the medical college.

From the second year on, at least two (2) such programs should be conducted every year in order to re-orient the faculty members of the innovative medical education model.

The duration of the programme would be of 14 days wherein each programme will enroll 25 medical officers from amongst those employed under the state health services. The programme would be guided by facilitators drawn from the faculty members attached to the medical teachers' training center.

Recognition of the Degree

The medical schools would be recognised for the conferment of degree by the concerned State Medical Council or by such authority as would be designated/created for the said purpose by the Govt. of India.

Graduate Registering Mechanism

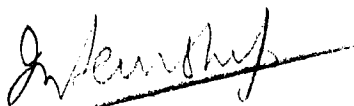
- An appropriate mechanism would be provided for registering BRMS graduates by the States.
- Registration accruable would be 'provisional' on yearly basis and on due and appropriate certification by the designated authority notified by the appropriate agency as the case may be to the effect that the incumbent has rendered one year of rural health service would be renewed on year to year basis.
- Upon four such renewals, permanent registration would accrue at the end of five years.
- The Graduates so registered would be under the ambit and coverage of disciplinary jurisdiction of the Code of Medical Ethics prescribed by the MCI.

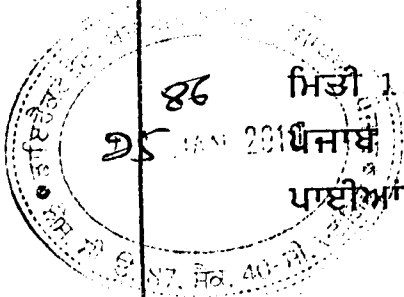
Minimum Standard Requirements

- *Teacher Eligibility Criteria and Minimum Standard Requirements for BRMS graduate would be spelt out and appropriate regulations would be issued time to time.*

The Executive Committee of the Council at its meeting held on 15.12.2009 also decided that in order to have a 'wider consultation' from the relevant stake holders, a National Workshop be convened in the month of February, 2010 at New Delhi seeking participation of Medical Education/Health Secretaries and Director, Medical Education of various States and Union Territories, Vice Chancellors of various Health Sciences Universities/Deemed Universities and Deans/Principals of all the medical colleges in the country.

Accordingly, the National Workshop on Alternative Model of Undergraduate Medical Education has been organized on 4-5th February, 2010 at New Delhi for a 'wider consultation' on it and evoking a desired 'national consensus' thereon in larger societal interests of generating the much desired trained health manpower to cater to the rural health care which has remained neglected over a period of time so that the concept of 'Welfare State enshrined in the constitution is actualized in a 'genuine, realistic and humane' sense.





ਮਿਤੀ 13-01-2010 ਨੂੰ ਦੁਪਹਿਰ 12.30 ਵਜੇ ਮਾਨਯੋਗ ਮੁੱਖ ਸਕੱਤਰ, ਪੰਜਾਬ ਜੀ ਦੀ ਪ੍ਰਧਾਨਗੀ ਹੇਠ ਐਮ.ਸੀ.ਆਈ./ਡੀ.ਸੀ.ਆਈ. ਵਲੋਂ ਪਾਈਆਂ ਗਈਆਂ ਕਮੀਆਂ ਸਬੰਧੀ ਮੀਟਿੰਗ ਦੀ ਪ੍ਰੋਸੀਡਿੰਗ।

ਮਿਤੀ 13-01-2010 ਨੂੰ ਦੁਪਹਿਰ 12.30 ਵਜੇ ਮਾਨਯੋਗ ਮੁੱਖ ਸਕੱਤਰ, ਪੰਜਾਬ ਜੀ ਦੀ ਪ੍ਰਧਾਨਗੀ ਹੇਠ ਐਮ.ਸੀ.ਆਈ./ਡੀ.ਸੀ.ਆਈ. ਵਲੋਂ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਅਤੇ ਡੈਂਟਲ ਕਾਲਜਾਂ ਵਿੱਚ ਪਾਈਆਂ ਗਈਆਂ ਕਮੀਆਂ ਸਬੰਧੀ ਇਕ ਮੀਟਿੰਗ ਹੋਈ। ਇਸ ਮੀਟਿੰਗ ਦੀ ਪ੍ਰੋਸੀਡਿੰਗਜ਼ ਦੀ ਕਾਪੀ ਆਪ ਜੀ ਨੂੰ ਪ੍ਰਵਾਨਗੀ ਹਿਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ ਜੀ।

ਕਮਿਸ਼ਨਰੀ-ਭਾਈਪੁਰ

ਐਸ.ਐਮ.ਈ.ਆਰ.

19-1-2010

ਸੀ.ਐਸ.
(ਮੁੱਖ ਸਕੱਤਰ)

21/1/10

ਸੀ.ਐਸ. ਸਕੱਤਰ

ਕਮਿਸ਼ਨਰੀ-ਭਾਈਪੁਰ
22/1/2010

SH-3/DRME

ਉਤਰਾ ਮਿਤੀ I/II/III ਵਜੇ ਅਤੇ ਅਧਿਕ ਸਮੇਂ ਦੇ

ਨੋ: ਜਿ.ਸ./ਸ.ਸ. ਜਿ.ਸ. 161
ਮਿਤੀ: 21-1-2010
370-611
22-1-10

ਅੱਜ ਮਿਤੀ 13-01-2010 ਨੂੰ ਦੁਪਹਿਰ 12.30 ਵਜੇ ਮਾਨਯੋਗ ਮੁੱਖ ਸਕੱਤਰ, ਪੰਜਾਬ ਜੀ ਦੀ ਪ੍ਰਧਾਨਗੀ ਹੇਠ ਐਮ.ਸੀ.ਆਈ./ਡੀ.ਸੀ.ਆਈ. ਵਲੋਂ ਪਾਈਆਂ ਗਈਆਂ ਕਮੀਆਂ ਸਬੰਧੀ ਮੀਟਿੰਗ ਬਾਰੇ।

ਅੱਜ ਮਿਤੀ 13-01-2010 ਨੂੰ ਦੁਪਹਿਰ 12.30 ਵਜੇ ਮਾਨਯੋਗ ਮੁੱਖ ਸਕੱਤਰ, ਪੰਜਾਬ ਜੀ ਦੀ ਪ੍ਰਧਾਨਗੀ ਹੇਠ ਐਮ.ਸੀ.ਆਈ./ਡੀ.ਸੀ.ਆਈ. ਵਲੋਂ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਅਤੇ ਡੈਂਟਲ ਕਾਲਜਾਂ ਵਿੱਚ ਪਾਈਆਂ ਗਈਆਂ ਕਮੀਆਂ ਸਬੰਧੀ ਇਕ ਮੀਟਿੰਗ ਹੋਈ, ਜਿਸ ਵਿੱਚ ਹੇਠ ਲਿਖੇ ਅਫਸਰ ਸਾਮਿਲ ਹੋਏ:-

- 1) ਸ੍ਰੀ ਸਤੀਸ਼ ਚੰਦਰਾ, ਆਈ.ਏ.ਐਸ., ਮੁੱਖ ਸਕੱਤਰ ਪੰਜਾਬ ਸਰਕਾਰ, ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ, ਚੰਡੀਗੜ੍ਹ।
- 2) ਸ਼੍ਰੀਮਤੀ ਅੰਜਲੀ ਭਾਵੜਾ, ਆਈ.ਏ.ਐਸ. ਸਕੱਤਰ ਪੰਜਾਬ ਸਰਕਾਰ, ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ, ਚੰਡੀਗੜ੍ਹ।
- 3) ਸ੍ਰੀ ਅਨੀਰੁੱਧ ਤਿਵਾੜੀ, ਆਈ.ਏ.ਐਸ. ਸਕੱਤਰ ਐਕਸਪੈਂਡੀਚਰ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।
- 4) ਡਾ. ਜੈ ਕਿਸਨ, ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ।
- 5) ਡਾ. ਸੁਰਿੰਦਰ ਸਿੰਘ, ਪ੍ਰਿੰਸੀਪਲ, ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ।
- 6) ਡਾ. ਕਰਨੈਲ ਸਿੰਘ, ਪ੍ਰਿੰਸੀਪਲ, ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਅੰਮ੍ਰਿਤਸਰ।
- 7) ਡਾ. ਵਿਮਲ ਸੀਕਰੀ, ਪ੍ਰਿੰਸੀਪਲ, ਸਰਕਾਰੀ ਡੈਂਟਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ, ਅੰਮ੍ਰਿਤਸਰ।
- 8) ਡਾ. ਅਨੁਰਾਧਾ ਪਾਠਕ, ਪ੍ਰੋਫੈਸਰ ਡੈਂਟਲ, ਸਰਕਾਰੀ ਡੈਂਟਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ।
- 9) ਡਾ. ਅਸਵਨੀ ਕੁਮਾਰ, ਡਾਇਰੈਕਟਰ, ਆਯੂਸ, ਸਰਕਾਰੀ ਆਯੂਰਵੈਦਿਕ ਕਾਲਜ, ਪਟਿਆਲਾ।
- 10) ਡਾ. ਏ.ਐਸ. ਬਿੰਦ, ਪ੍ਰੋਫੈਸਰ ਅਤੇ ਮੁੱਖੀ, ਫਰਾਂਸਿਕ ਮੈਡੀਸਨ ਪ੍ਰਤੀਨਿੱਧ ਰਜਿਸਟਰਾਰ, ਬਾਬਾ ਫਰੀਦ ਯੂਨੀਵਰਸਿਟੀ ਆਫ ਹੋਲਬ ਸਾਇੰਸਜ, ਫਰੀਦਕੋਟ।
- 11) ਸ੍ਰੀ ਆਰ.ਕੇ. ਆਨੰਦ, ਡਿਪਟੀ ਕੰਟਰੋਲਰ (ਵਿੱਤ ਤੇ ਲੇਖਾ) ਦਫਤਰ ਡੀ.ਆਰ.ਐਮ.ਈ. ਪੰਜਾਬ।

1. ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ ਦਾ ਨਵੀਨੀਕਰਨ:-

ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ ਦੇ ਨਵੀਨੀਕਰਨ ਦੇ ਕੰਮ-ਕਾਰ ਸਬੰਧੀ ਇਹ ਦੱਸਿਆ ਗਿਆ ਹੈ ਕਿ ਪੀ.ਆਈ.ਐਮ.ਐਸ. ਦੇ ਫੰਡਾਂ ਵਿੱਚੋਂ 30 ਕਰੋੜ ਰੁਪਏ ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ ਦੇ ਕੰਮ-ਕਾਰ ਨੂੰ ਨਵੀਨੀਕਰਨ ਕਰਨ ਸਬੰਧੀ ਨਿਸ਼ਚਿਤ ਕੀਤੇ ਗਏ ਹਨ। ਮਾਨਯੋਗ

ਇਹ ਕੇਸ ਪੀ.ਡਬਲਯੂ.ਡੀ. ਜਾਂ ਪੀ.ਆਈ.ਡੀ.ਬੀ. ਵਲੋਂ ਹੇਂਡਲ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ ਤਾਂ ਜੋ ਪੀ.ਡਬਲਯੂ.ਡੀ./ਪੀ.ਆਈ.ਡੀ.ਬੀ. ਇਸ ਕੰਮ ਨੂੰ ਨੇਪਰੇ ਚਾੜ੍ਹਨ ਲਈ ਅੱਗੇ ਵਧ ਸਕੇ।

2. ਸੀਨੀਅਰ ਰੈਜ਼ੀਡੈਂਟਾਂ ਦੀ ਕਮੀ ਸਬੰਧੀ:-

ਇਹ ਦੱਸਿਆ ਗਿਆ ਕਿ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰਾਂ ਵਲੋਂ ਲੋੜੀਂਦੀ ਗਿਣਤੀ ਵਿੱਚ ਅਪਲਾਈ ਨਾ ਕਰਨ ਕਾਰਨ ਸੀਨੀਅਰ ਰੈਜ਼ੀਡੈਂਟਾਂ ਦੀ ਬਹੁਤ ਕਮੀ ਹੈ ਅਤੇ ਤਲਵਾੜ ਕਮੇਟੀ ਵੱਲੋਂ ਵਿਚਾਰ-ਵਟਾਂਦਰੇ ਉਪਰੰਤ ਘੱਟੋ-ਘੱਟ ਉਮਰ ਦੀ ਹੱਦ ਨਾਲ ਓਪਨ ਮਾਰਕਿਟ ਵਿੱਚੋਂ ਸਿੱਧੇ ਤੌਰ ਤੇ ਭਰਤੀ ਕਰਨ ਦੀ ਤਜਵੀਜ਼ ਰੱਖੀ ਗਈ ਹੈ। ਵਿਚਾਰ ਵਟਾਂਦਰੇ ਤੋਂ ਬਾਅਦ ਇਹ ਫੈਸਲਾ ਲਿਆ ਗਿਆ ਹੈ ਕਿ ਜੇਕਰ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਲੋੜੀਂਦੀ ਗਿਣਤੀ ਵਿੱਚ ਸੀਨੀਅਰ ਰੈਜ਼ੀਡੈਂਟ ਦੀ ਪੋਸਟ ਲਈ ਉਪਲਬਧ ਨਹੀਂ ਹਨ ਤਾਂ ਮੌਜੂਦਾ ਰੂਲ ਵਿੱਚ ਢਿੱਲ ਦਿੰਦੇ ਹੋਏ ਓਪਨ ਮਾਰਕਿਟ ਤੋਂ ਲੋੜੀਂਦੀਆਂ ਅਰਜ਼ੀਆਂ ਮੰਗ ਲਈਆਂ ਜਾਣ। ਇਸ ਸਬੰਧੀ ਤਨਖਾਹ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਸੈਕਟਰ-32, ਚੰਡੀਗੜ੍ਹ ਦੇ ਡਾਕਟਰਾਂ ਨੂੰ ਦਿੱਤੀ ਜਾਣ ਵਾਲੀ ਤਨਖਾਹ ਦੇ ਬਰਾਬਰ ਹੋਵੇਗੀ, ਜਿਸ ਸਬੰਧੀ ਲੋੜੀਂਦੇ ਫੰਡਾਂ ਦੀ ਤਜਵੀਜ਼ ਵਿੱਤ ਵਿਭਾਗ ਤੋਂ ਪ੍ਰਵਾਨਗੀ ਲਈ ਭੇਜੀ ਜਾਵੇ।

3. ਨਵੀਆਂ ਅਸਾਮੀਆਂ ਬਣਾਉਣ ਸਬੰਧੀ:-

ਇਸ ਸਬੰਧੀ ਇਹ ਸੂਚਿਤ ਕੀਤਾ ਗਿਆ ਹੈ ਕਿ ਐਮ.ਸੀ.ਆਈ.ਦੇ ਨਾਰਮਜ਼ ਨੂੰ ਮੁੱਖ ਰੱਖਦੇ ਹੋਏ ਵੱਖ-ਵੱਖ ਵਿਭਾਗਾਂ ਅਤੇ ਸੰਸਥਾਵਾਂ ਵਿਖੇ ਅਸਾਮੀਆਂ ਦੀ ਰਚਨਾ ਕਰਨ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਅਤੇ ਇਸ ਸਬੰਧੀ ਆਫੀਸਰਜ਼ ਕਮੇਟੀ ਲਈ ਤਜਵੀਜ਼ ਤਿਆਰ ਕੀਤੀ ਜਾਵੇ। ਇਹ ਅਸਾਮੀਆਂ ਪੀ.ਪੀ.ਐਸ.ਸੀ. ਦੁਆਰਾ ਭਰੀਆਂ ਜਾਣੀਆਂ ਹਨ। ਇਹ ਵੀ ਦੱਸਿਆ ਗਿਆ ਕਿ ਇਸ ਸਬੰਧੀ ਪਹਿਲਾਂ ਵੀ ਕੁਝ ਨਿਸ਼ਚਿਤ ਅਸਾਮੀਆਂ (Direct Quota) ਭਰਨ ਲਈ ਕੰਬਨਿਟ ਦੀ ਪ੍ਰਵਾਨਗੀ ਲਈ ਗਈ ਸੀ ਪਰ ਲੋੜ ਅਨੁਸਾਰ ਅਰਜ਼ੀਆਂ ਨਾ ਪ੍ਰਾਪਤ ਹੋਣ ਕਾਰਨ ਇਹ ਅਸਾਮੀਆਂ ਭਰੀਆਂ ਨਹੀਂ ਜਾ ਸਕੀਆਂ। ਇਸ ਵਾਸਤੇ ਇਹ ਬੇਨਤੀ ਕੀਤੀ ਗਈ ਕਿ ਇਹ ਅਸਾਮੀਆਂ ਭਰਨ ਲਈ ਵਿੱਤ ਵਿਭਾਗ ਤੋਂ ਟਿੱਪਣੀ ਲੈਣ ਉਪਰੰਤ ਵਿਭਾਗ ਇਹ ਅਸਾਮੀਆਂ ਮੁੜ ਸੁਰਜੀਤ ਕਰਨ ਲਈ ਕੰਬਨਿਟ ਦੀ ਪ੍ਰਵਾਨਗੀ ਹਿੱਤ ਮੈਮੋਰੈਂਡਮ ਪੁੱਟ ਅੱਪ ਕਰੇ। ਇਹ

ਪੱਟਾਅੱਪ ਕਰਨ ਲਈ ਪ੍ਰਵਾਨਗੀ ਦਿੱਤੀ ਜਾਵੇ। ਇਹ ਵੀ ਸਲਾਹ ਦਿੱਤੀ ਗਈ ਕਿ ਇਹ ਵਿੱਤ ਵਿਭਾਗ ਦੀ ਸਹਿਮਤੀ ਉਪਰੰਤ ਕੀਤਾ ਜਾਵੇ।

4. ਬੱਜਟ ਦਾ ਉਪਬੰਧ:-

ਇਹ ਵੀ ਪੁਆਇੰਟ ਆਊਟ ਕੀਤਾ ਗਿਆ ਕਿ ਕੈਬਨਿਟ ਵੱਲੋਂ ਪਹਿਲਾਂ ਹੀ 613 ਸਟਾਫ ਨਰਸਾਂ ਅਤੇ 9 ਰੇਡੀਓਗ੍ਰਾਫਰਾਂ ਦੀਆਂ ਕਨਟੈਕਟ ਦੇ ਆਧਾਰ ਤੇ ਅਸਾਮੀਆਂ ਭਰਨ ਲਈ ਪ੍ਰਵਾਨਗੀ ਦਿੱਤੀ ਗਈ ਹੈ। ਇਸ ਸਬੰਧੀ ਕੇਸ ਵਿੱਤ ਵਿਭਾਗ ਨੂੰ ਸਹਿਮਤੀ ਲਈ ਭੇਜਿਆ ਗਿਆ ਹੈ ਅਤੇ ਅਜੇ ਪੈਂਡਿੰਗ ਹੈ ਅਤੇ ਦੱਸਿਆ ਗਿਆ ਹੈ ਕਿ ਇਸ ਕੇਸ ਵਿੱਚ ਭਰਤੀ ਪ੍ਰੀਕ੍ਰਿਆ ਸ਼ੁਰੂ ਕੀਤੀ ਜਾਵੇ ਅਤੇ ਬੱਜਟ ਦਾ ਉਪਬੰਧ, ਰਿਵਾਇਜਡ ਐਸਟੀਮੇਟ ਵਿੱਚ ਕਰਵਾਇਆ ਜਾਵੇ।

5. ਮੌਜੂਦਾ ਢਾਂਚੇ ਦੇ ਨਵੀਨੀਕਰਨ ਅਤੇ ਅੱਪਗ੍ਰੇਡੇਸ਼ਨ:-

ਮੌਜੂਦਾ ਢਾਂਚੇ ਦੇ ਨਵੀਨੀਕਰਨ ਅਤੇ ਅੱਪਗ੍ਰੇਡੇਸ਼ਨ ਵਿੱਚ ਅਧੂਰੇ ਕੰਮ ਨੂੰ ਪੂਰਾ ਕਰਨ ਲਈ ਫੰਡਾਂ ਦੀ ਵਿਸਥਾਰਪੂਰਵਕ ਤਜਵੀਜ਼ ਤਿਆਰ ਕਰਕੇ ਕੋਆਰਡੀਨੇਸ਼ਨ ਵਿਭਾਗ ਨੂੰ ਭੇਜੀ ਜਾਵੇ

6. ਮਸ਼ੀਨਰੀ/ ਸਾਜੋ ਸਮਾਨ ਖ਼ੀਦਣ ਸਬੰਧੀ:-

ਰਾਜ ਦੇ ਮੈਡੀਕਲ/ਡੈਂਟਲ ਕਾਲਜ ਪਟਿਆਲਾ ਅਤੇ ਅੰਮ੍ਰਿਤਸਰ ਵਿਖੇ ਪੀ.ਜੀ.ਆਈ./ ਆਲ ਇੰਡੀਆ ਇੰਸਟੀਚਿਊਟ ਆਫ ਮੈਡੀਕਲ ਸਾਇੰਸਜ਼, ਨਵੀਂ ਦਿੱਲੀ (ਏਮਜ਼) ਵੱਲੋਂ ਤਿਆਰ ਕੀਤੀਆਂ ਗਈਆਂ ਸਪੈਸੀਫਿਕੇਸ਼ਨਾਂ ਅਨੁਸਾਰ ਮਸ਼ੀਨਰੀ/ ਸਾਜੋ ਸਮਾਨ ਖ਼ੀਦਣ ਦੀ ਅਤਿਅੰਤ ਜ਼ਰੂਰਤ ਹੈ ਅਤੇ ਇਸ ਨੂੰ ਪੰਜਾਬ ਹੈਲਥ ਸਿਸਟਮ ਕਾਰਪੋਰੇਸ਼ਨ ਰਾਹੀਂ ਖ਼ੀਦਣ ਦੀ ਪ੍ਰਵਾਨਗੀ ਦਿੱਤੀ ਗਈ।

7. ਯੂਜ਼ਰ-ਚਾਰਜਿਜ਼ :-

ਰਾਜ ਦੇ ਮੈਡੀਕਲ/ਡੈਂਟਲ ਕਾਲਜਾਂ ਪਟਿਆਲਾ ਅਤੇ ਅੰਮ੍ਰਿਤਸਰ ਅਤੇ ਇਸ ਦੇ ਨਾਲ ਲਗਦੀਆਂ ਸੰਸਥਾਵਾਂ ਵਿਖੇ ਜੋ ਸੰਸਥਾਵਾਂ ਵੱਲੋਂ ਯੂਜ਼ਰ-ਚਾਰਜਿਜ਼ ਅਤੇ ਫੀਸਾਂ ਲਈਆਂ ਜਾਂਦੀਆਂ ਹਨ, ਉਹ ਉਨ੍ਹਾਂ ਵੱਲੋਂ ਹੀ ਰੱਖੀਆਂ ਜਾਣੀਆਂ ਚਾਹੀਦੀਆਂ ਹਨ ਅਤੇ ਇਸ ਲਈ ਰੋਗ ਕਲਿਆਣ ਸਮਿਤੀ ਦੀ ਤਰਜ਼ ਤੇ ਸੁਸਾਇਟੀ ਜਾਂ ਪੀ.ਐਲ.ਏ. ਅਕਾਊਂਟ ਖੋਲਣ ਲਈ ਤਜਵੀਜ਼

ਕਰਨ ਕਿਉਂ ਜੋ ਉਨ੍ਹਾਂ ਨੂੰ ਪਤਾ ਹੋਵੇਗਾ ਕਿ ਉਨ੍ਹਾਂ ਵਲੋਂ ਇਕੱਠਾ ਕੀਤਾ ਯੂਜਰ-ਚਾਰਜਿਜ ਉਨ੍ਹਾਂ ਸੰਸਥਾਵਾਂ ਵਿਖੇ ਖਰਚਿਆ ਜਾਵੇਗਾ।

8. ਜੂਨੀਅਰ ਰੈਜੀਡੈਂਟਾਂ ਨੂੰ ਸਟਾਈਪੈਂਡ ਦੇਣ ਸਬੰਧੀ:-

ਐਮ.ਸੀ.ਆਈ. ਵਲੋਂ ਇੱਕ ਪ੍ਰੋਫੈਸਰ ਨੂੰ 2 ਪੀ.ਜੀ. ਸੀਟਾਂ ਦੇਣ ਲਈ ਕਾਰਵਾਈ ਕੀਤੀ ਜਾ ਰਹੀ ਹੈ, ਇਸ ਲਈ ਇਸੇ ਤਰ੍ਹਾਂ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ ਵਿਖੇ 37 ਸੀਟਾਂ ਅਤੇ ਮੈਡੀਕਲ ਕਾਲਜ, ਅੰਮ੍ਰਿਤਸਰ ਵਿਖੇ 33 ਸੀਟਾਂ ਵੱਧ ਜਾਣੀਆਂ ਹਨ। ਇਨ੍ਹਾਂ ਜੂਨੀਅਰ ਰੈਜੀਡੈਂਟਾਂ ਨੂੰ ਸਟਾਈਪੈਂਡ ਦੇਣ ਲਈ ਫੰਡਾਂ ਦਾ ਉਪਬੰਧ ਕੀਤਾ ਜਾਣਾ ਹੈ (ਅਨੁਲੱਗ-ਗ)।

9. ਤਲਵਾੜ ਕਮੇਟੀ:-

ਤਲਵਾੜ ਕਮੇਟੀ ਵਲੋਂ ਸਿਫਾਰਸ ਕੀਤੀ ਗਈ ਹੈ ਕਿ ਰਾਜ ਦੇ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਦੇ ਡਾਕਟਰਾਂ ਨੂੰ ਟ੍ਰੇਨਿੰਗ ਰਿਸਰਚ ਲਈ ਉਤਸ਼ਾਹਿਤ ਕਰਨਾ ਚਾਹੀਦਾ ਹੈ। ਇਸ ਲਈ ਘੱਟੋ-ਘੱਟ ਇੱਕ ਕਰੋੜ ਰੁਪਏ ਦਾ ਉਪਬੰਧ ਕੀਤੇ ਜਾਣ ਦਾ ਫੈਸਲਾ ਕੀਤਾ ਗਿਆ। ਇਸੇ ਤਰ੍ਹਾਂ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਅੰਮ੍ਰਿਤਸਰ ਵਿਖੇ ਸਲੋਨ ਕੋਟਰਿੰਗ ਸੰਸਥਾ ਵਲੋਂ ਰਾਜ ਦੇ 12 ਡਾਕਟਰਾਂ ਨੂੰ ਕੈਂਸਰ ਦੇ ਇਲਾਜ ਸਬੰਧੀ ਟ੍ਰੇਨਿੰਗ ਪ੍ਰਦਾਨ ਕਰਵਾਉਣ ਹਿਤ ਵੀ ਫੰਡਾਂ ਦਾ ਉਪਬੰਧ ਕਰਵਾਉਣ ਦਾ ਫੈਸਲਾ ਕੀਤਾ ਗਿਆ।

10. ਸਰਕਾਰੀ ਆਯੁਰਵੈਦਿਕ ਕਾਲਜ, ਪਟਿਆਲਾ ਵਿਖੇ ਠੇਕੇ ਦੇ ਆਧਾਰ ਤੇ ਅਸਾਮੀਆਂ ਭਰਨ ਬਾਰੇ:-

ਰਾਜ ਦੇ ਸਰਕਾਰੀ ਆਯੁਰਵੈਦਿਕ ਕਾਲਜ, ਪਟਿਆਲਾ ਵਿਖੇ ਠੇਕੇ ਦੇ ਆਧਾਰ ਤੇ ਅਸਾਮੀਆਂ ਨਹੀਂ ਭਰੀਆਂ ਗਈਆਂ ਕਿਉਂਕਿ ਉਨ੍ਹਾਂ ਦੀ ਤਨਖਾਹ ਘੱਟ ਹੈ। ਇਸ ਲਈ ਇਨ੍ਹਾਂ ਅਸਾਮੀਆਂ ਨੂੰ ਰੈਗੂਲਰ ਤੌਰ ਤੇ ਭਰਤੀ ਕਰਨ ਹਿੱਤ ਕੈਬਨਿਟ ਕਮੇਟੀ ਨੂੰ ਕੇਸ ਭੇਜਿਆ ਜਾਣਾ ਚਾਹੀਦਾ ਹੈ (ਅਨੁਲੱਗ-ਘ)। ਇਸ ਤੋਂ ਇਲਾਵਾ ਤਲਵਾੜ ਕਮੇਟੀ ਵਲੋਂ ਇਹ ਵੀ ਲਿਖਿਆ ਗਿਆ ਹੈ ਕਿ ਸੁਪਰ ਸਪੈਸਲਿਟੀ ਦੀਆਂ ਜੋ ਅਸਾਮੀਆਂ ਖਾਲੀ ਹਨ ਅਤੇ ਭਰੀਆਂ ਨਹੀਂ ਜਾ ਸਕੀਆਂ ਅਤੇ ਉਨ੍ਹਾਂ ਨੇ ਹੋਰ ਵੀ ਸੁਪਰ ਸਪੈਸਲਿਟੀ ਵਿਭਾਗ ਸਥਾਪਤ ਕਰਨ ਲਈ ਲਿਖਿਆ ਹੈ। ਇਸੇ ਤਰ੍ਹਾਂ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਅੰਮ੍ਰਿਤਸਰ ਵਿਖੇ ਪੀ.ਐਮ.ਐਸ.ਐਸ.ਵਾਈ. ਯੋਜਨਾ

ਤਨਾਅ ਅਤੇ ਭੱਤੋਂ ਵੀ ਵਾਚ ਲਈ ਜਾਣੇ ਚਾਹੀਦੇ ਹਨ। ਇਸੇ ਤਰ੍ਹਾਂ ਰਾਜ ਦੇ ਮੈਡੀਕਲ/ਡੈਂਟਲ ਕਾਲਜਾਂ ਵਿੱਖੇ ਹਸਪਤਾਲ ਮੈਨੇਜਮੈਂਟ ਸਿਸਟਮ/ਆਈ.ਟੀ. ਲਈ ਬਜਟ ਉਪਲਬਧ ਕਰਵਾਉਣ ਦਾ ਉਪਬੰਧ ਕੀਤਾ ਜਾਵੇ। ਇਸ ਦੇ ਵੇਰਵੇ ਸੰਸਥਾ ਵਲੋਂ ਭੇਜੇ ਜਾਣਗੇ। ਇਸ ਸਬੰਧੀ ਤਜਵੀਜ਼ ਤਿਆਰ ਕਰਕੇ ਭੇਜੀ ਜਾਵੇ ਅਤੇ ਇਸ ਨੂੰ ਆਫੀਸਰਜ਼ ਕਮੇਟੀ ਵਿੱਚ ਪੁੱਟ ਅੱਪ ਕੀਤਾ ਜਾਵੇ। ਸਰਕਾਰੀ ਆਯੁਰਵੈਦਿਕ ਕਾਲਜ, ਪਟਿਆਲਾ ਦਵਾਈਆਂ ਲਈ ਬਜਟ ਦੇਣ ਸਬੰਧੀ ਫੈਸਲਾ ਲਿਆ ਗਿਆ। ਇਸ ਸਬੰਧੀ ਬਜਟ ਬਣਾ ਕੇ ਭੇਜਿਆ ਜਾਵੇ।

ਈ.ਐਸ.ਆਈ. ਕਾਰਪੋਰੇਸ਼ਨ ਵਲੋਂ ਪੰਜਾਬ ਵਿਖੇ ਮੈਡੀਕਲ ਕਾਲਜ ਸਥਾਪਿਤ ਕਰਨ ਹਿਤ ਜਮੀਨ ਉਪੁਬਲਧ ਕਰਵਾਉਣ ਸਬੰਧੀ ਤਜਵੀਜ਼ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ ਵਲੋਂ ਗਾਈਡਲਾਈਨਜ਼ ਅਨੁਸਾਰ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ ਵਲੋਂ ਤਿਆਰ ਕੀਤੀ ਜਾਵੇ।

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GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH & FAMILY WELFARE
(HEALTH - 3 BRANCH)

To

Director, Research & Medical Education, Punjab,
Chandigarh.

Memo. No. 23/5/90-4HB.III/31235
Dated Chandigarh the 13 Dec., 1990.

Sub:

Creation of posts under Plan Schemes during the year 1990-91.
Strengthening of the office of Director, Research & Medical
Education, Punjab- Plan Scheme- M.D. 5.1.

Reference is invited to your office letter No. 11141-Pb-90/11 dated 13.6.90 on the subject noted above.

2. The President of India is pleased to accord sanction to the upgradation of the Post of Deputy Director (Headquarters) to that of Joint Director from the date the post is filled up to the pay of Rs. 4500-7300 + NPA and allowances upto 28th February, 1991 under Plan Scheme M.D. 5.1 (Strengthening of the office of Director, Research & Medical Education Punjab).

3. The expenditure involved may be debited to the Head of Account #2210-Medical & Public Health- Research & Training-Allopathy- [Director] & Administration(Plan) 1990-91."

4. This approval is subject to the condition that the expenditure involved is met from within the sanctioned Plan Budget Provision.

5. This sanction issued with the concurrence of the Finance Department conveyed vide their I.D. No. 2/132/90-4FE.II/23 dated 13.12.90.

Punjab, Chandigarh for information and necessary action.

Sd/-
Joint Secretary Health (A)

No. 23/5/90-4HB.III/

Dated Chandigarh the 15.11.1990.

Department of Finance

A copy is forwarded to the Joint Secretary, Government Punjab, Department of Finance with reference to his I.D. No. 2/132/0-4FE.II/3844, dated 15.11.1990.

Sd/-
Joint Secretary Health (A)

To

The Secretary to Government Punjab,
Department of Finance (F.B. II Branch)

U.O. No. 23/5/90-4HB.III/

Dated Chandigarh the 15.11.1990.

A copy is forwarded to 3HB3/5HB3(In Health Branch) for information and necessary action.

Sd/-
Joint Secretary Health (A)

No. 23/5/90-4HB.III/

Dated Chandigarh the 20.7.90.

Dec., 1990.

A copy is forwarded to the Department of Planning with reference to their U.O. No. P&B-SSP-DD(H)-90/4237-A, dated 20.7.90.

Sd/-
Joint Secretary Health (A)

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Government of Punjab
Department of Health & Family Welfare
(Health - 3 Branch)

Director, Research & Medical Education, Punjab,
Chandigarh.

Memo. No. 1/141/91-3745/ 1/141/91
Dated Chandigarh the 2 May, 1991.

Sub:

Filling up the post of Joint Director, Research and
Medical Education, Punjab.

Reference your letter No. 1441-FB-91/85/0, dated
18.4.91 on the subject noted above.

2. Government has approved the following criteria
for Filling up the post of Joint Director, Research & Medical
Education, Punjab:-

- (a) The post of Joint Director at the Directorate level
will enjoy the status of Professor and inter se
seniority will remain intact, but the post which
he vacate should be filled up from amongst the
Assistant Professors.
- (b) In the case of Principal, willing to be considered for
posting as Joint Director he/she will have to
forego the special pay by virtue of his duties.
- (c) The Headquarter of the post will be at Chandigarh/
Directorate.
- (d) There should be minimum two years duration of stay
on the post, but this stay can be extended by the
appointing authority.

(e) Selection will be made on the basis of seniority cum
merit and the decision of the appointing authority
will be final.

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(f) The incumbent of the post will not claim preference as such for elevation to the post of Director, Research and Medical Education, Punjab.

(g) The incumbent of the post will work under the Director, Research & Medical Education, Punjab.

3. It is, therefore, requested to please send the requisite proposal with your recommendations immediately, so that this post could be filled up before the retirement of Dr. H.C. Gupta.

[Signature]
Joint Secretary Health (A)

[Initials]

*Don't do
8/5*

Office Order till 17
[Signature]

No. 3ME2-Pb-86/

From

18237 Dt. Chandigarh the: 6-8-86

To The Director, Research and Medical Edu. Pb.

The Secretary to Govt. Punjab,
Health and Family Welfare, Deptt.,
Chandigarh.

Subject: Strengthening of office of the Director, Research and Medical Education, Punjab- creation of new posts.

Sir,

Kindly refer to this office letter No. 3ME2-Pb-86/16196 dated 16.7.86, on the subject noted above.

As desired by the Govt. in the meeting on 6.8.86 I am sending herewith again the detail of new posts as under which are required to be created under Plan Scheme M.D. 1.1 new M.D. 5.1 for strengthening this office during the current financial year 1986-87:-

- | | |
|--|------|
| 1. Joint Director in pay scale of Rs.2300-2500 | One |
| 2. Supdt. Gr. I in the pay scale of Rs. 825-1580 | One |
| 3. Assistant in the pay scale of Rs. 600- 1120 | Four |
| 4. Sr. Scale Stenographer in the pay scale of Rs. 600-1120 | One |
| 5. Clerks. in the pay scale of Rs. 400- 600. | Two |
| 6. Peon in the pay scale of Rs. 300-430. | Two |

The detail of extra work load and justification of these posts is also given as under please:-

This office undertakes the work of Administering and Monitoring of the State Medical Colleges, attached hospitals, Dental Colleges, T.B. Sanatorium, etc. as per details given in the attached Annexure 'A'.

In recent years, the following new programmes/projects have been implemented by this Directorate without the addition of any supervisory/clerical staff in the existing sanctioned strength:-

- (1) Taking over of G.G.S. Medical College, Faridkot.

As a result of the decision of the State Government, G.G.S. Medical College, Faridkot was taken over by the State Government from the Trust w.s.f. 14.7.78. The following staff

was taken over by State Govt. :-

Class I	40
Class II	110
Class III.	301
Class IV.	224

In order to regulate the service conditions of the Trust Staff as also to deal with the establishment matters, additional staff comprising two branches was asked for from the government. The proposal was not agreed to at that time. The taking over of G.G.S. Medical College, Faridkot has put heavy load of work on the existing staff. In order to ensure efficient and effective implementation of the project, there is obviously full justification for the provision of more staff for the office of D.R.M.E. Punjab.

(ii) Implementation of Re-orientation of Medical Education Scheme.

This scheme had been under implementation in the State Medical Colleges since 1979-80 under directives of Medical Council of India/Govt. of India. This project was conceived to re-orientate the teaching faculty and students in all the Medical Colleges so as to expose the faculty and students to rural environment so that new doctors coming out of medical colleges become conversant with the working environment in special medical problems of the rural areas where about 80% of the population lives. Unfortunately, the actual implementation of the project has been far from satisfactory which is due to lack of resources in the field of posting as also non availability of guidelines, direction and monitoring from the Directorate. Due to constraints of resources, this project is being implemented, directed and monitored at Directorate level only by an officer of the rank of S.M.O. (Officer-On-Special-Duty) who has also to look after other administrative duties of the establishment of non-gazetted staff, admission to M.B.B.S. and implementation of Central sponsored scheme entrusted to him.

It is being increasingly felt that O.S.D. is left with very inadequate time to undertake and vouch safe the progress of this scheme, with the result that even after the lapse of 5 years no significant progress has been made.

additional staff is certainly required at this Directorate. Govt. of India is very anxious that more attention be paid to this vital project.

iii) NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS.

This programme is included in the 20 Point Programme of the Prime Minister of India and is 100% Centrally Sponsored. Government of India have already fixed 2000 A.D as the target year to ensure 'Health for All'. In order to monitor this programme and to provide proper guidance/directions at Directorate level, there is justification for some additional staff. No additional staff has been sanctioned under this scheme so far.

It requires no emphasis that the supervisory and clerical work in the office of D.R.M.E. Pb. has increased manifold as a result of introduction of afore-said three projects/programmes.

Under the Plan Budget 1986-87, under Scheme N.O. "Strengthening of the O/O D.R.M.E. Pb., a sum of Rs.1.25 lakhs has been provided for the purpose. In order to carry out the projects/programme and other office work efficiently, the mentioned additional staff may kindly be got sanctioned for this office w.e.f. 1.9.1986.

It is proposed to fill up the post of Joint Director Medical Education from amongst the Senior most Principals/Professors of State Medical Colleges as the existing post of Deputy Director, Research and Medical Education is filled amongst the Asstt. Directors/Dy. Directors borne on PCMS-I cadre.

Programme Officer has to be the status of Joint Director as he will have to guide, co-ordinate and supervise the work of Principals, Senior Professors of the Medical Colleges.

It will go a long way in monitoring the three aforesaid programmes in an efficient and effective manner. The office functioning will not only improve but will also be energized. I may emphasize that this demand of the staff is minimum one viz. a.viz the quantum of office work involved and is in the public interest.

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The detail of expenditure involved during the current financial year 1986-87 is also attached at Annexure which will be met with from the Budget already exist under the aforesaid plan scheme during the year 1986-87.

I am, therefore, to request that the sanction of the Government for the creation of the posts as shown in the Annexure 10 may kindly be accorded in view of the special justification given in the afore-going paras.

The favour of an early action is requested.

Yours faithfully,

Encl: - 2

Director, Research & Medical Edu. Punjab

12/6/87
6/8/86

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ANNEXURE 'A'

1. (I) Work relating to the State Medical Colleges and Dental Colleges.
 - (2) All Hospitals attached to these colleges, viz.
 - (i) Rajindra Hospital, Patiala
 - (ii) T.B. Centre, Patiala.
 - (iii) V.J. and Associated Hospitals, Amritsar.
 - (iv) Gujjarmal Kesri Devi T.B. Sanatorium, Amritsar
 - (v) Primary Health Centres, Verka, Bhandson and Urban Family Planning Health Centre, Tripuri.
 - (vi) Dental Hospital, Amritsar.
 - (3) Para-Medical teaching programme as it is carried out in the Medical Colleges.
 - (4) Higher training in India/abroad of Medical and Para Medical personnel as employed in the Medical Education and Research in the State.
 - (5) Research and Post-graduate training.
 - (6) All matters concerning Universities, Medical/Dental/Pharmacy Council of India.
 - (7) Recruitment of para-medical and other class II including ministerial and class IV staff for the Medical Colleges and Institutions.
 - (8) Recruitment to the teaching posts in the Medical Institutions.
 - (9) All references relating to P.G.I. regarding expenditure etc.
 - (10) Mobile hospital attached to Medical College.
 - (11) All references relating to Daya Nand Medical College/Christian Medical College, Ludhiana.
- 2.(1) The subject of recruitment of PCMS-II and other subordinate staff for the above said institutions is dealt with by the Director Health Services, Punjab, for the present.
 - (ii) The Director, Research and Medical Education select gazetted as well as non-gazetted staff in the teaching and the Research Institutions.
 - (iii) The D.R.M.E. is empowered to fill up all such posts which are created on or after 2.4.1973 either by direct recruitment/ by promotion or by transfer from other departments in the prescribed manner as it is convenient to the D.R.M.E. Ph.
 - (iv) The cases in respect of special posts on the teaching and research side which could not be filled from the existing cadre is dealt with by the D.R.M.E. Ph.

Preparation of statistical returns in respect of All National Health Programmes viz. F.P., T.B., Blindness, Leprosy E.P. etc. for submission to D.H.S./State Govt./Govt. of India.

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GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH & FAMILY WELFARE
(HEALTH III BRANCH)

The Director, Research and
Medical Education, Punjab,
Chandigarh.

Memo No. 1(128)85-3HBIII/
Dated Chandigarh, the 21st October, 1987

Subject: Filling up the post of Director Research and
Medical Education, Punjab.

Of late we have been considering the senior most Professor for being promoted against the post of Director, Research and Medical Education on the basis of seniority cum merit as there is no provision in the rules for filling up the post of Director, Research and Medical Education. Since the post of Principal of Government Medical College is also filled from amongst senior Professors, it had been a convention to give promotion to the senior most Professor against the post of Director, Research and Medical Education. The matter has been considered at length and keeping in view that the Principals of Government Medical Colleges are in higher rank and are in higher pay scale as well, it has been decided in consultation with the Personnel Department that now onward the post of Director, Research and Medical Education would be filled up from among the Principals on seniority (as Principal) cum merit basis and if no suitable candidate is available, then the selection would be made from among the Professors on seniority (as Professor) cum merit basis.

2. It is, therefore, requested that necessary action may also be taken immediately to make provision in the Rules- Punjab Medical Education Service (Class I) Rules, 1978 for this post accordingly.

(H. S. Narang)
Under Secretary Health.

No. 1(126)-85-3HBIII/

Dated -

A copy is forwarded to Principal, Govt. Medical College, Patiala, Amritsar and Faridkot for information.

sd/-
(H. S. Narang)
Under Secretary Health.

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No. IMEL-Pb-37/2895 / Dated Chandigarh the 23rd October, 1987
From

Prof. (Dr.) S. C. T-yagi, M.D.
Director, Research & Medical Education, Pb.

To

The Secretary to Government Pb.
Health and Family Welfare Deptt.
Chandigarh.

Subject:- Amendment in the Rules-Punjab Medical Education Service
(Class I) Rules, 1978.

....

Sir,

Kindly refer to your office Memo. No. 1(128)85-3HHEI/2500 dated the 21st October, 1987 vide which it has been desired that the rules regarding appointment of the Director, Research & Medical Education Punjab may be included in the Punjab Government Research (Medical Education) Department Service Rules as notified on 28th July, 1978 in Punjab Government Gazette Extra July 28, 1978.

Para 1(f) may be added in Para 1(a) as under:-

In the case of D.R.M.E. Pb it will be made by selection from amongst the Principals (as per their seniority) and in case no suitable persons is available amongst the Principals, it shall be made from amongst the Professors (as per their inter-se seniority).

It is further requested that the word ADDITIONAL PROFESSOR may be treated to have been deleted from para 7 of the said rules as it appears in line 3. Further that the word Additional Professor may be deemed to have been deleted from para 1(d)(i) line 1 and 2.

It is further requested that in para 2 of the Appendix B of Punjab Govt. Gazette extra Sept 23, 1985 notification, the Sr. No. 1 should read Director Research & Medical Education, Pb. 2500-125/2-2750 and thereafter the serial number in respect of the Principal, Associate Professor, Asstt. Professor and Asstt. Professor Pharmacy shall be increased by one i.e. Principal shall be No. 2 and so on. The necessary notification in this regard may kindly be got issued in due course accordingly.

Yours faithfully,

S. C. T-yagi
Director, Research & Medical Education

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GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH & FAMILY WELFARE
(HEALTH- 3 BRANCH)

To

Director, Research & Medical Education, Punjab,
Chandigarh.

Memo. No. 23/5/90-4ND.III/31235

Dated Chandigarh the 13 Dec., 1990.

Sub:

Creation of posts under Plan Schemes during the year 1990-91
Strengthening of the office of Director, Research & Medical
Education, Punjab- Plan Scheme- M.D. 5.1.

Reference is invited to your office letter No. MAI-50-90 dated 13.6.90 on the subject noted above.

1. The President of India is pleased to accord sanction to the upgradation of the Post of Deputy Director (Headquarters) to Joint Director from the date the post is filled up in the pay band of Rs. 4500-7300 + NPA and allowances upto 23rd February, 1991 under Plan Scheme M.D. 5.1. (Strengthening of the office of Director, Research & Medical Education Punjab).

2. The expenditure involved may be debited to the Head of Account "2210-Medical & Public Health- Research & Training-Allopathy-Plan & Administration (Plan) 1990-91."

3. This approval is subject to the condition that the expenditure involved is met from within the sanctioned Plan Budget Provision.

4. This sanction issued with the concurrence of the Finance Department conveyed vide their L.D. No. 2/152/90-4ND.II/2844 dated 10.11.1990.

11

Punjab, Chandigarh for information and necessary action.

SA/-
Joint Secretary Health (A)

~~No. 23/5/90-4FE.II/~~

~~Secretariat Punjab, Chandigarh~~
A copy is forwarded to the ~~Secretariat Punjab~~
Government Punjab, Department of Finance, with reference to
U.O. No. 2/132/90-4FE.II/3846, dated 15.11.1990.

SA/-
Joint Secretary Health (A)

The Secretary to Government Punjab,
Department of Finance (FE.II Branch)

U.O. No. 23/5/90-4FE.III/ Dated Chandigarh the

A copy is forwarded to SHB3/SHB3 in Health Department
for information and necessary action.

SA/-
Joint Secretary Health (A)

No. 23/5/90-4FE.III/

Dated Chandigarh the

A copy is forwarded to the Department of
with reference to their U.O. No. 23/5/90-4FE.III/3846, dated 15.11.1990.

SA/-
Joint Secretary Health (A)

[To be published in the Gazette of India, Part III, section 4.]

DENTAL COUNCIL OF INDIA

NOTIFICATION

New Delhi, dated , 2006.

No-----.- In exercise of the powers conferred by section 10A read with section 20 of the Dentists Act, 1948 (16 of 1948), the Dental Council of India with the previous approval of the Central Government, in supersession of the Establishment of new Dental Colleges, opening of higher courses of study and increase of admission capacity in dental colleges Regulations 1993, except as respects things done or omitted to be done before such supersession, hereby makes the following regulations relating to establishment of new dental colleges, opening of new or higher course of study or training and increase of admission capacity in dental colleges, namely:-

1. Short title and commencement:-

- (1) **These regulations may be called the Dental Council of India (Establishment of New Dental Colleges, Opening of New or Higher Course of Study or Training and Increase of Admission Capacity in Dental Colleges) Regulations, 2006.**
- (2) They shall come into force on the date of their publication in the Official Gazette.

2. Applicability.-

These regulations shall be applicable to the proposals relating to the following from the academic year 2006-07:

- (a) establishment of a new dental college at the under-graduate level;
- (b) introduction of a new or higher course of study or training at the post-graduate level (diploma and degree both);and
- (c) increase of admission capacity in a dental college at the under-graduate or post-graduate level:

Provided that the dental colleges established or permitted to increase the admission capacity at the under-graduate level before the commencement of these regulations will continue to be governed by the Establishment of new Dental Colleges, opening of higher courses of study and increase of admission capacity in dental colleges Regulations, 1993.

3. Definitions:-

- (1) In these regulations, unless the context otherwise requires, –
 - (a) “Act” means the Dentists Act, 1948 (16 of 1948);
 - (b) “Central Government” means Department of Health and Family Welfare in the Ministry of Health and Family Welfare;
 - (c) “Council” means the Dental Council of India established under the Act;
 - (d) “dental college” means any institution, college or a body by whatever name called, in which a person may undergo a course of study or training

which will qualify him for the award of any recognised dental qualification.

- (2) Words and phrases used in these regulations and not defined but defined in the Act shall have the meaning respectively assigned to them in the Act.

4. Proposals or schemes for establishing a new dental college, or opening a new or higher course of study or training or increasing the admission capacity, in the dental college.-

- (1) The proposals or schemes for establishing a new dental college, or opening a new or higher course of study or training or increasing the admission capacity, in the dental college, as the case may be, shall be made or submitted to the Central Government for obtaining its permission under the Act in the Form. I, Form 2 and Form 3, respectively, annexed to these regulations.
- (2) The scheme or the proposal under sub-regulation (1) and, processing thereof shall be submitted within the time- schedule as provided in the Schedule annexed to these regulations.

PERMISSION OF THE CENTRAL GOVERNMENT TO ESTABLISH A NEW DENTAL COLLEGE

5. Application for the establishment of a dental college.-

Any person eligible under regulation 6 may establish a dental college after obtaining prior permission of the Central Government by submitting a scheme in Form I as annexed to these regulations.

6. Eligibility and qualifying criteria.-

- (1) The following organizations, subject to sub-regulation (2), shall be eligible to apply for permission of the Central Government to set up a dental college, namely:-

- (a) a State Government or a Union territory administration;
- (b) a University;
- (c) an autonomous body promoted by the Central or a State Government;
- (d) a society registered under the Societies Registration Act, 1860 (21 of 1860) or corresponding enactments in States; or
- (e) a public religious or charitable trust registered under the Trust Act, 1882 (2 of 1882) or the Wakf Act, 1954 (29 of 1954).

- (2) The organizations under sub-regulation (1) shall qualify to apply for permission to establish a dental college if the following conditions are fulfilled:-

- (a) dental education is one of the objectives of the applicant in case the applicant is an autonomous body, registered society or charitable trust;

- (b) the applicant has a feasible and time-bound programme to set up the proposed Dental College along with the required infrastructure facilities in respect of buildings including adequate hostel facilities for boys and girls as prescribed by the Dental Council of India, dental and allied equipment, faculty and staff commensurate with the proposed intake of students, so as to complete the Dental College within a period of four years from the date of grant of permission;

(c) the applicant owns or holds by way of long term lease for a period of not less than 30 years obtained from Government or an authority of the Government, a plot of land measuring not less than 5 acres and has provided on the same plot of land, constructed area to set up the proposed dental college and proposes to increase the constructed area, in a phased manner, as given below:

Admissions	1 st year	3 rd year
50	30,000 sq. ft.	50,000 sq. ft.
100	60,000 sq. ft.	100,000 sq. ft.

;

(d) hostel accommodation in separate blocks for boys and girls and accommodation for staff, to the extent of 50 % of the strength, should be available at any given time in the same plot of land in addition to the built-up area mentioned in clause(c);

(e) an Essentiality Certificate in Form 4, as annexed, regarding No Objection of the State Government or Union territory administration for the establishment of the proposed dental college at the proposed site and availability of adequate clinical material as per the Council’s regulations have been obtained by the applicant from the concerned State Government or Union territory administration;

(f) that permission of University’s Affiliation in Form 5, as annexed, valid for the entire duration of the course, for the proposed Dental College has been obtained by the applicant from a University;

(g) the applicant has not already admitted students to the proposed dental college;

(h) the applicant owns and manages a General Hospital of not less than 100 beds as per Annexure I with necessary infrastructure facilities including teaching pre-clinical, para-clinical and allied medical sciences in the campus of the proposed dental college,

or

the proposed dental college is located in the proximity of a Government Medical College or a Medical College recognised by the Medical Council of India and an undertaking of the said Medical College to the effect that it would facilitate training to the students of the proposed dental college in the subjects of Medicine, Surgery and Allied Medical Sciences has been obtained,

or

where no Medical College is available in the proximity of the proposed dental college, the proposed dental college gets itself tied up at least for 5 years with a Government General Hospital having a provision of at least 100 beds and located within a radius of 10 K.M. of the proposed dental college and the tie-up is extendable till it has its own 100 bedded hospital in the same premises. In such cases, the applicant shall produce evidence that necessary infrastructure facilities including teaching pre-clinical, para-clinical and allied medical sciences are owned by the proposed dental college itself;

- (i) the applicant owns and manages a dental clinic in the proposed dental college with not less than 10 dental chairs and units as per the specifications prescribed in Annexure II;
- (j) applicant has made provisions for expansion of teaching staff and infrastructure facilities in a phased manner as per Annexure III and IV; and
- (k) the applicant has a feasible and time bound expansion programme to provide additional equipments and infrastructure facilities, as specified by the Council and detailed chart for Dental Chairs/Units of the prescribed specifications, as given below:

Dental chairs

Year	50 Admissions	100 Admissions
1 st year	20	25
2 nd year	50	100
3 rd year	100	200
4 th year and Internship	125	250

7. Submission of the application in Form I and the application Fee.-

- (1) The application in Form I containing the scheme, as referred to in sub- regulation (1) of regulation 5, shall be submitted to the Secretary (Health), Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, Maulana Azad Road, New Delhi – 110011 between 1st August to 30th September (both days inclusive) of each year, alongwith a non-refundable application fee of Rs. 3.00 lakh in the form of a Demand Draft/Pay Order in favour of Dental Council of India, payable at Delhi. The application fee shall include registration fee, fee for technical scrutiny and fee for three inspections and other contingent expenditure. The applicant has to pay to the Council inspection fee prescribed by the Council from time to time for each additional inspection, if any, after three inspections.
- (2) Incomplete applications will not be accepted and will be returned by the Central Government to the applicant, alongwith enclosures and application fee.
- (3) Applications submitted under this regulation, if found complete in all respects, will be forwarded by the Central Government to the Dental Council of India within 30 days after the receipts of the same for evaluation of the scheme and its recommendations. Acceptance of applications will, under no circumstances, be treated as approval of the application for grant of permission.

8. Evaluation of the Scheme to establish a new dental college by the Council.-

- (1) The Dental Council of India will evaluate the scheme submitted under regulation 7 to ascertain the desirability and prima-facie feasibility of setting up the dental college at the proposed location and the capability of the applicant to provide the necessary resources and infrastructure for the scheme.
- (2) The Council, while evaluating the scheme under this regulation, may seek further information or clarification or additional documents from the applicant in

terms of sub-section (7) of section 10A of Act and any other information as it considers necessary, and may carry out physical inspection to verify the information.

9. Report of the Council .-

After evaluation of the scheme under regulation 8 and after conducting the physical inspection, the Dental Council of India shall send a report containing its recommendations to the Central Government in the format at Annexure V along with a copy of the inspection report duly authenticated on each page by the inspectors, reply, if any, from the dental college and the minutes of the relevant Executive Committee meeting. The Council shall furnish its recommendations by the stipulated date on all schemes relating to opening of new dental colleges referred to it by the Central Government:

Provided that upon being so required by the Central Government, the Council shall re-consider its recommendations contained in the report furnished by it after taking into account new or additional information as may be forwarded by the Central Government and submit its report.

10. Grant of Permission to establish a dental college.-

- (1) The Central Government may, after considering the application submitted under regulation 7 in terms of section 10A of the Act and the recommendations of the Council thereon, issue a Letter of Intent to grant permission to establish a dental college subject to such conditions or modifications in the original proposal as it considers necessary. The formal permission will be granted by the Central Government after the conditions stipulated and the modifications suggested are accepted by the applicant and a performance bank guarantee from a Scheduled commercial bank valid for the entire duration of the course in favour of the Council is furnished as follows:

50 admissions	100 admissions
Rs.100 lakh	Rs.200 lakh

- (2) The provisions regarding performance bank guarantee will not apply to a dental college established by a State Governments or a Union territory Administration provided that it gives an undertaking to provide funds in its Plan budget regularly till facilities are fully provided as per the time bound programme indicated by it.
- (3) The formal permission will include conditions for fulfilment of a time-bound programme and achieving of annual targets commensurate with initial the intake of students for the establishment of a dental college.
- (4) The permission under sub-regulation (1) to establish a new dental college will be granted for a period of one year and will be renewed on yearly basis subject to verification of the achievement of annual targets and revalidation, if necessary, of the performance bank guarantees.

11. Renewal of Permission.-

- (1) Admissions of the next batches shall not be made by the dental college unless the permission granted under regulation 10 has been renewed by the Central Government.

- (2) the application for renewal of permission shall be submitted to the Council, with a copy to the Central Government, six months prior to the expiry of the current academic session. The recommendation of the Council in all cases of renewal shall be made by 15th June and the Central Government shall issue final orders regarding renewal of permission by 15th July of each year:

Provided that the process of renewal of permission will not be applicable after the completion of phased expansion of the infrastructure facilities and teaching faculty as per norms laid down by the Council and the first batch of students take the final year examinations.

PERMISSION OF THE CENTRAL GOVERNMENT FOR STARTING NEW OR HIGHER COURSES OF STUDY OR TRAINING

12. Application for permission of the Central Government for starting a new or higher Course (including Post-graduate Diploma courses) or training in a Dental College.-

For starting a new or higher course or training in dental subjects including Post-graduate Diploma courses or training in a Dental College, a dental college, subject to regulation 13, shall apply to the Central Government by submitting a scheme in this regard in Form 2, as annexed, for obtaining its permission in conformity with the relevant Regulations of the Dental Council of India.

13 Qualifying Criteria.-

A dental college shall qualify for starting a new or higher course of study or training in dental subjects, the following conditions are fulfilled:-

- (a) the dental qualification granted to the students of the dental college is recognised for running BDS course and conforms to the norms laid down by it;
- (b) the certificate regarding desirability and feasibility for starting a new or higher course of study or training at the dental college has been obtained by the college from the State Government or the Union territory administration, as the case may be;
- (c) letter of University's permission, valid for the entire duration of the course, for starting such course or training at the dental college has been obtained by it from the University to which it is affiliated;
- (d) the dental college has the full complement of staff, equipments and other infrastructure facilities prescribed for under-graduate training programme and also fulfils additional requirements in respect of funds or allocation of finances, staff and other infrastructure facilities as per the norms prescribed by the Council and approved by the Central Government under Section 20 of the Act in the M.D.S. Regulations, 1983 and P.G. Diploma Regulations, 1983, as amended from time to time.
- (e) selection of candidates for post-graduate degree and post-graduate diploma courses will be made strictly on the basis of academic merit.

14. Submission of the application in Form 2 and the application fee.-

(1) The application containing the scheme for starting a new or higher course of study or training in a dental college shall be submitted by the dental college in the Form 2, as referred to in regulation 12, to the Secretary (Health), Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, Maulana Azad Road, New Delhi – 110011, alongwith a non-refundable application fee of Rs. 2.00 lakh for each speciality in the form of a Demand Draft/Pay Order in favour of Dental Council of India, payable at Delhi. The fee shall include registration fee, fee for technical scrutiny and fee for two inspections and other contingent expenditure.

(2) Incomplete applications will be returned by the Central Government to the dental college, alongwith enclosures and application fee.

(3) The application submitted under this regulation, if found complete in all respects, will be forwarded by the Central Government to the Council within 30 days of the receipt of such application for evaluation and recommendations. Acceptance of applications will, under no circumstances, be treated as approval of the application for grant of permission.

15. Evaluation of the scheme for opening new or higher course, etc..-

- (1) The Council will evaluate the scheme submitted under regulation 14 to ascertain the desirability and *prima-facie* feasibility of starting a new or higher course of study or training at the college and its capability to provide the necessary resources and infrastructure for the said scheme.
- (2) The Council while evaluating such scheme may seek further information/clarification or additional documents from the applicant as it consider necessary and may carry out physical inspection to verify the information.

16. Report of the Council .-

After evaluation of the scheme under regulation 15 and after conducting the physical inspection, the Council shall send a report containing its recommendations to the Central Government along with a copy of the inspection report duly authenticated on each page by the inspectors; reply, if any, from the dental college and the minutes of the relevant Executive Committee meeting. The Council shall furnish its recommendations by the stipulated date on all such schemes referred to it by the Central Government:

Provided that upon being so required by the Central Government, the Council shall re-consider its recommendations contained in the report furnished by it after taking into account new or additional information as may be forwarded by the Central Government and submit its report.

17. Grant of Permission for starting a new or higher course, etc..-

- (1) The Central Government may, after considering the scheme submitted in Form 2 under regulation 14 and the recommendations of the Council thereon, with reference to the Act, issue a Letter of Intent to grant permission subject to such conditions or modifications as it may consider necessary. The formal permission will be granted by the Central Government after the conditions stipulated and the modifications suggested are accepted by the dental college and the performance bank guarantee valid for the entire duration of such course from a Scheduled Commercial bank in favour of the Council is furnished as given below;

Postgraduate degree	Postgraduate diploma
Rs.60 lakh	Rs.40 lakh

- (2) The provisions regarding performance bank guarantee will not apply to a dental college established by a State Governments or a Union territory administration provided that it gives an undertaking to provide funds in its Plan budget regularly till facilities are fully provided as per the time bound programme indicated by it.
- (3) The permission granted under this regulation for starting a new or higher course of study or training will be valid for the entire duration of the course till the first batch of students appears in the final examination.

**PERMISSION OF THE CENTRAL GOVERNMENT TO INCREASE
ADMISSION CAPACITY IN THE DENTAL COLLEGE**

18. Application for increasing the admission capacity.-

For increasing the admission capacity (number of seats) at the under-graduate or post-graduate level (degree or diploma), a dental college shall, subject to regulation 19, submit to the Central Government the scheme in this regard in Form 3, as annexed, for obtaining its permission.

19. Qualifying Criteria.-

A dental college shall qualify to apply under regulation 18, if the following conditions are fulfilled:

- (a) the dental qualification granted to the students of the college and in respect of which the capacity is sought to be increased is recognised with the existing admission capacity ;
- (b) the requirements prescribed in respect of infrastructure facilities including staff are fulfilled by the College for the existing admission capacity as well as for the admission capacity desired:

Provided that the requirements prescribed in respect of land and building shall not apply to the dental colleges established before the 25th day of September, 1993;

- (c) the certificate regarding feasibility and desirability for increasing admission capacity at the dental college has been obtained by the applicant from the State Government or the Union territory administration, as the case may be;
- (d) letter of University’s permission for increasing admission capacity at the dental college, valid for the entire duration of course, has been obtained by the applicant from the university to which it is affiliated; and
- (e) the provision for financial allocation for additional equipments and other infrastructural facilities and for recruitment of additional staff as per the norms prescribed by the Council in this regard are made.

20. Submission of the application in Form 3 and the application fee.-

- (1) the application containing the scheme for increasing admission capacity in the dental college, as referred to in regulation 18, shall be submitted by the dental college to the Secretary (Health), Ministry of Health & Family Welfare, Govt. of India, Nirman Bhawan, Maulana Azad Road, New Delhi-110011 on or before the prescribed date along with a non-refundable application fee of Rs.2.00 lakh (Rs.2.00 lakh per speciality in case of increase of admission capacity in postgraduate courses) in the form of Demand Draft/Pay Order in favour of Dental Council of India, payable at Delhi. The fee shall include registration fee for technical scrutiny and fee for two inspections and contingent expenditure.
- (2) Incomplete application or scheme will not be accepted and will be returned by the Central Government to the applicant along with enclosures and processing fee.
- (3) Application submitted under this regulation, if found complete in all respects, will be forwarded to the Council within 30 days of the receipt of such application for evaluation and recommendations. Acceptance of such application or scheme will, under no circumstances, mean approval of the application for grant of permission.

21. Evaluation of scheme for increasing admission capacity by the Council.-

- (1) The Council will evaluate the scheme submitted by the dental college under regulation 20 to ascertain the desirability and *prima-facie* feasibility for increasing the admission capacity at the dental college and the capability of the dental college to provide the necessary resources and infrastructure for the scheme;
- (2) The Council, while evaluating the scheme under this regulation, may seek further information/clarification or additional documents from the applicant as considered necessary or may carry out physical inspection to verify the information.

22. Report of the Council .-

After examining the scheme submitted under regulation 21 and after conducting the physical inspection, the Council shall send a report containing its recommendations to the Central Government along with duly authenticated copy of the inspection report; reply, if any, received from the applicant along with comments of the Council thereon and the minutes of the Executive Committee meeting. The Council shall furnish its recommendations by the stipulated date on all schemes referred to it by the Central Government:

Provided that upon being so required by the Central Government, the Council shall re-consider its recommendations contained in the report furnished by it after taking into account new or additional information as may be forwarded by the Central Government, and, thereafter, submit its report.

23. Grant of permission for increasing the admission capacity in a dental college.-

(1) The Central Government may, after considering the application submitted under regulation 20 and the recommendations of the Council thereon with reference to the Act, issue a Letter of Intent to grant permission subject to conditions or modifications in the original proposal as it may consider necessary. The formal permission will be granted by the Central Government after the conditions stipulated and the modifications suggested are accepted by the applicant and a performance bank guarantee from a Scheduled commercial bank valid for the entire duration of the course in favour of the Council is furnished as given below;

- (i) For increase of BDS seats up to 50: Rs.50 Lakh
- (ii) For increase of BDS seats from 50 to 100: Rs.1 Crore (100 Lakhs).
- (iii) For P.G. Diploma: Rs.3 Lakh per seat.
- (iv) For P.G. Degree : Rs.5 Lakh per seat:

(2) Provisions regarding performance bank guarantee will not apply to a dental college established by a State Governments or a Union territory Administration provided that it gives an undertaking to provide funds in its Plan budget regularly till facilities are fully provided as per the time bound programme indicated by it.

(3) The formal permission will include conditions for fulfilment of a time-bound programme and achieving of annual targets in case of BDS course commensurate with the admission capacity of students.

(4) In the case of BDS course, the above permission to increase the admission capacity will be granted for a period of one year and will be renewed on yearly basis subject to verification of the achievement of annual targets and revalidation, if necessary, of the performance bank guarantee. It shall be the responsibility of the dental college to apply to the Council for such renewal six months before the beginning of the next academic session.

24. Renewal of the permission granted for increasing capacity.-

- (1) Admissions of the next batches in the under-gratudate course shall not be made by the dental college unless the permission granted under regulation 23 has been renewed by the Central Government.
- (2) The application for renewal of permission shall be submitted to the Council, with a copy to the Central Government, six months prior to the commencement of the next academic session :

Provided that the process of renewal of permission will not be applicable after the completion of phased expansion of the infrastructure facilities and teaching faculty as per norms laid down by the Council and the first batch of students take the final year examinations.

FORM-1
[See Regulation 4(1)]

FORMAT OF APPLICATION FOR PERMISSION OF THE CENTRAL GOVT. TO ESTABLISH A NEW DENTAL COLLEGE.

(Under Sec. 10A read with sec. 20 of the Dentists Act, 1948.

PARTICULARS OF THE APPLICANT:

(use additional sheets of the A4 size, if the space provided in the application form is not adequate. Use separate sheet(s) a for each question. Also specify clearly in the prescribed form of additional sheet(s) provided for the separate question).

- 1. NAME OF THE APPLICANT**
(In Block Letters)

- 2. ADDRESS**
(NO., STREET, CITY, PINCODE,
TELEPHONE NOS., FAX NO.)
(In Block Letters)

- 3. ADDRESS OF REGISTERED OFFICE**
(No., Street, City, Pin code,
Telephone, Telex, Telfax)

- 4. MAILING ADDRESS**
(No., Street, City, Pin code,
Telephone, Telex, Telfax)

- 5. CONSTITUTION**
(University/State Govt./Union Territories
Autonomous Body, Society, Trust)

- 6. REGISTRATION/INCORPORATION**
(Number & Date)

- 7. NAME OF AFFILATING UNIVERSITY**

- 8. OBJECTIVES**

- 9. STATE GOVT. UNION TERRITORY PERMISSION LETTER**
(Number, Date and Issuing, Authority)

- 10. LETTER OF PERMISSION OF THE UNIVERSITY AFFILIATION**
(Number, Date and Name of University)

- 11. Bankers**
(Name & Address)

PART – I

Part-I of the application (Annexure – 1) will contain the following particulars about the applicant and information regarding the desirability and prima-facie feasibility of setting up a Dental College at the proposed location:

12. CATEGORY OF APPLICANT

(STATE GOVERNMENT/UNION TERRITORY/
UNIVERSITY/SOCIETY/TRUST)

**13. BASIC INFRASTRUCTURAL FACILITIES AVAILABLE FOR
DENTAL COLLEGE AND ATTACHED HOSPITAL**

(PLEASE ADD A SEPARATE SHEET IF NECESSARY)

14. MANAGERIAL CAPABILITY

COMPOSITION OF THE SOCIETY/TRUST PARTICULARS OF
MEMBERS OF THE SOCIETY/TRUST; HEAD OR PROJECT
DIRECTOR OF THE PROPOSED DENTAL COLLEGE, HEAD OF THE
EXISTING HOSPITAL THEIR QUALIFICATION AND EXPERIENCE
IN THE FIELD OF DENTAL EDUCATION.

15. FINANCIAL CAPABILITY

BALANCE SHEET FOR THE LAST 3 YEARS TO BE PROVIDED IF
THE APPLICANT IS A SOCIETY/TRUST.
DETAILS OF THE RESOURCES TO BE GIVEN IN DETAIL.

PART – II

Part – II of the application will contain detailed description of the scheme to set up the new Dental College and will be submitted in the form of a detailed Techno-Economic Feasibility Report about the proposed Dental College, complete with the following:

16. NAME AND ADDRESS OF THE PROPOSED DENTAL COLLEGE

17. MARKET SURVEY AND ENVIRONMENTAL ANALYSIS

- (a) Give the main features of the State Dental Education Policy.
- (b) Availability of trained dental manpower in the state and need for increase in the provision of Dental manpower.
- (c) Gap analysis if any and how the gap will be reduced.
- (d) Catchment area in terms of patients for the proposed Dental College/Dental Hospital/General Hospital.
- (e) No. of hospitals/primary health centres/private clinics available in the catchment area.

- (f) State how will the existing Medical/Dental facilities get augmented by the establishment of proposed dental college.

18. SITE CHARACTERISTICS AND AVAILABILITY OF EXTERNAL LINKAGES

- (a) Topography
- (b) Plot size
- (c) Permissible floor space index
- (d) Ground coverage
- (e) Building height
- (f) Road access
- (g) Availability of public transport
- (h) Electric supply
- (i) Water supply
- (j) Sewage connection
- (k) Communication facilities

19. EDUCATIONAL PROGRAMME

- (a) Proposed annual in-take of students
- (b) Admission criteria
- (c) Reservation/Preferential allocation of seats
- (d) Department wise and year wise curriculum of studies

20. the details about the Govt. Medical College, Hospital or 100-bedded Govt. General Hospital to which the proposed Dental College is to be attached and a certificate of commitment to that effect is to be enclosed.

21. FUNCTIONAL PROGRAMME

- (a) Department wise and service wise functional requirements
- (b) Area distribution and room wise seating capacity

22. EQUIPMENT PROGRAMME

Room wise list of Equipments complete with year wise schedule of quantities and specifications –

- (a) Dental
- (b) Medical
- (c) Scientific
- (d) Allied Equipments

23. MAN POWER PROGRAMME

Department wise and year wise requirements of –

- (a) Teaching staff (full-time) – Dental & Medical
- (b) Technical staff
- (c) Administrative staff
- (d) Ancillary staff
- (e) Salary structure

24. the details of arrangements for teaching of non-clinical, medical subjects, indicating whether the arrangements are independent in the proposed Dental College or facilities of a medical college will be utilised.

25. BUILDING PROGRAMME

Building wise built up area of –

- (a) Dental College (departments, lecture theatres, examination hall, museum etc.)
- (b) Faculty and staff housing
- (c) Student hostels
- (d) Administrative office
- (e) Library
- (f) Auditorium
- (g) Animal house
- (h) Mortuary
- (i) Cultural and recreational centre

- (j) Sports complex
- (k) Others (state name of the facility)

26. PLANNING AND LAYOUT

- (a) Master plan of the Dental College Complex
- (b) Layout plans, sections
- (c) Elevations and floor-wise area calculations of the Dental College and ancillary building

27. PHASING AND SCHEDULING

Month wise schedule of activities indicating –

- (a) Commencement and completion of building design
- (b) Local body approvals
- (c) Civil construction
- (d) Provision of engineering services and equipment
- (e) Recruitment of staff
- (f) Phasing of commissioning

28. PROJECT COST

- (a) Capital cost of land
- (b) Buildings
- (c) Plant and machinery
- (d) Dental/Medical, scientific and allied equipment
- (e) Furniture and fixtures
- (f) Preliminary and preoperative expenses

29. MEANS OF FINANCING THE PROJECT

- (a) Contribution of the applicant
- (b) Grants
- (c) Donations
- (d) Equity

- (e) Term loans
- (f) Other sources if any

30. REVENUE ASSUMPTIONS

- (a) Fee structure
- (b) Estimated annual revenue from various sources

31. EXPENDITURE ASSUMPTIONS

- (a) Operating expenses
- (b) Financial expenses
- (c) Depreciation

32. OPERATING RESULTS

- (a) Income statement
- (b) Cash flow statement
- (c) Projected balance sheets

NOTE:- For Items 4 to 8 a comparative statement showing the relevant Dental Council of India norms vis-à-vis infrastructure/faculty available and/or proposed to be made available should be annexed.

PART-III

33. NAME AND ADDRESS OF THE EXISTING DENTAL HOSPITAL

34. DETAILS OF THE EXISTING DENTAL HOSPITAL INCLUDING

- (I) dental chairs/units.
- (II) clinical and non-clinical staff.
- (III) infrastructural facilities.
- (IV) OPD attendance department wise.

35. NAME AND ADDRESS OF THE EXISTING GENERAL HOSPITAL

36. DETAILS OF THE EXISTING GENERAL HOSPITAL INCLUDING

- (a) Bed strength
- (b) Bed distribution

- (c) Built-up area
- (d) Clinical and para-clinical disciplines
- (e) Out patients departments and out patient department attendance departmentwise
- (f) Architectural and lay-out plans
- (g) List of medical/allied equipments
- (h) Capacity and configuration of engineering services
- (i) Hospital services, administrative services
- (j) Other ancillary and support services (category-wise clinical and non-clinical staff strength)

(Signature)
Authorised Signatory
(Name & Designation)

PLACE

DATE

LIST OF ENCLOSURES:

1. Certified Copy of Bye Laws Memorandum and Articles of Association/Trust Deed etc.
2. Certified Copy of Certificates of Registration/Incorporation.
3. Annual Reports and Audited Balance Sheets for the last 3 years.
4. Certified Copy of the Title Deeds of the total available land as a proof of ownership.
5. Certified Copy of the Zoning Plans of the available sites, indicating their land use.
6. Proof of ownership of 100 bedded General Hospital/ Attachment with the Medical College/100 bedded Govt. General Hospital.
7. Certified Copy of the essentially certificate by the respective State Government Union Territory Administration.
8. Certified copy of the Letter of Affiliation issued by a recognised University.
9. Authorisation Letter addressed to the Bankers of the Applicant authorising the Central Government/Dental Council of India to make

independent enquiries regarding the financial track record of the applicant.

FORM-2
[See Regulation 4(1)]

FORMAT OF APPLICATION FOR PERMISSION OF THE CENTRAL GOVT. FOR STARTING HIGHER COURSES.

(INCLUDING POST GRADUATE DEGREE/DIPLOMA) IN A DENTAL COLLGE/INSTITUTION/P.G. INSTITUTE

APPLICATION FOR

- MDS IN _____ SPECIALITY
- PG DIPLOMA IN _____ SPECIALITY

PARTICULARS OF THE APPLICANT:

(use additional sheets of the A4 size, if the space provided in the application form is not adequate. Use separate sheet(s) a for each question. Also specify clearly in the prescribed column of the application form the number of additional sheet(s), provided for the separate question).

- 1. **NAME OF THE APPLICANT**
(In Block Letters)

- 2. **ADDRESS**
(In Block Letters)

- 3. **REGISTERED OFFICE**
(No., Street, City, Pin code, Telephone, Telex, Telfax)

- 4. **MAILING ADDRESS**
(No., Street, City, Pin code, Telephone, Telex, Telfax)

- 5. **CONSTITUTION**
(University/State Govt./Union Territories Autonomous Body, Society, Trust)

- 6. **REGISTRATION/INCORPORATION**
(Number & Date)

- 7. **OBJECTIVES**

- 8. **LETTER OF ESSENTIALITY/PERMISSION OF THE STATE GOVERNMENT/UNION TERRITORY**
(Number, Date and Issuing Authority)

9. **LETTER OF UNIVERSITY AFFILIATION**
(Number, Date and Name of University)

10. **Bankers**
(Name & Address)

(Signature)
Authorised Signatory
(Name & Designation)

PLACE

DATE

LIST OF ENCLOSURES:

1. Certified Copy of Bye Laws/Memorandum and Articles of Association/Trust Deed etc.
2. Certified Copy of Certificates of Registration/Incorporation.
3. Annual Reports and Audited Balance Sheets for the last 3 years.
4. Certified Copy of the Title Deeds of the total available land as a proof of ownership.
5. Certified Copy of the Zoning Plans of the available sites, indicating their land use.
6. Proof of attachment with Medical College Hospital or 100 bedded General Hospital.
7. Certified Copy of the essentially certificate by the respective State Government/Union Territory Administration.
8. Certified copy of the Letter of Affiliation issued by a recognised University.
9. Authorisation Letter addressed to the Bankers of the Applicant authorising the Central Government/Dental Council of India to make independent enquiries regarding the financial track record of the applicant.

FORM-3
[See Regulation 4(1)]

FORMAT OF APPLICATION FOR PERMISSION OF THE CENTRAL GOVT. TO INCREASE THE ADMISSION CAPACITY IN THE RECOGNISED DENTAL COLLEGE/INSTITUTIONS

APPLICATION FOR INCREASE OF SEATS

-BDS Course upto 50

-BDS Course from 50 to 100

-MDS Course in _____ speciality

-PG Diploma in _____ speciality

PARTICULARS OF THE APPLICANT:

(use additional sheets of the A4 size, if the space provided in the application form is not adequate. Use separate sheet(s) a for each question. Also specify clearly in the prescribed column of the application form the number of additional sheet(s), provided for the separate question).

1. **NAME OF THE APPLICANT**
(In Block Letters)

2. **ADDRESS**
(In Block Letters)

3. **REGISTERED OFFICE**
(No., Street, City, Pin code,
Telephone, Telex, Telfax)

4. **MAILING ADDRESS**
(No., Street, City, Pin code,
Telephone, Telex, Telfax)

5. **CONSTITUTION**
(University/State Govt./Union Territories
Autonomous Body, Society, Trust)

6. **REGISTRATION/INCORPORATION**
(Number & Date)

7. **OBJECTIVES**

8. **STATE GOVERNMENT/UNION TERRITORY
PERMISSION / ESSENTIALITY LETTER**
(Number, Date and Issuing Authority)

9. **LETTER OF UNIVERSITY AFFILIATION**
(Number, Date and Name of University)

10. **Bankers**
(Name & Address)

(Signature)
Authorised Signatory
(Name & Designation)

PLACE

DATE

LIST OF ENCLOSURES:

1. Certified Copy of Bye Laws/Memorandum and Articles of Association/Trust Deed etc.
2. Certified Copy of Certificates of Registration/Incorporation.
3. Annual Reports and Audited Balance Sheets for the last 3 years.
4. Certified Copy of the Title Deeds of the total available land as a proof of ownership.
5. Certified Copy of the Zoning Plans of the available sites, indicating their land use.
6. Proof of attachment with Medical College Hospital or 100 bedded General Hospital.
7. Certified Copy of the essentially certificate by the respective State Government/Union Territory Administration.
8. Certified copy of the Letter of Affiliation issued by a recognised University.
9. Authorisation Letter addressed to the Bankers of the Applicant authorising the Central Government / Dental Council of India to make independent enquiries regarding the financial track record of the applicant.

FORM-4

[See Regulation 6(2)(e)]

Subject: ESSENTIALITY CERTIFICATE

No.
Government of
Department of Health

Dated, the

To
The
(applicant),

Sir,

The desired certificate is as follows:-

- (1) No. of Institutions already existing in the State.
- (2) No. of seats available or No. of dental surgeons being produced annually.
- (3) No. of dental surgeons registered with the State Dental Council
- (4) No. of dental surgeons in Government service.
- (5) No. of Government posts vacant and those in rural/difficult areas.
- (6) No. of dental surgeons registered with Employment Exchange.
- (7) Dental Surgeon population ratio in the State.
- (8) How the establishment of the college would resolve the problem of deficiencies of qualified dental personnel in the State and improve the availability of such dental manpower in the State.
- (9) The restrictions imposed by the State Government, if any, on students who are not domiciled in the State from obtaining admissions in the State, be specified.
- (10) Full justification for opening of the proposed college.
- (11) Dental Surgeon -patient ratio proposed to be achieved.
- (12) Copy of the Inspection Report in connection with the Inspection carried out by the State Government for grant of permission for setting up a new dental college is to be attached.

The (Name of the person) _____ has applied for establishment of a dental college at _____. On _____ careful consideration of the proposal, the Government of _____ has decided to issue an essentially certificate to the applicant for the establishment of a dental college with _____ (no.) seats

It is certified that:-

- (a) The applicant owns and manages a _____ bedded hospital which was established in

Or

The proposed Dental College is located in the proximity of _____ Medical College recognised by MCI and has also obtained an undertaking from the said Medical College that would facilitate training to the students of the proposed Dental College in the subject of Medicine, Surgery and Allied Medical Sciences.

Since no Medical College is available in the proximity of the proposed Dental College, the proposed Dental College has got itself tied up for _____ years with a Government General Hospital (_____) which is having provision for _____ beds and which is located within 10 K.M. of radius of the proposed Dental College till they have their own hospital in the same premises. It shall be the duty of the applicant to produce evidence that the infrastructural facilities such as teaching, pre-clinical, para-clinical and allied medical sciences are owned by the proposed Dental College itself.

- (b) The applicant owns and manages a dental clinic with _____ chairs.
- (c) It is desirable to establish a dental college in the public interest;
- (d) Minimum 30 Out Door Dental patients per day are available to begin with.
- (e) The credibility and the financial status of the applicant has been verified.

It is further certified that in case the applicant fails to create infrastructure for the dental college as per Dental Council of India norms and fresh admissions are stopped by the Dental Council of India, the State Government shall take over the responsibility of the students already admitted in the College with the permission of the Central Government.

Yours faithfully,

**(SIGNATURE OF THE
COMPETENT AUTHORITY)**

FORM-5
[See Regulation 6(2)(f)]

No.
University of

Place

Dated, the

The Secretary,
Ministry of Health &
Family Welfare,
Nirman Bhawan.

AFFILIATION

On the basis of the report of the Local Inquiry Committee, the University of grants affiliation to the proposed dental college to be established at by the (Name of the person) subject to grant of permission by the Govt. of India, Ministry of Health & Family Welfare, New Delhi under Section 10A of the Dentists Act, 1948. A copy of the report of the local enquiry committee of the University is attached herewith.

REGISTRAR

ANNEXURE - I
[see regulation 6(2)(h)]

Requirement of the 100 bedded general hospital for teaching BDS students drawn up in accordance with the parameters prescribed by the Bureau of Indian Standards

A 100 bedded general hospital should have a definite out patient departments, in-patient services and 24 hours emergency and critical care services. It should have a medical programme as under:

I. MEDICAL PROGRAMME

A) Medical & Allied Disciplines

- General Medicine
- General Surgery
- Obstetrics and Gynaecology
- Orthopaedics
- Critical Medicine
- Emergency Medicine
- Otorhino Laryngology
- Paediatrics
- Pathology
- Anaesthesiology
- Blood Bank & Transfusion
- Community Medicine
- Hospital Administration

B) Nursing, Paramedical, Technical and Allied Services

- Diagnostics and Therapeutics
- Drugs & Pharmacy
- ECG Technology
- Imaging Technology
- Central sterile supply department
- Physiotherapy
- Medical Record Sections

C) Engineering and Allied Services

- Fire protection
- Electrical
- Air conditioning/Central heating
- Medical Gases
- Refrigeration
- Central Workshop
- Ambulance Service
- Water Supply
- Sewage Treatment/Disposal and waste disposal cell

D) Administration and Ancillary Services

- General Administration
- Material Management
- Medical Social Worker
- PRO
- Library
- Security

2. FUNCTIONAL PROGRAMME

A. Site

Site should be on 5 acres of land earmarked for the Dental College – a site with high degree of sensitivity to outside noise should not be present. It should be accessible by transport and building should be well ventilated.

B. Category wise Bed Distribution

i)	General Ward – Medical including allied specialities	30 beds
ii)	General Ward – Surgical including allied specialities	30 beds
iii)	Private Ward (A/C & Non A/C)	9 beds
iv)	Maternity Ward	15 beds
v)	Paediatric Ward	6 beds

The intensive care services for medical/surgical intensive care with bed complement of 4 beds (4% of bed strength).

The critical care services for medical/surgical emergencies with bed complement of 6 beds (6% of bed strength)

3. Area Requirements (As per Bureau of Indian Standards)

- Covered area requirement is 20 sq.m./bed
- Out of the total covered area
- 40% inpatient services
 - 35% outpatient services
 - 25% department and supportive services

4. Man Power Requirements

The consultants in the various departments after post graduation as required.

Medical Staff

-	General Surgery	-	2	
-	General Medicine	-	2	
-	Obstetrics & Gynaecology	-	2	
-	ENT		-	2
-	Paediatrics	-	2	
-	Anaesthesia	-	2	
-	Orthopaedics	-	2	
-	Pharmacologist	-	1	
-	Radiologist	-	1	
-	G.DMO	-	1	
-	Community Medicine	-	1	
-	Hospital Administration	-	1	

Nursing Staff

-	Matron		-	1
-	Sister incharge	-	6	
-	O.T. Nurses	-	6	
-	General Nurses	-	20	
-	Labour Room Nurses	-	4	

Health Staff			
-	Female Health Assistant	-	1
-	Extension Educator	-	1
Paramedical Staff			
-	Lab Technician/Blood Bank Tech	-	4
-	ECG Technician	-	1
-	Pharmacist	-	4
-	Sr. Radiographer	-	1
-	CSSD	-	2
-	Medical Records	-	1
Administrative Staff			
-	Office Superintendent	-	1
-	Head Clerk	-	1
-	Cashier	-	1
-	Stenographer	-	1
-	UDC	-	2
-	LDC	-	4

Support services to be provided.

Minimum requirement of dental chairs at
‘Under-graduate & Post-graduate level in dental colleges’

UG Level

2 broad categories

(a) **Examination chairs** – (used for patient examination diagnosis and radiology departments). These chairs built on solid metal sheet base weighing min 165 kg (total weight), should be with semi-electrical controlled up/down movements with suitable body contoured physiologically and ergonomically designed seat. Back rest movement may be mechanically or electrically controlled with a spittoon tumbler holder and filler, two intensity examination light and an autoclavable instrument tray.

*1 The chair should be accompanied by pneumatic operatory stool, all painted parts should be with high quality PU paint and/or zinc/chrome plated.

*2 Minimum and maximum range of working height of the chairs should be between 440-810 mm at seat level from the floor.

*3 All inlet and outlet waterpipes, electrical cables and compressed airpipe should be concealed for esthetic and most importantly hygienic reasons.

(b) **Treatment chairs** – (used for all types of dental treatment rendered to the patient). All treatment chairs must be fully electrically operated for patient/operator comfort and convenience. All movements i.e. up/down and backward/forward needs to be electrically controlled with switches or touch pad system, in addition to foot controlled movements.

The treatment chairs besides having a spittoon, tumbler holder/filler, high an low velocity suction, dual intensity operating lamp and an autoclavable examination tray on a movable arm, should at least have 3-way syringe, AR control, airmotor control/micromotor besides scaler and light cure attachments (both optionally provided wherever required) mounted on a movable arm along with pneumatic operator stool. Average treatment chair mounted on the base of sturdy metal plate should be of min weight of 180+ kgs for optimum stability during different treatment positions and procedures.

**1, *2, *3 same as examination chairs:*

PG Level

For post-graduate students all the features of examination and / or treatment chairs for UG level should be present with addition of fully electrically operated and programmable feature in each chair. Additionally the assistant console for an extra 3-way syringe and motored HV and LV suction should be provided at the assistant side.

PG students should be trained to be working with ‘4 handed dentistry’ protocol using assistant control panel.

PG clinical electrical programmable chairs – mounted on a sturdy metal plate should weigh min 200+ kg and have facilities to upgrade with intra oral camera and screen monitor for easy documentation of clinical cases.

**1, *2, *3 same as examination chairs.*

ANNEXURE – III*[see regulation 6(2)(j)]***MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 50 ADMISSIONS****Principal/Dean:** - 1 (One post of Professor can be deleted in the under mentioned tabulation according to the subject of specialisation)

Each Dental Department should be headed by a Professor

	I Year			II Year			III Year			Total Posts in position from the beginning of 3 rd year onwards		
	Prof.	Reader	Lecturer	Prof.	Reader	Lecturer	Prof.	Reader	Lecturer	Prof.	Reader	Lecturer
	2*	2	10	3*	4	20	6*	11	30	6	11	30
Prosthodontics, Crown Bridge, Aesthetic Dentistry and Oral Implantology	1	1	-	1	2	-	1	2	-	1	2	-
Oral Pathology, Microbiology & Forensic Odontology	-	-	-		1	-	1	1	-	1	1	-
Conservative, Endodontics & Aesthetic Dentistry	-	1	-	1	1	-	1	2	-	1	2	-
Oral & Maxillofacial Surgery and Oral Implantology	-	-	-	-	-	-	1	1	-	1	1	-
Periodontology & Oral Implantology	-	-	-	-	-	-	1	1	-	1	1	-
Orthodontics & Dento-facial Orthopedics	-	-	-	-	-	-	-	1	-	-	1	-
Pedodontics & Preventive Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Oral Medicine & Radiology	-	-	-	-	-	-	-	1	-	-	1	-
Public Health Dentistry & Preventive Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Dental Materials	-	-	-	-	-	-	-	-	-	-	-	-
Dental Anatomy/Oral Biology	-	-	-	-	-	-	-	-	-	-	-	-

* Includes the Principal who can head any one of the six specialities.

MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 100 ADMISSIONS

Each Dental Department should be headed by a Professor

	I Year			II Year			III Year			Total Posts in position from the beginning of 3 rd year onwards		
	Prof.	Reader	Lecturer	Prof.	Reader	Lecturer	Prof.	Reader	Lecturer	Prof.	Reader	Lecturer
	2*	3	16	4*	5	30	6*	13	40	6*	13	40
Prosthodontics, Crown Bridge, Aesthetic Dentistry and Oral Implantology	1	2	-	1	2	-	1	2	-	1	2	-
Oral Pathology, Microbiology & Forensic Odontology	-	-	-	1	1	-	1	1	-	1	1	-
Conservative, Endodontics & Aesthetic Dentistry	-	1	-	1	2	-	1	2	-	1	2	-
Oral & Maxillofacial Surgery and Oral Implantology	-	-	-	-	-	-	1	2	-	1	2	-
Periodontology & Oral Implantology	-	-	-	-	-	-	1	2	-	1	2	-
Orthodontics & Dento-facial Orthopedics	-	-	-	-	-	-	-	1	-	-	1	-
Pedodontics & Preventive Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Oral Medicine & Radiology	-	-	-	-	-	-	-	1	-	-	1	-
Public Health Dentistry & Preventive Dentistry	-	-	-	-	-	-	-	1	-	-	1	-
Dental Materials	-	-	-	-	-	-	-	-	-	-	-	-
Dental Anatomy/Oral Biology	-	-	-	-	-	-	-	-	-	-	-	-

* Includes the Principal who can head any one of the six specialities.

Annexure IV

[See Regulations 6(2)(j)]

Medical Teaching Staff in a Dental College

Year	Subjects	Intake and Designations					
		50 Admissions			100 Admissions		
		<i>Professor</i>	<i>Reader</i>	<i>Lecturer</i>	<i>Professor</i>	<i>Reader</i>	<i>Lecturer</i>
I	Anatomy	-	1	2	-	1	4
I	Physiology	-	1	2	-	1	2
I	Biochemistry	-	1	2	-	1	2
II	Pharmacology	-	1	2	-	1	3
II	General Pathology	-	1	2	-	1	2
II	Microbiology	-	1	2	-	1	2
III	General Medicine	-	1	2	-	1	3
III	General Surgery	-	1	2	-	1	3
III	Anaesthesia	-	1	1	-	1	1

ANNEXURE – V

[See Regulation 9]

RECOMMENDATION OF THE DENTAL COUNCIL OF INDIA

Dental Council of India

No.

Place

Date

To

The Secretary,
Ministry of Health & Family Welfare,
Nirman Bhawan,
New Delhi.

Sub:- Establishment of a dental college at By (name of the State Government /Union Territory/Society/Trust).

Sir,

I am directed to refer to your letter No. dated on the above subject and to say that the physical and other infrastructural facilities available at the proposed dental college to be set up at by the (person) were inspected on by the Inspectors appointed by the Dental Council of India. A copy of the inspection report is enclosed.

2. The inspection report and all other related papers were placed before the Executive Committee of the Council in its meeting held on On careful consideration of the proposal, the Executive Committee decided to recommend to the Central Government for approval/disapproval of the Scheme. The decision of the Executive Committee has been approved by/will be placed before the General Body in its meeting/ensuing meeting held/to be held on
3. On careful consideration of the scheme and inspection report the Dental Council of India has arrived at the following conclusion:-
 - (i) that the applicant fulfils the eligibility and qualifying criteria.
 - (ii) that the applicant has a feasible and time bound programme to set up the proposed dental college along with infrastructural facilities including adequate hostel facilities for boys and girls and as prescribed by the Dental Council of India, commensurate with the proposed intake of students so as to complete the dental college within a period of four years from the date of grant of permission.

- (iii) That the applicant has necessary managerial and financial capabilities to establish and maintain the proposed college and its ancillary facilities including a teaching hospital/tie up with the Govt. General Hospital.
- (iv) That the applicant has a feasible and time bound programme for recruitment of faculty and staff as per prescribed norms of the Council and that the necessary posts stand created.
- (v) That the applicant has not admitted any students.
- (vi) Deficiencies if any in the infrastructure or faculty shall be pointed out indicating whether these are remediable or not.
The position regarding infrastructural facilities is as under:-

Requirement at the time of inception No. as per DCI norms	Available	Remarks
1. Staff		
2. Buildings		
3. Equipment		
4. Other requirement		

In view of the above position, the Council recommends to the Central Government for grant of permission –

In case the Council does not recommend permission.

The reasons for disapproval of the scheme are as under:-

- (a)
- (b)
- (c)

The scheme, in original, is returned herewith.

Yours faithfully,

SECRETARY,
DENTAL COUNCIL OF INDIA

Encls:- Inspector's report.

SCHEDULE

SCHEDULE

[(see regulation 4(2)]

Schedule For Receipt Of The Applications For Opening Or To Increase The Admission, Capacity In Respect Of Under Graduate (BDS) And Postgraduate (Mds) Dental Courses And Its Processing By The Central Government And Dental Council Of India

S.No.	<u>Stage</u> <u>Processing</u>	<u>of</u> Time Schedule for BDS	Time Schedule for MDS
1	2	3	4
1.	Receipt of applications by the Central Govt.	From 1 st Aug. to 30 th September (both days inclusive) of any year	From 1 st May to 30 th June (both days inclusive) of any year
2.	Forwarding of application by the Central Government to the Dental Council of India for technical scrutiny	Upto 31 st December	Upto 31 st July
3.	Recommendation of DCI to the Central Government	Upto 15 th June	Upto 28 th February
4.	Issue of Letter of Permission by Central Government	Upto 15 th July	Upto 31 st March

Note: (1) : If any clarification is sought by the Central Government on the recommendation of the Council, the same will be furnished by the Council forthwith, if necessary, after conducting inspection.

**2. The time –schedule indicated above may be modified by the Central Government, for reasons
to be recorded in writing, in respect of any class or category of applications.**

[Published in the Punjab Government Gazette, Legislative Supplement, dated the 17th June, 1977]

**PUNJAB GOVERNMENT
HEALTH AND FAMILY PLANNING DEPARTMENT**

Notification

The 13th June, 1977

No. G.S.R. 66/Const./Art 309/77.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the President of India is pleased to make the following rules regulating the recruitment and conditions of service of persons appointed to the Punjab Dental Education Service (Class I), namely :—

PART I

1. (1) These rules may be called the Punjab Dental Education Service (Class I) Rules, 1977. Short title and commencement.

(2) These shall come into force at once.

2. In these rules, unless the context otherwise requires,—

Definitions.

(a) "Appendix" means an appendix to these rules ;

(b) "Commission" means the Punjab Public Service Commission ;

(c) "direct appointment" means an appointment made otherwise than by promotion or by transfer of an official already in the service of the Government of India or of a State Government ;

(d) "Government" means the Government of the State of Punjab in the Health and Family Planning Department ;

(e) "Service" means the Punjab Dental Education Service (Class I) ;

(f) "recognised university" means :—

(i) any university incorporated by law in any of the States of India ; or

(ii) the Punjab, Sind or Dacca University in the case of Degree, Diploma or Certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or

(iii) any other university which is declared by the Government to be a recognised university for the purpose of these rules.

3. A service to be known as the "Punjab Dental Education Service Constitution (Class I)" comprising the posts specified in Appendix 'A' is hereby constituted ; of Service.

Provided that the persons holding the posts specified in Appendix 'A' immediately before commencement of these rules shall be deemed to be appointed to the Services in accordance with the provisions of these rules.

PART II

Appointment

Number
and character
of posts.

4. The service shall comprise the posts shown in Appendix 'A' to these rules :

Provided that nothing in these rules shall effect the inherent right of Government to add to or reduce the number of such posts or create new posts even with different designations and scale of pay, whether permanently or temporarily.

Appointing
authority.

5. Appointments to the post in the Service shall be made by the Government.

Nationality,
domicile
and character
of candidates
appointed to
Service.

6. No candidate shall be appointed to the Service unless he is —

- (a) a citizen of India ; or
- (b) a subject of Nepal ; or
- (c) a subject of Bhutan ; or
- (d) a Tibetan refugee who came over to India before the 1st January, 1962, with the intention of permanently settling in India ; or
- (e) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka (formerly Ceylon) and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India :

Provided that a candidate belonging to categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India and if he belongs to category (e) the certificate of eligibility will be issued for a period of one year, after which such a candidate will be retained in service subject to his having acquired Indian Citizenship.

(ii) A candidate in whose case certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, College, school or institution last attended, if any and similar certificate from two responsible persons, not being his relatives, who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

Age.

7. No person shall be recruited to the Service by direct appointment if he is more than—

- (i) forty years of age in the case of Assistant Professor, and
- (ii) fifty years of age in the case of Professors, on the last date of receipt of application by the Commission :

Provided that—

- (a) The Government may, for reasons to be recorded in writing, relax the upper age limit, and
- (b) in case of members of Scheduled Castes, Scheduled Tribes and Backward Classes, the upper age limit shall be such as may be fixed by Government from time to time.

8. (1) No person shall be appointed to the Service unless he possesses the qualification and experience as shown in Appendix 'B'.

Educational
qualifica-
tions and
experience.

(2) A person recruited by direct appointment, unless he has already passed an Examination in Punjabi Language up to Matric Standard, shall within a period of six months from the date of his joining the Service, shall have to pass the aforesaid examination or a test in Punjabi to be held by the Punjab Languages Department. In case he fails to pass the aforesaid examination or test as the case may be within the stipulated period, his services shall be dispensed with.

9. No person—

Disquali-
fication.

- (a) who has entered into or contracted a marriage with a person having a spouse living ; or
- (b) who, having a spouse living, has entered into or contracted a marriage with any person ;

shall be eligible for appointment to the Service:

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

10. (1) Recruitment to the posts in the Service shall be made in the following manner :—

Method of
recruitment.

(a) In the case of Assistant Professors—

- (i) 75 per cent of vacancies by promotion from amongst the Senior Lecturers governed by the Punjab Dental Education Service (Class II) Rules, 1977 ;
- (ii) 25 per cent of vacancies by direct appointment.

(b) In the case of Professors—

- (i) 75 per cent of vacancies by promotion from amongst the Assistant Professors.
- (ii) 25 per cent of vacancies by direct appointment.

(c) A person from amongst the professors may be selected to act as a principal and the person so required to act as a Principal shall be allowed special pay of Rupees one hundred per mensem in addition to his pay and other allowances admissible to him as a Professor.

(d) The Government may fill any vacancy by transfer or deputation of any official already in the service of Government of India or of a State Government and the person so recruited shall be adjusted in the quota of direct recruits.

(2) In case no suitable person possessing the qualifications and experience, as prescribed in Appendix 'B' is available for appointment to a post by promotion, that post may be filled in by direct appointment.

(3) All appointments to the posts in the Service by promotion shall be made on the basis of seniority-cum-merit and no person shall have any right of promotion merely on the basis of seniority.

PART III

Conditions of Service

Probation
of persons
appointed
to the
Service.

11. (1) Persons appointed to a post in the Service shall remain on probation for a period of two years, if recruited by direct appointment, and one year if appointed otherwise :

Provided that—

- (a) any period, after such appointment, spent on deputation on a corresponding, or a higher post shall count towards the period of probation;
- (b) in the case of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the Service may, in the discretion of the appointing authority, be allowed to count towards the period of probation ; and
- (c) any period of officiating appointment to a post in the Service shall be reckoned as period spent on probation for that post but no person who has so officiated shall, on the completion of the prescribed period of probation, be entitled to be confirmed, unless he is appointed against a permanent vacancy.

(2) If, in the opinion of the appointing authority, the work and conduct of a person during the period of probation is not satisfactory, it may—

- (a) if such person is recruited by direct appointment, dispense with his service, and
- (b) if such person is appointed otherwise—
 - (i) revert him to his former post ; or
 - (ii) deal with him in such other manner as the terms and conditions of his previous appointment permit.

3. On the completion of the period of probation of a person, the appointing authority may,—

(a) if his work and conduct have, in its opinion been satisfactory :—

(i) confirm such person from the date of his appointment, if appointed against a permanent vacancy, or

(ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy, or

(iii) declare that he has completed his probation satisfactorily if there is no permanent vacancy ; or

(b) if his work or conduct has not been, in its opinion satisfactory :—

(i) dispense with his services, if appointed by direct appointment and if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment permit ; or

(ii) extend his period of probation and thereafter pass such order as it could have passed on the expiry of the first period of probation ;

Provided that the total period of probation including extension, if any, shall not exceed three years in the case of direct recruitment and two years in the case of promotees.

12. The seniority *inter se* of the members of the Service holding the same class of posts shall be determined by the length of their continuous service on those posts in the Service : Seniority of members of the Service.

Provided that the seniority of the members of the Service determined immediately before the commencement of these rules shall not be disturbed :

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection :

Provided further that in case two or more members are appointed on the same date, their seniority shall be determined as follows :—

(a) A member recruited by direct appointment shall be senior to a member recruited otherwise ;

(b) A member recruited by promotion shall be senior to a member recruited by transfer ;

(c) In the case of member appointed by promotion or transfer, seniority shall be determined according to the seniority of such members in the appointment from which they were promoted or transferred, and

- (d) in the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay, preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same, an older member shall be senior to a younger member.

Note.—In the case of members whose period of probation is extended under rule 10, the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

Pay of members of Service.

13. Members of the Service shall be entitled to such scales of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of specified posts are given in Appendix 'B'.

Private Practice.

14. (1) The Government may by general or special order permit any member of the Service, to engage in private practice if such practice does not, in its opinion, in any way, interfere with the discharge of his official duties, on such terms and conditions, and subject to such restrictions and limitations, as may be specified in the order.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms on which it is granted without assigning any cause and without payment of compensation.

Discipline penalties and appeals.

15. In matters relating to discipline, penalties and appeals, members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970 as amended from time to time :

Provided that the authority empowered to impose penalties shall be the Government.

Liability of members of the Service to transfer.

16. A member of the Service may be transferred by Government to any post, whether included in any other Service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Service Rules, Volume I, Part I.

Liability to Service.

17. A member of the Service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do by the appointing authority.

Leave, pension and other matters.

18. In respect of pay, leave, pension and all other matters, not expressly provided for in these rules, the members of the service shall be governed by such rules and regulations as may have been or may hereafter, be adopted or made by the competent authority under the Constitution of India or under any law for the time being in force made by the State Legislature and the rules made thereunder.

Liability to serve in Defence Forces.

19. Every person appointed to the Service shall, if so required, be liable to serve in any Defence Service or post connected with the Defence of India for a period of not less than four years including the period spent on training, if any :

Provided that such officer:—

- (a) shall not be required to serve as aforesaid after the expiry of 10 years from the date of his appointment to the Service ;
- (b) shall not ordinarily be required to serve as aforesaid after attaining the age of 45 years.

20. Every member of the Service, unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established. Oath of allegiance.

21. Where the Government is of the opinion that it is necessary or expedient so to do, it may by order for reasons to be recorded in writing, relax, any of the provisions of these rules excepting those relating to qualification and experience in respect of any class or category of persons. Power of relaxation.

22. Every member of the Service shall get himself vaccinated or re-vaccinated when Government so directs by a special or general order. Liability for vaccination and re-vaccination.

23. If any question arises as to the interpretation of these rules, the same shall be referred to the Chief Secretary to Government, Punjab, who shall decide the same.

APPENDIX 'A'

(See rule 3)

Statement showing the posts of various categories at the Punjab Government Dental College and Hospital, Amritsar and Dental Wing, Medical College, Patiala

Serial No.	Category of post	Posts sanctioned			Station
		Perma- nent	Tempo- rary	Total	
1	Professors	4	3	7	Amritsar
		3	..	3	Patiala
2	Assistant Professors	2	..	2	Amritsar
		..	3	3	Patiala

One of the persons amongst the professors shall be selected to act as Principal at Amritsar and shall get Rs 100 a month as special pay and rent-free accommodation.

APPENDIX 'B'

(See Rules 10 and 13)

Serial No.	Designation of the post	Scale of pay	Qualification and experience
1	Professor ..	Rs 1,300—50—1,800 Professor who acts as Principal will get Rs 100 a month as special pay and rent-free accommodation	(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification. (ii) Post-graduate qualification viz. M.D.S. (iii) Teaching experience as Assistant Professor for a minimum period of five years in a Dental College after requisite Post-graduate qualifications (Dentistry).
2	Assistant Professor	Rs 800—50—1,000/ 50—1,200	(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification. (ii) Post-graduate qualification viz. M.D.S. (iii) At least three years' teaching experience as Senior Lecturer after Post-graduation (Dentistry).

(Sd.) . . . ,

Secretary to Government, Punjab,
Health and Family Planning Department.

स्नातकोत्तर शिक्षा विद्या एवं अनुसंधान संस्थान, चण्डीगढ़ - 160 012 (भारत)

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, CHANDIGARH - 160 012 (INDIA)

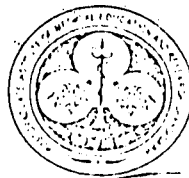
दूरभाष / Phone : (Off.) 0172-2748363, 2755555 (Res.) 2748365, फैक्स / Fax: 91-172-2744401, 2745078
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Dr. K. K. TALWAR

MD, DM, FAMS, FNA, FACC,
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Professor & Head
Department of Cardiology



डॉ. के. के. तलवार

एम. डी., डी. एम., एफ. ए. एम. एम., एफ. एम. एस. (कनाडा), डॉ. एम. एस. (ह.सी.)
मान्य परामर्शदाता/सलाहकार, सशस्त्र बल चिकित्सा सेवाएं

निदेशक

प्राचार्य एवं अध्यक्ष
हृदय रोग विभाग

संख्या / No. DP62-267/2223

दिनांक / Date 9/8/09


Dear Mrs. Bhawra,

This is with reference to notification issued vide endst. No. 7/7/09-5H-III(1HB3)/4171, dated 18th August, 2009 constituting a Consultative Group for formulation of plan for upgradation of Government Medical College at Rajindera Hospital, Patiala.

I am enclosing herewith a copy of the Report of the above Consultative Group for your perusal.

With warm regards,

Yours sincerely,


(K.K. Talwar)

Mrs. Anjali Bhawra, IAS
Secretary to the Govt. of Punjab.
Department of Research & Medical Education,
Room No. 226, 2nd Floor,
Punjab Min. Secretariat,
Sector 9,
CHANDIGARH.

Encl: As above.

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Report of the Consultative Group for the purpose of formulating the plan for upgradation of the Government Medical College and Rajindra Hospital, Patiala.

A special committee under the chairmanship of Prof. K.K. Talwar, Director, PGIMER, Chandigarh was constituted by the Government of Punjab for the above objective. The committee including Prof. P.K. Dave, Former Director, AIIMS, New Delhi; Dr. S. Prabhakar, Professor and Head, Dept. of Neurology, PGIMER, Chandigarh; Dr. Surjit Singh, Professor, Deptt. of Paediatrics, PGIMER, Chandigarh; and Dr. Ajmer Singh, Former Principal, Govt. Medical College, Patiala. The Chairman also co-opted Dr. D.K. Bhasin, Professor of Gastroenterology, PGIMER, Chandigarh in the committee.

The Committee visited the Government Medical College, Patiala on 18 September, 2009. Dr. Surjit Singh, because of some unavoidable academic commitment, could not join the Committee to visit Patiala on this day. Dr. Jai Kishan, DRME, Punjab also joined the Committee at Patiala. Prof. Surinder Singh, Principal and Dr. Avinash Goel, Medical Superintendent, assisted the Committee during the visit.

Dr. Surjit Singh subsequently visited the medical college on 20 October, 2009.

The College was constructed in 1956 over a vast area which is sufficient in building space, play grounds and other requisite buildings. It has a 1107 bedded hospital, located in the old but well built building. However, this building as well as the hostels for boys and girls need repair and renovation. The college is admitting 150 undergraduate and 70-75 postgraduate students every year. At present, there are some designated superspeciality departments but there are no ongoing DM/MCh programmes in these departments.

The Committee undertook the following exercise:

1. It met undergraduate and postgraduate medical students in open house and noted their suggestions to improve the functioning of the Medical College.

2. Powerpoint presentations by the Principal and Heads of the departments were seen and their requirements and suggestions recorded.
3. Visited the Emergency and various wards and laboratories to have a look at the state of the hospital.
4. In the end, all the faculty members of the Medical College, Patiala were invited for open house discussion with the committee members, and were encouraged to give their suggestions.
5. Dr. Surjit Singh subsequently visited the Departments of Pediatrics and Obstetrics & Gynecology and interacted with the respective faculty members.

OBSERVATIONS:

1. **Faculty:** Many faculty positions are vacant in various departments thus affecting their functioning. There is deficiency of the faculty members. We were given to understand that the college is trying to fill these vacancies at the earliest.
There are some superspeciality departments viz. Cardiology, Gastroenterology, Nephrology, Neurology, Cardiothoracic Surgery, Plastic Surgery, Paediatric Surgery and Urology. But they are also extremely devoid of adequate staff and the proper equipment. The departments of Pediatric Surgery and Plastic Surgery were earlier running the superspeciality training programme (M.Ch.) but this had to be stopped (many years back) because of lack of faculty and other facilities.
2. **Senior Residents:** There is acute shortage of senior residents. For some years, the practice has been to recruit senior residents from the FCMS cadre. As there is no age bar, some of the senior residents join after a long period of having done their postgraduation. In such circumstances they have been away from academic medicine for too long a time to justify the need of academic teaching and research activities. Senior residents are usually the backbone of any teaching hospital and a vital link in the teaching of undergraduate and postgraduate students.

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Nurses: There are not adequate nurses to look after the patients efficiently.

4. Other facilities

- i. In the basic departments, there is lack of well equipped laboratories, reagents, audio-visual aids, proper lighting in the lecture theatres.
- ii. There are no facilities for frozen sections in the operation theatres. Such a facility helps the surgeons to quickly decide in the operation theatre itself whether they are dealing with a cancerous or non-cancerous patient.
- iii. In Radiology Department, the facilities of Magnetic Resonance Imaging (MRI) Digital Subtraction Angiography (DSA) are not available. These are vital for optimal teaching, training and patient care. The Committee was informed that a Computed Tomography (CT) scan has been installed in PP mode.
- iv. In the Biochemistry Laboratory there is paucity of reagents, reagents and the lack of facilities for round the clock biochemistry investigations.
- v. In the Surgery Department, equipment for advanced surgical procedures is lacking.
- vi. Mortuary is not centrally air-conditioned.

Faculty/research/equipment should be as per MCI norms as pointed out by the MCI in its report.

RECOMMENDATIONS:

1. Faculty:

- i. Various vacant posts of faculty should be urgently filled up. The Committee learned that at present there is no age bar for the faculty joining from the PCMS cadre. In the interest of academics it is important that there should be an upper age limit for Assistant Professors i.e. 40 years with 5 years relaxation to those who are working in PCMS.
- ii. The retirement age of senior faculty can be raised as per the Central Government norms. This will ensure continued guidance and expertise of the senior faculty who are willing to stay and contribute in

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- the public system. There should be simultaneously a time for promotion of the junior faculty as per the CGHS pattern to avoid stagnation and adequate importance should be given to academic performance of the faculty during promotion.
- iii. Frequent transfers should be discouraged beyond Assistant Professor level as faculty may be involved in research projects. Transfers can hamper ongoing research and it may not be possible to shift the facilities which have been set up by faculty members.
 - iv. There should be facility for in-house funding for research and the faculty should be encouraged to submit their projects to the funding agencies like ICMR, DST and DBT.

2. **Senior Residents:** At present, the number of senior residents in the hospital is meagre and many posts are lying vacant. The Committee is of the opinion that all the seats for senior residents be filled immediately. In order to facilitate rapid recruitment, the Head of the Institution should be allowed to fill the posts on ad-hoc basis. There should be an upper age limit of 35 years as prevalent in AIIMS/PGI, with 5 years relaxation for in-service candidates coming from PCMS cadre. The ratio of fresh graduates to the sponsored doctors (PCMS cadre) for the recruitment of senior residents should be changed and may be fixed on 50:50. Good senior residents are the hub of clinical and training programmes of any good college and this approach will help to ensure this strength.

3. **Nurses:** At present, the number of staff nurses is very less in the hospital and many posts are lying vacant. There is urgent need to fill these posts immediately and on a regular basis. For the time being, these posts may be filled on contract basis. May be the nursing student trained in attached Nursing College be asked to compulsorily work for 3 years after passing from the Nursing School.

4. **Updating Faculty & Senior Residents:** In order to keep the faculty and residents updated with new developments in the field of medicine, the faculty should be allowed special casual leave and TA/DA to attend at least one national conference every year and one international conference.

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once in three years provided the concerned faculty member has an active participation in the said meeting viz. paper presentation/ invited lecture or any other active participation.

The committee feels that the faculty should be sent for short term and long term training for a period of 3-6 months in important specialties viz. Cytology, Pathology, Haematology, Immunology, Virology, Biochemistry, Radiology etc. to PGI, Chandigarh or All India Institute of Medical Sciences, New Delhi. Postgraduate students of various departments must rotate with existing super-specialists in the hospital. In case the superspecialty departments are not available in the hospital, then appropriate arrangements should be made for the training in other institutes.

5. **Superspecialities:** In various superspecialities like Cardiology, Neurology, Gastroenterology, Paediatric Surgery, Urology, Cardiac Surgery, Plastic Surgery etc., the superspecialists should be made the Heads of the Units/Departments and sufficient equipment and funds should be allotted so that these specialties can work efficiently. There is an urgent need for creation of the superspecialty of Neurosurgery and Endocrinology and strengthening of the existing areas. This will help to provide superspeciality care in these disciplines to the society as many patients cannot afford the expensive treatment of private facilities.

6. **Teaching:** There should be a regular teaching programme incorporating lectures and seminars for the undergraduate and postgraduate students and there should be periodic checking by the Principal himself/herself for proper implementation.

7. **Library:** The committee felt that library facilities for undergraduate and postgraduate students and faculty members were not adequate. The number of subscriptions for various journals should be increased. There should be provision for internet connection in the library with Wi-Fi facility and on-line access to various journals. There is a need for an air-

conditioned reading room with internet facilities with uninterrupted power supply.

8. **Other facilities:**

- i. The lecture theatres should be upgraded by air-conditioning them and proper power supply and facilities for public address system and power point presentation.
- ii. Almost all the departments are facing difficulty in purchasing of sophisticated equipment. The purchase procedure may be modified with a provision to allow purchase of equipment which has already been bought in PGI and AIIMS, and under similar terms and conditions.
- iii. Computerization of medical records should be done with proper trained staff.
- iv. There should be proper purchase of reagents for various investigations of patients.
- v. Provision for central oxygen supply and suction should be available.
- vi. There is need for renovation of various hostels for students and provision of security staff. There is a general feeling that toilets in the hostels are few in number and unhygienic.
- vii. There should be proper public and staff parking space.
- viii. Mortuary should be centrally air-conditioned.
- ix. As the building of the hospital is old, renovation and modifications are required in many areas.

Focus issues for consideration:

1. **Faculty and senior residents:** The recruitment criteria for the faculty and senior residents should be reconsidered as per the recommendations. The strength of any Medical College/Institute is the faculty. It is essential to attract and retain good faculty and it is also equally important to discourage mediocrity in the selection of faculty. No amount of infrastructure development can compensate for mediocre faculty. Similarly, the posts of senior residents need to be filled immediately as per the recommendations.

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2. **Civil/Electrical renovation of the college and hospital complex:**
The committee feels that renovation works usually take unduly long time; the project should be time bound and should be supervised by a senior functionary.

3. **Development of superspeciality departments:**

a) Medical Superspecialities

1. In Cardiology, the Govt. has sanctioned a post of Professor, Reader/Associate Professor, Lecturer/Assistant Professor and Senior Resident but none of these posts have been filled up.
2. In Medical Gastroenterology, no post has been sanctioned at any level.
3. In Endocrinology there is one post of Lecturer/Assistant Professor.
4. In Nephrology, Govt. has sanctioned one post each of Reader/Associate Professor, Lecturer/Assistant Professor and Senior Resident. None of these has been filled up.
5. In Neurology, Govt. has sanctioned one post each of Reader/Associate Professor, Lecturer/Assistant Professor and Senior Resident. There is one Reader/Associate Professor working in Neurology.

b) Surgical Superspecialities

1. In Cardio-Vascular & Thoracic Surgery, the Govt. has sanctioned one post each of Professor, Reader/Associate Professor, Lecturer/Assistant Professor and Senior Resident. At present none of these posts have been filled up.
2. In Urology while the post of Professor and Reader/Associate Professor are filled up, the posts of Lecturer/Assistant Professor and Senior Resident are lying vacant.
3. In Paediatric Surgery, the Govt. has sanctioned one post each for Professor, Reader/Associate Professor, Lecturer/Assistant Professor and Senior Resident. The posts of Reader/Associate Professor and Lecturer/Assistant Professor are lying vacant.


and Reconstructive Surgery Department, while the Govt. has sanctioned one post each for Professor, Reader/Associate Professor, Lecturer/Assistant Professor and Senior Resident, the post of Lecturer/Assistant Professor is lying vacant.

c) Recommendations:

It is recommended that the vacant posts should be filled up by qualified staff. The number of posts of senior resident in the superspecialities should also be increased.

There is deficiency of equipment and infrastructure in the superspecialities. The requisite equipment should be provided.

Efforts should be made to create new superspeciality department of Endocrinology, Clinical Haematology, Medical Gastroenterology, Medical Genetics, Medical Oncology, Neonatology, Neurosurgery and Surgical Gastroenterology.



(Dr. K.K. Talwar)
CHAIRMAN

Appendix 'B'
(SEE RULE 8)

DRAFT RULES
CLASS II MEDICAL
RESEARCH

Category of post	Scale of Pay	Mode of Recruitment	Qualifications
1	2	3	4
1/Photo-cine Officer	6400-10640	100 % by promotion	By promotion amongst photo artist/photographer on Seniority-cum-Merit basis working in the pay scale of Rs. 5480-8925 with minimum 10 years experience in photography-Movie making and photo-micrography and processing colour films in the Medical Colleges and institutions.
2	3	4	5
2/Photo artist/photographer/Photo-Tech.	5480-8925	75% by promotion	1) From amongst Artist-cum-Photographer/Senior Photographer who are Matric with science with 5 years experience as Artist-cum-photographer/Senior photographer in Govt. institutions.
3	4	5	6
3/Artist-cum-Photographer/Senior Photographer	4400-7000	25% Direct	1) Matric with science
			2) 5 years experience in Medical photography, Clinical photography, making Microphotographs and projectionist slides in the Govt. institutions, colleges and other institute in the state.
			2) Punjabi upto Matric level.
			1) Matric or equivalent qualifications with 5 years experience as Photographer in Govt. institution.
			2) Punjabi upto Matric level.
			1) By promotion on Seniority-cum-Merit basis from amongst Junior Photographers having 3 years experience as Junior Photographer.

1. Junior Photographer

3120-5160

100 % Direct

5. Artist

6. Modeller

7. Artist-cum-Modeller

5000-8100

100 % Direct

8. Museum Asstt-cum-Artist 4400-7000

100 % Direct

9. Senior Librarian/Librarian 5480-8925

25 % Direct.

75 % by promotion

10. Assistant Librarian

4020-6200

25 % by promotion

75 % Direct

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1) Matric with 2 years experience in Photography in Govt. Studio.
2) Punjabi unto Matric level.

1) Matric with 5 years Diploma in Commercial Arts or its equivalent qualifications.

OR

4 years Degree course in Fine Arts i.e. Graphics, Clay Modelling and sculpture.
2) Punjabi unto Matric level.

1) Matric with 3 years Diploma in Art.
2) Punjabi unto Matric level.

1) B. Library Degree from recognised institution/University.
2) Punjabi unto Matric level.

By promotion from amongst Assistant Librarian on seniority-cum-merit basis with 5 years experience as Assistant Librarian.

1) 5% promotion from amongst Librarian students who are Matric with Diploma of Library Science or its equivalent.
1) Matric Higher Secondary with Diploma of Library Science.
2) Punjabi unto Matric level.

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11. Biochemist
12. Pharmaceutical Chemist
13. Manufacturing Chemist
14. Analytical Chemist.

25% Direct.

1) D. Pharmacy with 5 years experience in Drug Analysis in Govt. testing Laboratory or public limited company manufacturing Drugs.

75% by promotion

2) Punjabi upto Matric level.

15. Supdt. Dispensary

100% Direct.

1) By promotion from amongst Chemists/ Analytical Assistant on Seniority-Cum-Merit basis with 3 years experience in Drug Analysis.

16. Chemist

4550-7220

100% Direct

1) D. Pharmacy with 5 years experience of work in a recognised hospital pharmacy.
2) Punjabi upto Matric level.

17. Analytical Asstt.

4550-7220

100% Direct

1) D. Pharmacy with 3 years experience in Drug Analysis in a recognised institution or in a private Ltd. Drugs Manufacturing Company.
ii) Punjabi upto Matric level

18. Asstt. Chemist

4400-7000

100% Direct

1) D. Pharmacy with 3 years experience in Drug Analysis in a recognised institution or in a private Ltd., Drugs Manufacturing Company.
2) Punjabi upto Matric level.

19. Plasm. Officer

5480-8925

100% by promotion

1) D. Pharmacy with one years experience of Analyst in Drug Laboratory from a recognised institution or in a private Ltd., Drugs Manufacturing Company.
2) Punjabi upto Matric level.

From amongst Medical Laboratory Technician on Seniority-cum-Merit basis who are B.Sc Medical Technology (Laboratory)

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Senior Occupational Therapist. 5480-8925 25% Direct

75% by promotion

- 1) Matric with Science
- 2) Diploma in Occupational Therapy from a recognised institution with 2 years experience in a recognised institution.
- 3) Punjabi upto Matric level.

By promotion from amongst Occupational Therapist/Occupational Therapy Asstt. who are Diploma holder from a recognised institution with 5 years experience in the line from a recognised institution.

21. Occupational Therapist. 4020-6200 100% Direct

- 1) Matric with Science
- 2) One Year Special Training/Diploma in Occupational Therapy from a recognised institution

3) Punjabi upto Matric level.

25% Direct

23. Senior Physio-Therapist 5480-8925

75% by promotion

- 1) Matric with Science.
- 2) Two years diploma in Physiotherapy from a recognised institution with two years experience in the line from recognised institution.
- 3) Punjabi upto Matric level.

From amongst Therapist/Physiotherapy Assistant/Physiotherapist who are Diploma holder in Physiotherapy from a recognised institution with 5 years experience in the line from a recognised institution.

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2 Senior Therapist

4400-7000

100% Direct

25. Physio-Therapy Asstt./
Physio-Therapist

4020-6200

100% Direct

26. Social Worker

5800-9200

100% Direct

27. Medical Social Worker

5800-9200

100% Direct

28. Health Educator

5480-8925

100% Promotion

29. Health Educator

30. Health Educator

5000-8100

100% by Direct

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- 1) Matric with Science
- 2) Two years special training/Diploma in Physio-therapy from a recognised institution.
- 3) Punjabi upto Matric level.

- 1) Matric with Science
- 2) One Year Special Training/Diploma in Physio-Therapy from a recognised institution.
- 3) Punjabi upto Matric level.

- 1) Master Degree in Social Work from a recognised University or

- Graduate from a recognised University with two years diploma in Social Work from a recognised institution.
- 2) Experience in Medical Social case work in a recognised teaching hospital/Mental Hospital/T.B. Hospital will be preferred.
- 3) Punjabi upto Matric level.

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From amongst Health Educator on Seniority-cum-Merit basis working in the pay scale of Rs. 5000-8100.

- 1) Graduate from a recognised University/Board.
- 2) Diploma in Health Education from a recognised institution with two years experience.
- 3) Punjabi upto Matric level.

1	2	3	4	5
31 Garden Supervisor	5480-8925	100 % Direct		<p>1) B. Sc. Agriculture with as major subject.</p> <p>2) Experience of One Year Garden Supervision from a recognised institute will be preferred.</p> <p>3) Punjabi upto Matric level.</p>
32. Dietician	5480-8925	100 % Direct		<p>1) Graduate in Home Science.</p> <p>2) Punjabi upto Matric level.</p>
33. Diet Supervisor	4400-7000	100 % Direct		<p>1) Matric/Higher Secondary</p> <p>2) Certificate or Diploma in Dietics from a recognised University/Institution.</p> <p>3) Punjabi upto Matric level.</p>
34. Dental Hygienist/Dental Hygienist-cum-Chair-side Assistant.	4400-7000	100 % Direct		<p>1) Matric with Science or 10+2 with Science</p> <p>2) Certificate of Dental Hygienist Course from a recognised institution. Preference will be given to candidates having one year experience from the recognised institution in the line.</p> <p>3) Punjabi upto Matric level.</p>
35. Asstt. Dental Hygienist	4020-6200	100 % Direct		<p>1) Matric with Science.</p> <p>2) Certificate of Dental Hygienist Course from a recognised institution.</p> <p>3) Punjabi upto Matric level.</p>
36. Senior Haematology Asstt. (Lab.)	5000-8100	100 % Direct		<p>1) B. Sc. Medical Laboratory Technology with at least two years experience of Lab. work from a recognised institution preferably in Haematology.</p> <p>2) Punjabi upto Matric level.</p>

1	2	3	4	5
37. Senior Haematology Asstt. (Clinical)	5600-8100	100% Direct		1) B.Sc. Medical Laboratory Technology with atleast two years experience of Lab. work from a recognised institution preferably in Haematology. 2) Punjabi upto matric level.

38. Radio-Dentist	5000-8100	100% Direct		1) Matric with science from a recognised University/Board or equivalent examination. 2) Two Years diploma in Radiology. 3) Five Years experience in the Deptt. of Dental Radiology, in Dental College. 4) Punjabi upto Matric level.
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39. X-Ray Asstt.-cum-Operation Theatre Asstt./X-Ray Asstt./Technician	4020-6200	100% Direct		1) Matric with science 2) Qualified Radiographer from a recognised institution. 3) Punjabi upto matric level.
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40. Dark Room Asstt.	3120-5160	100% Direct		1) Matric/Higher Secondary with science 2) Punjabi upto Matric level.
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41. Operation Theatre Supervisor	5000-8100	25% Direct		1) Matric with science or 10+2 2) One year course in Operation Theatre technique from a recognised institution. 3) Five Years experience as Operation Theatre Asstt. from a recognised institution. 4) Punjabi upto Matric level.
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75% By promotion

1) From amongst Operation Theatre Asstt. on Seniority-cum-Merit basis having five years experience in a recognised institution.

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42. Operation Theatre Asstt. 40 20-6 200 75% Direct

25% by Promotion

- 1) Matric with Science
- 2) Diploma in Operation Theatre Asstt. Technique from a recognised institution.
- 3) Punjabi upto matric level.
- 1) By promotion from amongst Operation Theatre Asstt. on Seniority-cum-Merit basis having diploma in Operation Theatre Technique.

43. Operation Theatre Asstt. 33 30-6 200 100% Direct

44. Anaesthesia Technician 40 20-6 200 75% by Promotion

25% Direct

- 1) Matric with Science
- 2) At least two years experience of Operation Theatre Asstt. from a recognised big hospital with minimum 100 bed strength.
- 3) Punjabi upto matric level.
- 1) By promotion on seniority-cum-merit from
- 2) Departmental candidates who are Matric with Science with 5 years experience in the department of Anaesthesia.

45. Senior Lab. Technician 50 00-8 100 25% Direct

75% by Promotion

- 1) Matric with Science with certificate of Anaesthesia Training and one year experience in a recognised hospital.
- 2) Punjabi upto matric level.
- 1) B. Sc. Degree in Medical Lab. Technology from a recognised institution.
- 2) Punjabi upto matric level.
- 1) From amongst Medical Laboratory Tech. Gr. 'II' on Seniority-cum-merit basis with 2 years experience in recognised teaching ~~haxx~~ institution and allied hospitals

	1	2	3	4	5
46. Medical Laboratory Technician Gr. 'II'			40 20-46 200	25% Direct	

75% by promotion

- 1) Matric with Science
- 2) Diploma in Medical Lab. Technology from any recognised institution with two years experience in a recognised hospital.
- 3) Punjabi unto Matric level.

47. Medical Lab. Tech. Gr. 'III'	3330-6 200	25% Direct	
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75% by promotion

- 1) Matric with science
- 2) Diploma in Medical Lab. Technology from recognised institution.
- 3) Punjabi unto Matric level.

48. Laboratory Attendant	3120-5 160	25% Direct	
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75% by promotion

- 1) Matric with Science (Phy. & Chem)
 - 2) Preference will be given to diploma holder of Medical Lab. Technology.
 - 3) Punjabi unto Matric level.
- From amongst all class-I V employees on seniority-cum-merit basis who are matric with Science (Phy. & Chem). Preference will be given to diploma holder of Medical Lab. Technology.

1	2	3	4	5
50. Blood Chemistry Asst.	4020-6200	100% Direct	1) Matric with Science. 2) Qualified Lab. Technician from a recognised institution. Candidates have 3 years experience in Lab. work in a recognised institution will be preferred. 3) Punjabi upto matric level.	
50. Publicity Asst.	5000-8100	100% Direct	1) B.A/B.Sc. with diploma in Journalism/ Mass Communication Technique/Health Education. 2) Punjabi upto Matric level.	
51. Rehabilitation Asst.	5000-8100	100% Direct	1) -do-	
52. Speech Therapist	5000-8100	100% Direct	1) B.Sc. Medical Technology (Speech Therapy) from a recognised institution. 2) Punjabi upto Matric level.	
53. Audiometric Technician	5000-8100	100% Direct	1) B.Sc. Medical Technology (Audiometry) from a recognised institution. 2) Punjabi upto Matric level.	
54. Optometrists/ Refractionist	5000-8100	100% Direct	1) Matric/Higher Secondary with Science. 2) Diploma in the line from a recognised institution. 3) Punjabi upto Matric level.	
55. Orthoptist	5000-8100	100% Direct	1) Matric/Higher Secondary with Science. 2) Diploma in the line from a recognised institution. 3) Punjabi upto Matric level.	

1	2	3	4	5
Supdt. Workshop	5480-8925	100% by promotion		

By promotion on Seniority-cum-Merit basis from amongst Senior Electrical Technician/Chief Electrician.

57. Senior Electrical Technician.	4550-7200	100% by promotion
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By promotion from amongst Chief Electrician/Electrician-1 on Seniority-cum-merit basis.

58. Chief Electrician/ Electrician Gr. 'I'	4400-7000	25% Direct
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1) Matric with 3 years Trade Certificate Course (It may include diploma of one year or two years of the practical course followed by apprenticeship training of two or one year duration so as to make the total number of years spent on training 3 years) with at least 3 years experience as Electrician from a recognised institution,

2) Punjabi upto Matric level.

From amongst Electrician Gr. 'II' on Seniority-cum-merit basis.

59. Electrician Gr. 'II'	4020-6200	25% direct
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1) Matric with Science and one year diploma/certificate in the trade and one year experience in the line from a recognised institution.

2) Punjabi upto Matric level

By promotion from amongst Electrician Gr. 'III' on Seniority-cum-merit basis.

75% by promotion

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60. Electrician Gr. III 3120-5160 25% Direct

- 1) Matric with one year certificate in the trade from a recognised institution.
- 2) Punjabi upto matric level.

75% by promotion

- 1) By promotion from amongst lift-man on Seniority-cum-merit basis with 5 years experience in the line from a recognised institution.

61. Senior Technician Workshop. 4400-7000 100% Direct

- 1) Matric with 3 years trade certificate course as Electrician with atleast one year experience as Electrician in a recognised institution.
- 2) Punjabi upto Matric level.

62. Junior Technician Workshop. 3120-5160 100% Direct

- 1) Matric with one year certificate course from I.T.I. or any other recognised institution.
- 2) Punjabi upto Matric level.

63. Audio-visual Tech. 3120-5160 100% Direct

- 1) Matric with Science. Qualified Audiovisual Tech. from a recognised institution.
- 2) Punjabi upto Matric level.

64. Cataloguer 3120-5160 100% Direct

- 1) Matric with Science.
- 2) Punjab upto Matric level.

65. Documentalist 3120-5160 100% Direct

- 1) Matric with Science
- 2) Punjabi upto Matric level.

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66. Book Binder

3120-516M

100% by promotion

By promotion from amongst Class-I V employees who are Matric and having some knowledge of Book-Binding.

✓ 67. Dental Mechanic

4400-7000

25% Direct

1) Matric with Science from a recognised University/Board.
2) Diploma/Certificate of Dental Mechanic from any Institution recognised by the Dental Council of India with two years experience as Asstt. Dental Mechanic in a recognised institution.

OR

A Dentist registered in Part-B of the Dentists register with 5 years experience as Asstt. Dental Mechanic in a recognised Dental Institution.
2) Punjabi upto Matric level.

75% by promotion

By promotion from amongst Assistant Dental Mechanic with two years experience in a recognised institution on seniority-cum-merit basis.

68. Asstt. Dental Mechanic/
Dental Technician.

4020-6200

100% Direct

1) Matric with Science or any equivalent qualification from a recognised University/Board.
2) Qualified Dental Mechanic from any Institution recognised by the Dental Council of India

OR

A Registered Dentist in part 1A of the Dentists Registered under Dentists Act, 1948.
2) Punjabi upto Matric level

1 2 3 4 5

69. Animal House Supervisor 3120-5160 100% Direct

70. Animal House Keeper 3120-5160 100% Direct

71. Lady Quardt. Girls Hostel 5000-8100 100% Direct

72. Warden 3120-5160 100% Direct

73. F. C. G. Technician 3330-6200 100% Direct

74. Prostheticist-cum-Braceman 4020-6200 100% Direct

1) Matric with Science

2) Punjabi upto Matric level.

1) Matric with Science

2) Punjabi upto Matric level.

1) Graduate from any recognised University.

2) Two Years experience as Lady House Keeper/Warden from a recognised institution.

3) Punjabi upto Matric level.

1) Matric

2) Experience of one year in the line in a recognised institution will be preferred.

3) Punjabi upto Matric level.

1) Matric with Science

2) At least one year experience in a recognised institution in the line of a hospital setting Physiology Laboratory.

3) Punjabi upto Matric level.

1) Matric with Science

2) Diploma of Prosthetic-cum-Braceman from All India Institute of Physioal Medicine and Rehabilitation Bombay or any other recognised institution or Matric with Science with 2 years experience in making Medical appliances and Artificial Limbs in a recognised institution.

3) Punjabi upto Matric level.

3

4

5

Leg Arm Supervisor

4020-6200

100% Direct

- 1) Matric from recognised University/Board. Certificate in the trade from Artificial Limb Centre, Pimpri Rehabilitation Centre Bombay or from any other recognised institution OR Two years experience as Supervisor Leg Arm Training from a recognised institution.

- 2) Punjabi unto Matric level.

76. Media Maker

3120-5160

100% by promotion

- 1) From amongst Class-I/V on seniority-cum-merit basis having passed Matric with Science and possessing 3 years experience having worked in Laboratory in a recognised institution. Preference will be given to the Diploma Holder of Medical Lab. Technology.

77. Man/Tubewell Operator

3120-5160

100% Direct

- 1) Matric with Science
- 2) One Year Certificate Course of Electrician from a recognised institution.
- 3) Punjabi unto Matric level.

78. Fitter/Mechinist

3120-5160

100% Direct

- 1) Matric with Science
- 2) Diploma of Fitter Mechanist from I.T.I. or any other recognised institution.
- 3) Punjabi unto Matric level.

79. Technician Mechanic Gr. II 4400-7000

25% Direct

- 1) Matric with two years certificate course with at least one year experience in the line from a recognised institution.
- 2) Punjabi unto Matric level.

From amongst Technician Gr. II on seniority-cum-merit basis.

75% by promotion

1	2	3	4	5
80. Technician Mechanic Gr. 'II'	40 20-6 200	100% by promotion	By promotion from amongst Technician (Mechanic) Gr. 'III'	<ol style="list-style-type: none"> 1) Matric with one year trade certificate course from I.T.I. or any other recognised institution. 2) Punjabi unto Matric level.
81. Technician Mechanic Gr. 'III'	31 20-5 160	100% Direct		<ol style="list-style-type: none"> 1) Matric with one year trade certificate course from I.T.I. or any other recognised institution in the respective trade. 2) Punjabi unto Matric level.
82. Leather Maker 83. Leather Worker 84. Wood Worker 85. Mistry 86. Electro-plaster-cum- Welder.	31 20-5 160	100% Direct		<ol style="list-style-type: none"> 1) Matric with science 2) Diploma in the trade of Black Smith from a recognised institution. 3) Punjabi unto Matric level.
87. Metal Worker	31 20-5 160	100% Direct		<ol style="list-style-type: none"> 1) Matric pass 2) Certificate or Diploma in the Tailoring/Embroidary from I.T.I. 3) Punjabi unto Matric level.
88. Tailor	31 20-5 180	100% Direct		<ol style="list-style-type: none"> 1) Matric pass with two years certificate course in the trade from a recognised institution. 2) Punjabi unto Matric level.
89. Painter-cum-Carpenter	31 20-5 160	100% Direct		<ol style="list-style-type: none"> 1) Matric pass with one year certificate course in the trade from I.T.I. or any other recognised institution. 2) Punjabi unto Matric level.
90. Carpenter	31 20-5 160	100% Direct		<ol style="list-style-type: none"> 1) Matric pass with one year certificate course in the trade from I.T.I. or any other recognised institution. 2) Punjabi unto Matric level.

91. Museum Keeper/ Asstt. 3120-5160

100% Direct

92. Gas Supervisor 3120-5160

100% Direct

93. Linen Keeper 3120-5160

100% Direct

94. Head Cook 3120-5160

100% by promotion

95. Duplicating Machine Operator 3120-5160

100% by promotion

96. Shoe Maker 3120-5160

100% Direct

1) Matric with science from a recognised University/Board. Three years experience as Museum Attendant in a recognised institution or One Year Certificate Course of Museum Keeping
2) Punjabi unto Matric level.

1) Matric from a recognised University/Board with one year experience in handling Gas plant/maintenance of Gases and its distribution from a recognised institution.
2) Punjabi unto Matric level.

1) Matric from a recognised University/Board. One year experience of Store work in a recognised institution will be preferred.
2) Punjabi unto Matric level.

From amongst Cooks who are Matric and having good record of service on Seniority-cum-merit basis.

From amongst Class-IV employees who are Matric and having good knowledge of handling duplicating machine.

1) Matric from a recognised University/Board
2) Two years experience as Shoe Maker in any recognised Artificial Limb Centre or certificate in trade of shoe making from a recognised Polytechnic Institute.
3) Punjabi unto Matric level.

97. Car-Taker

3120-5160

100% Direct

98. Plaster-Cutter/Tech. 3120-5160

100% Direct

99. Black-Smith

3120-5160

100% Direct

100. Brace-Maker-cum-Limb Fitter/Limb-Maker.

5000-8100

100% Direct

101. Senior Radiographer 5480-8925

100% by promotion

5

- 1) Matric or its equivalent qualifications.
- 2) Punjabi upto Matric level.

- 1) Matric with Science
- 2) One Year experience in a recognised institution, in the line will be preferred.
- 3) Punjabi upto matric level.

- 1) Matric with one year certificate course in the line from a recognised institution.
- 2) Punjabi upto matric level.

- 1) Matric from a recognised University/Board. Five Years experience in the trade in a recognised institution in the
- 2) Diploma from Institute of Physical Medicine and Rehabilitation or Institute of Prosthetist or special training from Army Limb Fitting Centre, Poona or any other recognised institution.
- 3) Punjabi upto Matric level.

- 1) From amongst Radiographer on Seniority-cum-Merit basis. Must have 10 years experience in Radiology Department of a recognised teaching hospital.

1	2	3	4	5
103. Mesopathology Tech.	5000-8100	100% Direct	1) B.Sc. Degree in Medical Laboratory Technology from recognised institution. 2) Punjabi upto Matric level.	
103. Tutor Technician	5480-8925	100% by promotion	1) From amongst Senior Medical Lab. Technician on Seniority-cum-Merit basis who possess Degree of B.Sc. Medical Lab. Technology.	
104. Asstt. Radiographer.	3120-5160	100% Direct	1) Matric with science. 2) Diploma in radiography from a recognised institution. 3) Punjabi upto Matric level.	
105. Cyto-Technician	5000-8100	100% Direct	1) Matric with science. 2) B.Sc. Medical Technology 3) Punjabi upto Matric level.	
106. Technician for Animal Operation Room	4020-6200	100% Direct	1) Matric with science 2) Laboratory Diploma in Animal handling and Nutrition from a recognised institution. 3) Punjabi upto Matric level.	
107. Audiovisual Attendant	3120-5160	100% Direct	1) Matric with Science 2) One Year Course in Audiovisual instrument Technique from a recognised institution. 3) Punjabi upto Matric level.	

Health Visitor

4400-7000

100% Direct

5

- 1) Matric or its equivalent with Hygienic and Psychology and Science and qualified T.B. Health Visitor from a recognised institution.
- 2) Punjabi upto Matric level.

109. EEG Technician

3330-6200

100% Direct

- 1) Matric with Science
- 2) Punjabi upto Matric level.

110. Laundry Operator

3120-5160

100% by promotion

- 1) From amongst ~~Punjab~~ Dhobis who are Matric

111. Life Guard

5000-8100

100% Direct

- 1) Bachelor of Arts from a recognised University/ ~~Board~~
- 2) Diploma in Swimming from N.I.S. or Diploma in Swimming from any recognised institution.
- 3) Punjabi upto Matric level.

112. Technician for Central Gas Supply Section

3120-5160

100% by promotion

113. Dialysis Assistant

4400-7000

100% Direct

- 1) From amongst Ward Attendants working in the State Medical Colleges who are Matric or having equivalent qualifications with minimum two years experience in the department of Anaesthesia in a hospital attached to the State Medical Colleges.
- 1) Matric with Science
- 2) Diploma in Medical Lab. Technology from a recognised institution.
- 3) Short Term Training in Dialysis from a recognised institution will be preferred.
- 4) Punjabi upto Matric level.

Registered No. NW/CH



Punjab Government Gazette

EXTRAORDINARY

Published by Authority

CHANDIGARH, FRIDAY, JULY 28, 1978
(SRAVANA 6, 1900 SAKA)

LEGISLATIVE SUPPLEMENT

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Price : 45 Paise

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PUNJAB GOVERNMENT
HEALTH (MEDICAL EDUCATION) DEPARTMENT

Notification

The 28th July, 1978

No. G.S.R. 75/Const./Art. 309/78.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the Governor of Punjab is pleased to make the following rules regulating the recruitment and conditions of service of persons appointed to the Punjab Medical Education Service (Class I), namely :—

PART I

1. *Short title and commencement.*—(1) These rules may be called the Punjab Medical Education Service (Class I) Rules, 1978.

(2) They shall come into force at once.

2. *Definition.*—In these rules, unless the context otherwise requires :—

- (a) "Commission" means the Punjab Public Service Commission ;
- (b) "Direct appointment" means an appointment made otherwise than by promotion or by transfer of an official already in Service of the Government of India or of a State Government.
- (c) "Government" means the Punjab Government in the Health Department ;
- (d) "Service" means the Punjab Medical Education Service (Class I) ;
- (e) "Department" means the speciality as listed in Appendix 'A' ;
- (f) "Recognised University" means—
 - (i) any university incorporated by law in any of the States of India ;
or
 - (ii) the Punjab, Sind or Dacca University in case of Degree, Diploma or Certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or
 - (iii) any other university which is declared by the Government to be recognised university for the purposes of these rules.

3. *Constitution of Service.*—There shall be constituted a service to be known as the "Punjab Medical Education Service (Class I)" consisting of persons recruited to the Service under rule 9 after the commencement of these rules :

Provided that the persons holding the posts specified in Appendix 'B' to these rules immediately before such commencement shall be deemed to be appointed to the service in accordance with the provisions of these rules on the designation, grade and any scale laid down in Appendix 'B' to these rules or the grade and pay scale for which they duly exercised their option.

PART II

Appointments

4. *Number and Character of Posts.*—The Service shall comprise the posts shown in appendix 'B' to these rules :

Provided that nothing in these rules shall affect the inherent right of Government to add to or reduce the number of such posts or create new posts with different designation and scale of pay, whether permanently or temporarily.

5. *Appointment to Service.*—All appointments to the posts in the Service shall be made by the Government.

6. *Nationality, Domicile and Character of Candidates appointed to the Service.*—No candidate shall be appointed to the Service, unless he is—

- (a) a citizen of India ; or
- (b) a subject of Sikkim, ; or
- (c) a subject of Nepal ; or
- (d) a subject of Bhutan ; or
- (e) a Tibetan refugee who came over to India before the 1st January, 1962, with the intention of permanently settling in India ; or
- (f) a person of Indian origin who has migrated from Pakistan, Burma, Ceylon and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India :

Provided that a candidate belonging to categories (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India and if he belongs to category (f) the certificate of eligibility will be issued for a period of one year, after which such a candidate will be retained in service subject to his having acquired Indian citizenship.

(ii) A candidate in whose case a certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, college, school, or institution last attended, if any and similar certificate from two responsible persons, not being his relatives, who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

7. *Age and qualifications.*—(1) No person shall be recruited to the Service by direct appointment unless he is less than 40 years of age in the case of Assistant Professor, Additional Professor or Professor ; provided that the Government may in special circumstances to be recorded in writing relax the upper age-limit. For the purpose of this rule, the age will be as on the last date of receipt of applications by the Commission.

(2) No person shall be recruited to the Service by direct appointment, promotion or by transfer unless he possesses the qualifications and teaching experience as is specified in Appendix 'C'.

(3) A member of the service recruited by direct appointment shall not be retained in Service unless he acquires knowledge of Punjabi language of matriculation standard within a period of 6 months from the date of appointment to the Service.

8. *Disqualifications.*—No person—

(a) who has entered into or contracted a marriage with a person having a spouse living ; or

(b) who having a spouse living, has entered into or contracted a marriage with any person ;
shall be eligible for appointment to the Service :

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

9. *Method of appointment.*—(1) Appointment to the posts in the service shall be made in the following manner :—

(a) In the case of Assistant Professors—

(i) 75 per cent Posts by promotion from amongst the Lecturers and Senior Lecturers or by transfer of officials already in service of Government ;

(ii) 25 per cent Posts by direct appointment.

(b) In the case of Associate Professors—

(i) all the posts will be filled up by promotion from amongst the Assistant Professors.

(c) In the case of Additional Professors —

(i) 75 per cent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available, from amongst the Assistant Professors or by transfer of officials already in the service of the Government of India, or of a State Government.

(ii) 25 per cent posts by direct recruitment.

(d) In the case of Professors—

(i) 75 per cent posts by promotion from amongst the Additional Professors, or, where Additional Professors are not available, from amongst the Associate Professors, or, where Associate Professors are not available, from amongst the Assistant Professors, or by transfer of official already in the Service of the Government of India, or the State Government ;

(ii) 25 percent posts by direct recruitment ;

(e) In the case of Principals it will be made by Selection from amongst the Professors .

(2) In case no suitable person possessing the qualifications and experience as prescribed in rule 7(i) and (ii) is available for promotion to any post in the Service that post shall be filled up by direct recruitment.

(3) All appointments to the posts in the Service by promotion shall be made by selection on merit and no person shall be entitled to claim as right of promotion to such posts on the basis of seniority.

PART III

CONDITIONS OF SERVICE

10. *Probation of persons appointed to Service.*—(1) Persons appointed to a post in Service shall remain on probation for a period of two years, if required by direct appointment and one year if appointed, otherwise :

Provided that—

(a) any period, after such appointment, spent on deputation on a corresponding or a higher post shall count towards the period of probation ;

(b) in the case of of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the service may, in the discretion of the Government be allowed to count towards the period of probation ; and

(c) any period of officiating appointment to the service shall be reckoned as period spent on probation, but no person who has so officiated shall on the completion of the prescribed period of probation be entitled to be confirmed, unless he is appointed against a permanent vacancy.

(2) If, in the opinion of the Government, the work or conduct of a person during the period of probation is not satisfactory, it may—

(a) if such person is recruited by direct appointment, dispense with his services ; and

(b) if such person is appointed otherwise :

(21)

- (i) revert him to his former post; or
- (ii) deal with him in such other manner as the terms and conditions of the previous appointment permit.

(3) On the completion of the period of probation of a person, the Government may,—

(a) if his work or conduct has, in its opinion, been satisfactory;—

- (i) confirm such person from the date of his appointment, if appointed against a permanent vacancy; or
- (ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy; or
- (iii) declare that he has completed his probation period satisfactorily, if there is no permanent vacancy; or

(b) If his work or conduct has not been, in its opinion satisfactory;—

- (i) dispense with his service, if appointed by direct appointment and if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment permit; or
- (ii) extend his period of probation and thereafter pass such orders as it could have passed on the expiry of the first period of probation :

Provided that the total period of probation including extension, if any, shall not exceed three years.

11. *Seniority of members of Service.*—The seniority *inter se* of the members of the service shall be determined separately for each category of members in each department of service, as shown in Appendix 'A' to these rules on the basis of their continuous appointment in that category:

Provided that the *inter se* seniority of Professors belonging to different departments shall be determined on the basis of their continuous service as Professors:

Provided further that a Professor shall be senior to an Additional Professor, an Additional Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor:

Provided further that the seniority of the members of the Service prevailing immediately before the commencement of these rules shall not be disturbed:

25/4

14. **Discipline, penalties and appeals.**—In matters relating to discipline, punishment and appeals, members of the service shall be governed by the Punjab Civil Service (Punishment and Appeal) Rules, 1970, as amended from time to time :

Provided that the authority empowered to impose penalties shall be the Government.

15. **Liability of members of service to transfer.**—A member of the service may be transferred by Government to any post, whether included in any other service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Services Rules, Volume 1, Part 1.

16. **Liability to serve.**—A member of the service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do by the Government.

17. **Leave, pension and other matters.**—In respect of pay, leave, pension and all other matters not expressly provided for in these rules the members of the Service shall be governed by such rules and regulations as may have been or may hereafter be adopted or made by the competent authority under the Constitution of India or under any law for time being in force made by the State Legislature and the rules made thereunder.

18. **Liability for vaccination and re-vaccination.**—Every member of the Service shall get himself vaccinated or re-vaccinated when Government so directs by special or general order.

19. **Liability to serve in Defence Forces.**—Every person appointed to the service shall, if so required be liable to serve in any defence service or post connected with the defence of India for a period of not less than four years including the period spent on training, if any.

Provided that such an officer—

(a) shall not be required to serve as aforesaid after the expiry of 10 years from the date of appointment to the service, or

(b) shall not ordinarily be required to serve as aforesaid after attaining the age of 45 years.

20. **Oath of allegiance.**—Every member of the Service unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

✓ 21. **Power of relaxation.**—Where the Government is of opinion that it is necessary or expedient so to do, it may by order for reasons to be recorded in writing, relax any of the provisions of these rules with respect to any class or category of persons.

✓ 22. **Interpretation.**—If any question arises as to the interpretation of rules, the Chief Secretary shall decide the same.

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed and persons appointed as a result of an earlier selection shall be senior to these appointed as a result of subsequent selection:

Provided further that in case two or more members are appointed on the same date their seniority shall be determined as follows:—

- ✓ (a) A member recruited by direct appointment shall be senior to a member recruited otherwise;
- (b) A member recruited by promotion shall be senior to a member recruited by transfer;
- (c) In the case of members appointed by promotion or transfer, seniority shall be determined according to the seniority of such members in the appointment from which they were promoted or transferred; and
- (d) in the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same then by their length of service. If that is also the same, an older member shall be senior to a younger member.

Note.—In the case of members whose period of probation is extended under rule 10 the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

12. *Pay of members of Service.*—Members of the Service shall be entitled to such scales of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of specified posts are given in Appendix 'B' to these rules.

13. *Private practice.*—(1) The Government may by general or special order permit any member or members of the Service to engage in private practice on such terms and conditions, and subject to such restrictions and limitations as may be specified in the order;

Provided that such practices does not in any way interfere with the discharge of his or their official duties.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms on which it is granted without cause assigned. In case of complete withdrawal of the permission, compensation considered adequate by the Government will be paid in the form of non-Practising Allowance.

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APPENDIX 'B'
(See Rule 3, 4, 12 and 13)

Name of Department	No. of posts sanctioned as on 1st September, 1974							
	Professors		Additional Professor		Associate Professor		Assistant Professor	
	P	T	P	T	P	T	P	T
Anatomy ..	2	2	..	..	1	1	2	3
Physiology ..	2	..	..	..	..	2	3	1
Bio-Chemistry ..	..	2	..	..	..	..	1	3
Pharmacology ..	2	2	..	..	1	1	..	2
Pathology including Blood Bank	2	..	..	..	..	2	3	1
Clinical Pathology ..	..	..	..	..	..	..	1	1
Microbiology ..	..	2	..	..	..	2	..	2
Social and Preventive Medicine	2	..	..	..	..	..	1	1
Forensic Medicine	1	..	..	..	1	..	..	..
Medicine ..	4	2	..	..	..	..	5	1
Paediatrics ..	2	..	..	1	..	..	..	3
T.B. and Chest Diseases	1	1	..	..	..	..	1	1
Skin and V.D. ..	1	1	..	..	..	..	..	2
Psychiatry ..	1	..	..	..	1	..	1	..
Surgery ..	5	3	..	..	..	..	3	9
Plastic Surgery ..	..	1	..	..	..	..	..	2
Urology ..	..	..	..	..	..	..	..	1
Paediatric Surgery ..	..	..	..	..	..	..	..	1
Gastroenterology ..	..	..	..	..	..	..	..	1
Orthopaedic ..	2	..	..	2	..	..	..	2
E.N.T. ..	1	..	..	..	..	..	..	4
Ophthalmology ..	3	..	..	..	..	..	2	2
Obst and Gynae ..	2	2	..	..	..	..	..	6
Radiology ..	1	1	..	..	..	..	..	4
Anaesthesia ..	2	2	..	..	..	..	..	6
Pharmacy ..	..	..	..	..	..	..	..	2
Total ..	36	23	..	3	4	8	23	61

APPENDIX 'A'

1. Anatomy.
2. Physiology.
3. Bio-Chemistry.
4. Pharmacology.
5. Pathology including Blood Bank.
6. Clinical Pathology.
7. Microbiology.
8. Social and Preventive Medicine.
9. Forensic Medicine.
10. Medicine.
11. Paediatrics.
12. T.B. and Chest Diseases.
13. Skin and V.D.
14. Psychiatry.
15. Surgery.
16. Plastic Surgery.
17. Urology.
18. Paediatric Surgery.
19. Gastroenterology.
20. Orthopaedics.
21. E.N.T.
22. Ophthalmology.
23. Obst. and Gynac.
24. Radiology.
25. Anaesthesia.
26. Pharmacy.

APPENDIX 'B'

1. Principal	..	Rs. 1,300—50—1,800 + Rs. 100 P.M. as special pay.
2. Professor	..	Rs. 1,300—50—1,800
3. Additional Professor	..	Rs. 1,300—50—1,800.
4. Associate Professor	..	Rs. 850—50—1,000/50—1,250 Rs. 100 P.M. as special pay.
5. Assistant Professor	..	850—50—1,000/50—1,250.
6. Assistant Professor Pharmacy		700—40—1,100

MSc → after MBBS & the
P.G. degree is given
by four states in India

PART III
GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH AND FAMILY WELFARE

Notification

The 20th September, 1985.

No. G.S.R.61/Const./Art.309/Amd.(4)/85.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, and all other powers enabling him to this behalf, the President of India is pleased to make the following rules further to amend the Punjab Medical Education Service (Class I) Rules, 1978, namely:—

1. (i) These rules may be called the Punjab Medical Education Service (Class I) (First Amendment) Rules, 1985.

(ii) They shall come into force on and with effect from the date of publication of this notification in the Official Gazette.

2. In the Punjab Medical Education Service (Class I) Rules, 1978 (hereinafter referred to as the said rules), in rule 9, in sub-rule (I),—

(i) clause (c) shall be omitted ; and

(ii) in clause (d), for sub-clause (i), the following sub-clause shall be substituted, namely :—

“(i) Seventy-five per cent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available, from amongst the Assistant Professors, or by transfer of an official already in the service of the Government of India, or of a State Government.”.

3. In the said rules, in rule 11, for the second proviso, the following proviso shall be substituted, namely :—

“Provided further that a Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor.”.

4. In the said rules, in Appendix ‘A’ for item 24, the following items shall be substituted, namely:—

(i) “24. Radio Diagnosis.

24-A. Radio Therapy.”;

(ii) after item 26, the following items shall be added, namely :—

“27. Cardiology.

28. Cardio-Therasic Surgery.

29. Neurology.

30. Nephrology.”.

5. In the said rules, for Appendix ‘B’, the following Appendix shall be substituted, namely:—

Pharmacology ..	Professor	..	1	1	2	1	1	1	2	..
	Associate Professor	..	1	..	1	..	..	..	..	..
	Assistant Professor	..	1	..	1	1	1	..	1	..
Pathology ..	Professor	..	1	1	2	1	..	..	1	..
	Associate Professor	..	1	..	1	1	..	..	1	..
	Assistant Professor	..	2	..	2	2	..	..	2	..
Clinical Pathology	Professor	..	..	..	..	..	..	1	1	..
	Assistant Professor	..	..	1	1	1	..	..	1	..
Blood Bank ..	Assistant Professor	..	..	..	..	..	..	1	1	..
Microbiology ..	Professor	..	1	1	2	1	1	1	2	..
	Associate Professor	..	..	..	..	..	..	..	..	..
	Assistant Professor	..	..	1	1	..	1	1	1	..
Social and Pre-ventive Medicine	Professor	..	2	..	2	1	1	1	2	..
	Assistant Professor	..	1	..	1	1	..	..	1	..
Forensic Medicine	Professor	..	..	1	1	1	1	..	1	..
	Associate Professor	..	1	..	1	..	..	..	..	..
	Assistant Professor	..	..	1	1	..	1	1	1	..

[illegible]

PART II

1. Principal Rs. 2,500 *plus* Rs. 150 as special pay.
2. Professor .. Rs. 1,500—60—1,800/100—2,000/125/2—2,500
3. Associate Professor Rs. 1,200—50—1,300—60—1,540/60—1,900
4. Assistant Professor Rs. 1,200—50—1,300—60—1,540/60—1,900
5. Assistant Professor, Pharmacy Rs. 1,200—50—1,300—60—1,540/60—1,900

6. In the said rules, for Appendix 'C', the following Appendix shall be substituted, namely:—

"APPENDIX 'C'

[See rule 7(2)]

Name of Post	Qualifications	Teaching experience required
(1) Professor of—	M.D. M.S., Ph. D.,	Should have teaching ex-
(i) Anatomy, Physiology, Pathology, including Clinical Pathology; Pharmacology, Biochemistry, Microbiology, Social and Preventive Medicine, Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Tuberculosis, Psychiatry, Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat, Ophthalmology, Pharmacy;	D.Sc., F.R.C.S., M.R.C.P., in the speciality concerned	perience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite Post-graduate qualifications.
(ii) Cardiology, Neurology, Nephrology, Gastro-Entrology, Endocrinology, Clinical Haematology;	D.M.	Should have teaching experience as Assistant Professor in the speciality concerned for minimum period of five years in a Medical College, after requisite Post-graduate qualifications.

Name of Post	Qualifications	Teaching experience required
(iii) Paediatric Surgery, Urology, Cardiothoracic Surgery, Neuro Surgery. Plastic Surgery;	M.Ch.	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(iv) Radio-Diagnosis;	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite post-graduate qualifications.
(v) Radio-Therapy;	M.D. (Radiology) Or M.D. (Radio-Therapy)	Should have teaching experience as Assistant Professor in the speciality concerned for minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(vi) Forensic Medicine ;	M.D. (Forensic Medicines)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite Post-graduate qualification:— Provided that the persons having post-graduate qualifications in the subject of Medicine, Pathology, Anatomy or Surgery having teaching experience in Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in Forensic Medicine.

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Name of post	Qualifications	Teaching experience required
(2) Associate Professor	M.D., M.S., Ph.D., D.Sc., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(3) Assistant Professor of—	M.D., M.S., Ph.D., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in Medical College.
(i) Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, T.B., Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat ;		
(ii) Cardiology, Neurology, Nephrology, Gastro-Enterology, Endocrinology and Clinical Haematology;	D.M.	Should have teaching experience for a minimum period of three years in speciality concerned as Senior Lecturer or Lecturer after post-graduation in the Medical College.
(iii) Paediatric Surgery, Urology, Cardio Thoracic Surgery, Neuro-Surgery, Plastic Surgery;	M. Ch.	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after Post-graduation in a Medical College.
(iv) Radio Diagnosis	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College ;
(v) Radio Therapy	M.D. (Radiology) or M.D. (Radio-Therapy).	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College.

Name of post	Qualifications	Teaching experience required
(b) Assistant Professor— (i) Anatomy, Physiology, Pathology, including Clinical Pathology, Pharmacology, Biochemistry, Microbiology, Social and Preventive Medicine;	M.D., M.S., Ph.D.; F.R.C.S., P.M.R.C.P. etc.	Should have teaching experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto.
(ii) Forensic Medicine;	M.D., Forensic Medicine	Should have teaching experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto Provided that the persons having post-graduate qualifications in the subjects of Medicines, Pathology, Anatomy, Surgery and having teaching experience in the Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in the Forensic Medicine.
(c) Assistant Professor of Pharmacy	Ph.D. (Pharmacy) in any of the allied subject of Pharmacy Or M. Pharmacy	Should have teaching experience as Lecturer in pharmacy for a minimum period of three years; Or Should have teaching experience as Lecturer in Pharmacy for period of five years.

Note.—Preference will be given to the candidates having qualifications of Ph. D. (Pharmacy).

RAVNEET KAUR,

Secretary to Government of Punjab,
Department of Health and Family Welfare.

1943 LR(P)—Govt. Press, U.T., Chd.

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APPENDIX 'C'

Professor or Additional Professor

Post-graduate degrees in the speciality concerned, M.D., M.S., Ph.D., M.Sc., D.Sc., F. R.C.S., M.R. C.P.

Teaching experience as Assistant Professor in the speciality concerned for five years in a Medical College after requisite post-graduate qualifications.

Associate Professor

As above.

Assistant Professor (Clinical) viz., Medicine, Surgery, Obstetrics, and Gynaecology, Paediatrics, T. B. Psychiatry, Skin and VLD. Cardiology, Neurology, Gastro-Entrology, Orthopaedics, Anaesthesia, Radiology, Ear, Nose and Throat (Ote-Rhino-Laryn gology) Ophthalmology, Thoracic Surgery, Netro Surgery, Plastic Surgery, Genite Urinary Surgery, Paediatric Surgery.

Post-graduate degree in the Speciality concerned, M.D., M.S., M.Sc., F.R.C.S, Mr. C.P. etc., Must possess 3 years teaching experience in the speciality after post-graduate in a medical college as Senior Lecturer, Lecturer/Registrar, Research Officer. Out of this 3 years experience however 2 years experience in main speciality is essential, remaining 1 year may be in a subject allied to general medicine/ Surgery.

Assistant Professor (Non-Clinical) Viz. Anatomy, Physiology, Pathology, Forensic Medicine, Pharmacology, Bio-Chemistry, Microbiology Social and Preventive Medicine.

Post-graduate degree in the speciality concerned, M.D., M.S., Ph.D.,

Three years teaching experience whether it is prior to post-graduation subsequent thereto.

Note. The teaching experience as Assistant Registrar on Assistant Demonstrator would not be countable.

Assistant Professor Pharmacy

1. Ph. D. in any of allied subject of Pharmacy.
2. 3 years teaching experience as Demonstrator or Lecturer in Pharmacy.

G. BALAKRISHNAN,

Secretary to Government, Punjab,
Health and Family Welfare Department.

PUNJAB GOVERNMENT
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Notification

The 23rd October, 1979

No. G.S.R.148/Const/Art.309/79.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India, the Governor of Punjab is pleased to make the following rules regulating the recruitment, and the conditions of service of persons appointed to the Punjab Medical Education State Service (Class II), namely :—

1. *Short title, commencement and application.*—(1) These rules may be called the Punjab Medical Education State Service (Class II) Rules, 1979.

(2) They shall come into force at once.

(3) They shall apply to all the posts specified in Appendix 'B' to these rules.

2. *Definitions.*—In these rules, unless the context otherwise requires,—

(a) "Appendix" means an appendix appended to these rules ;

(b) "Commission" means the Punjab Public Service Commission;

(c) "Department" means the speciality as listed in Appendix 'A' to these rules

(d) "direct appointment" means an appointment made otherwise than by promotion or by transfer of a person already in the service of the Government of India or of a State Government;

(e) "Government" means the Government of Punjab in the Department of Health and Family Welfare ;

(f) "recognised university or institution" means:

(i) any university or institution incorporated by law in any of the States of India ;

(ii) the Punjab, Sind or Dacca university in the case of degree, diploma or certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or

(iii) any other university or institution which is declared by the Government to be a recognised university or institution for the purposes of these rules.

(g) "Service" means the Punjab Medical Education State Service (Class II).

3. *Constitution of Service.*—There shall be constituted a Service to be known as the Punjab Medical Education Service (Class II) consisting of persons recruited to the Service under rule 10 after the commencement of these rules :

Provided that the persons holding the posts specified in Appendix B immediately before such commencement shall be deemed to be appointed to the Service in accordance with the provisions of these rules on the design grade and pay scale laid down in Appendix 'D' or the grade and pay scale which they duly exercised their option.

4. *Number and character of posts.*—The Service shall comprise the posts shown in Appendix 'B':

Provided that nothing in these rules shall affect the inherent right of Government to add to or reduce the number of such posts or create new posts with different designations and scales of pay, whether permanently or temporarily.

5. *Appointing authority.*—All appointments to the Service shall be made by the Government.

6. *Nationality, domicile and character of candidates appointed to the Service.*—(i) No candidate shall be appointed to the Service unless he

(a) a citizen of India, or

(b) a citizen of Nepal, or

(c) a subject of Bhutan, or

(d) a Tibetan refugee who came over to India before the 1st January, 1962 with the intention of permanently settling in India, or

(e) a person of Indian origin who has migrated from Pakistan, Ruanda, Ceylon and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar), Zambia, Malawi, Zaire, Ethiopia and Vietnam with the intention of permanently settling in India:

Provided that a candidate belonging to categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India.

(ii) A candidate in whose case certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority of the Government and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, college, school or institution last attended, if any, and similar certificates from two responsible persons not being his relatives who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

7. *Age.*—(1) No person shall be recruited to the Service by direct appointment, if he is less than seventeen years of age or is more than thirty-five years of age or unless he is within such other range of minimum and maximum age as may be specifically fixed by the Government from time to time:

Provided that the Government may in special circumstances to be recorded in writing relax the upper age limit. For the purpose of this rule the age shall be computed from the 1st January immediately preceding the last date fixed for submission of applications to the Commission:

Provided that the condition of upper age limit may be relaxed upto forty-five years in the case of persons already in employment of Punjab Government, other State Government or the Government of India:

Provided further that in the case of candidates belonging to Scheduled Castes and other Backward Classes the upper age limit shall be such as may be fixed by Government from time to time.

(2) In the case of Demobilised Armed Forces Personnel, his age at the time of joining Military Service or training prior to the Commission as the case may be should not exceed the upper age limit prescribed for direct appointment to such posts.

8. *Disqualifications.*—No person—

(a) who has entered into or contracted a marriage with a person having a spouse living; or

(b) who having a spouse living, has entered into or contracted a marriage with any person;

shall be eligible for appointment to the Service.

Provided that the Government may if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

9. *Qualifications.*—(1) No person shall be recruited to the Service by direct appointment or by promotion unless he possesses the qualifications and teaching experience specified in Appendix 'C'.

(2) A member of the Service recruited by direct appointment shall not be retained in service unless he acquires knowledge of Punjabi language of matriculation standard within a period of six months from the date of his appointment to the Service.

10. *Method of appointment.*—(1) Appointment to the Service shall be made in the following manner, namely:—

(a) In the case of Senior Lecturers:

(i) Seventy-five per cent of the posts shall be filled in by promotion from amongst the members of the Punjab Civil Medical (Class II) Service possessing the qualifications and teaching experience as shown in Appendix 'C'.

(ii) Twenty-five per cent of the posts by direct appointment.

- (1) In the case of Lecturers:—
- (a) twenty-five per cent of the posts shall be filled in promotion amongst the members of the Punjab Civil Military Service possessing the qualifications and testing as shown in Appendix C.
 - (b) twenty-five per cent of the posts by direct appointment.
 - (c) In the case of all other posts, by direct appointment.
- (2) In case no suitable person is available for promotion to a post in the Service, the same shall be filled up by direct appointment.
- (3) All appointments to the Service by promotion shall be made on selection on the basis of seniority-cum-merit and seniority alone shall not be a right of appointment.

11. *Probation of persons appointed to Service.*—(1) Persons appointed to the Service shall remain on probation for a period of two years, if recruited by direct appointment and one year if appointed otherwise.

Provided that:—

- (a) any period, after such appointment, spent on deputation in a corresponding or a higher post shall count towards the period of probation;
 - (b) in the case of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the Service may, in the discretion of the appointing authority, be allowed to count towards the period of probation; and
 - (c) any period of officiating appointment to the Service shall be reckoned as period spent on probation, but no person who has so officiated shall, on the completion of the prescribed period of probation, be entitled to be confirmed, unless he is appointed against a permanent vacancy.
- (2) If, in the opinion of the appointing authority, the work or conduct of a person during the period of probation is not satisfactory, it may:—
- (a) if, such person is recruited by direct appointment, dispense with his services, or revert him to a post on which he held lien prior to his appointment to the Service by direct appointment; and
 - (b) if such person is recruited otherwise:—
 - (i) revert him to his former post, or
 - (ii) deal with him in such other manner as the terms and conditions of the previous appointment permit.

(3) On the completion of the period of probation of a person the appointing authority may,—

(a) if his work or conduct, has in its opinion, been satisfactory—

(i) confirm such person from the date of his appointment, if appointed against a permanent vacancy ; or

(ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy ; or

(iii) declare that he has completed his probation satisfactorily, if there is no permanent vacancy ; or

(b) if his work or conduct has not been in its opinion, satisfactory—

(i) dispense with his services, if appointed by direct appointment or if appointed otherwise revert him to his former post or deal with him in such other manner, as the terms and conditions of his previous appointment permit ; or

(ii) extend his period of probation and thereafter pass such orders as it could have passed on the expiry of the first period of probation ;

Provided that the total period of probation including extension, if any, shall not exceed three years.

12. Seniority of members of Service.—The seniority *inter se* of members of the Service shall be determined separately for each category of members in each department of the Service on the basis of their continuous appointment in that category :

Provided that the seniority of the members of the Service determined immediately before the commencement of these rules shall not be disturbed :

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed infixing the seniority and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection :

Provided further that in case two or more members are appointed on the same date their seniority shall be determined as follows :—

(a) a member recruited by direct appointment shall be senior to a member recruited otherwise ;

(b) a member appointed by promotion shall be senior to a member appointed by transfer ;

(c) in the case of member appointed by promotion or transfer seniority shall be determined according to the seniority of such members in the appointments from which they were promoted or transferred ; and

(b) "In the case of members appointed by transfer from one cadre to another, seniority shall be determined according to preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rate drawn was also the same then a member's length of service in such appointments, and in the length of such service is same, an older member shall be senior to a younger member."

Note (1).—In the case of members whose period of probation is extended under rule (11) the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

Note (2).—Seniority of members appointed on purely provisional basis, shall be determined as and when they are regularly appointed keeping in view the date of such regular appointment.

13. Pay of members of Service.—Members of the Service shall be entitled to such scale of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of sanctioned posts are given in Appendix 'D'.

14. Private Practice.—(1) The Government may by general or special order permit any member or members of the Service with medical qualification to engage in private practice on such terms and conditions and subject to such restrictions and limitations, as may be specified in the order; if such practice does not in any way interfere with the discharge of his or their official duties.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms and conditions on which it is granted without cause assigned. In case of complete withdrawal of the permission, compensation considered adequate by the Government will be paid in the form of non-practising allowance.

15. Discipline, penalties and appeals.—(1) In matters relating to discipline, punishment and appeals, members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970, as amended from time to time.

(2) The authority competent to impose penalties specified in rule 5 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970, in respect of the members of the Service shall be the Government.

(3) The authority competent to pass an order specified in rule 13 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970, other than an order imposing any of the penalties mentioned in rule 5 of the aforesaid rules shall be the Government.

16. Liability of members of Service to transfer.—A member of the Service may be transferred by the Government to any post, whether included in any other Service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Services Rules, Volume I, Part I.

17. Liability to serve.—A member of the service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do by the appointing authority.

18. Leave, pension and other matters.—In respect of pay, leave, pension and all other matters not expressly provided for in these rules, the members of the Service shall be governed by such law and rules as may have been or may hereafter be adopted or made by the competent authority.]

19. Liability to serve in defence forces :—Every person appointed to the Service shall, if so required, be liable to serve in any Defence Service or post connected with the Defence of India for a period of not less than four years including the period spent on training, if any.

20. Liability for vaccination and re-vaccination.—Every member of the Service shall get himself vaccinated or re-vaccinated when Government so directs by a special or general order.

21. Oath of Allegiance.—Every member of the Service, unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

22. Power of relaxation.—When the Government is of opinion that it is necessary or expedient so to do, it may, by order, for reasons to be recorded in writing, relax any of the provisions of these rules except the educational qualifications and experience with respect to any class or category of persons.

23. Interpretation of rules.—If any question arises as to the interpretation of the rules, the Government shall decide the same.

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1. Anatomy
 2. Physiology
 3. Bio-Chemistry
 4. Pharmacology
 5. Pathology including Blood Bank
 6. Clinical Pathology
 7. Microbiology
 8. Social and Preventive Medicine
 9. Forensic Medicine
 10. Medicine
 11. Paediatrics
 12. Tuberculosis and Chest Diseases
 13. Skin and Veneral Diseases
 14. Psychiatry
 15. Surgery
 16. Plastic Surgery
 17. Urology
 18. Paediatric Surgery
 19. Gastroenterology
 20. Orthopaedics
 21. Ear, Nose and Throat
 22. Ophthalmology
 23. Obstetrics and Gynaecology
 24. Radiology
 25. Anaesthesia
 26. Pharmacy
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APPENDIX 'B'

[See Rules 1(3) 3 and 4]

Serial No.	Name of Department	Name of Category	No. of sanctioned posts.		
			Pt.	Ty.	Total
1.	Anatomy	Lecturer	6	3	9
2.	Physiology	Lecturer	3	11	14
3.	Biochemistry	Lecturer	1	5	6
4.	Pharmacology	Lecturer	5	2	7
5.	Pathology	Lecturer	3	5	8
6.	Blood Bank	Lecturer	3	1	4
7.	Microbiology	Lecturer	..	7	7
8.	Social and Preventive Medicine	Senior Lecturer	2	1	3
9.	Forensic Medicine	Senior Lecturer	..	5	5
10.	Medicine	Senior Lecturer	8	4	12
11.	Paediatric	Senior Lecturer	4	1	5
12.	T.B.	Senior Lecturer	1	2	3
13.	Skin and V.D.	Senior Lecturer	2	2	4
14.	Psychiatry	Senior Lecturer	2	..	2
15.	Surgery	Senior Lecturer	8	5	13
16.	Plastic Surgery	Senior Lecturer	..	1	1
17.	Urology	Senior Lecturer	..	1	1
18.	Orthopaedics	Senior Lecturer	..	2	2
19.	E.N.T.	Senior Lecturer	..	..	..
20.	Ophthalmology	Senior Lecturer	4	..	4
21.	Obst. and Gynae.	Senior Lecturer	2	6	8
22.	Radiology	Senior Lecturer	3	..	3

Serial No.	Name of Department	Name of Category	No. of posts		
23.	Anaesthesia	Senior Lecturer	4		
24.	Paediatric Surgery	Senior Lecturer	..		
25.	Clinical Pathology	Lecturer	..		
26.	Pharmacy	Lecturer	6		
Miscellaneous posts—					
(i)	Pharmacist	B..B.	2		
(ii)	Social Medical Officer		1		
(iii)	Biochemist		3	1	
(iv)	Chemist		2		
(v)	Physicist		1	1	
(vi)	Clinical Psychologist		..	2	2
(vii)	Lecturer Biophysics		..	2	2
(viii)	Demonstrator Pharmacy		6	2	8
(ix)	Pharmacognosist (Pharmacy)		1	..	1
(x)	Dietician		1	1	2

APPENDIX 'C'

(See Rule 9)

1. Senior Lecturers:

(i) Basic University Medical Qualification included in the First or Second Schedule or Part II of the Third Schedule to the Indian Medical Council Act, 1956, with good academic career ; or

(ii) Post-Graduate qualification in the particular speciality viz. M.S., F.R.C.S., M.D., M.R.C.P., D.P.H., D.T.D., and

(iii) Must possess at least 3 years teaching experience in the particular speciality as Lecturer, Registrar or Research Assistant in a teaching institution.

Note.—Experience upto the extent of one year in obstetrics and Gynaecology, E.N.T. and Ophthalmology, and in the basic subjects of Anatomy, Physiology, Pharmacology, Pathology and Microbiology would be countable for the post of Senior Lecturer in the Surgery and its specialities. Similarly benefit of experience upto the extent of one year in the basic subjects of Pathology, Microbiology, Anatomy, Pharmacology and Physiology would be countable for posts in the speciality of General Medicine. Experience in Anaesthesia and Radiology would be countable for Surgery and its specialities and General Medicine. However experience in the allied subjects as Registrar or Demonstrator would be given preference over experience in the same subject as Assistant Registrar or Assistant Demonstrator and the experience in the latter would be counted as half of teaching experience in the former. Teaching experience as Assistant Registrar or Assistant Demonstrator in the main speciality would be countable as full. Credit upto the extent of one year would also be given for rural service. However, experience of the allied subjects and rural service put together, should not exceed one year as two years experience in the main speciality is essential.

2. Lecturers:

(i) Basic University Medical Qualification included in the First or the Second Schedule or part II of the Third schedule to the Indian Medical Council Act, 1956 with good academic career except in the case of Bio-Chemistry where it is preferential.

(ii) Must be registered under the State or Central Medical Registration Act, except in the case of non-medical men.

(iii) Must possess at least two years teaching experience as Demonstrator, Registrar or Research Assistant in a teaching institution.

Note 1.—Benefit upto the extent of one year in allied basic or clinical subject and for rural service shall be admissible.

Note 2.—Experience on the post of Assistant Demonstrator or Assistant Registrar will be counted as half as compared to experience on the posts of Demonstrator or Registrar.

Note 3.—(i) In the Departments of Anatomy, Physiology, Pharmacology and Microbiology, in the event of non-availability of suitable qualified medical men for teaching these subjects, non-medical scientists possessing M.Sc. qualification in the subject concerned preferably possessing doctorate qualifications and possessing requisite experience as laid down in the rules in respective subjects may be appointed upto a maximum of 30 per cent of the total strength of the teaching staff of the concerned department.

In the Department of Bio-Chemistry, in the event of a whole qualified medical men for teaching this subject. Scientists possessing M.Sc. qualification in the subject, and possessing the requisite experience in the rules in this subject may be appointed upto a maximum total number of posts of teaching staff in the Department.

provided further that Bio-chemists working in the Medical will be considered for appointment as Lecturer Bio-Chemistry if they fulfil the conditions of qualification and experience as laid down in the rules.

Name of the post	Qualifications
1. Lecturer in Chemistry	M. Pharm (Pharm. Chem.) or M. Pharm or M.Sc. (Chemistry)
✓ 2. Lecturer in Pharmacognosy	M. Pharm (Pharmacognosy)
3. Lecturer in Pharmacy	M. Pharm (Pharmaceutics)
✓ 4. Social Medical Officer	<p><i>Essential—</i></p> <p>(i) M. A. (Sociology) or M. A. (Social work) from a recognised University or M. A. or B. A. with 1 year's Sociology of 2 years duration from an approved institution.</p> <p>(ii) Should be trained in Social work in relation to Medicine.</p> <p>(iii) Knowledge of Punjabi of Matriculation or its equivalent standard.</p> <p><i>Preferential—</i></p> <p>(i) Should have worked in a hospital preferably teaching for two years.</p> <p>(ii) Experience as Social Medical Officer in a hospital.</p>
5. Bio-Chemist.	<p><i>Essential—</i></p> <p>(i) M.Sc. or Ph.D. in Bio-Chemistry.</p> <p>(ii) Knowledge of Punjabi of Matriculation or its equivalent standard.</p> <p><i>Preferential—</i></p> <p>(i) M.B.B.S.</p> <p>(ii) Thorough training of routine clinical biochemical investigations.</p>



APPENDIX 'D'
(See Rule 13)

Designation of Post	Scales of Pay Rs.
1. Senior Lecturer	450—30—660/40—1,100
2. Lecturer	400—30—580/30—700/40—1,100
3. Lecturer Pharmacy	400—25—500/30—800
4. Psychologist	450—30—660/40—1,100
5. Social Medical Officer	300—25—600
6. Biochem	350—25—500/30—590/30—830/35—900
7. Demonstrator—Pharmacy	300—25—600
8. Demonstrator—Chemistry	300—25—600
9. Pharmacist	300—25—600
10. Asst.	300—25—600
11. Pharm. ognosist	300—25—600
12. Physicist	350—25—500/30—590/30—830/35—900
13. Lecturer Biophysics	400—30—580/30—700/40—1,100
14. Dietician	300—25—550/30—700

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Secretary to Government, Punjab,
Department of Health and Family Welfare.

6. Demonstrator Pharmacy

(iii) three years experience in chemistry work in a hospital, training institution or in a Department of Medical Chemistry, or three years experience in Bio-chemistry in a Medical College.

- (i) B. Pharmacy.
- (ii) *Preferential*—Research/teaching experience in the subject.

7. Demonstrator Chemistry/Physics.

- (i) M.Sc. Chemistry/Physics/M. Pharm.
- (ii) *Preferential*—

Research/teaching experience for two years in the subject.

8. Pharmacist

- (i) M. Pharm.
- (ii) *Preferential*—Research/teaching experience for two years in the subject.

9. Chemist

- (i) M.Sc. (Organic Chemistry) / B. Pharm. (Pharmaceutical Chemistry).
- (ii) *Preferential*—

Research/teaching experience for two years in the subject.

10. Pharmacognist

- (i) M. Pharm. (Pharmacognosy).
- (ii) *Preferential*—Research/teaching experience for two years in the subject.

11. Physicist

- (i) M.Sc. (Physics) at least 2nd class preference to M.Sc. 1st Class.
- (ii) Teaching experience of Medical Radiology for one year or two years teaching experience in the Department of Physics in a degree college.

12. Clinical Psychologist

- (i) M.A. Psychology.
- (ii) Diploma in Clinical Psychology or Diploma in Medical and Social Psychology or equivalent.

Experience—3 years experience of working in the Department of psychiatry or a teaching institution or a Mental Hospital.

13. Lecturer Bio-Physics.

- (i) M.Sc. Bio-physics from a recognised institution.
- (ii) Three years teaching experience as Demonstrator/Tutor in the said subject.

14. Dietitian

... S. N. G. with Diploma in Dietetics.

GOVERNMENT OF PUNJAB

DEPARTMENT OF LEGAL AND LEGISLATIVE AFFAIRS

THE PUNJAB PRIVATE HEALTH SCIENCES EDUCATIONAL INSTITUTIONS (REGULATION OF ADMISSION, FIXATION OF FEE AND MAKING OF RESERVATION) ACT, 2006

(Punjab Act No. 6 of 2006)

(As amended up to 28th February, 2007)



2007

Printed at :

The Controller, Printing & Stationery (U.T.), Chandigarh

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THE PUNJAB PRIVATE HEALTH SCIENCES EDUCATIONAL
INSTITUTIONS (REGULATION OF ADMISSION,
FIXATION OF FEE AND MAKING OF
RESERVATION) ACT, 2006

(Punjab Act No. 6 of 2006)

[Received the assent of the Governor of Punjab on the 24th March, 2006, and was first published for general information in the *Punjab Government Gazette (Extraordinary)*, Legislative Supplement, dated the 27th March, 2006.]

1	2	3	4
Year	No.	Short title	Whether repealed or otherwise effected by Legislation
2006	6	The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006	² Amd. by Punjab Act No. 24 of 2006

to provide for the regulation of admission, fixation of fee and making of reservation in private health sciences educational institutions in the State of Punjab and for the matters connected therewith or incidental thereto.

BE it enacted by the Legislature of the State of Punjab in the Fifty-seventh Year of the Republic of India as follows :—

1. (1) This Act may be called the Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006. Short title and commencement.

(2) It shall come into force at once.

2. In this Act, unless the context otherwise requires,—

Definitions.

(a) “Aided Institution” means a private health sciences educational institution including a minority institution, receiving recurring financial aid or assistance in whole or in part from the Central Government or State Government or from any local body ;

¹For Statement of Objects and Reasons, see *Punjab Government Gazette (Extraordinary)*, dated the 17th March, 2006, page 554.

²For Statement of Objects and Reasons, see *Punjab Government Gazette (Extraordinary)*, dated the 13th September, 2006, pages 1806-07.

(b) "Common Entrance Test" means an entrance test, conducted by the State Government or any other authority, authorized by it;

¹[(bb) "Council" means a professional council pertaining to any health sciences discipline, constituted under any State Act or Central Act ;]

(c) "Fee" means a charge received by a private health sciences educational institution from a student in any manner or under any nomenclature as a condition for studying in that institution.

Explanation.—It is made clear that the term "Fee" in addition to the tuition fee, shall also include all other expenses relating to studies ;

(d) "Foreign Indian Student" means a student declared as such by the State Government by notification ;

²[(e) "Management Category" means a category comprising such seats out of the sanctioned intake of a private health sciences educational institution, as may be allocated to the management of such institution by the State Government by notification in the Official Gazette, for filling up those seats by that institution in a fair and transparent manner on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination, in the presence of the representative of the authority conducting the Common Entrance Test ;]

(f) "Minority" means a community declared as such by the State Government by notification ;

(g) "Minority Institution" means an institution imparting health sciences education, established and administered by a minority for the purpose of welfare of the minority ;

(h) "Open Merit Category" means a category of seats comprising such seats out of the sanctioned intake of an institution, as may be allocated by the State Government by notification in the Official Gazette, for filling up those seats in a fair and transparent manner through a centralised receipt of applications and centralised counselling on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination, but excluding the seats of the management category or minority category ;

¹Clause (bb) inserted by Punjab Act No. 24 of 2006, section 2(i).

²Substituted by Punjab Act No. 24 of 2006, section 2(ii).

- (i) "private health sciences educational institution" means an institution, not established and administered by the Central or State Government or a local body and it includes an aided or unaided or minority institution also ;
- (j) "Qualifying Examination" means an examination, the passing of which enables a student to get admission to various courses of study in private health sciences educational institutions ;
- (k) "sanctioned intake" means the total number of seats, sanctioned and notified by the State Government in the Official Gazette for admitting students in each course of study in a private health sciences educational institution ;
- (l) "State Government" means the Government of State of Punjab in the Department of Medical Education and Research ; and
- (m) "Unaided Institution" means a private health sciences educational institution, not being an aided institution.

3. (1) The State Government shall regulate admission, fix fee and make reservation for different categories in admissions to private health sciences educational institutions.

Regulation of admission, fixation of fee and making of reservation.

(2) For the purpose of determining the fee, the State Government may require any private health sciences educational institution to furnish such information, as it may deem appropriate.

1/(3) The State Government shall ensure that admission in a private health sciences educational institution is made in a fair and transparent manner on the basis of the inter-se merit, determined by the Common Entrance Test or Qualifying Examination, as the case may be, in accordance with the procedure, notified by the State Government in the Official Gazette :

Provided that the State Government may, by notification in the Official Gazette, exclude the diploma or certificate courses, offered by the private health sciences educational institutions from the purview of the provisions of this sub-section.

(4) Notwithstanding anything contained in sub-section (3), the State Government may, exempt minority institutions from the purview of that sub-section.

(5) Consequent upon the exemption granted under sub-section (4), a common authority of the respective minority institutions, shall conduct a separate test in a fair, transparent and non-exploitive manner for admission of students in minority institutions in accordance with the merit, determined by the said authority.

(6) In case, it is found that the aforesaid separate test has not been conducted in a fair, transparent and non-exploitive manner, the State Government shall have the power to cancel the same and direct the concerned authority to re-conduct the test.]

Eligibility criteria
for admission.

4. (1) The eligibility criteria for admission to a private health sciences educational institution shall be such, as may be determined and notified by the State Government from time to time.

[(2) The State Government or any other authority, authorised by it, shall conduct the Common Entrance Test for making admissions to all private health sciences educational institutions in the State of Punjab, except for those, which are specifically exempted from such test.

(3) Admission in all private health sciences educational institutions, except in those, which are specifically exempted under this Act, and in the case of Foreign Indian Students, shall be made on the basis of the *inter se* merit of the candidates, determined in accordance with the Common Entrance Test.]

Allocation of
seats.

5. (1) An aided minority private health sciences educational institution may reserve for itself, up to the maximum of thirty three per cent seats of the total sanctioned intake as a management category quota of seats.

(2) An aided private health sciences educational institution, other than a minority institution, may reserve up to the maximum of fifteen per cent seats of the total sanctioned intake as a management category quota of seats.

²[(3) (* * * * *)]

(4) An unaided private health sciences educational institution, other than a minority institution, may reserve up to fifty per cent seats of the total sanctioned intake as a management category quota of seats.

¹Substituted by Punjab Act No. 24 of 2006, section 4.

²Sub-section (3) omitted by Punjab Act No. 24 of 2006, section 5(i).

¹[(5) In the case of admission of Foreign Indian Students,—

- (a) a private health sciences educational institution may admit such students in undergraduate courses against such number of seats and such courses, as may be notified by the State Government, after recording reasons therefor in writing :

Provided that the total number of seats for the Foreign Indian Students shall not exceed fifteen per cent of the total sanctioned intake ;

- (b) admission shall be made, against the seats, notified as management category ; and
- (c) admission shall be made as per the procedure, notified by the State Government in a fair and transparent manner in the presence of the representative of the University to which it is affiliated, in accordance with the *inter se* merit, determined on the basis of the Qualifying Examination or its equivalent as may be notified by the State Government.]

²[(6) (* * * * *)]

6. All private health sciences educational institutions shall reserve seats for admission in open merit category and management category, for advancement of socially and educationally backward classes of citizens or for the Scheduled Castes or Scheduled Tribes to such extent, as may be notified by the State Government in the Official Gazette from time to time :

Reservation of
seats.

Provided that such reservation shall not apply to the minority category seats in minority private health sciences educational institutions.

³[7. (1) The State Government shall determine or cause to be

Fixation of
Fee.

determined the fee to be charged by the private health sciences educational institutions, having regard to the minimum norms of infrastructure and facilities as laid down by the concerned Council.

(2) Notwithstanding anything contained in sub-section (1), the State Government may, in public interest, determine a provisional fee :

Provided that the State Government shall determine fee in accordance with the provisions of sub-section (1) within a period of ninety days from the date of fixation of such provisional fee.]

¹Substituted by Punjab Act No. 24 of 2006, section 5(ii).

²Sub-section (6) omitted by Punjab Act No. 24 of 2006, Section 5(iii).

³Substituted by Punjab Act No. 24 of 2006, section 6.

¹[8. (1) The State Government shall, by notification in the Official Gazette, constitute an authority to be known as nodal authority consisting of such members, as may be specified by it for entertaining complaints with regard to the violations of the provisions of this Act or any direction or notification issued thereunder :

Mechanism for
dealing with
violations.

Provided that the State Government may, by notification, fix the terms and conditions of appointment, qualifications and conditions of service of the members of the nodal authority.

(2) The State Government or the nodal authority, as the case may be, may also take a *suo moto* notice of the violations of the provisions of this Act or any direction or notification issued thereunder.

(3) The State Government or the nodal authority, as the case may be, may cause an enquiry to be made by appointing an Inquiry Officer into the allegations levelled by the complainant or at its *suo moto* initiative, and take the following actions, namely :—

- (a) file the complaint, if in its opinion, it is a vexatious, anonymous or pseudonymous complaint ; or
- (b) direct the complainant to furnish additional information or an affidavit in support of his allegations ; or
- (c) take such actions, as it may deem appropriate, keeping in view the facts and circumstances of the case.

(4) For making an enquiry under sub-section (3), a summary procedure shall be followed and the enquiry shall be completed within a period of sixty days.

(5) The nodal authority constituted under sub-section (1) or the Inquiry Officer, appointed under sub-section (3), shall have the powers of a civil court to access, obtain and scrutinize the records of the private health sciences educational institutions as well as summoning of any person or any relevant official record, which he may deem necessary. The nodal authority shall forward its report to the State Government and may recommend any of the actions as mentioned in sub-section (1) of section 9 of this Act.]

Penalties.

²[9. (1) The State Government may, *suo motu* or on the report of the nodal authority, if satisfied that a private health sciences educational institution has violated any of the provisions of this Act or any direction or notification issued thereunder, it may take any or all of the following actions, namely :—

- (a) direct the private health sciences educational institution to redress the grievance of the concerned party ;

¹Substituted by Punjab Act No. 24 of 2006, section 6.

²Substituted by Punjab Act No. 24 of 2006, section 7.

- (b) cause the withdrawal of affiliation or recognition of such private health sciences educational institution from the concerned university or council or any other authority or body to which such private health sciences educational institution is affiliated, to be made ;
- (c) impose fine on such private health sciences educational institution, and such a fine shall be recoverable as arrears of land revenue ;
- (d) direct the private health sciences educational institution to cancel the admission or direct the concerned university or council to cancel the registration of the student, who has been admitted to private health sciences educational institution in violation of the provisions of this Act or any direction or notification issued thereunder ; or
- (e) direct the private health sciences educational institution to admit any student to whom admission has been wrongly denied.]

(2) Before taking any action under sub-section (1), a reasonable opportunity of being heard shall be provided to such institution by the State Government.

10. The State Government may, from time to time, issue to the private health sciences educational institutions such directions, as in its opinion, are necessary or expedient for carrying out the purposes of this Act and the notifications issued thereunder and such institutions shall comply with the directions so issued.

Powers of the State Government to issue directions.

11. (1) If any difficulty arises in giving effect to any of the provisions of this Act, the State Government may, by an order published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as may appear to it to be necessary for removing the difficulty :

Power to remove difficulties.

Provided that no such order shall be made after the expiry of a period of two years from the date of commencement of this Act.

(2) Every order made under this section, shall be laid, as soon as may be, after it is made, before the Punjab State Legislature.

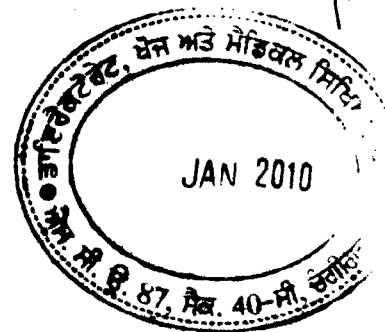
12. No suit, prosecution or other legal proceedings shall lie against the State Government or any officer or employee of the State Government or any other person or authority, authorised by the State Government for anything, which is done or intended to be done in good faith under this Act or the notification issued thereunder.

Protection of actions taken in good faith.

ਪੰਜਾਬ ਸਰਕਾਰ
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ
(ਸਿਹਤ -2 ਸ਼ਾਖਾ)

ਸੇਵਾ ਵਿਖੇ

- (1) ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ;
- (2) ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ;
- (3) ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਸੇਵਾਵਾਂ (ਸ.ਬ.) ਪੰਜਾਬ।



ਮੀਮੋ ਨੰ: 26/12/94-5ਸਿ2/126-128

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ, 8-1-2010

ਵਿਸ਼ਾ: ਪੀ.ਸੀ.ਐਮ.ਐਸ./ਪੀ.ਸੀ.ਐਮ.ਐਸ.(ਡੈਂਟਲ) ਮੈਡੀਕਲ ਅਫਸਰਾਂ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਅਤੇ ਸੁਪਰ ਸਪੈਸ਼ਲਟੀ ਕਰਨ ਲਈ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਜਾਰੀ ਕਰਨ ਬਾਰੇ ਨੀਤੀ

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਸਬੰਧੀ ਪੰਜਾਬ ਸਰਕਾਰ ਵਲੋਂ ਮੀਮੋ ਨੰ: 26/12/94-5ਸਿ2/9990, ਮਿਤੀ 13-5-1996, 26/12/94-3ਸਿ2/37003 ਤੋਂ 37003, ਮਿਤੀ 29-9-1998, 26/12/94-3ਸਿ2/12701-03, ਮਿਤੀ 21-4-1999 ਅਤੇ ਨੰ:26/12/94-4ਸਿ2/18763, ਮਿਤੀ 30-7-2007 ਰਾਹੀਂ ਜਾਰੀ ਕੀਤੀਆਂ ਹਦਾਇਤਾਂ ਨੂੰ ਸੁਪਰਸੀਡ ਕਰਦੇ ਹੋਏ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਵਿਸਥਾਰਪੂਰਵਕ ਹਦਾਇਤਾਂ ਜਾਰੀ ਕੀਤੀਆਂ ਜਾਂਦੀਆਂ ਹਨ। ਇਹ ਹਦਾਇਤਾਂ ਪੀ.ਸੀ.ਐਮ.ਐਸ./ਪੀ.ਸੀ.ਐਮ.ਐਸ.(ਡੈਂਟਲ) ਡਾਕਟਰਾਂ ਲਈ ਤੁਰੰਤ ਇਸ ਮਿਤੀ ਤੋਂ ਲਾਗੂ ਹੋਣਗੀਆਂ।

1. ਪੋਸਟ-ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੋਰਸ ਅਤੇ ਸੁਪਰਸਪੈਸ਼ਲਟੀ ਕੋਰਸ ਲਈ ਸਾਂਝੀਆਂ ਸ਼ਰਤਾਂ:

1.1 ਵੱਖ ਵੱਖ ਕੋਰਸ ਅਤੇ ਕੈਟਾਗਰੀ ਦੀ ਐਡਮਿਸ਼ਨ ਲਈ ਸ਼ਰਤਾਂ ਵਿਸਥਾਰ ਵਿੱਚ ਸਬੰਧਤ ਪੈਰਿਆਂ ਵਿੱਚ ਦਿੱਤੀਆਂ ਗਈਆਂ ਹਨ ਅਤੇ ਕੁਝ ਸ਼ਰਤਾਂ ਜੋ ਕਾਮਨ ਅਤੇ ਮਹੱਤਵਪੂਰਨ ਹਨ ਉਨ੍ਹਾਂ ਦਾ ਜਿਕਰ ਹੇਠ ਲਿਖੇ ਪੈਰਿਆਂ ਵਿੱਚ ਕੀਤਾ ਜਾ ਰਿਹਾ ਹੈ ਅਤੇ ਉਮੀਦਵਾਰ ਦਾ ਧਿਆਨ ਦਿਵਾਉਣਾ ਜ਼ਰੂਰੀ ਹੈ।

1.2 ਕੋਈ ਵੀ ਉਮੀਦਵਾਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੋਰਸ ਅਤੇ ਸੁਪਰਸਪੈਸ਼ਲਟੀ ਦਾ ਇੰਟਰੈਂਸ ਟੈਸਟ ਜਾਂ ਕੋਈ ਇੰਟਰਵਿਊ ਲਈ ਅਪਲਾਈ ਕਰਨ ਤੋਂ ਪਹਿਲਾਂ ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ ਤੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰੇਗਾ। ਐਗਜਾਮ ਪਾਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਅਤੇ ਦਾਖਲਾ ਲੈਣ ਤੋਂ ਪਹਿਲਾਂ ਸਰਕਾਰ ਤੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰੇਗਾ।

1.3 ਡਾਕਟਰ ਨੂੰ ਇੰਟਰੈਂਸ ਟੈਸਟ/ਇੰਟਰਵਿਊ ਵਿੱਚ ਬੈਠਣ ਲਈ ਤਦੋਂ ਹੀ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਸੇਵਾਵਾਂ ਵਲੋਂ ਮੰਨਜ਼ੂਰੀ/ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਦਿੱਤਾ ਜਾਵੇਗਾ ਜੇਕਰ ਉਸ ਦਾ ਸਰਵਿਸ ਰਿਕਾਰਡ

ਠੀਕ ਹੋਵੇ, ਲੋੜੀਂਦੀ ਪੇਂਡੂ ਸੇਵਾ ਪੂਰੀ ਹੋਵੇ ਅਤੇ ਬਾਂਡ ਦੇ ਮੁਤਾਬਿਕ ਬਣਦੇ ਸਮੇਂ ਦੀ ਸਰਵਿਸ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਰਹਿੰਦੀ ਹੋਵੇ। ਇਕ ਵਾਰ ਫਿਰ ਸਪੱਸ਼ਟ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਸਿਰਫ਼ ਯੋਗ ਉਮੀਦਵਾਰ ਹੀ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਸੇਵਾਵਾਂ ਤੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਤੋਂ ਬਾਅਦ ਐਡਮਿਸ਼ਨ ਲਈ ਇੰਟਰੈਸ ਟੈਸਟ/ਇੰਟਰਵਿਊ ਵਿੱਚ ਭਾਗ ਲੈ ਸਕਦੇ ਹਨ।

1.4 ਐਡਮਿਸ਼ਨ ਹੋਣ ਤੋਂ ਬਾਅਦ ਡਾਕਟਰ ਨੂੰ ਵਿਭਾਗ ਵਲੋਂ ਤਾਂ ਹੀ ਰਲੀਵ ਕੀਤਾ ਜਾਵੇਗਾ ਜੇਕਰ ਉਹ ਪੰਜਾਬ ਸਰਕਾਰ ਨੂੰ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲਈ ਅਪਲਾਈ ਕਰੇਗਾ ਅਤੇ ਲੋੜੀਂਦੇ ਸਮੇਂ ਅਤੇ ਰਾਸ਼ੀ ਦਾ ਬਾਂਡ ਭਰੇਗਾ ਅਤੇ ਸਰਕਾਰ ਉਸ ਨੂੰ ਬਾਂਡ ਭਰਵਾਉਣ ਤੋਂ ਬਾਅਦ ਹੀ ਰਲੀਵ ਕਰੇਗੀ।

2. ਪੰਜਾਬ ਦੇ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਵਿੱਚ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਲਈ 60% ਕੋਟੇ ਦੇ ਵਿਰੁੱਧ ਦਾਖਲੇ ਲਈ:

2.1 ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ ਦੇ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਵਿੱਚ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਲਈ 60% ਸੀਟਾਂ ਰਾਖਵੀਆਂ ਰਖੀਆਂ ਹੋਈਆਂ ਹਨ। ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰਾਂ ਨੂੰ ਦਾਖਲੇ ਲਈ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਲਈ ਹੇਠ ਲਿਖੀਆਂ ਸ਼ਰਤਾਂ ਲਾਗੂ ਹੋਣਗੀਆਂ।

2.2 ਰੈਗੂਲਰ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਜਿਨ੍ਹਾਂ ਦੀ ਪੇਂਡੂ ਸੇਵਾ 3 ਸਾਲ ਦੀ ਹੋਵੇ, ਪਰਖਕਾਲ ਸਮਾਂ ਪੂਰਾ ਕੀਤਾ ਹੋਵੇ, ਸਰਵਿਸ ਰਿਕਾਰਡ ਠੀਕ ਹੋਵੇ ਅਤੇ ਕੋਈ ਵਿਜ਼ੀਲੈਂਸ/ਵਿਭਾਗੀ ਅਤੇ ਅਨੁਸ਼ਾਸਨਿਕ ਕਾਰਵਾਈ ਲੰਬਿਤ ਨਾ ਹੋਵੇ, 60% ਕੋਟੇ ਲਈ ਯੋਗ ਹੋਣਗੇ।

2.3 ਡਾਕਟਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਲਈ ਤਦੋਂ ਹੀ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਭੇਜੇ ਜਾਣਗੇ ਜੇਕਰ ਉਨ੍ਹਾਂ ਦੀ ਸਰਵਿਸ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ) ਕੰਪਲੀਟ ਕਰਨ ਤੋਂ ਬਾਅਦ 6 ਸਾਲ ਅਤੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਗਰੀ) ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ 10 ਸਾਲ ਦੀ ਰਹਿੰਦੀ ਹੋਵੇ। ਜਿਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਦੀ ਸਰਵਿਸ 6 ਜਾਂ 10 ਸਾਲ ਤੋਂ ਘੱਟ ਰਹਿੰਦੀ ਹੋਵੇਗੀ, ਉਹ 60% ਕੋਟੇ ਦੀ ਸੀਟ ਵਾਸਤੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ ਏਂਟਰੈਂਸ ਟੈਸਟ (P.G.E.T.) ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਯੋਗ ਨਹੀਂ ਹੋਣਗੇ।

2.4 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਆਪਣੇ ਕੋਰਸ ਦੇ ਸਮੇਂ ਦੌਰਾਨ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ ਵਿੱਚ ਡੈਪੂਟੇਸ਼ਨ ਤੇ ਸਮਝੇ ਜਾਣਗੇ ਪਰੰਤੂ ਉਨ੍ਹਾਂ ਨੂੰ ਡੈਪੂਟੇਸ਼ਨ ਭੱਤਾ ਨਹੀਂ ਦਿੱਤਾ ਜਾਵੇਗਾ। ਕੋਰਸ ਦਾ ਮਿਥਿਆ ਸਮਾਂ ਪੂਰਾ ਹੋਣ ਤੇ ਡਾਕਟਰ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਕਾਡਰ ਵਿੱਚ ਰਿਪੋਰਟ ਕਰਨਗੇ। ਜੇਕਰ ਕੋਈ ਡਾਕਟਰ ਮਿਥੇ ਸਮੇਂ ਵਿੱਚ ਆਪਣਾ ਕੋਰਸ ਪੂਰਾ ਨਹੀਂ ਕਰਦਾ ਤਾਂ ਵੀ ਡਾਕਟਰ ਵਾਪਸ ਸਿਹਤ ਵਿਭਾਗ ਵਿੱਚ

2.5 ਇਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਰਨ ਲਈ ਚੁਣਨ ਤੇ ਉਨ੍ਹਾਂ ਨੂੰ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਸਰਕਾਰੀ ਸੇਵਾ ਕਰਨ ਲਈ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਬਾਂਡ ਭਰਨਾ ਪਵੇਗਾ:

	ਕੋਰਸ ਦਾ ਨਾਂ	ਬਾਂਡ ਮਨੀ	ਸਮਾਂ
(1)	ਪੀ.ਜੀ.ਡਿਪਲੋਮਾ ਕੋਰਸ:	12 ਲੱਖ ਰੁਪਏ	6 ਸਾਲ
(2)	ਪੀ.ਜੀ. ਡਿਗਰੀ ਕੋਰਸ ਲਈ :	20 ਲੱਖ ਰੁਪਏ	10 ਸਾਲ

ਜੇਕਰ ਡਾਕਟਰ ਬਾਂਡ ਦੇ ਪੂਰੇ ਸਮੇਂ ਲਈ ਸਰਕਾਰ ਦੀ ਸੇਵਾ ਨਹੀਂ ਕਰਦਾ ਤਾਂ ਉਸ ਨੂੰ ਅਜਿਹਾ ਨਾ ਕਰਨ ਦੀ ਸ਼ੁਰਤ ਵਿੱਚ ਉਕਤ ਦੱਸੀਆਂ ਰਕਮਾਂ, ਜਿਵੇਂ ਕਿ ਕੇਸ ਹੋਵੇ ਸਰਕਾਰ ਨੂੰ ਦੇਣੀ/ਜਮ੍ਹਾਂ ਕਰਵਾਉਣੀ ਪਵੇਗੀ।

2.6 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਆਪਣੀ ਸਰਵਿਸ ਦੌਰਾਨ ਇਕ ਵਾਰ ਹੀ 60% ਕੋਟੇ ਵਿਰੁੱਧ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਰ ਸਕਦੇ ਹਨ।

2.7 ਜੇਕਰ ਕੋਈ ਡਾਕਟਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਿਸੇ ਕਾਰਨ ਵਿਚਕਾਰ ਛੱਡ ਕੇ ਚਲਿਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਸ ਨੂੰ 5 ਸਾਲ ਲਈ ਡੀਬਾਰ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਉਸ ਦੁਆਰਾ ਕੋਰਸ ਲਈ ਲਾਇਆ ਸਮਾਂ ਬਿਨਾਂ ਤਨਖਾਹ ਛੁੱਟੀ ਤਸਵਰ ਕੀਤਾ ਜਾਵੇਗਾ। ਇਸ ਤੋਂ ਇਲਾਵਾ ਉਨ੍ਹਾਂ ਵਲੋਂ ਬਾਂਡ ਦੀ ਰਕਮ ਵੀ ਵਸੂਲ ਕੀਤੀ ਜਾਵੇਗੀ। (ਇਹ ਸ਼ੁਰਤ ਅਸਾਧਾਰਨ ਮੈਡੀਕਲ ਗਰਾਉਂਡ ਦੇ ਕੇਸ ਵਿੱਚ ਲਾਗੂ ਨਹੀਂ ਹੋਵੇਗੀ। ਇਸ ਤਰ੍ਹਾਂ ਦੀ ਅਸਾਧਾਰਨ ਮੈਡੀਕਲ ਗਰਾਉਂਡ ਦਾ ਸਰਟੀਫਿਕੇਟ ਰਾਜ ਮੈਡੀਕਲ ਬੋਰਡ ਪਾਸੋਂ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੋਵੇਗਾ)।

2.8 ਡਾਕਟਰ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਦੌਰਾਨ ਸਪੈਸ਼ਲਿਟੀ ਜਾਂ ਮੈਡੀਕਲ ਕਾਲਜ ਬਦਲਣ ਦਾ ਅਧਿਕਾਰ ਨਹੀਂ ਹੋਵੇਗਾ।

2.9 ਉਪਰੋਕਤ ਹਦਾਇਤਾਂ ਵਿੱਚ ਰੂਰਲ ਸੇਵਾ ਅਤੇ ਕੋਰਸ ਪੂਰਾ ਹੋਣ ਉਪਰੰਤ ਬਾਂਡ ਲਈ ਬਚਦੀ ਸੇਵਾ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰਨ ਤੋਂ ਬਾਅਦ ਹੀ ਉਮੀਦਵਾਰ ਪੋਸਟ-ਗਰੈਜੂਏਸ਼ਨ ਇੰਟਰੈਸ ਟੈਸਟ (ਪੀ.ਜੀ.ਈ.ਟੀ.) ਜੋ ਕਿ ਬਾਬਾ ਫਰੀਦ ਯੂਨੀਵਰਸਿਟੀ ਆਫ ਹੋਲਥ ਸਾਇੰਸਜ਼ ਵਲੋਂ ਕੰਡਕਟ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਵਿੱਚ ਬੈਠਣ ਲਈ ਯੋਗ ਹੋਣਗੇ। ਇਸ ਸਰਟੀਫਿਕੇਟ ਤੋਂ ਬਿਨਾਂ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰਾਂ ਨੂੰ 60% ਕੋਟੇ ਦੇ ਵਿਰੁੱਧ ਪੀ.ਜੀ.ਈ.ਟੀ. ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਯੋਗ ਨਹੀਂ ਹੋਣਗੇ।

2.10 ਡਾਕਟਰ ਨੂੰ ਪੀ.ਜੀ. ਕੋਰਸ ਵਿੱਚ ਦਾਖਲਾ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਤੋਂ ਬਾਅਦ ਹੀ ਲੈ ਸਕਦੇ ਹਨ। ਸਰਕਾਰ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤਦੋਂ ਹੀ ਦੇਵੇਗੀ ਜੇਕਰ ਡਾਕਟਰ ਉਪਰ ਲਿਖੀਆਂ ਸਾਰੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹੋਣ ਅਤੇ ਮੁਕੰਮਲ ਬਾਂਡ (ਉਪਰੋਕਤ ਰਾਸ਼ੀ ਅਤੇ ਸਮੇਂ ਦਾ) ਉਨ੍ਹਾਂ ਵਲੋਂ ਭਰਿਆ ਹੋਵੇ।

3. 3 ਸਾਲ ਦੀ ਪੇਂਡੂ ਸਰਵਿਸ ਅਤੇ 60% ਕੋਟੇ ਤੋਂ ਇਲਾਵਾ ਐਡਮਿਸ਼ਨ:

3.1 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਵਿੱਚ 60% ਕੋਟੇ ਤੋਂ ਇਲਾਵਾ ਸੀਟਾਂ ਲਈ ਅਤੇ ਹੋਰ ਕਾਲਜਾਂ ਵਿੱਚ ਵੀ ਹੇਠ ਲਿਖੀਆਂ ਸ਼ਰਤਾਂ ਜੇਕਰ ਉਹ ਪੂਰੀਆਂ ਕਰਦੇ ਹੋਣਗੇ ਤਾਂ ਐਡਮਿਸ਼ਨ ਲਈ ਯੋਗ ਹੋਣਗੇ। ਇਸ ਕੈਟਾਗਰੀ ਵਿੱਚ ਵੱਧ ਤੋਂ ਵੱਧ 10 ਡਾਕਟਰਾਂ ਨੂੰ ਭੇਜਿਆ ਜਾਵੇਗਾ। ਜੇਕਰ 10 ਡਾਕਟਰਾਂ ਤੋਂ ਜਿਆਦਾ ਅਰਜੀਆਂ ਪ੍ਰਾਪਤ ਹੁੰਦੀਆਂ ਹਨ ਤਾਂ ਸਿਲੈਕਸ਼ਨ ਸਿਨਿਊਰਿਟੀ ਦੇ ਅਧਾਰ ਤੇ ਕੀਤੀ ਜਾਵੇਗੀ।

3.2 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਜੋ ਰੈਗੂਲਰ ਆਧਾਰ ਤੇ ਲਗੇ ਹਨ ਅਤੇ ਜਿਨ੍ਹਾਂ ਦੀ ਪੇਂਡੂ ਸੇਵਾ (ਐਡਹਾਕ ਸਮੇਤ) 3 ਸਾਲ ਦੀ ਹੋਵੇ, ਪਰਖਕਾਲ ਸਮਾਂ ਪੂਰਾ ਕੀਤਾ ਹੋਵੇ, ਸਰਵਿਸ ਰਿਕਾਰਡ ਠੀਕ ਹੋਵੇ ਅਤੇ ਕੋਈ ਵਿਜੀਲੈਂਸ/ਵਿਭਾਗੀ/ਅਨੁਸ਼ਾਸਨਿਕ ਕਾਰਵਾਈ ਉਨ੍ਹਾਂ ਦੇ ਵਿਰੁੱਧ ਲੰਬਿਤ ਨਾ ਹੋਵੇ, ਉਹ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਰਨ ਲਈ ਹੇਠ ਲਿਖੇ ਕਾਲਜਾਂ ਵਿੱਚ ਐਡਮਿਸ਼ਨ ਲਈ ਯੋਗ ਹੋਣਗੇ:

- 40% ਕੋਟੇ ਲਈ: ਪੰਜਾਬ ਰਾਜ ਦੇ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ
- ਪੰਜਾਬ ਰਾਜ ਦੇ ਗੈਰ-ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ
- ਪੰਜਾਬ ਰਾਜ ਤੋਂ ਬਾਹਰ ਸਰਕਾਰੀ/ ਗੈਰ-ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ

3.3 ਜੋ ਡਾਕਟਰ ਪੈਰਾ 3.2 ਵਿੱਚ ਲਿਖੇ ਕੋਟੇ/ਕਾਲਜਾਂ ਵਿੱਚ ਐਡਮਿਸ਼ਨ ਲੈਂਦੇ ਹਨ ਤਾਂ ਉਨ੍ਹਾਂ ਨੂੰ ਬਣਦੀ ਛੁੱਟੀ ਦਿੱਤੀ ਜਾਵੇਗੀ। ਇਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਨੂੰ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਬਾਂਡ ਜਰਨਾ ਪਵੇਗਾ:

ਕੋਰਸ	ਬਾਂਡ ਮਨੀ	ਸਮਾਂ
(1) ਪੀ.ਜੀ.ਡਿਪਲੋਮਾ	: 6 ਲੱਖ ਰੁਪਏ	3 ਸਾਲ
(2) ਪੀ.ਜੀ. ਡਿਗਰੀ ਲਈ	: 10 ਲੱਖ ਰੁਪਏ	5 ਸਾਲ

ਇਹ ਡਾਕਟਰ ਪੋਸਟ-ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੋਰਸ ਲਈ ਤਦੋਂ ਹੀ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਭੇਜੇ ਜਾਣਗੇ ਜੇਕਰ ਉਨ੍ਹਾਂ ਦੀ ਸਰਵਿਸ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੰਪਲੀਟ ਕਰਨ ਤੋਂ ਬਾਅਦ 3 ਸਾਲ ਅਤੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ ਡਿਗਰੀ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ 5 ਸਾਲ ਦੀ ਰਹਿੰਦੀ ਹੋਵੇ। ਜਿਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਦੀ ਸਰਵਿਸ 3 ਸਾਲ ਜਾਂ 5 ਸਾਲ ਤੋਂ ਘੱਟ ਰਹਿੰਦੀ ਹੋਵੇ, ਉਹ ਪੀ.ਜੀ.ਈ.ਟੀ. ਟੈਸਟ ਜਾਂ ਕੋਈ ਇੰਟਰਵਿਊ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਯੋਗ ਨਹੀਂ ਹੋਣਗੇ ਅਤੇ ਨਾ ਹੀ ਐਡਮਿਸ਼ਨ ਲੈਣ ਲਈ ਯੋਗ ਹੋਣਗੇ।

3.4 ਜੇਕਰ ਕੋਈ ਡਾਕਟਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਿਸੇ ਕਾਰਨ ਵਿਚਕਾਰ ਛੱਡ ਕੇ ਚਲਿਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਸ ਨੂੰ 5 ਸਾਲ ਲਈ ਡੀਬਾਰ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਉਸ ਦੁਆਰਾ ਕੋਰਸ ਲਈ ਲਾਇਆ ਸਮਾਂ ਸਿਨਿਊਰਿਟੀ ਦੁਆਰਾ ਵੀਤਿਆ ਜਾਵੇਗਾ। ਇਸ ਤੋਂ ਇਲਾਵਾ ਉਸ ਨੂੰ 5 ਸਾਲ ਲਈ ਡੀਬਾਰ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਉਸ ਦੁਆਰਾ ਕੋਰਸ ਲਈ ਲਾਇਆ ਸਮਾਂ ਸਿਨਿਊਰਿਟੀ ਦੁਆਰਾ ਵੀਤਿਆ ਜਾਵੇਗਾ।

ਨਹੀਂ ਹੋਵੇਗੀ। ਇਸ ਤਰ੍ਹਾਂ ਦੀ ਅਸਾਧਾਰਨ ਮੈਡੀਕਲ ਗਰਾਉਂਡ ਦਾ ਸਰਟੀਫਿਕੇਟ ਰਾਜ ਮੈਡੀਕਲ ਬੋਰਡ ਪਾਸੋਂ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੋਵੇਗਾ)।

3.5 ਜੋ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਉਪਰੋਕਤ ਪੈਰਾ 3.2 ਦੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਨਹੀਂ ਕਰਦੇ ਅਤੇ ਉਹ ਉਪਰੋਕਤ ਪੈਰਾ 3.2 ਆਧੀਨ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਲਈ ਐਡਮਿਸ਼ਨ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹਨ ਤਾਂ ਨੌਕਰੀ ਤੋਂ ਅਸਤੀਫਾ ਦੇਣਾ ਪਵੇਗਾ ਅਤੇ ਉਹ ਸਿਹਤ ਵਿਭਾਗ ਤੋਂ ਇਤਰਾਜ਼ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਦੇ ਹੱਕਦਾਰ ਨਹੀਂ ਹੋਣਗੇ।

3.6 ਉਪਰੋਕਤ ਹਦਾਇਤਾਂ ਵਿੱਚ ਰੁਰਲ ਸੇਵਾ ਅਤੇ ਕੋਰਸ ਪੂਰਾ ਹੋਣ ਉਪਰੰਤ ਥਾਂਡ ਲਈ ਬਚਦੀ ਸੇਵਾ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰਨ ਤੋਂ ਬਾਅਦ ਹੀ ਉਮੀਦਵਾਰ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰੇਗਾ ਜਾਂ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠੇਗਾ। ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤੋਂ ਬਿਨਾਂ ਡਾਕਟਰ ਨਾ ਤਾਂ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰ ਸਕਦਾ ਹੈ ਅਤੇ ਨਾ ਹੀ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠ ਸਕਦਾ ਹੈ।

3.7 ਪੀ.ਜੀ. ਕੋਰਸ ਵਿੱਚ ਦਾਖਲਾ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਤੋਂ ਬਾਅਦ ਹੀ ਲੈ ਸਕਦੇ ਹਨ। ਸਰਕਾਰ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤਦੋਂ ਹੀ ਦੇਵੇਗੀ ਜੇਕਰ ਡਾਕਟਰ ਉਪਰ ਲਿਖੀਆਂ ਸਾਰੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹੋਣ ਅਤੇ ਮੁਕੰਮਲ ਥਾਂਡ (ਉਪਰੋਕਤ ਰਾਸ਼ੀ ਅਤੇ ਸਮੇਂ ਦਾ) ਉਨ੍ਹਾਂ ਵਲੋਂ ਭਰਿਆ ਹੋਵੇ।

4. ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ:

4.1 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਜੋ ਹੇਠ ਲਿਖੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹਨ, ਉਹ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਲਈ ਯੋਗ ਹੋਣਗੇ:

- (ੳ) 5 ਸਾਲ ਦੀ ਰੈਗੂਲਰ ਸੇਵਾ ਜਿਸ ਵਿਚ 3 ਸਾਲ ਦੀ ਪੇਂਡੂ ਸੇਵਾ ਤੱਦ ਅਰਥ ਸੇਵਾ ਸਮੇਤ ਕੀਤੀ ਹੋਵੇ;
- (ਅ) ਪਰਖਕਾਲ ਸਮਾਂ ਪੂਰਾ ਕੀਤਾ ਹੋਇਆ ਹੋਵੇ;
- (ੲ) ਇਨ੍ਹਾਂ ਦਾ ਸਰਵਿਸ ਰਿਕਾਰਡ ਠੀਕ ਹੋਵੇ ਅਤੇ ਕੋਈ ਵਿਜੀਲੈਂਸ/ਵਿਭਾਗੀ ਅਤੇ ਅਨੁਸ਼ਾਸਨਿਕ ਕਾਰਵਾਈ ਲੰਬਿਤ ਨਾ ਹੋਵੇ।

4.2 ਸਿਹਤ ਵਿਭਾਗ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਇਤਰਾਜ਼ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤਦੋਂ ਹੀ ਦੇਵੇਗਾ ਜੇਕਰ ਉਸ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਦੀ ਸਿਹਤ ਵਿਭਾਗ ਵਿੱਚ ਲੋੜ ਹੈ ਨਾ ਕਿ ਹਰੇਕ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ। ਜਿਹੜੇ ਡਿਸਪਲਿਨ ਵਿੱਚ ਸੁਪਰਸਪੈਸ਼ਲਿਟੀ ਯੋਗਤਾ ਰੱਖਣ ਵਾਲੇ ਡਾਕਟਰਾਂ ਦੀ ਘਾਟ/ਲੋੜ ਹੈ, ਉਨ੍ਹਾਂ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਲੋੜ ਅਨੁਸਾਰ ਇਸ ਬਾਰੇ ਸਰਕਾਰ ਤੋਂ ਪਵਾਨਿਤ ਕਰਵਾਏਗਾ।

4.4 ਯੋਗ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਦੇ ਦਾਖਲੇ ਲਈ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਰਕਾਰੀ/ਗੈਰ-ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਅਤੇ ਪੰਜਾਬ ਰਾਜ ਤੋਂ ਬਾਹਰ ਸਰਕਾਰੀ/ਗੈਰ-ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਵਿੱਚ ਦਾਖਲਾ ਲੈ ਸਕਦੇ ਹਨ। ਇਸ ਕੈਟਾਗਰੀ ਵਿੱਚ ਵੱਧ ਤੋਂ ਵੱਧ 5 ਡਾਕਟਰਾਂ ਨੂੰ ਭੇਜਿਆ ਜਾਵੇਗਾ। ਜੇਕਰ 5 ਡਾਕਟਰਾਂ ਤੋਂ ਜ਼ਿਆਦਾ ਡਾਕਟਰਾਂ ਦੀਆਂ ਅਰਜ਼ੀਆਂ ਪ੍ਰਾਪਤ ਹੋਈਆਂ ਤਾਂ ਸਿਲੈਕਸ਼ਨ ਸਨਿਓਰਿਟੀ ਦੇ ਅਧਾਰ ਤੇ ਕੀਤੀ ਜਾਵੇਗੀ।

4.5 ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਲਈ ਡਾਕਟਰਾਂ ਲਈ 12 ਲੱਖ ਰੁਪਏ ਦਾ ਬਾਂਡ ਮਨੀ ਹੋਵੇਗਾ ਅਤੇ ਬਾਂਡ ਦਾ ਸਮਾਂ 5 ਸਾਲ ਦਾ ਹੋਵੇਗਾ। ਜੇਕਰ ਡਾਕਟਰ ਬਾਂਡ ਦੇ ਪੂਰੇ ਸਮੇਂ ਲਈ ਸਰਕਾਰੀ ਸੇਵਾ ਨਹੀਂ ਕਰਦਾ ਤਾਂ ਉਸ ਵਲੋਂ ਅਜਿਹਾ ਕਰਨ ਦੀ ਸੂਰਤ ਵਿੱਚ 12 ਲੱਖ ਰੁਪਏ ਦੀ ਰਾਸ਼ੀ ਸਰਕਾਰ ਕੋਲ ਜਮ੍ਹਾਂ ਕਰਾਉਣੀ ਪਵੇਗੀ।

4.6 ਡਾਕਟਰ ਨੂੰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਤਦੋਂ ਹੀ ਭੇਜਿਆ ਜਾਵੇਗਾ ਜੇਕਰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਉਸ ਦੀ ਸਰਕਾਰੀ ਨੌਕਰੀ ਘੱਟੋ ਘੱਟ 5 ਸਾਲ ਦੀ ਰਹਿੰਦੀ ਹੋਵੇ।

4.7 ਜੇਕਰ ਡਾਕਟਰ ਨੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਲਈ ਪਹਿਲਾਂ ਬਾਂਡ ਭਰਿਆ ਹੋਇਆ ਅਤੇ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਜਾ ਰਿਹਾ ਹੈ ਤਾਂ ਹੀ ਭੇਜਿਆ ਜਾਵੇਗਾ ਜੇਕਰ ਉਸ ਦੀ ਸਰਵਿਸ ਘੱਟੋ ਘੱਟ 5 ਸਾਲ ਦੀ ਸੇਵਾ ਜਮਾਂ ਪਹਿਲੇ ਬਾਂਡ ਦੇ ਰਹਿੰਦੇ ਸਮੇਂ ਦੇ ਬਰਾਬਰ ਸਰਵਿਸ ਰਹਿੰਦੀ ਹੋਵੇ। ਉਦਾਹਰਣ ਦੇ ਤੌਰ ਤੇ ਜੇਕਰ ਕਿਸੇ ਡਾਕਟਰ ਨੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਲਈ ਬਾਂਡ ਭਰਿਆ ਹੋਇਆ ਅਤੇ ਬਾਂਡ ਦਾ ਸਮਾਂ 6 ਸਾਲ ਦਾ ਰਹਿੰਦਾ ਹੈ ਤਾਂ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਉਸ ਨੂੰ ਤਦੋਂ ਹੀ ਭੇਜਿਆ ਜਾਵੇਗਾ ਜੇਕਰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਉਸ ਦੀ ਸਰਵਿਸ 5+6 ਸਾਲ ਕੁਲ 11 ਸਾਲ ਦੀ ਸੇਵਾ ਰਹਿੰਦੀ ਹੋਵੇ।

4.8 ਇਸ ਤਰ੍ਹਾਂ ਦੇ ਡਾਕਟਰਾਂ ਨੂੰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਇਕ ਨਵਾਂ ਬਾਂਡ ਭਰਨਾ ਪਵੇਗਾ ਜਿਸ ਦੀ ਬਾਂਡ ਮਨੀ 12 ਲੱਖ ਰੁਪਏ ਜਮਾਂ ਪਹਿਲਾਂ ਪੀ.ਜੀ. ਕੋਰਸ ਲਈ ਭਰੀ ਬਾਂਡ ਦੀ ਰਕਮ ਅਤੇ ਨਵੇਂ ਬਾਂਡ ਦਾ ਸਮਾਂ 5 ਸਾਲ ਜਮਾਂ ਪੁਰਾਣੇ ਬਾਂਡ ਦਾ ਰਹਿੰਦਾ ਹੋਇਆ ਸਮਾਂ ਹੋਵੇਗਾ।

4.9 ਉਪਰੋਕਤ ਹਦਾਇਤਾਂ ਵਿੱਚ ਰੂਰਲ ਸੇਵਾ ਅਤੇ ਕੋਰਸ ਪੂਰਾ ਹੋਣ ਉਪਰੰਤ ਬਾਂਡ ਲਈ ਬਚਦੀ ਸੇਵਾ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰਨ ਤੋਂ ਬਾਅਦ ਹੀ ਉਮੀਦਵਾਰ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰੇਗਾ ਜਾਂ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠੇਗਾ। ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤੋਂ ਬਿਨਾਂ ਡਾਕਟਰ ਨਾ ਤਾਂ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰ ਸਕਦਾ ਹੈ ਅਤੇ ਨਾ ਹੀ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠ ਸਕਦਾ ਹੈ।

4.10 ਪੀ.ਜੀ. ਕੋਰਸ ਵਿੱਚ ਦਾਖਲਾ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ

ਜੇਕਰ ਡਾਕਟਰ ਉਪਰ ਲਿਖੀਆਂ ਸਾਰੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹੋਣ ਅਤੇ ਮੁਕੰਮਲ ਬਾਂਡ (ਉਪਰੋਕਤ ਰਾਸ਼ੀ ਅਤੇ ਸਮੇਂ ਦਾ) ਉਨ੍ਹਾਂ ਵਲੋਂ ਭਰਿਆ ਹੋਵੇ।

43/9. 01

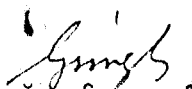
(ਸਤੀਸ਼ ਚੰਦਰਾ)

ਪ੍ਰਮੁੱਖ ਸਕੱਤਰ ਪੰਜਾਬ ਸਰਕਾਰ
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ।

ਪਿਠਾਓਕਣ ਨੰ: 26/12/94-1ਸਿ2/129 (137) ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ, 8-1-2010

ਉਤਾਰਾ ਹੇਠ ਲਿਖਿਆਂ ਨੂੰ ਸੂਚਨਾ ਅਤੇ ਲੋੜੀਂਦੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ:

- (1) ਸਕੱਤਰ, ਡਾਕਟਰੀ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਪੋਸਟ ਗਰੈਜੂਏਟ ਐਂਟਰੈਂਸ ਟੈਸਟ ਬਾਰੇ ਛਪਵਾਏ ਜਾਣ ਵਾਲੇ ਪਰਾਸਪੈਕਟ ਵਿੱਚ ਇਹਨਾਂ ਹਦਾਇਤਾਂ ਨੂੰ ਸ਼ਾਮਲ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।
- (2) ਡਾਇਰੈਕਟਰ, ਖੋਜ ਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਪੋਸਟ ਗਰੈਜੂਏਟ ਐਂਟਰੈਂਸ ਟੈਸਟ ਬਾਰੇ ਛਪਵਾਏ ਜਾਣ ਵਾਲੇ ਪਰਾਸਪੈਕਟ ਵਿੱਚ ਇਹਨਾਂ ਹਦਾਇਤਾਂ ਨੂੰ ਸ਼ਾਮਲ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।
- (3) ਰਜਿਸਟਰਾਰ, ਬਾਬਾ ਫਰੀਦ ਯੂਨੀਵਰਸਿਟੀ, ਫਰੀਦਕੋਟ ਨੂੰ ਉਪਰੋਕਤ ਸ਼ਰਤਾਂ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ ਐਂਟਰੈਂਸ ਟੈਸਟ ਬਾਰੇ ਛੱਪਣ ਵਾਲੇ ਪ੍ਰਾਸਪੈਕਟ ਦੇ ਸਬੰਧਤ ਪੈਰਿਆਂ ਵਿੱਚ ਸ਼ਾਮਲ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।
- (4) ਪ੍ਰਿੰਸੀਪਲ, ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ, ਫਰੀਦਕੋਟ ਅਤੇ ਅੰਮ੍ਰਿਤਸਰ।
- (5) ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ/ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਸੇਵਾਵਾਂ (ਸਬ)
- (6) ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ, ਮਾਤਾ ਕੁਸ਼ਲਿਆ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ/ ਸਿਵਲ ਹਸਪਤਾਲ, ਜਲੰਧਰ।
- (7) ਸਕੱਤਰ/ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਮੰਤਰੀ, ਪੰਜਾਬ।
- (8) ਹਾਜ਼ ਦੇ ਸਾਰੇ ਸਿਵਲ ਸਹਜਨ;
- (9) ਸੁਪਰਡੈਂਟ, ਸਿਹਤ -1 ਸ਼ਾਖਾ ਅਤੇ ਸਿਹਤ (3) ਸ਼ਾਖਾ;
- (10) ਨਿੱਜੀ ਸਕੱਤਰ/ਪ੍ਰਮੁੱਖ ਸਕੱਤਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ ਚੰਡੀਗੜ੍ਹ।


ਵਧੀਕ ਸਕੱਤਰ ਸਿਹਤ (ਜੀ)

Acts

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THE INDIAN MEDICAL COUNCIL ACT, 1956 (102 of 1956)

30th December, 1956

**(As amended by the
Indian Medical Council (Amendment) Acts, 1964, 1993 & 2001)**

AN ACT TO PROVIDE FOR THE RECONSTITUTION OF THE MEDICAL COUNCIL OF INDIA AND THE MAINTENANCE OF A MEDICAL REGISTER FOR INDIA AND FOR MATTERS CONNECTED THEREWITH.

Be it enacted by Parliament in the seventh year of the Republic of India as follows:-

SHORT TITLE, EXTENT & COMMENCEMENT

1.

1. This Act may be called the Indian Medical Council Act, 1956.
2. It extends to the whole of India.
3. It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

DEFINITIONS

2. In this Act, unless the context otherwise requires:-

- a. "approved institution" means a hospital, health centre or other such institution recognised
- b. by a university as an institution in which a person may undergo the training, if any, required by his course of study before the award of any medical qualification to him.
- c. "council" means the Medical Council of India constituted under this Act.
- d. ["deleted" by Indian Medical Council (Amendment) Act, 1964.]
- e. "Indian Medical Register" means the medical register maintained by the Council.
- f. "Medical Institution" means any institution, within or without India, which grants degrees, diplomas or licences in medicine.
- g. "medicine" means modern scientific medicine in all its branches and includes surgery and obstetrics, but does not include veterinary medicine and surgery;
- h. "Prescribed" means prescribed by regulations.
- i. "recognised medical qualification" means any of the medical

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- qualifications included in the Schedules.
- j. "regulation" means a regulation made under section 33;
 - k. "State Medical Council" means a medical council constituted under any law for the time being in force in any State regulating the registration of practitioners of medicine.
 - l. "State Medical Register" means a register maintained under any law for the time being in force in any State regulating the registration of practitioners of medicine.
 - m. "University" means any University in India established by law and having a medical faculty.

CONSTITUTION & COMPOSITION OF THE COUNCIL

3.

1. The Central Government shall cause to be constituted a council consisting of the following members, namely:-
 - a. One member from each State other than a Union Territory to be nominated by the Central Government in consultation with the State Government concerned.
 - b. One member from each University to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no Senate, by members of the Court.
 - c. One member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such register who possess the medical qualifications included in the First or the Second Schedule or in Part II of the Third Schedule.
 - d. Seven members to be elected from amongst themselves by persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule.
 - e. Eight members to be nominated by the Central Govt.
2. The President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves.
3. No act done by the Council shall be questioned on the ground merely of the existence of any vacancy in, or any defect in the constitution of the Council.

MODE

OF

ELECTION

4.

1. (a) An election under clause (b), clause (c) or clause (d) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf, and any rules so made may provide that pending the preparation of the Indian Medical Register in accordance with provisions of this Act, the members referred to in clause (d) of sub-section (1) of section 3 may be nominated by the Central Government instead of being elected as

provided therein.

2. Where any dispute arises regarding any election to the Council, it shall be referred to the Central Government whose decision shall be final.

RESTRICTIONS ON NOMINATION AND MEMBERSHIP

5.

1. No person shall be eligible for nomination under clause (a) of sub-section (1) of section 3 unless he possesses any of the medical qualifications included in the First and Second Schedules, resides in the State concerned, and where a State Medical Register is maintained in that State, is enrolled on that Register.
2. No person may at the same time serve as a member in more than one capacity.

INCORPORATION OF THE COUNCIL

6.

The Council so constituted shall be a body corporate by the name of the Medical Council of India,

having perpetual succession and a common seal, with power to acquire and hold property, both movable and immovable, and to contract and shall by the said name sue and be sued.

TERM OF OFFICE OF PRESIDENT, VICE-PRESIDENT AND MEMBERS

7.

1. The President or Vice-President of the Council shall hold office for a term not exceeding five years and not extending beyond the expiry of his term as member of the Council.
2. Subject to the provisions of this section, a member shall hold office for a term of five years from the date of his nomination or election or until his successor shall have been duly nominated or elected, whichever is longer.
3. An elected or nominated member shall be deemed to have vacated his seat if he is absent without excuse, sufficient in the opinion of the Council from three consecutive ordinary meetings of the Council, or in the case of a member elected under clause (b) of sub-section (1) of section 3, if he ceases to be a member of the medical faculty of the university concerned, or in the case of a member elected under clause (c) or clause (d) of that sub-section, if he ceases to be a person enrolled on the State Medical Register concerned.
4. A casual vacancy in the Council shall be filled by nomination or election, as the case may be, and the person nominated or elected to fill the vacancy shall hold office only for the remainder of the term for which the member whose place he takes was nominated or elected.

5. Members of the Council shall be eligible for re-nomination or re-election.
6. Where the said term of five years is about to expire in respect of any member, a successor may be nominated or elected at any time within three months before the said term expires but he shall not assume office until the said term has expired.

MEETINGS OF THE COUNCIL

8.

1. The Council shall meet at least once in each year at such time and place as may be appointed by the Council.
2. Unless otherwise provided by regulations fifteen members of the Council shall form a quorum, and all the acts of the Council shall be decided by a majority of the members present and voting.

OFFICERS, COMMITTEES AND SERVANTS OF THE COUNCIL

9. The Council Shall:

1. constitute from amongst its members an Executive Committee and such other committees for general or special purposes as the Council deems necessary to carry out the purposes of this Act.
2. appoint a Registrar who shall act as Secretary and who may also, if deemed expedient, act as Treasurer.
3. employ such other persons, as the Council deems necessary to carry out the purposes of this Act.
4. require and take from the Registrar, or from any other employee, such security for the due performance of his duties as the Council deems necessary and
5. With the previous sanction of the Central Government fix the remuneration and allowances to be paid to the President, Vice-President and members of the Council and determine the conditions of service of the employees of the Council.

THE EXECUTIVE COMMITTEE

10.

1. The Executive Committee, hereinafter referred to as the Committee shall consist of the President and Vice-President, who shall be members ex-officio and not less than seven and not more than ten other members who shall be elected by the Council from amongst its members.
2. The President and Vice-President shall be the President and Vice-President respectively of the Committee.
3. In addition to the powers and duties conferred and imposed upon it by this Act, the Committee shall exercise and discharge

such powers and duties as the Council may confer or impose upon it by any regulations which may be made in this behalf.

PERMISSION FOR ESTABLISHMENT OF NEW MEDICAL COLLEGE, NEW COURSE
OF STUDY ETC.

10.A

1. Notwithstanding anything contained in this Act or any other law for the time being in force:-
 - a. no person shall establish a medical college (or)
 - b. no medical college shall:-
 - i. open a new or higher course of study or training (including a postgraduate course of study or training) which would enable a student of such course or training to qualify himself for the award of any recognised medical qualification; or
 - ii. increase its admission capacity in any course of study or training (including a postgraduate course of study or training), except with the previous permission of the Central Government obtained in accordance with the provisions of this section.

Explanation 1 - For the purposes of this section, "person" includes any University or a trust but does not include the Central Government.

Explanation 2 - For the purposes of this section "admission capacity" in relation to any course of study or training (including postgraduate course of study or training) in a medical college, means the maximum number of students that may be fixed by the Council from time to time for being admitted to such course or training.

2.
 - a. Every person or medical college shall, for the purpose of obtaining permission under sub-section (1), submit to the Central Government a scheme in accordance with the provisions of clause (b) and the central Government shall refer the scheme to the Council for its recommendations.
 - b. The Scheme referred to in clause (a) shall be in such form and contain such particulars and be preferred in such manner and be accompanied with such fee as may be prescribed.
3. On receipt of a scheme by the Council under sub-section (2) the Council may obtain such other particulars as may be considered necessary by it from the person or the medical college concerned, and thereafter, it may -
 - a. if the scheme is defective and does not contain any necessary

particulars, give a reasonable opportunity to the person or college concerned for making a written representation and it shall be open to such person or medical college to rectify the defects, if any, specified by the Council.

- b. consider the scheme, having regard to the factors referred to in sub-section (7) and submit the scheme together with its recommendations thereon to the Central Government.
4. The Central Govt. may after considering the scheme and the recommendations of the Council under sub-section (3) and after obtaining, where necessary, such other particulars as may be considered necessary by it from the person or college concerned, and having regard to the factors referred to in sub-section (7), either approve (with such conditions, if any, as it may consider necessary) or disapprove the scheme, and any such approval shall be a permission under sub-section (1): Provided that no scheme shall be disapproved by the Central Government except after giving the person or college concerned a reasonable opportunity of being heard; Provided further that nothing in this sub section shall prevent any person or medical college whose scheme has not been approved by the Central Government to submit a fresh scheme and the provisions of this section shall apply to such scheme, as if such scheme has been submitted for the first time under sub-section (1).
5. Where, within a period of one year from the date of submission of the scheme to the Central Government under sub-section (1), no order passed by the Central Government has been communicated to the person or college submitting the scheme, such scheme shall be deemed to have been approved by the Central Government in the form in which it had been submitted, and accordingly, the permission of the Central Government required under sub-section (1) shall also be deemed to have been granted.
6. In computing the time-limit specified in sub-section (5), the time taken by the person or college concerned submitting the scheme, in furnishing any particulars called for by the Council, or by the Central Government, shall be excluded.
7. The Council, while making its recommendations under clause (b) of sub-section (3) and the Central Government, while passing an order, either approving or disapproving the scheme under sub-section (4), shall have due regard to the following factors, namely:-
 - a. whether the proposed medical college or the existing medical college seeking to open a new or higher course of study or training, would be in a position to offer the minimum standards of medical education as prescribed by the Council under section 19A or, as the case may be under section 20 in the case of postgraduate medical education.
 - b. whether the person seeking to establish a medical college or the existing medical college seeking to open a new or higher course

- of study or training or to increase its admission capacity has adequate financial resources;
- c. whether necessary facilities in respect of staff, equipment, accommodation, training and other facilities to ensure proper functioning of the medical college or conducting the new course or study or training or accommodating the increased admission capacity, have been provided or would be provided within the time-limit specified in the scheme;
 - d. whether adequate hospital facilities, having regard to the number of students likely to attend such medical college or course of study or training or as a result of the increased admission capacity, have been provided or would be provided within the time-limit specified in the scheme;
 - e. whether any arrangement has been made or programme drawn to impart proper training to students likely to attend such medical college or course of study or training by persons having the recognised medical qualifications;
 - f. the requirement of manpower in the field of practice of medicine; and any other factors as may be prescribed.
 - g. Where the Central Government passes an order either approving or disapproving a scheme under this section, a copy of the order shall be communicated to the person or college concerned.

NON-RECOGNITION OF MEDICAL QUALIFICATIONS IN CERTAIN CASES.

10B

1. Where any medical college is established except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college shall be a recognised medical qualification for the purposes of this Act.
2. Where any medical college opens a new or higher course of study or training (including a postgraduate course of study or training) except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college on the basis of such study or training shall be a recognised medical qualification for the purposes of this Act.
3. Where any medical college increases its admission capacity in any course of study or training except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college on the basis of the increase in its admission capacity shall be a recognised medical qualification for the purposes of this Act.

Explanation - For the purposes of this section, the criteria for identifying a student who has been granted a medical qualification on the basis of such increase in the admission capacity shall be such as may be prescribed.

TIME FOR SEEKING PERMISSION FOR CERTAIN EXISTING MEDICAL

COLLEGES,

ETC.

10C

1. If, after, the 1st day of June, 1992 and on and before the commencement of the Indian Medical Council (Amendment) Act, 1993 any person has established a medical college or any medical college has opened a new or higher course of study or training or increased the admission capacity, such person or medical college, as the case may be, shall seek, within a period of one year from the commencement of the Indian Medical Council (Amendment) Act, 1993 the permission of the Central Government in accordance with the provisions of section 10A.
2. If any person or medical college, as the case may be fails to seek the permission under sub section (1) the provisions of section 10B shall apply, so far as may be as if, permission of the Central Government under section 10A has been refused;

RECOGNITION OF MEDICAL QUALIFICATION GRANTED BY UNIVERSITIES OR
MEDICAL INSTITUTIONS IN INDIA.

11.

1. The medical qualifications granted by any university or medical Institution in India which are included in the first Schedule shall be recognised medical qualifications for the purposes of this Act.
2. Any university or medical Institution in India which grants a medical qualification not included in the First Schedule may apply to the Central Govt., to have such qualification recognised, and the Central Government, after consulting the Council, may, by notification in the official Gazette, amend the First Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of the First Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.

RECOGNITION OF MEDICAL QUALIFICATIONS GRANTED BY MEDICAL
INSTITUTIONS IN COUNTRIES WITH WHICH THERE IS A SCHEME OF
RECIPROCITY

12.

1. The medical qualifications granted by medical institutions outside India which are included in the Second Schedule shall be recognised medical qualifications for the purposes of this Act.
2. The Council may enter into negotiations with the Authority in any country outside India which by the law of such country is entrusted with the maintenance of a register of medical practitioners, for the settling of a scheme of reciprocity for the recognition of medical qualifications and in pursuance of any

such scheme, the Central Government may, by notification in the official Gazette, amend the Second Schedule so as to include therein the medical qualification which the Council has decided should be recognised and any such notification may also direct that an entry shall be made in the last column of the Second Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.

3. The Central Government, after consultation with the Council, may, by notification in the Official Gazette, amend the Second Schedule by directing that an entry be made therein in respect of any medical qualification declaring that it shall be recognised medical qualification only when granted before a specified date.
4. Where the Council has refused to recommend any medical qualification which has been proposed for recognition by any Authority referred to in sub-section (2) and that Authority applies to the Central Government in this behalf, the Central Government, after considering such application and after obtaining from the council a report, if any, as to the reasons for any such refusal, may by notification in the Official Gazette, amend the Second Schedule so as to include such qualification therein and the provisions of sub-section (2) shall apply to such notification.

RECOGNITION OF MEDICAL QUALIFICATION GRANTED BY CERTAIN MEDICAL
INSTITUTIONS WHOSE QUALIFICATIONS ARE NOT INCLUDED IN THE FIRST
OR SECOND SCHEDULE

13.

1. The medical qualifications granted by medical institutions in India which are not included in the First Schedule and which are included in Part I of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act.
2. The medical qualifications granted to a citizen of India:-
 - a. before the 15th day of August, 1947, by medical institutions in the territories now forming part of Pakistan, and,
 - b. before the 1st day of April, 1937, by medical institutions in the territories now forming part of Burma, which are included in part 1 of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act.
3. The medical qualifications granted by medical institutions outside India, before such date as the Central Government may, by notification in the Official Gazette, specify which are included in Part IIInd of the Third Schedule shall also be recognised medical qualifications for the purposes of this Act, but no person possessing any such qualification shall be entitled to enrolment on any State Medical Register unless he is a citizen of India and has undergone such practical training after obtaining that

qualification as may be required by the rules or regulations in force in the country granting the qualification, or if he has not undergone any practical training in that country he has undergone such practical training as may be prescribed.

4. The Central Government, after consulting the Council, may, by notification in the Official Gazette, amend Part II of the Third Schedule so as to include therein any qualification granted by a medical institution outside India, which is not included in the Second Schedule.

Provided that after the commencement of the Indian Medical Council (Amendment) Act, 2001, no such amendment shall be made in Part II of the Third Schedule to include any primary medical qualification granted by any medical institution outside India:

Provided further that nothing contained in the first proviso shall apply to inclusion in Part II of the Third Schedule any primary medical qualification granted by any medical institution outside India to any person whose name is entered in the Indian Medical Register.

Explanation- For the purposes of this sub-section, "primary medical qualification" means any minimum qualification sufficient for enrolment on any State Medical Register or for entering the name in the Indian Medical Register.

(4A) A person who is a citizen of India and obtains medical qualification granted by any medical institution in any country outside India recognised for enrolment as medical practitioner in that country after such date as may be specified by the Central Government under sub-section (3), shall not be entitled to be enrolled on any Medical Register maintained by a State Medical Council or to have his name entered in the Indian Medical Register unless he qualified the screening test in India prescribed for such purpose and such foreign medical qualification after such person qualifies that said screening test shall be deemed to be the recognised medical qualification for the purposes of this Act for that person.

(4B) A person who is a citizen of India shall not, after such date as may be specified by the Central Government under sub-section (3), be eligible to get admission to obtain medical qualification granted by any medical institution in any foreign country without obtaining an eligibility certificate issued to him by the Council and in case any such person obtains such qualification without obtaining such eligibility certificate, he shall not be eligible to appear in the screening test referred to in sub-section (4A):

Provided that an Indian citizen who has acquired the medical qualification from foreign medical institution or has obtained

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admission in foreign medical institution before the commencement of the Indian Medical Council (Amendment) Act, 2001 shall not be required to obtain eligibility certificate under this sub-section but, if he is qualified for admission to any medical course for recognised medical qualification in any medical institution in India, he shall be required to qualify only the screening test prescribed for enrolment on any State Medical Register or for entering his name in the Indian Medical Register.

(4C) Nothing contained in sub-sections (4A) and (4B) shall apply to the medical qualifications referred to in section 14 for the purposes of that section.

5. Any medical institution in India which is desirous of getting a medical qualification granted by it included in Part I of the Third Schedule may apply to the Central Government to have such qualification recognised and the Central Government, after consulting the Council, may by notification in the Official Gazette, amend Part I of the Third Schedule so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of Part-I of the Third Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.

SPECIAL PROVISION IN CERTAIN CASES FOR RECOGNITION OF MEDICAL QUALIFICATIONS GRANTED BY MEDICAL INSTITUTIONS IN COUNTRIES WITH WHICH THERE IS NO SCHEME OF RECIPROCITY.

14.

1. The Central Government after consultation with the Council, may, by notification in the Official Gazette, direct that medical qualifications granted by medical institutions in any country outside India in respect of which a scheme of reciprocity for the recognition of medical qualifications is not in force, shall be recognised medical qualification for the purposes of this Act or shall be so only when granted after a specified date:

Provided that medical practice by persons possessing such qualifications: -

- a. shall be permitted only if such persons are enrolled as medical practitioners in accordance with the law regulating the registration of medical practitioners for the time being in force in that country;
- b. shall be limited to the institution to which they are attached for the time being for the purposes of teaching, research or charitable work ; and
- c. shall be limited to the period specified in this behalf by the

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Central Government by general or special order.

2. In respect of any such medical qualification the Central Government, after consultation with the Council may, by notification in the Official Gazette direct that it shall be a recognised medical qualification only when granted before a specified date.

RIGHT OF PERSONS POSSESSING QUALIFICATIONS IN THE SCHEDULES TO BE ENROLLED.

15.

1. Subject to the other provisions contained in this Act, the medical qualifications included in the Schedules shall be sufficient qualification for enrolment on any State Medical Register.
2. Save as provided in section 25, no person other than a medical practitioner enrolled on a State Medical Register:-
 - a. shall hold office as physician or surgeon or any other office (by whatever designation called) in Government or in any institution maintained by a local or other authority;
 - b. shall practice medicine in any State;
 - c. shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;
 - d. shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 on any matter relating to medicine.
3. Any person who acts in contravention of any provision of subsection (2) shall be punished with imprisonment for a term which may extend to one year or with fine which may extend to one thousand rupees, or with both;

POWER TO REQUIRE INFORMATION AS TO COURSES OF STUDY AND EXAMINATIONS

16.

Every University or medical institution in India which grants a recognised medical qualification shall furnish such information as the Council may, from time to time, require as to the courses of study and examinations to be undergone in order to obtain such qualification, as to the ages at which such courses of study and examinations are required to be undergone and such qualification is conferred and generally as to the requisites for obtaining such qualification.

INSPECTION

OF

EXAMINATIONS

17.

1. The Committee shall appoint such number of medical inspectors as it may deem requisite to inspect any medical institution, college, hospital or other institution where medical education is given, or to attend any examination held by any University or medical institution for the propose of recommending to the Central Government recognition of medical qualifications granted by the University or medical institution.
2. The medical inspectors shall not interfere with the conduct of any training or examination, but shall report to the committee on the adequacy of the standards of medical education including staff, equipment, accommodation, training facilities prescribed for giving medical education or on the sufficiency of every examination which they attend.
3. The Committee shall forward a copy of any such report to the university or medical institution concerned and shall also forward a copy with the remarks of the University or institution thereon, to the Central Government.

VISITORS

AT

EXAMINATIONS

18.

1. The Council may appoint such number of visitors as it may deem requisite to inspect any medical institution, college, hospital or other institution where medical education is given, or to attend any examination held by any University or medical institution for the purpose of granting recognised medical qualifications.
2. Any person, whether he is a member of the Council or not may be appointed as a visitor under this section but a person who is appointed as an inspector under section 17 for any inspection or examination shall not be appointed as a visitor for the same inspection or examination.
3. The visitors shall not interfere with the conduct of any training or examination but shall report to the President of the Council on the adequacy of the standards of medical education including staff, equipment, accommodation, training and other facilities prescribed for giving medical education or on the sufficiency of every examination which they attend.
4. The report of a visitor shall be treated as confidential unless in any particular case the President of the Council otherwise directs:

Provided that if the Central Government requires a copy of the report of a visitor, the Council shall furnish the same.

WITHDRAWAL

OF

RECOGNITION

19.

1. When upon report by the Committee or the visitor it appear to

the Council:-

- a. that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by any University or medical institution,
 - b. that the staff, equipment accommodation, training and other facilities for instruction and training provided in such University or medical institution or in any college or other institution affiliated to that University, do not conform to the standards prescribed by the Council, the Council shall make a representation to that effect to the Central Government.
2. After considering such representation, the Central Govt. may send it to the State Government of the State in which the University or medical Institution is situated and the State Government shall forward it along with such remarks as it may choose to make to the University or Medical Institution, with an intimation of the period within which the University or medical institution may submit its explanation to the State Government.
 3. On the receipt of the explanation or, where no explanation is submitted within the period fixed, then on the expiry of that period, the State Government shall make its recommendations to the Central Government.
 4. The Central Government, after making such further inquiry, if any, as it may think fit, may by notification in the official Gazette, direct that an entry shall be made in the appropriate Schedule against the said medical qualification declaring that it shall be a recognised medical qualification, only when granted before a specified date or that the said medical qualification if granted to students of a specified college or institution affiliated to any university shall be a recognised medical qualification only when granted before a specified date or, as the case may be, that the said medical qualification shall be a recognised medical qualification in relation to a specified college or institution affiliated to any University only when granted after a specified date.

MINIMUM STANDARDS OF MEDICAL EDUCATION

19.A

1. The Council may prescribe the minimum standards of medical education required for granting recognised medical qualifications (other than postgraduate medical qualifications) by universities or medical institutions in India.
2. Copies of the draft regulations and of all subsequent amendments thereof shall be furnished by the Council to all State Governments and the Council shall before submitting the regulations or any amendment thereof, as the case may be, to the Central Government for sanction, take into consideration the comments of any State Government received within three

months from the furnishing of the copies as aforesaid.

3. The Committee shall from time to time report to the Council on the efficacy of the regulations and may recommend to the Council such amendments thereof as it may think fit.

POST-GRADUATE MEDICAL EDUCATION COMMITTEE FOR ASSISTING COUNCIL
IN MATTERS RELATING TO POST-GRADUATE MEDICAL EDUCATION

20.

1. The Council may prescribe standards of Postgraduate Medical Education for the guidance of Universities, and may advise Universities in the matter of securing uniform standards for Postgraduate Medical Education through out India, and for this purpose the Central Govt. may constitute from among the members of the Council a Postgraduate Medical Education Committee (hereinafter referred to as the Post-graduate Committee)
2. The Postgraduate Committee shall consist of nine members all of whom shall be persons possessing postgraduate medical qualifications and experience of teaching or examining postgraduate students of medicine.
3. Six of the members of the Postgraduate Committee shall be nominated by the Central Government and the remaining three members shall be elected by the Council from amongst its members.
4. For the purpose of considering postgraduate studies in a subject, the Postgraduate Committee may co-opt, as and when necessary, one or more members qualified to assist it in that subject.
5. The views and recommendations of the Postgraduate Committee on all matters shall be placed before the Council and if the Council does not agree with the views expressed or the recommendations made by the Postgraduate Committee on any matter, the Council shall forward them together with its observations to the Central Government for decision.

PROFESSIONAL

CONDUCT

20.A

1. The Council may prescribe standards of professional conduct and etiquette and a code of ethics for medical practitioners.
2. Regulations made by the Council under sub-section (1) may specify which violations thereof shall constitute infamous conduct in any professional respect, that is to say, professional misconduct, and such provisions shall have effect notwithstanding anything contained in any law for the time being in force.

INDIAN

MEDICAL

REGISTER

21.

1. The Council shall cause to be maintained in the prescribed manner a register of medical practitioners to be known as the Indian Medical Register, which shall contain the names of all persons who are for the time being enrolled on any State Medical Register and who possess any of the recognised medical qualifications.
2. It shall be the duty of the Registrar of the Council to keep the Indian Medical Register in accordance with the provisions of this Act and of any orders made by the Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed.
3. Such register shall be deemed to be public document within the meaning of the Indian Evidence Act, 1872 and may be proved by a copy published in the Gazette of India.

SUPPLY OF COPIES OF THE STATE MEDICAL REGISTERS

22.

Each State Medical Council shall supply to the Council six printed copies of the State Medical Register as soon as may be after the commencement of this Act and subsequently after the first day of April of each year, and each Registrar of a State Medical Council shall inform the Council without delay of all additions to and other amendments in the State Medical Register made from time to time.

REGISTRATION IN THE INDIAN MEDICAL REGISTER

23.

The Registrar of the Council, may, on receipt of the report of registration of a person in a State Medical Register or on application made in the prescribed manner by any such person, enter his name in the Indian Medical Register, Provided that the Registrar is satisfied that the person concerned possesses a recognised medical qualification.

REMOVAL OF NAMES FROM THE INDIAN MEDICAL REGISTER

24.

1. If the name of any person enrolled on a State Medical Register is removed there from in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.
2. Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the

authorities concerned with the preparation of the State Medical Register.

PROVISIONAL

REGISTRATION

25

1. A citizen of India possessing a medical qualification granted by a medical institution outside India included in part II of the Third Schedule, who is required to undergo practical training as prescribed under sub section (3) of Section 13, shall, on production of proper evidence that he has been selected for such practical training in an approved institution be entitled to be registered provisionally in a State Medical Register and shall be entitled to practice medicine in the approved institution for the purposes of such training and for no other purpose.
2. A person who has passed the qualifying examination of any university or Medical Institution in India for the grant of a recognized medical qualification shall be entitled to be registered provisionally in a State Medical Register for the purpose of enabling him to be engaged in employment in a resident medical capacity in any approved institution, or in the Medical Service of the Armed Forces of the Union, and for no other purpose, on production of proper evidence that he has been selected for such employment.
3. The names of all persons provisionally registered under sub-section (1) or sub-section (2) in the State Medical Register shall be entered therein separately from the names of other persons registered therein.
4. A person registered provisionally as aforesaid who has completed practical training referred to in sub section (1) or who has been engaged for the prescribed period in employment in a resident medical capacity in any approved institution or in the Medical service of the Armed Forces of the Union, as the case may be, shall be entitled to registration in the State Medical Register under Section 15.

REGISTRATION

OF

ADDITIONAL

QUALIFICATIONS

26.

1. If any person whose name is entered in the Indian Medical Register obtains any title, diploma or other qualification for proficiency in sanitary science, public health or medicine which is a recognized medical qualification, he shall, on application made in this behalf in the prescribed manner be entitled to have any entry stating such other title, diploma or other qualification made against his name in the Indian Medical Register either in substitution for or in addition to any entry previously made.
2. The entries in respect of any such person in a State Medical Register shall be altered in accordance with the alterations made in the Indian Medical Register.

PRIVILEGES OF PERSONS WHO ARE ENROLLED ON THE INDIAN MEDICAL

REGISTER

27.

Subject to the conditions and restrictions laid down in this Act, regarding medical practice by persons possessing certain recognised medical qualifications, every person whose name is for the time being borne on the Indian Medical Register shall be entitled according to his qualifications to practice as a medical practitioner in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees to which he may be entitled.

PERSONS ENROLLED ON THE INDIAN MEDICAL REGISTER TO NOTIFY CHANGE
OF PLACE OF RESIDENCE OR PRACTICE

28.

Every person registered in the Indian Medical Register shall notify any transfer of the place of his residence or practice to the Council and to the State Medical Council concerned, within thirty days of such transfer failing which his right to participate in the election of members to the Council or a State Medical Council shall be liable to be forfeited by order of the Central Government either permanently or for such period as may be specified therein.

INFORMATION TO BE FURNISHED BY THE COUNCIL AND PUBLICATION
THEREOF

29.

1. The Council shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.
2. The Central Government may publish in such manner as it may think fit, any report, copy, abstract or other information furnished to it under this section or under sections 17 and 18.

COMMISSION

OF

INQUIRY

30.

1. Whenever it is made to appear to the Central Government that the Council is not complying with any of the provisions of this Act, the Central Government may refer the particulars of the complaint to a Commission of Inquiry consisting of three persons two of whom shall be appointed by the Central Government, one being a Judge of a High Court and one by the Council, and such Commission shall proceed to inquire in a summary manner and to report to the Central Government as to the truth of the matters charged in the complaint, and in case of any charge of default or of improper action being found by the commission to have been established, the Commission shall recommend the remedies, if any, which are in its opinion necessary.
2. The Central Government may require the Council to adopt the

remedies so recommended within such time as, having regard to the report of the Commission, it may think fit, and if the Council fails to comply with any such requirement, the Central Government may amend the regulations of the Council, or make such provision or order or take such other steps as may seem necessary to give effect to the recommendations of the Commission.

3. A Commission of inquiry shall have power to administer oaths, to enforce the attendance of witnesses and the production of documents, and shall have all such other necessary powers for the purpose of any inquiry conducted by it as are exercised by a Civil Court under the Code of Civil Procedure, 1908.

PROTECTION OF ACTION TAKEN IN GOOD FAITH

31.

No suit, prosecution or other legal proceeding shall lie against the Government, the Council or a State Medical Council or any Committee thereof, or any Officer or servant of the Government or Councils aforesaid for anything which is in good faith done or intended to be done under this Act.

POWER TO MAKE RULES

32.

1. The Central Government may, by notification in the Official Gazette, make rules to carry out the purposes of this Act.
2. All rules made under this section shall be laid for not less than thirty days before both Houses of Parliament as soon as possible after they are made, and shall be subject to such modifications as Parliament may make during the session in which they are so laid or the session immediately following.

POWER TO MAKE REGULATIONS

33.

The Council may, with the previous sanction of the Central Government, make regulations generally to carry out the purposes of this Act, and without prejudice to the generality of this power, such regulations may provide for:-

- a. the management of the property of the Council and the maintenance and audit of its accounts;
- b. the summoning and holding of meetings of the Council, the times and places where such meetings are to be held, the conduct of business thereat and the number of members necessary to constitute a quorum;
- c. the resignation of members of the Council;
- d. the powers and duties of the President and Vice-President
- e. the mode of appointment of the Executive Committee and other Committees, the summoning and holding of meetings and the conduct of business of such Committees;
- f. the tenure office, and the powers and duties of the Registrar and

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other officers and servants of the Council; (fa) the form of the scheme, the particulars to be given in such scheme, the manner in which the scheme is to be preferred and the fee payable with the scheme under clause (b) of sub-section (2) of section 10A; (fb) any other factors under clause (g) of sub-section (7) of section 10A; (fc) the criteria for identifying a student who has been granted a medical qualification referred to in the Explanation to sub-section (3) of section 10B;

- g. the particulars to be stated, and the proof of qualifications to be given in applications for registration under this Act;
- h. the fees to be paid on applications and appeals under this Act;
- i. the appointment, powers, duties and procedure of medical inspectors and visitors;
- j. the courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in Universities or medical institutions for grant of recognized medical qualifications;
- k. the standards of staff, equipment, accommodation, training and other facilities for medical education;
- l. the conduct of professional examination; qualifications of examiners and the conditions of admissions to such examinations;
- m. the standards of professional conduct and etiquette and code of ethics to be observed by medical practitioners; and (m a) the modalities for conducting screening tests under sub-section (4A), and under the proviso to sub-section (4B), and for issuing eligibility certificate under sub-section (4B), of section 13,.
- n. any matter for which under this Act provision may be made by regulations.

REPEAL OF ACT 27 OF 1933

34.

1. The Indian Medical Council Act, 1933 is hereby repealed.
2. Notwithstanding anything contained in this Act, until the Council is constituted in accordance with the provisions of this Act:-
 - a. the Medical Council of India as constituted immediately before the commencement of this Act under the Indian Medical Council Act, 1933, with the addition of seven members nominated thereto by the Central Government from among persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the 3rd Schedule to this Act (hereinafter referred to as the said Medical Council) shall be deemed to be the Council constituted under this Act and may exercise any of the powers conferred or perform any of the duties imposed on the Council; and any vacancy occurring in the said Medical Council may be filled up in such manner as Central Govt. may think fit; and
 - b. the Executive Committee and other Committees of the said Medical Council as constituted immediately before the commencement of this

Act, shall be deemed to be the Executive Committee and the Committees constituted under this Act.

ਪੰਜਾਬ ਸਰਕਾਰ
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ
(ਸਿਹਤ -2 ਸ਼ਾਖਾ)

ਸੇਵਾ ਵਿਖੇ

ਸਕੱਤਰ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ
ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ

ਨੰ: 26/12/94-1ਸਿ2/150
ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ 11-1-2010

ਖ.ਜ.ਸ.
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ਸਿਹਤ-2 ਸ਼ਾਖਾ
ਚੰਡੀਗੜ੍ਹ
ਮਿਤੀ 13/1/10

ਵਿਸ਼ਾ-

ਪੋਸਟ ਗਰੈਜੂਏਟ ਐਂਟਰੈਂਸ ਟੈਸਟ 2010 ਦੀਆਂ ਹਦਾਇਤਾਂ ਅਤੇ ਬਾਬਾ ਫਰੀਦ
ਯੂਨੀਵਰਸਿਟੀ ਵਲੋਂ ਜਾਰੀ ਕੀਤੇ ਜਾਣ ਵਾਲੇ ਪ੍ਰਾਸਪੈਕਟਸ ਵਿਚੋਂ 60 ਪ੍ਰਤੀਸ਼ਤ ਕੋਟਾ
ਸੀਟਾਂ ਲਈ ਸੋਧ

ਪੰਜਾਬ ਸਰਕਾਰ ਨੇ ਆਪਣੇ ਪੱਤਰ ਨੰ. 26/12/94-1ਸਿ2/126-128 ਮਿਤੀ 8-1-
2010 ਰਾਹੀਂ ਪੀ.ਸੀ.ਐਮ.ਐਸ./ਪੀ.ਸੀ.ਐਮ.ਐਸ. (ਡੈਂਟਲ)/ਪੰਜਾਬ ਡੈਂਟਲ ਐਜੂਕੇਸ਼ਨ ਸਰਵਿਸ) ਡਾਕਟਰਾਂ
ਨੂੰ 60 ਪ੍ਰਤੀਸ਼ਤ ਕੋਟਾ ਪੀ.ਜੀ.ਸੀਟਾਂ ਲਈ ਨਵੀਆਂ ਹਦਾਇਤਾਂ ਜਾਰੀ ਕੀਤੀਆਂ ਗਈਆਂ ਹਨ ਜਿਨ੍ਹਾਂ ਕਰਕੇ
ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ ਵਲੋਂ ਜੋ ਹਦਾਇਤਾਂ ਪੱਤਰ ਨੰ: 5/12/2008-3ਸਿ-3/1445, ਮਿਤੀ
17-3-2008 ਰਾਹੀਂ ਜਾਰੀ ਹੋਈਆਂ ਹਨ ਉਹਨਾਂ ਵਿਚ ਸੋਧ ਕਰਨੀ ਪਵੇਗੀ। ਇਸੇ ਤਰ੍ਹਾਂ ਬਾਬਾ ਫਰੀਦ
ਯੂਨੀਵਰਸਿਟੀ ਵਲੋਂ ਜੋ ਪ੍ਰਾਸਪੈਕਟਸ ਜਾਰੀ ਹੁੰਦਾ ਹੈ ਉਸ ਵਿਚ ਵੀ ਸੋਧ ਕਰਨੀ ਪਵੇਗੀ। ਸੋਧ ਦਾ ਨਮੂਨਾ ਅਤੇ
ਸਰਕਾਰ ਵਲੋਂ ਜਾਰੀ ਕੀਤੀਆਂ ਹਦਾਇਤਾਂ ਨਾਲ ਨੱਥੀ ਹਨ।

43/9. 2.2.11

(ਸਤੀਸ਼ ਚੰਦਰਾ)
ਪ੍ਰਮੁੱਖ ਸਕੱਤਰ ਸਿਹਤ ਅਤੇ ਪਰਿਵਾਰ ਭਲਾਈ
11/1/2010

2

Suggested Amendments

SUBJECT: ADMISSIONS TO POST GRADUATE DEGREE/DIPLOMA COURSES SESSION-2008 ONWARDS

Amendments in the notification No.5/12/2008-3HBIII/1445, dated 17/3/2008 issued by Department of Medical Education and Research in view of fresh guidelines issued by Department of Health and Family Welfare vide memo No. No. 26/12/94-1HB2/126-128 dated 8/1/2009.

Para 14 (a)- For 60% seats in Post Graduate Degree for PCMS/PCMS(Dental)/PDES

(i) Eligibility- The test shall be open to in service candidates of PCMS/PCMS(Dental)/ Punjab Dental Education Service provided-

(a) In the case of PCMS/PCMS (Dental)- Doctors who-

- have cleared their probation period; and
- have completed a minimum of 3 years of rural services; and
- after completion of Post Graduate Course have minimum of 10 years service left; and
- whose service record is good; and
- against whom no vigilance inquiry/departmental proceedings are pending.

(b) In the case of Punjab Dental Education Service(PDES)- Doctors who have completed 3 years of rural service in Punjab Dental Education Service.

(iv) Applications- The following documents shall be attached with the application submitted by the candidates for the Post Graduate Entrance Test (PGET) –

(a) In the case of PCMS/PCMS (Dental) doctors- A No Objection Certificate from the Director Health Services for appearing in the test and a Certificate regarding length of service, length of rural service and number of years of service left after completion of Post Graduate course and that no departmental/vigilance inquiries are pending against the

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- प्रवरको - लमारा

(b) In the case of Punjab Dental Education Service- A Certificate from the Principals of Government Dental Colleges regarding the length of service as Punjab Dental Education Services.

(vi) Needs to be deleted.

(vii) Needs to be delteted.

(xi) All PCMS/PCMS (Dental)/PDES who are selected for admission to Post Graduate Course shall have to produce-

(a) In case of PCMS/PCMS (Dental)- A No Objection Certificate from the Government in the Department of Health and Family Welfare ;

(b) For Punjab Dental Education Service- A No Objection Certificate from Director Research and Medical Education;

for joining the course in accordance with the instructions issued by the Department of Health and Family Welfare vide memo No. 26/12/94-1HB2/126-128 dated 8/1/2010 and any other instructions issued by the Punjab Government.

Principal Secretary Health and
Family Welfare

ਪੰਜਾਬ ਸਰਕਾਰ
ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ
(ਸਿਹਤ -2 ਸ਼ਾਖਾ)

ਸੇਵਾ ਵਿਖੇ

- (1) ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ;
- (2) ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ;
- (3) ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਸੇਵਾਵਾਂ (ਸ.ਬ.) ਪੰਜਾਬ।

ਮੀਮੋ ਨੰ: 26/12/94-5ਸਿ2/126-128
ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ, 8-1-2010

ਵਿਸ਼ਾ: ਪੀ.ਸੀ.ਐਮ.ਐਸ./ਪੀ.ਸੀ.ਐਮ.ਐਸ.(ਡੈਂਟਲ) ਮੈਡੀਕਲ ਅਫਸਰਾਂ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਅਤੇ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕਰਨ ਲਈ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਜਾਰੀ ਕਰਨ ਬਾਰੇ ਨੀਤੀ

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਸਬੰਧੀ ਪੰਜਾਬ ਸਰਕਾਰ ਵਲੋਂ ਮੀਮੋ ਨੰ: 26/12/94-5ਸਿ2/9990, ਮਿਤੀ 13-5-1996, 26/12/94-3ਸਿ2/37003 ਤੋਂ 37003, ਮਿਤੀ 29-9-1998, 26/12/94-3ਸਿ2/12701-03, ਮਿਤੀ 21-4-1999 ਅਤੇ ਨੰ:26/12/94-4ਸਿ2/18763, ਮਿਤੀ 30-7-2007 ਰਾਹੀਂ ਜਾਰੀ ਕੀਤੀਆਂ ਹਦਾਇਤਾਂ ਨੂੰ ਸੁਪਰਸੀਡ ਕਰਦੇ ਹੋਏ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਵਿਸਥਾਰਪੂਰਵਕ ਹਦਾਇਤਾਂ ਜਾਰੀ ਕੀਤੀਆਂ ਜਾਂਦੀਆਂ ਹਨ। ਇਹ ਹਦਾਇਤਾਂ ਪੀ.ਸੀ.ਐਮ.ਐਸ./ਪੀ.ਸੀ.ਐਮ.ਐਸ.(ਡੈਂਟਲ) ਡਾਕਟਰਾਂ ਲਈ ਤੁਰੰਤ ਇਸ ਮਿਤੀ ਤੋਂ ਲਾਗੂ ਹੋਣਗੀਆਂ।

1. ਪੋਸਟ-ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੋਰਸ ਅਤੇ ਸੁਪਰਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਸਾਂਝੀਆਂ ਸ਼ਰਤਾਂ:

1.1 ਵੱਖ ਵੱਖ ਕੋਰਸ ਅਤੇ ਕੈਟਾਗਰੀ ਦੀ ਐਡਮਿਸ਼ਨ ਲਈ ਸ਼ਰਤਾਂ ਵਿਸਥਾਰ ਵਿੱਚ ਸਬੰਧਤ ਪੈਰਿਆਂ ਵਿੱਚ ਦਿੱਤੀਆਂ ਗਈਆਂ ਹਨ ਅਤੇ ਕੁਝ ਸ਼ਰਤਾਂ ਜੋ ਕਾਮਨ ਅਤੇ ਮਹੱਤਵਪੂਰਨ ਹਨ ਉਨ੍ਹਾਂ ਦਾ ਜ਼ਿਕਰ ਹੇਠ ਲਿਖੇ ਪੈਰਿਆਂ ਵਿੱਚ ਕੀਤਾ ਜਾ ਰਿਹਾ ਹੈ ਅਤੇ ਉਮੀਦਵਾਰ ਦਾ ਧਿਆਨ ਦਿਵਾਉਣਾ ਜ਼ਰੂਰੀ ਹੈ।

1.2 ਕੋਈ ਵੀ ਉਮੀਦਵਾਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੋਰਸ ਅਤੇ ਸੁਪਰਸਪੈਸ਼ਲਿਟੀ ਦਾ ਇੰਟਰੈਂਸ ਟੈਸਟ ਜਾਂ ਕੋਈ ਇੰਟਰਵਿਊ ਲਈ ਅਪਲਾਈ ਕਰਨ ਤੋਂ ਪਹਿਲਾਂ ਡਾਇਰੈਕਟਰ, ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਵਿਭਾਗ ਤੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰੇਗਾ। ਐਗਜਾਮ ਪਾਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਅਤੇ ਦਾਖਲਾ ਲੈਣ ਤੋਂ ਪਹਿਲਾਂ ਸਰਕਾਰ ਤੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰੇਗਾ।

1.3 ਡਾਕਟਰ ਨੂੰ ਇੰਟਰੈਂਸ ਟੈਸਟ/ਇੰਟਰਵਿਊ ਵਿੱਚ ਬੈਠਣ ਲਈ ਤਦੋਂ ਹੀ ਡਾਇਰੈਕਟਰ ਸਿਹਤ

5

ਬਾਅਦ ਰਹਿੰਦੀ ਹੋਵੇ। ਇਕ ਵਾਰ ਫਿਰ ਸਪੱਸ਼ਟ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਸਿਰਫ ਯੋਗ ਉਮੀਦਵਾਰ ਹੀ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਸੇਵਾਵਾਂ ਤੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਤੋਂ ਬਾਅਦ ਐਡਮਿਸ਼ਨ ਲਈ ਇੰਟਰੈਂਸ ਟੈਸਟ/ਇੰਟਰਵਿਊ ਵਿੱਚ ਭਾਗ ਲੈ ਸਕਦੇ ਹਨ।

1.4 ਐਡਮਿਸ਼ਨ ਹੋਣ ਤੋਂ ਬਾਅਦ ਡਾਕਟਰ ਨੂੰ ਵਿਭਾਗ ਵਲੋਂ ਤਾਂ ਹੀ ਰਲੀਵ ਕੀਤਾ ਜਾਵੇਗਾ ਜੇਕਰ ਉਹ ਪੰਜਾਬ ਸਰਕਾਰ ਨੂੰ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲਈ ਅਪਲਾਈ ਕਰੇਗਾ ਅਤੇ ਲੋੜੀਂਦੇ ਸਮੇਂ ਅਤੇ ਰਾਸ਼ੀ ਦਾ ਬਾਂਡ ਭਰੇਗਾ ਅਤੇ ਸਰਕਾਰ ਉਸ ਨੂੰ ਬਾਂਡ ਭਰਵਾਉਣ ਤੋਂ ਬਾਅਦ ਹੀ ਰਲੀਵ ਕਰੇਗੀ।

2. ਪੰਜਾਬ ਦੇ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਵਿੱਚ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਲਈ 60% ਕੋਟੇ ਦੇ ਵਿਰੁੱਧ ਦਾਖਲੇ ਲਈ:

2.1 ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ ਦੇ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਵਿੱਚ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਲਈ 60% ਸੀਟਾਂ ਰਾਖਵੀਆਂ ਰਖੀਆਂ ਹੋਈਆਂ ਹਨ। ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰਾਂ ਨੂੰ ਦਾਖਲੇ ਲਈ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਲਈ ਹੇਠ ਲਿਖੀਆਂ ਸ਼ਰਤਾਂ ਲਾਗੂ ਹੋਣਗੀਆਂ।

2.2 ਰੈਗੂਲਰ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਜਿਨ੍ਹਾਂ ਦੀ ਪੇਂਡੂ ਸੇਵਾ 3 ਸਾਲ ਦੀ ਹੋਵੇ, ਪਰਖਕਾਲ ਸਮਾਂ ਪੂਰਾ ਕੀਤਾ ਹੋਵੇ, ਸਰਵਿਸ ਰਿਕਾਰਡ ਠੀਕ ਹੋਵੇ ਅਤੇ ਕੋਈ ਵਿਜ਼ੀਲੈਂਸ/ਵਿਭਾਗੀ ਅਤੇ ਅਨੁਸ਼ਾਸ਼ਨਿਕ ਕਾਰਵਾਈ ਲੰਬਿਤ ਨਾ ਹੋਵੇ, 60% ਕੋਟੇ ਲਈ ਯੋਗ ਹੋਣਗੇ।

2.3 ਡਾਕਟਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਲਈ ਤਦੋਂ ਹੀ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਭੇਜੇ ਜਾਣਗੇ ਜੇਕਰ ਉਨ੍ਹਾਂ ਦੀ ਸਰਵਿਸ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ) ਕੰਪਲੀਟ ਕਰਨ ਤੋਂ ਬਾਅਦ 6 ਸਾਲ ਅਤੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਗਰੀ) ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ 10 ਸਾਲ ਦੀ ਰਹਿੰਦੀ ਹੋਵੇ। ਜਿਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਦੀ ਸਰਵਿਸ 6 ਜਾਂ 10 ਸਾਲ ਤੋਂ ਘੱਟ ਰਹਿੰਦੀ ਹੋਵੇਗੀ, ਉਹ 60% ਕੋਟੇ ਦੀ ਸੀਟ ਵਾਸਤੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ ਏਂਟਰੈਂਸ ਟੈਸਟ (P.G.E.T.) ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਯੋਗ ਨਹੀਂ ਹੋਣਗੇ।

2.4 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਆਪਣੇ ਕੋਰਸ ਦੇ ਸਮੇਂ ਦੌਰਾਨ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ ਵਿੱਚ ਡੈਪੂਟੇਸ਼ਨ ਤੇ ਸਮਝੇ ਜਾਣਗੇ ਪਰੰਤੂ ਉਨ੍ਹਾਂ ਨੂੰ ਡੈਪੂਟੇਸ਼ਨ ਭੱਤਾ ਨਹੀਂ ਦਿੱਤਾ ਜਾਵੇਗਾ। ਕੋਰਸ ਦਾ ਮਿਥਿਆ ਸਮਾਂ ਪੂਰਾ ਹੋਣ ਤੇ ਡਾਕਟਰ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਕਾਡਰ ਵਿੱਚ ਰਿਪੋਰਟ ਕਰਨਗੇ। ਜੇਕਰ ਕੋਈ ਡਾਕਟਰ ਮਿਥੇ ਸਮੇਂ ਵਿੱਚ ਆਪਣਾ ਕੋਰਸ ਪੂਰਾ ਨਹੀਂ ਕਰਦਾ ਤਾਂ ਵੀ ਡਾਕਟਰ ਵਾਪਸ ਸਿਹਤ ਵਿਭਾਗ ਵਿੱਚ ਰਿਵਰਟ ਹੋ ਕੇ ਪ੍ਰੀਖਿਆ ਦੇਣ ਲਈ ਬਾਕੀ ਸਮੇਂ ਦੀ ਬਣਦੀ ਛੁੱਟੀ ਲੈ ਕੇ ਕੋਰਸ ਪੂਰਾ ਕਰ ਸਕੇਗਾ।

2.5 ਇਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਰਨ ਲਈ ਜਾਣਾ ਹੈ

(2) ਪੀ.ਜੀ. ਡਿਗਰੀ ਕੋਰਸ ਲਈ :

20 ਲੱਖ ਰੁਪਏ

10 ਸਾਲ

ਜੇਕਰ ਡਾਕਟਰ ਬਾਂਡ ਦੇ ਪੂਰੇ ਸਮੇਂ ਲਈ ਸਰਕਾਰ ਦੀ ਸੇਵਾ ਨਹੀਂ ਕਰਦਾ ਤਾਂ ਉਸ ਨੂੰ ਅਜਿਹਾ ਨਾ ਕਰਨ ਦੀ ਸੂਰਤ ਵਿੱਚ ਉਕਤ ਦੱਸੀਆਂ ਰਕਮਾਂ, ਜਿਵੇਂ ਕਿ ਕੇਸ ਹੋਵੇ ਸਰਕਾਰ ਨੂੰ ਦੇਣੀ/ਜਮ੍ਹਾਂ ਕਰਵਾਉਣੀ ਪਵੇਗੀ।

2.6 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਆਪਣੀ ਸਰਵਿਸ ਦੌਰਾਨ ਇਕ ਵਾਰ ਹੀ 60% ਕੋਟੇ ਵਿਰੁੱਧ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਰ ਸਕਦੇ ਹਨ।

2.7 ਜੇਕਰ ਕੋਈ ਡਾਕਟਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਿਸੇ ਕਾਰਨ ਵਿਚਕਾਰ ਛੱਡ ਕੇ ਚਲਿਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਸ ਨੂੰ 5 ਸਾਲ ਲਈ ਡੀਬਾਰ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਉਸ ਦੁਆਰਾ ਕੋਰਸ ਲਈ ਲਾਇਆ ਸਮਾਂ ਬਿਨਾਂ ਤਨਖਾਹ ਛੁੱਟੀ ਤਸਵਰ ਕੀਤਾ ਜਾਵੇਗਾ। ਇਸ ਤੋਂ ਇਲਾਵਾ ਉਨ੍ਹਾਂ ਵਲੋਂ ਬਾਂਡ ਦੀ ਰਕਮ ਵੀ ਵਸੂਲ ਕੀਤੀ ਜਾਵੇਗੀ। (ਇਹ ਸ਼ਰਤ ਅਸਾਧਾਰਨ ਮੈਡੀਕਲ ਗਰਾਉਂਡ ਦੇ ਕੇਸ ਵਿੱਚ ਲਾਗੂ ਨਹੀਂ ਹੋਵੇਗੀ। ਇਸ ਤਰ੍ਹਾਂ ਦੀ ਅਸਾਧਾਰਨ ਮੈਡੀਕਲ ਗਰਾਉਂਡ ਦਾ ਸਰਟੀਫਿਕੇਟ ਰਾਜ ਮੈਡੀਕਲ ਬੋਰਡ ਪਾਸੋਂ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੋਵੇਗਾ)।

2.8 ਡਾਕਟਰ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਦੌਰਾਨ ਸਪੈਸ਼ਲਿਟੀ ਜਾਂ ਮੈਡੀਕਲ ਕਾਲਜ ਬਦਲਣ ਦਾ ਅਧਿਕਾਰ ਨਹੀਂ ਹੋਵੇਗਾ।

2.9 ਉਪਰੋਕਤ ਹਦਾਇਤਾਂ ਵਿੱਚ ਰੂਰਲ ਸੇਵਾ ਅਤੇ ਕੋਰਸ ਪੂਰਾ ਹੋਣ ਉਪਰੰਤ ਬਾਂਡ ਲਈ ਬਚਦੀ ਸੇਵਾ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰਨ ਤੋਂ ਬਾਅਦ ਹੀ ਉਮੀਦਵਾਰ ਪੋਸਟ-ਗਰੈਜੂਏਸ਼ਨ ਇੰਟਰੈਸ ਟੈਸਟ (ਪੀ.ਜੀ.ਈ.ਟੀ.) ਜੋ ਕਿ ਬਾਬਾ ਫਰੀਦ ਯੂਨੀਵਰਸਿਟੀ ਆਫ ਹੈਲਥ ਸਾਇੰਸਜ਼ ਵਲੋਂ ਕੰਡਕਟ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਵਿੱਚ ਬੈਠਣ ਲਈ ਯੋਗ ਹੋਣਗੇ। ਇਸ ਸਰਟੀਫਿਕੇਟ ਤੋਂ ਬਿਨਾਂ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰਾਂ ਨੂੰ 60% ਕੋਟੇ ਦੇ ਵਿਰੁੱਧ ਪੀ.ਜੀ.ਈ.ਟੀ. ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਯੋਗ ਨਹੀਂ ਹੋਣਗੇ।

2.10 ਡਾਕਟਰ ਨੂੰ ਪੀ.ਜੀ. ਕੋਰਸ ਵਿੱਚ ਦਾਖਲਾ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਤੋਂ ਬਾਅਦ ਹੀ ਲੈ ਸਕਦੇ ਹਨ। ਸਰਕਾਰ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤਦੋਂ ਹੀ ਦੇਵੇਗੀ ਜੇਕਰ ਡਾਕਟਰ ਉਪਰ ਲਿਖੀਆਂ ਸਾਰੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹੋਣ ਅਤੇ ਮੁਕੰਮਲ ਬਾਂਡ (ਉਪਰੋਕਤ ਰਾਸ਼ੀ ਅਤੇ ਸਮੇਂ ਦਾ) ਉਨ੍ਹਾਂ ਵਲੋਂ ਭਰਿਆ ਹੋਵੇ।

3. 3 ਸਾਲ ਦੀ ਪੇਂਡੂ ਸਰਵਿਸ ਅਤੇ 60% ਕੋਟੇ ਤੋਂ ਇਲਾਵਾ ਐਡਮਿਸ਼ਨ:

ਤਾਂ ਐਡਮਿਸ਼ਨ ਲਈ ਯੋਗ ਹੋਣਗੇ। ਇਸ ਕੈਟਾਗਰੀ ਵਿੱਚ ਵੱਧ ਤੋਂ ਵੱਧ 10 ਡਾਕਟਰਾਂ ਨੂੰ ਭੇਜਿਆ ਜਾਵੇਗਾ। ਜੇਕਰ 10 ਡਾਕਟਰਾਂ ਤੋਂ ਜਿਆਦਾ ਅਰਜੀਆਂ ਪ੍ਰਾਪਤ ਹੁੰਦੀਆਂ ਹਨ ਤਾਂ ਸਿਲੈਕਸ਼ਨ ਸਿਨਿਊਰਿਟੀ ਦੇ ਅਧਾਰ ਤੇ ਕੀਤੀ ਜਾਵੇਗੀ।

3.2 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਜੋ ਰੈਗੂਲਰ ਆਧਾਰ ਤੇ ਲਗੇ ਹਨ ਅਤੇ ਜਿਨ੍ਹਾਂ ਦੀ ਪੇਂਡੂ ਸੇਵਾ (ਐਡਹਾਕ ਸਮੇਤ) 3 ਸਾਲ ਦੀ ਹੋਵੇ, ਪਰਖਕਾਲ ਸਮਾਂ ਪੂਰਾ ਕੀਤਾ ਹੋਵੇ, ਸਰਵਿਸ ਰਿਕਾਰਡ ਠੀਕ ਹੋਵੇ ਅਤੇ ਕੋਈ ਵਿਜੀਲੈਂਸ/ਵਿਭਾਗੀ/ਅਨੁਸ਼ਾਸਨਿਕ ਕਾਰਵਾਈ ਉਨ੍ਹਾਂ ਦੇ ਵਿਰੁੱਧ ਲੰਬਿਤ ਨਾ ਹੋਵੇ, ਉਹ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਰਨ ਲਈ ਹੇਠ ਲਿਖੇ ਕਾਲਜਾਂ ਵਿੱਚ ਐਡਮਿਸ਼ਨ ਲਈ ਯੋਗ ਹੋਣਗੇ:

- 40% ਕੋਟੇ ਲਈ: ਪੰਜਾਬ ਰਾਜ ਦੇ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ
- ਪੰਜਾਬ ਰਾਜ ਦੇ ਗੈਰ-ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ
- ਪੰਜਾਬ ਰਾਜ ਤੋਂ ਬਾਹਰ ਸਰਕਾਰੀ/ ਗੈਰ-ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ

3.3 ਜੋ ਡਾਕਟਰ ਪੈਰਾ 3.2 ਵਿੱਚ ਲਿਖੇ ਕੋਟੇ/ਕਾਲਜਾਂ ਵਿੱਚ ਐਡਮਿਸ਼ਨ ਲੈਂਦੇ ਹਨ ਤਾਂ ਉਨ੍ਹਾਂ ਨੂੰ ਬਣਦੀ ਛੁੱਟੀ ਦਿੱਤੀ ਜਾਵੇਗੀ। ਇਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਨੂੰ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਬਾਂਡ ਭਰਨਾ ਪਵੇਗਾ:

ਕੋਰਸ	ਬਾਂਡ ਮਨੀ	ਸਮਾਂ
(1) ਪੀ.ਜੀ.ਡਿਪਲੋਮਾ	: 6 ਲੱਖ ਰੁਪਏ	3 ਸਾਲ
(2) ਪੀ.ਜੀ. ਡਿਗਰੀ ਲਈ	: 10 ਲੱਖ ਰੁਪਏ	5 ਸਾਲ

ਇਹ ਡਾਕਟਰ ਪੋਸਟ-ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੋਰਸ ਲਈ ਤਦੋਂ ਹੀ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਭੇਜੇ ਜਾਣਗੇ ਜੇਕਰ ਉਨ੍ਹਾਂ ਦੀ ਸਰਵਿਸ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਕੰਪਲੀਟ ਕਰਨ ਤੋਂ ਬਾਅਦ 3 ਸਾਲ ਅਤੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ ਡਿਗਰੀ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ 5 ਸਾਲ ਦੀ ਰਹਿੰਦੀ ਹੋਵੇ। ਜਿਨ੍ਹਾਂ ਡਾਕਟਰਾਂ ਦੀ ਸਰਵਿਸ 3 ਸਾਲ ਜਾਂ 5 ਸਾਲ ਤੋਂ ਘੱਟ ਰਹਿੰਦੀ ਹੋਵੇ, ਉਹ ਪੀ.ਜੀ.ਈ.ਟੀ. ਟੈਸਟ ਜਾਂ ਕੋਈ ਇੰਟਰਵਿਊ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਯੋਗ ਨਹੀਂ ਹੋਣਗੇ ਅਤੇ ਨਾ ਹੀ ਐਡਮਿਸ਼ਨ ਲੈਣ ਲਈ ਯੋਗ ਹੋਣਗੇ।

3.4 ਜੇਕਰ ਕੋਈ ਡਾਕਟਰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ ਕੋਰਸ) ਕਿਸੇ ਕਾਰਨ ਵਿਚਕਾਰ ਛੱਡ ਕੇ ਚਲਿਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਸ ਨੂੰ 5 ਸਾਲ ਲਈ ਡੀਬਾਰ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਉਸ ਦੁਆਰਾ ਕੋਰਸ ਲਈ ਲਾਇਆ ਸਮਾਂ ਬਿਨਾਂ ਤਨਖਾਹ ਛੁੱਟੀ ਤਸਵਰ ਕੀਤਾ ਜਾਵੇਗਾ। ਇਸ ਤੋਂ ਇਲਾਵਾ ਉਨ੍ਹਾਂ ਵਲੋਂ ਬਾਂਡ ਦੀ ਰਕਮ ਵੀ ਵਸੂਲ ਕੀਤੀ ਜਾਵੇਗੀ। (ਇਹ ਸ਼ਰਤ ਅਸਾਧਾਰਨ ਮੈਡੀਕਲ ਗਰਾਉਂਡ ਦੇ ਕੇਸ ਵਿੱਚ ਲਾਗੂ ਨਹੀਂ ਹੋਵੇਗੀ। ਇਸ ਤਰ੍ਹਾਂ ਦੀ ਅਸਾਧਾਰਨ ਮੈਡੀਕਲ ਗਰਾਉਂਡ ਦਾ ਸਰਟੀਫਿਕੇਟ ਰਾਜ ਮੈਡੀਕਲ ਬੋਰਡ ਪਾਸੋਂ ਹੋਣਾ ਜ਼ਰੂਰੀ ਹੋਵੇਗਾ)।

ਲੈਣਾ ਚਾਹੁੰਦੇ ਹਨ ਤਾਂ ਨੌਕਰੀ ਤੋਂ ਅਸਤੀਫਾ ਦੇਣਾ ਪਵੇਗਾ ਅਤੇ ਉਹ ਸਿਹਤ ਵਿਭਾਗ ਤੋਂ ਇਤਰਾਜ਼ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਦੇ ਹੱਕਦਾਰ ਨਹੀਂ ਹੋਣਗੇ।

3.6 ਉਪਰੋਕਤ ਹਦਾਇਤਾਂ ਵਿੱਚ ਰੂਰਲ ਸੇਵਾ ਅਤੇ ਕੋਰਸ ਪੂਰਾ ਹੋਣ ਉਪਰੰਤ ਥਾਂਡ ਲਈ ਬਚਦੀ ਸੇਵਾ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰਨ ਤੋਂ ਬਾਅਦ ਹੀ ਉਮੀਦਵਾਰ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰੇਗਾ ਜਾਂ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠੇਗਾ। ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤੋਂ ਬਿਨਾਂ ਡਾਕਟਰ ਨਾ ਤਾਂ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰ ਸਕਦਾ ਹੈ ਅਤੇ ਨਾ ਹੀ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠ ਸਕਦਾ ਹੈ।

3.7 ਪੀ.ਜੀ. ਕੋਰਸ ਵਿੱਚ ਦਾਖਲਾ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਤੋਂ ਬਾਅਦ ਹੀ ਲੈ ਸਕਦੇ ਹਨ। ਸਰਕਾਰ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤਦੋਂ ਹੀ ਦੇਵੇਗੀ ਜੇਕਰ ਡਾਕਟਰ ਉਪਰ ਲਿਖੀਆਂ ਸਾਰੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹੋਣ ਅਤੇ ਮੁਕੰਮਲ ਥਾਂਡ (ਉਪਰੋਕਤ ਰਾਸ਼ੀ ਅਤੇ ਸਮੇਂ ਦਾ) ਉਨ੍ਹਾਂ ਵਲੋਂ ਭਰਿਆ ਹੋਵੇ।

4. ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ:

4.1 ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਜੋ ਹੇਠ ਲਿਖੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹਨ, ਉਹ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਲਈ ਯੋਗ ਹੋਣਗੇ:

- (ੳ) 5 ਸਾਲ ਦੀ ਰੈਗੂਲਰ ਸੇਵਾ ਜਿਸ ਵਿੱਚ 3 ਸਾਲ ਦੀ ਪੇਂਡੂ ਸੇਵਾ ਤੱਦ ਅਰਥ ਸੇਵਾ ਸਮੇਤ ਕੀਤੀ ਹੋਵੇ;
- (ਅ) ਪਰਖਕਾਲ ਸਮਾਂ ਪੂਰਾ ਕੀਤਾ ਹੋਇਆ ਹੋਵੇ;
- (ੲ) ਇਨ੍ਹਾਂ ਦਾ ਸਰਵਿਸ ਰਿਕਾਰਡ ਠੀਕ ਹੋਵੇ ਅਤੇ ਕੋਈ ਵਿਜੀਲੈਂਸ/ਵਿਭਾਗੀ ਅਤੇ ਅਨੁਸ਼ਾਸਨਿਕ ਕਾਰਵਾਈ ਲੰਬਿਤ ਨਾ ਹੋਵੇ।

4.2 ਸਿਹਤ ਵਿਭਾਗ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਇਤਰਾਜ਼ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤਦੋਂ ਹੀ ਦੇਵੇਗਾ ਜੇਕਰ ਉਸ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਦੀ ਸਿਹਤ ਵਿਭਾਗ ਵਿੱਚ ਲੋੜ ਹੈ ਨਾ ਕਿ ਹਰੇਕ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ। ਜਿਹੜੇ ਡਿਸਪਲਿਨ ਵਿੱਚ ਸੁਪਰਸਪੈਸ਼ਲਿਟੀ ਯੋਗਤਾ ਰੱਖਣ ਵਾਲੇ ਡਾਕਟਰਾਂ ਦੀ ਘਾਟ/ਲੋੜ ਹੈ, ਉਨ੍ਹਾਂ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਲੋੜ ਅਨੁਸਾਰ ਇਸ ਬਾਰੇ ਸਰਕਾਰ ਤੋਂ ਪ੍ਰਵਾਨਿਤ ਕਰਵਾਏਗਾ।

4.3 ਸੁਪਰ-ਸਪੈਸ਼ਲਿਟੀ ਲਈ ਜਾਣ ਵਾਲੇ ਡਾਕਟਰਾਂ ਨੂੰ ਬਣਦੀ ਛੁੱਟੀ ਦਿੱਤੀ ਜਾਵੇਗੀ।

4.4 ਯੋਗ ਪੀ.ਸੀ.ਐਮ.ਐਸ. ਡਾਕਟਰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਦੇ ਦਾਖਲੇ ਲਈ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਰਕਾਰੀ/ਗੈਰ-ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜਾਂ ਅਤੇ ਪੰਜਾਬ ਰਾਜ ਤੋਂ ਬਾਹਰ ਸਰਕਾਰੀ/ਗੈਰ-ਸਰਕਾਰੀ

ਪੈਰੀਕਲ ਕਾਲਜਾਂ ਵਿੱਚ ਦਾਖਲਾ ਦੇ ਸਕਦੇ ਹਨ। ਇਸ ਬੈਚਲਰੀ ਵਿੱਚ ਹੱਦ ਤੋਂ ਹੱਦ 6 ਸਾਲਾਂ ਦੀ

4.5 ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਲਈ ਡਾਕਟਰਾਂ ਲਈ 12 ਲੱਖ ਰੁਪਏ ਦਾ ਬਾਂਡ ਮਨੀ ਹੋਵੇਗਾ ਅਤੇ ਬਾਂਡ ਦਾ ਸਮਾਂ 5 ਸਾਲ ਦਾ ਹੋਵੇਗਾ। ਜੇਕਰ ਡਾਕਟਰ ਬਾਂਡ ਦੇ ਪੂਰੇ ਸਮੇਂ ਲਈ ਸਰਕਾਰੀ ਸੇਵਾ ਨਹੀਂ ਕਰਦਾ ਤਾਂ ਉਸ ਵਲੋਂ ਅਜਿਹਾ ਕਰਨ ਦੀ ਸੂਰਤ ਵਿੱਚ 12 ਲੱਖ ਰੁਪਏ ਦੀ ਰਾਸ਼ੀ ਸਰਕਾਰ ਕੋਲ ਜਮ੍ਹਾਂ ਕਰਾਉਣੀ ਪਵੇਗੀ।

4.6 ਡਾਕਟਰ ਨੂੰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਤਦੋਂ ਹੀ ਭੇਜਿਆ ਜਾਵੇਗਾ ਜੇਕਰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਉਸ ਦੀ ਸਰਕਾਰੀ ਨੌਕਰੀ ਘੱਟੋ ਘੱਟ 5 ਸਾਲ ਦੀ ਰਹਿੰਦੀ ਹੋਵੇ।

4.7 ਜੇਕਰ ਡਾਕਟਰ ਨੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਲਈ ਪਹਿਲਾਂ ਬਾਂਡ ਭਰਿਆ ਹੋਇਆ ਅਤੇ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਜਾ ਰਿਹਾ ਹੈ ਤਾਂ ਹੀ ਭੇਜਿਆ ਜਾਵੇਗਾ ਜੇਕਰ ਉਸ ਦੀ ਸਰਵਿਸ ਘੱਟੋ ਘੱਟ 5 ਸਾਲ ਦੀ ਸੇਵਾ ਜਮਾਂ ਪਹਿਲੇ ਬਾਂਡ ਦੇ ਰਹਿੰਦੇ ਸਮੇਂ ਦੇ ਬਰਾਬਰ ਸਰਵਿਸ ਰਹਿੰਦੀ ਹੋਵੇ। ਉਦਾਹਰਣ ਦੇ ਤੌਰ ਤੇ ਜੇਕਰ ਕਿਸੇ ਡਾਕਟਰ ਨੇ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ (ਡਿਪਲੋਮਾ/ਡਿਗਰੀ) ਲਈ ਬਾਂਡ ਭਰਿਆ ਹੋਇਆ ਅਤੇ ਬਾਂਡ ਦਾ ਸਮਾਂ 6 ਸਾਲ ਦਾ ਰਹਿੰਦਾ ਹੈ ਤਾਂ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਉਸ ਨੂੰ ਤਦੋਂ ਹੀ ਭੇਜਿਆ ਜਾਵੇਗਾ ਜੇਕਰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਕਰਨ ਤੋਂ ਬਾਅਦ ਉਸ ਦੀ ਸਰਵਿਸ 5+6 ਸਾਲ ਕੁਲ 11 ਸਾਲ ਦੀ ਸੇਵਾ ਰਹਿੰਦੀ ਹੋਵੇ।

4.8 ਇਸ ਤਰ੍ਹਾਂ ਦੇ ਡਾਕਟਰਾਂ ਨੂੰ ਸੁਪਰ ਸਪੈਸ਼ਲਿਟੀ ਕੋਰਸ ਲਈ ਇਕ ਨਵਾਂ ਬਾਂਡ ਭਰਨਾ ਪਵੇਗਾ ਜਿਸ ਦੀ ਬਾਂਡ ਮਨੀ 12 ਲੱਖ ਰੁਪਏ ਜਮਾਂ ਪਹਿਲਾਂ ਪੀ.ਜੀ. ਕੋਰਸ ਲਈ ਭਰੀ ਬਾਂਡ ਦੀ ਰਕਮ ਅਤੇ ਨਵੇਂ ਬਾਂਡ ਦਾ ਸਮਾਂ 5 ਸਾਲ ਜਮਾਂ ਪੁਰਾਣੇ ਬਾਂਡ ਦਾ ਰਹਿੰਦਾ ਹੋਇਆ ਸਮਾਂ ਹੋਵੇਗਾ।

4.9 ਉਪਰੋਕਤ ਹਦਾਇਤਾਂ ਵਿੱਚ ਰੂਰਲ ਸੇਵਾ ਅਤੇ ਕੋਰਸ ਪੂਰਾ ਹੋਣ ਉਪਰੰਤ ਬਾਂਡ ਲਈ ਬਚਦੀ ਸੇਵਾ ਬਾਰੇ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਹਾਸਲ ਕਰਨ ਤੋਂ ਬਾਅਦ ਹੀ ਉਮੀਦਵਾਰ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰੇਗਾ ਜਾਂ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠੇਗਾ। ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤੋਂ ਬਿਨਾਂ ਡਾਕਟਰ ਨਾ ਤਾਂ ਐਡਮਿਸ਼ਨ ਲਈ ਅਪਲਾਈ ਕਰ ਸਕਦਾ ਹੈ ਅਤੇ ਨਾ ਹੀ ਇੰਟਰੈਂਸ ਟੈਸਟ ਵਿੱਚ ਬੈਠ ਸਕਦਾ ਹੈ।

4.10 ਪੀ.ਜੀ. ਕੋਰਸ ਵਿੱਚ ਦਾਖਲਾ ਪੰਜਾਬ ਸਰਕਾਰ ਦੇ ਸਿਹਤ ਵਿਭਾਗ ਵਲੋਂ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਲੈਣ ਤੋਂ ਬਾਅਦ ਹੀ ਲੈ ਸਕਦੇ ਹਨ। ਸਰਕਾਰ ਇਤਰਾਜ਼-ਹੀਣਤਾ ਸਰਟੀਫਿਕੇਟ ਤਦੋਂ ਹੀ ਦੇਵੇਗੀ ਜੇਕਰ ਡਾਕਟਰ ਉਪਰ ਲਿਖੀਆਂ ਸਾਰੀਆਂ ਸ਼ਰਤਾਂ ਪੂਰੀਆਂ ਕਰਦੇ ਹੋਣ ਅਤੇ ਮੁਕੰਮਲ ਬਾਂਡ (ਉਪਰੋਕਤ ਰਾਸ਼ੀ ਅਤੇ ਸਮੇਂ ਦਾ) ਉਨ੍ਹਾਂ ਵਲੋਂ ਭਰਿਆ ਹੋਵੇ।

(ਸਤੀਸ਼ ਚੰਦਰਾ)

ਪ੍ਰਮੁੱਖ ਸਕੱਤਰ ਪੰਜਾਬ ਸਰਕਾਰ

ਉਤਾਰਾ ਹੇਠ ਲਿਖਿਆਂ ਨੂੰ ਸੂਚਨਾ ਅਤੇ ਲੋੜੀਂਦੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ:

- (1) ਸਕੱਤਰ, ਡਾਕਟਰੀ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਪੋਸਟ ਗਰੈਜੂਏਟ ਐਂਟਰੈਂਸ ਟੈਸਟ ਬਾਰੇ ਛਪਵਾਏ ਜਾਣ ਵਾਲੇ ਪਰਾਸਪੈਕਟ ਵਿੱਚ ਇਹਨਾਂ ਹਦਾਇਤਾਂ ਨੂੰ ਸ਼ਾਮਲ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।
- (2) ਡਾਇਰੈਕਟਰ, ਖੋਜ ਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਪੋਸਟ ਗਰੈਜੂਏਟ ਐਂਟਰੈਂਸ ਟੈਸਟ ਬਾਰੇ ਛਪਵਾਏ ਜਾਣ ਵਾਲੇ ਪਰਾਸਪੈਕਟ ਵਿੱਚ ਇਹਨਾਂ ਹਦਾਇਤਾਂ ਨੂੰ ਸ਼ਾਮਲ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।
- (3) ਰਜਿਸਟਰਾਰ, ਬਾਬਾ ਫਰੀਦ ਯੂਨੀਵਰਸਿਟੀ, ਫਰੀਦਕੋਟ ਨੂੰ ਉਪਰੋਕਤ ਸ਼ਰਤਾਂ ਨੂੰ ਪੋਸਟ ਗਰੈਜੂਏਸ਼ਨ ਐਂਟਰੈਂਸ ਟੈਸਟ ਬਾਰੇ ਛੱਪਣ ਵਾਲੇ ਪ੍ਰਾਸਪੈਕਟ ਦੇ ਸਬੰਧਤ ਪੈਰ੍ਹਿਆਂ ਵਿੱਚ ਸ਼ਾਮਲ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।
- (4) ਪ੍ਰਿੰਸੀਪਲ, ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ, ਫਰੀਦਕੋਟ ਅਤੇ ਅੰਮ੍ਰਿਤਸਰ।
- (5) ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਪੰਜਾਬ/ ਡਾਇਰੈਕਟਰ ਸਿਹਤ ਸੇਵਾਵਾਂ (ਸਬ)
- (6) ਮੈਡੀਕਲ ਸੁਪਰਡੈਂਟ, ਮਾਤਾ ਕੁਸ਼ਲਿਆ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ/ ਸਿਵਲ ਹਸਪਤਾਲ, ਜਲੰਧਰ।
- (7) ਸਕੱਤਰ/ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ ਮੰਤਰੀ, ਪੰਜਾਬ।
- (8) ਰਾਜ ਦੇ ਸਾਰੇ ਸਿਵਲ ਸਰਜਨ;
- (9) ਸੁਪਰਡੈਂਟ, ਸਿਹਤ -1 ਸ਼ਾਖਾ ਅਤੇ ਸਿਹਤ (3) ਸ਼ਾਖਾ;
- (10) ਨਿੱਜੀ ਸਕੱਤਰ/ਪ੍ਰਮੁੱਖ ਸਕੱਤਰ ਸਿਹਤ ਤੇ ਪਰਿਵਾਰ ਭਲਾਈ, ਪੰਜਾਬ ਚੰਡੀਗੜ੍ਹ।

ਵਧੀਕ ਸਕੱਤਰ ਸਿਹਤ (ਜੀ)

①

No.7/60/2006-5PPI/15963
Government of Punjab
Department of Personnel
(Personnel Policies- 1- Branch)

To

All Heads of Departments,
Commissioners of Divisions
Registrar, Punjab & Haryana High Court
District and Sessions Judges, and
All the Deputy Commissioners in the State.

Dated, Chandigarh 3-11- 2006

Subject: Assured Career Progression scheme on completion of 4, 9 and 14 years of service in a cadre.

Sir/Madam,

I am directed to invite a reference to the subject cited above and to state that the matter regarding grant of Assured Career Progression scheme on completion of 4, 9 and 14 years of service in a cadre has been engaging the attention of the State Government for some time past. The Governor of Punjab is pleased to grant "Assured Career Progression Scheme" on completion of 4, 9 and 14 years of service in a cadre w.e.f. 1.11.2006 as follows:

2. This scheme is optional. An existing employee "including employee having less than four year service" will have the option either to continue in the existing Assured Career Progression scheme after a service of 8, 16, 24 and 32 years or to opt 4, 9 and 14 years Assured Career Progression scheme. An employee who wants to opt this scheme will have to exercise an option within two months from the date of issue of this letter along with an undertaking in the enclosed proforma through a sworn affidavit that he wants to accept this scheme effective from 1.11.2006 and will not claim any arrears. Service in a cadre rendered by an employee in the same post before 1.11.2006 shall count for the purposes of grant of benefit under this scheme.

3 (a) After a service of 4, 9 and 14 years in a post or posts in the same cadre (herein after referred to as the same post) and service rendered in the same post in different Government Departments, who is not promoted to a higher level on account of non availability of a vacancy or non existence of a promotional avenue in the cadre, shall be

ated the pay scale which is next higher in the hierarchy of pay scales given in the column 3 of the first schedule annexed to Revised Pay Rules, 1998. On placement in the next higher scale in the hierarchy of pay scales after a service of 4, 9 and 14 years, the pay of an employee shall be fixed at the next higher stage in the pay scale and he shall be allowed next increment from the date he would have earned his next increment had he continued in the lower pay scale. If the minimum of higher scale is higher than the stage arrived at, his pay shall be fixed at such minimum and next increment shall be allowed after qualifying service of 12 months in higher scale.

b) An employee who has completed four years service but less than 4 years service in a cadre will be placed in next higher scale in the hierarchy of pay scales and his pay will be fixed at next higher stage. If the pay so fixed is less than the minimum of higher scale than his pay will be fixed at the minimum of higher scale. The next increment in such cases will be given after qualifying service of 12 months in the higher scale.

c) An employee who has rendered 4 years of service but less than 4 years of service in the cadre and has availed benefit of placement in the next higher scale in the hierarchy of pay scales after eight years of service shall get nothing as he has already availed benefit of one increment and placement in the next higher pay scale under the existing Assured Career Progression scheme of 8, 16, 24 and 32 years of service.

d) An employee who has completed 9 years of service but less than 14 years of service in a cadre in the same post and availed one placement in the next higher scale in the hierarchy of pay scales under the existing Assured Career Progression scheme after a service of 8 years shall be placed in the next higher scale in the hierarchy of pay scales and his pay shall be fixed at the next higher stage in that pay scale.

e) An employee who has completed 14 years of service in a cadre but less than 16 years in the same post and availed one placement in the next higher scale in the hierarchy of pay scales under the existing Assured Career Progression scheme after a service of 8 years shall be allowed two placement in the next higher scale in the hierarchy of pay

es i.e. After 9 years and 14 years service and his pay shall be fixed at the next higher stage in that each pay scale. (3)

f) An employee who has completed 16 years of service in a cadre but less than 24 years of service in the same post and has availed one placement in higher scale in the hierarchy of pay scales and one benefit of proficiency step-up under the existing Assured Career Progression scheme shall be placed in the next two higher scales in the hierarchy of pay scales with benefit of one increment only and his pay shall be fixed at next stage in the pay scales.

g) An employee who has completed 24 years of service in a cadre and has already availed benefit of one placement in the higher scale in the hierarchy of pay scales and two Proficiency Step-ups under A.C.P scheme after 8, 18/16 and 24 years of service, he shall only be allowed two placements in the next higher scale in the hierarchy of Pay Scales without any benefit of increment as he has already availed benefit of three increments i.e. one on placement and two Proficiency step ups under the existing schemes.

4 (a) An employee shall be entitled to a maximum of three placements in the next higher scales in the hierarchy of pay scales with benefit of one increment each at every placement under this scheme. An employee who opts for this scheme but has already availed benefit of two placement in the higher scales in the hierarchy of pay scales after 8 and 32 years and two proficiency step ups after 16 and 24 years of service in a cadre under the existing Assured Career Progression scheme of 8, 16, 24, 32 years of service will have to lose benefit of one increment granted after 32 years of service and his pay will be revised with w.e.f. 1.11.2006 accordingly.

(b) The procedure for assessing the work and conduct for placement in the higher scale shall be the same as applicable to the case of promotion. The placement in higher scale shall be allowed only to those employees whose overall service record during the span of satisfactory service, is adjudged as 'Good' and the employee is otherwise suitable for promotion. 'Good' record shall mean that more than 50% Annual Confidential Reports are good and out of last three years report at least two should be 'Good'. For all the remaining years the work may be 'Average'.

(c) On placement in next higher scale under this scheme, an employee would continue to do the same work with same designation and there will be no need for creation of any separate post (s) and the employee shall remain on the strength of the same cadre.

(d) In case an employee, placed in a higher scale in the hierarchy of pay scale under this scheme is getting pay more than the maximum of that higher scale in that case his pay will be fixed at next higher stage in the master scale.

e) An employee who is dismissed or is under suspension or on leave will be allowed to exercise his option under this scheme within two months from the date he/she joins duty.

f) If the higher scale is not granted on account of unsuitability, it shall not be considered as Punishment under the Punjab Civil Services (Punishment and Appeal) Rules, 1970. Competent Authority for grant of higher pay scale shall be the same as in the case of promotion. Representations/Appeals against the non-grant of higher pay scale under this scheme shall also lie in the same manner as in the case of promotion.)

g) As a necessary corollary to this decision the existing system of Assured Career Progression Scheme shall undergo a change to the extent indicated above. Other existing conditions governing the grant of Proficiency step-up(s) /ACP scheme already notified shall continue to be applicable mutatis mutandis in accordance with the above orders. The cases of ACP/proficiency step-up which fell due prior to 1.11.2006 shall be settled according to the then prevalent instructions.

h) For interpretation/clarification of the decisions contained in the circular letter the Department of Personnel in consultation with the Department of Finance shall be the final authority.

(i) The benefit gained by an employee under the existing scheme will be adjusted in the proposed scheme.

(j) The competent authority for the grant of placement in the next higher scale and step up of increment (s) shall be the same as in the case of promotion.

This issues with the concurrence of the Department of Finance conveyed vide their I.D.No.1180-F OSD (L) FD, dated 31-12-2006.

Joint Secretary Personnel. *Adm*
3-11-06

A copy is forwarded to all the Financial Commissioners, Principal Secretaries and Administrative Secretaries to the Government of Punjab for information and necessary action.

To
All the Financial Commissioners,
Principal Secretaries and Administrative Secretaries
To the Government of Punjab.

I.D. No.7/119/2001-5PPI/15964 Dated, Chandigarh 3-11-2006
Encl. No.7/119/2001-5PPI/159645 Dated, Chandigarh 3-11-2006

A copy is forwarded for information and necessary action

to-

- i) The Secretary to Government of Himachal Pradesh Department of Finance, Simla;
- ii) Finance Secretary, Chandigarh Administration, Chandigarh
- iii) All Treasury Officers/Assistant Treasuries Officers in the State;
- iv) The Deputy Commissioner, Delhi;
- v) The Pay and Accounts Officer, Punjab Bhawan, Copernicus Marg, New Delhi;
- vi) The Director (E.C.I.) Ministry of Finance, Department of Expenditure, Pay Research ; Unit, New Delhi;
- viii) The Registrar, Punjab University, Chandigarh;
- ix) The Registrar, Punjab Agricultural University, Ludhiana;
- x) The Registrar, Punjabi University, Patiala;
- xi) The Registrar, Punjabi University, Patiala;
- xii) The Registrar, Guru Nanak Dev University, Amritsar.

Ramona Chander
Superintendent. *Adm*

A copy is forwarded to the Department of Finance (In Finance Personnel 2 Branch) with reference to their I.D.No.6/52/2003-FP2/1769, dated 17-2-2006 Welfare and I.D.No.6/83/2005-4FP2/97 dated 14-3-2006.

Ramona Chander
Superintendent. *Adm*
3-11-06

To

Department of Finance
(In Finance Personnel 2 Branch)

I.D.No.7/119/2001-5PP/15966 Dated, Chandigarh 3-11-2006

ENQUIRY REPORT

OT-101/II/III/IV
Principal Secretary
Govt. of Punjab
Department of Medical Education and Research

His excellency Governor of Punjab, appointed the undersigned (Justice K.C.Gupta) Former Judge of Punjab and Haryana High Court to enquire into incident of death of new born babies due to fire which broke out in the Gynae Department of Rajindra Hospital Patiala on 31 January, 2009. The order of Excellency was conveyed by principal Secretary Govt. of Punjab Department of Medical Education and Research vide dated 31.1.2009.

Later on, his Excellency, the Governor of Punjab was pleased to issue terms of reference in respect of appointment as under:-

1. To probe into the circumstances leading to death and injury to newly born infants on account of malfunctioning of the phototherapy unit.
2. To fix responsibility or inaction/negligence if any, on the part of any employee relating to :-
 - (A) Deployment and placement of staff in the Pediatric Nursery in the department of Obstetrics and Gynecology,
 - (B) Malfunctioning of phototherapy unit,
 - (C) Attempts to save the newly-born infants from death/injury.
3. To suggest remedial measures to prevent recurrence of such incidents in future.
4. In pursuance of the reference, the undersigned went to Patiala and visited Rajindra Hospital and inspected the spot where fire had occurred in the neonatology department and also met various officials connected with the nursery wing of the Gynecology Department.
5. Notices were issued to the parents of the infants who died in fire accident and also to the other persons whose wives had given birth to infants about 15 days to one month prior to the incident and newly born infants were kept in phototherapy unit to know their experience about the phototherapy unit as well as the behavior of the staff and the facilities provided therein.
6. During course of enquiry, evidence was recorded of the following persons:-
7. EW-1 Sh. Dalip Singh Pandhi (Advocate) Member Punjab State Scheduled Caste Commission, EW-2 Sh. Parson Ram former chief Engineer PSEB, EW-

EW-4 Sh. Suresh Kumar Singhal Student doing internship training in Rajindera Hospital Patiala, EW-5 Sh. Palvinder Singh whose Juice Shop was situated in front of Gyne Ward, EW-6 Dr. Harshinder Kaur Medical Officer Rajindera Hospital, EW-7 Sh. Amritpal whose wife Manjeet Kaur had given birth to a son on 25th January 2009 and was kept in the phototherapy unit, EW-8 Sh. Kashmir Ram whose wife Geeta Devi had given birth to a son and was one of them who had died due to fire and was kept on the platform of the phototherapy unit, EW-9 sh. Lakhvir Singh whose wife Simranjeet Kaur had given birth to a son on 17.1.2009 and was a case of premature delivery and was kept in the cradle in the same room and received burn injuries and was referred to PGI where he succumbed to his injuries on 4th February 2009, EW-10 Smt. Satya Devi Class IV employee posted in phototherapy unit No-1, EW-11 Sh. Charanji Lal Superintendent Electrical Workshop Rajindra Hospital Patiala, EW-12 Miss. Reeta Kaur Staff Nurse who was on duty on the night intervening 30/ 31 January 2009 i.e. at the time of incident of fire, EW-13 Sh. Sandeep Kumar Liftman, EW-14 Sh. Amar Nath Chowkidar Gyne Ward, EW-15 Dr. Neha Junior Resident Pediatric (first year) Rajindera Hospital who was on duty on the night of unfortunate event, EW-16 Dr. Surinder Singh present Principal Govt. Medical College Patiala, EW-17 Sh. Malkeet Singh Gardner/ Malli Govt. Medical College Patiala (He was in-charge of the register maintained in the Guest House), EW-18 Dr. Jaswinderpal Kaur Shergill former Principal of Rajindera Medical College and Head of the Department of Surgery at the time of occurrence, EW-19 Sh. Angrej Singh labourer whose wife had given birth to a son on 28th January 2009 and was admitted in phototherapy unit due to Jaundice and was kept in the cradle and was having identity No. 7 and his right arm and right leg were burnt, EW-20 Sh. Ashok Kumar Dixit executive Engineer in the office of (Chief Electrical Inspector to Punjab Govt. Patiala.), EW-21 Dr. K.K. Locham Professor and Head of the Pediatric Department Rajindera Hospital Patiala, EW-22 Dr. Jagdish Gargi Principal Govt. Medical College Amritsar who was Director Research and Medical Education Punjab at the time of occurrence and EW-23 Sn. Vikash Gupta Executive Engineer PWD/ B&R Electrical Division No. 2 Patiala.

8. The undersigned also visited PGI Chandigarh on 24th April 2009 to know the working of various phototherapy units installed therein. Sh. Sourav Dutta Additional

Professor of PGI (Győr) explained the working of the phototherapy units and also sent literature about phototherapy units on 29 April 2009.

9. Terms No. 1 and 2 of the reference are discussed together being interconnected.

Now first thing to be seen is that what is Phototherapy?

Years ago, it was noticed by an astute nurse that babies kept near the window of the nursery did not seem to become as yellow with newborn jaundice as the other babies in the nursery. From this simple observation came the principle of phototherapy. Newborns with moderately severe jaundice are placed under powerful florescent lights which are designed to emit light at a specific wavelength which is known to break down the bilirubin molecule. This molecule is converted from the toxic, fat soluble form which can enter and damage the baby's brain tissues to a harmless, water soluble form which is excreted in the urine and stool more readily.

(10) Specifications for sample of phototherapy units are as under:-

1. 20 Watt 2 Feet special blue lights (TL 52, Philips, HOLLAND)-4 Nos.
2. Two day light tubes of Philips for observation.
3. Special mirror coated reflector.
4. Stand on stable swivel castor wheels.
5. Adjustable height 130 cm to 170 cm.
6. Adjustable angle/ rotation – 180° to +180° continuous.
7. Irradiance 18-20 $\mu\text{W}/\text{cm}^2/\text{nm}$ at 45 cm from the lamp.
8. Clear filter.
9. Source cooling fan.
10. Time totalizer.
11. Operator and service manuals.

(11) The Procedure of phototherapy:

The narrow spectral blue light is most effective for phototherapy but it interferes with proper observation of the infant. White day light lamps are quite effective and commonly used in our country. Phototherapy units with both blue and white tubes are also available in the market. The nude infant is exposed under a portable or fixed light source kept at a distance of about 45cm from the skin. The distance between the baby

and phototherapy unit can be reduced to 15-20 cm to provide more effective or intensive phototherapy. During exposure to light, the eyes must be effectively shielded to prevent retinal damage and a diaper may be kept on to cover the genitals. Double-light system where total infant is exposed to light both from above and below, is available and is more effective. For effective double surface phototherapy, the infant is placed on a fiber optic cool biliblanket and is provided phototherapy from the top with halogen bulbs. During phototherapy, infant's position should be changed off and on, so, that maximal areas of skin is exposed to light. For effective phototherapy, it is desirable that minimum spectral irradiance or 'Flux' of 4 to 6 uw/cm²/nm is available and maintained at the level of infant's skin. The flux must be checked after every 100-200 hours of use to ensure that phototherapy lamps are effective. To filter out ultraviolet rays, the tube lights should be shielded with plastic sheet or plexiglass. Intensive phototherapy should produce a decline in total serum bilirubin of 1-2 mg/dl within 4-6 hours.

(12) The phototherapy unit which was burnt by fire was apparently made by some local carpenter in a crude manner. It had a base of ordinary plywood on which the children were kept which was prone to fire. There is no evidence that any fire proof material was used in it. According to Dr. K.K. Locham, Head of the Pediatric Department, it was donated by relative of some patient in the year 2001. It had no standard platform to put Jaundice infants on it for making them to undergo phototherapy treatment. It is stated that it contained 12 tubes out of which 10 were in working order, there were two sections of tubes in it, 4 tubes of white colour on each side, two tubes blue colour, one on each side and one tube of white colour on each side was not in working order. The platform was covered with a Gadda, which was covered with plastic cover and then there was white sheet upon it. The area of phototherapy roof was 72x32 square inches. There was a white sheet upon the roof whose area was 93x56 square inches. There was blanket upon the white sheet of the area 93x60 square inches.

(13) The tubes were loosely fitted on the ceiling of the roof of phototherapy unit. Infact the tubes should have been shielded with plastic sheet of plexiglass in order to prevent any untoward incident and also to filter out ultraviolet rays but this was not done. It was a static unit having no provision for moving. The platform was fixed in iron stand for making the infants suffering from

to the new born infants, who were lying on the wooden platform which had a capacity to contain 6 infants. This phototherapy unit was in existence in the nursery unit No. 1. Similar type of phototherapy unit also existed in unit No. 2. The undersigned had the occasion to inspect that unit and found the tubes were loosely fitted, just with a small jerk, one of the tubes fell down, putting the infants to the risk of causing injuries with the tubes. Fortunately no infant was lying on the platform.

(14) The phototherapy unit did not contain any instrument or equipment for controlling the light which was thrown on infants. There was no flux meter (irradiance meter) for phototherapy unit in the hospital to measure the irradiance output of the phototherapy unit. It consists of light sensor and read out unit. We must remember that the phototherapy unit is not a just source of visual illumination. It is a bioelectrical equipment which needs to be serviced by a trained and knowledgeable person.

(15) There were 5 children under treatment, who were kept on the wooden platform of the phototherapy unit No.1 on the morning of 31.1.2009 at about 3.45 or 4.00 AM, which was Saturday when fire occurred. All the five infants were roasted and could not be saved or no effort was made to save them. Even one infant lying in the cradle nearby also suffered burn injuries and was referred to PGI Chandigarh where he succumbed to his injuries on 4th February 2009. The death of six children in the phototherapy unit had shaken the conscious of right thinking people.

(16) Dr. K.K. Locham, Professor is Head of Pediatric Department, Govt. Medical College and Rajindra Hospital, Patiala which has 3 No. Units. The Unit No. 1 is headed by Dr. K.K. Locham. The unit No. 2 was headed by Dr. Parveen Mittal Associate Professor till 31.1.2009 and thereafter by Dr. Prabhat Shobha Professor W.E.F. 1.2.2009. Unit No. 3 was headed by Dr. Prabhat Shobha Professor up to 31.1.2009 and then by Dr. Jaswir Singh Associate Professor w.e.f. 1.2.2009 onwards.

(17) Unit No. 1 is situated at the first floor, unit No. 2 is situated on ground floor and the unit No. 3 is situated partly on the ground floor and partly on the first floor of the same building.

(18) The Nursery unit located on ground floor is attached to unit No. 1 of the Pediatric Department headed by Dr. K.K. Locham.

(19) The Nursery unit is situated in a portion of the building of the Gynecology Department and has the following accommodation:

- I. One room for aseptic newly born pre-term, low birth weight and sick children directly shifted to the Nursery from the labour room/ operation theatre after doing the needful in the resuscitation room.
- II. Second room for septic newly born children suffering from any ailment and shifted from the Gynecology wards.
- III. In between these 2 no. rooms, ^{on the front} there is a lobby for sitting of the Staff Nurse and Class IV Attendant. Rooms mentioned at No. (i) and (ii) each has One No. Glass window enabling the staff nurse and the Attendant Class IV employee on duty to have a continuous watch on the newly born children under treatment in these 2 rooms.
- IV. Third room is just opposite to the lobby which is the duty room of the Doctor on duty.
- V. In the said complex of the Gynecology Department, where the Nursery Unit is established is a Four Storey Building, the floor-wise set up is as under:

Third floor	Operation Theatre Complex
Second floor	Labour Room Complex
First Floor	Operation Theater, Post- partum room, and Recovery rooms
Ground floor	3 Rooms and Lobby for Nursery unit and 4 rooms are with the Gynecology Department.

- VI. Further, Dr. K.K. Locham joined as Professor Pediatric unit on 28.2.1998. In the Pediatric unit, only one fabricated phototherapy unit was available.
- VII. On 31.7.1999, he took over as Professor and Head of Department of the Pediatric and Nursery.

(20) The dimensions of the phototherapy unit, White bed-sheet and the blanket are as under as told by Dr. K.K. Locham:

i. Phototherapy Unit:

Length of top.	72 inches
Width of the top.	32 inches
Height of the lower platform to the top platform.	27 inches
Height from ground floor to the lower platform.	30 inches

ii. White bed - Sheet:

Length	93 inches
Width	56 inches

iii. Blanket:

Length	93 inches
Width	60 inches

Projection of blanket with bed-sheet:

The projection on the right and left side	10.5 inches ($93-72=21/2=10.5$)
The projection on the back side	28 inches ($60-32=28$)

21) Now the further question to be determined is, how the fire had taken place which led to the death of five newly born infants lying on the wooden platform and

further one more infant lying in the cradle nearby wooden platform received burn injuries and was referred to PGI Chandigarh, where he succumbed to his injuries on 4th February 2009 i.e. whether it was a case of sabotage i.e. some person from outside had caused fire or it was due to short-circuit or negligence of the staff on account of which due to severe cold on that night, the heaters were placed nearby the phototherapy unit and the blanket or the bed sheet which covered the roof of the phototherapy unit caught fire, causing the tubes fitted therein to break or explode or blast, which ultimately led to the death of six newly born infants. There is no evidence that it was a case of sabotage i.e. any external force was responsible for causing fire. There is also no acceptable evidence on file that fire had taken place due to short-circuit.

(22) In order to prove that it was not a case of short-circuit, EW-2 Sh. Parshan Ram, Former Chief Engineer Punjab State Electricity Board Patiala, EW-3 Sh. Davinder Singh, Diploma Holder in Electrical Engineering (Assistant maintenance executive in Pvt. Kotla Hydro Limited Sangrur), EW-11 Sh. Charanji Lal Suprintendent (Electrical Workshop Rajindra Hospital Patiala), EW-20 Sh. Ashok Kumar Dixit Executive Engineer in the office of Chief Electrical Inspector Punjab Govt. Patiala and EW-23 Sh. Vikas Gupta Executive Engineer, PWD/B&R, Electrical Division No.2 Patiala have come forward to get themselves examined. EW-2 Sh Parshan Ram stated that he had done B.Sc. Electrical Engineering in the year 1968 and had 35 years departmental experience as electrical engineer. He further stated that the fire was not caused due to short-circuit but was caused by one of the heaters placed nearby as the blanket or the cotton sheet caught fire and must have taken one to two hours to spread the fire. He further stated that if the Dr./ staff nurse or class IV employee had been on duty or were not sleeping, then they must have got smell of burning and would have gone inside the room to save the infants. He next stated, although there was no earth wire in the extension board, yet it could not be a cause for short-circuit. If there had been short-circuit, then extension wire would have been burnt. He also stated that the blanket, which was put on the roof of the phototherapy unit and was hanging, got heated due to placement of heater nearby and slowly and slowly caught fire.

(23) His statement was further recorded on 6.4.2009. He by holding a demonstration, had shown that Florence tubes which were fixed in the phototherapy unit could not burst due to short-circuit. He stated that Florence tubes contained inert gases

like Krypton, Argon or Xenon which are un-flammable. A burning cloth was put on the tube and it was broken by hitting with a Danda (stick) and on breaking of the tube, there was only negligible smoke emitted by the tube. He also gave his report EW-2/A along with Annexures -E-3 to E-6.

(24) EW-3 Sh. Davinder Singh stated that the occurrence on the night of 30/31.1.2009 had taken place due to the negligence of the doctor and the staff, who were not present at the time of occurrence. He further stated that in his opinion, the fire had not taken place due to short-circuit, but it had taken place as the blanket or the cloth which was put on the phototherapy unit, caught fire due to the heaters placed nearby and later on due to heating, the tubes blasted ^{and} only small amount of smoke was generated. The gases which had been emitted by the tubes with the breaking of tubes, were un-flammable and could not catch fire.

(25) EW-11 Sh. Charanji Lal Suprintendent (Electrical Workshop) stated that he is having academic qualification of matric and had done Diploma in electrical from ITI Sunam. He further stated that there is Florence powder in the tube which does not emit smoke on bursting. He next stated that if there was a short-circuit near the tube, then it would not have caused fire but on the other hand the cable would have been burnt. He further stated that in his opinion, the fire had not taken place due to short-circuit but on the other hand, the heat from the heater remained focused on a particular point of the blanket and due to that heat, there was smouldering and slowly and slowly caught fire. He next stated that in his opinion neither it was a case of short circuit, nor, the fire had taken place at once and tubes had not burst at once.

(26) EW-20 Sh. Ashok Kumar Dixit had examined the lead wire along with his colleagues Sh. Darshan Singh Chahal, Assistant Electrical Inspector(AEI) and Sh. Jai Bhagwan Bansal, Assistant Electrical Inspector(AEI) That lead wire was produced by Sub-Inspector of Punjab Police, Model Town Patiala, which was taken into possession from the spot on the day of occurrence. They examined it after removing the insulation and found that the strands were in order, meaning there by, that the fire had not taken place due to short-circuit. He submitted his report EW-20/A.

(27) EW-23 Sh. Vikas Gupta Executive Engineer/PWD B&R stated that he went to the spot on 9th April, 2009 where the fire had taken place and re-constructed the

temporary phototherapy unit with the help of staff of the Rajindera Hospital Patiala and in the ceiling of reconstructed phototherapy unit tubes were fitted in the same manner in which were earlier fitted. The cotton sheet, Gadda and blanket were spread on the platform and also the Sheet (Cheddar) as well blanket on the roof of phototherapy unit and then heater was brought near the cotton sheet (cheddar) which caught fire in a few seconds and smoke started collecting in the room and in about 20 minutes, the tubes fell down but no smoke was emitted by the tubes and further there was no blast of the tubes but however, the tubes had broken, thus he concluded that the fire was caused not by short-circuit but with the room heaters which were placed near the phototherapy unit. He also stated that the extension Board from which there was supply of electricity to the heaters as well as tubes was not provided by the electrical department but it was illegally made use by the hospital authorities without their permission.

(28) EW-12 Miss. Reeta Staff Nurse also admitted in her statement that the room was filled with smoke within half an hour. EW-15 Dr. Neha admitted that a white cotton sheet was put on the roof of the phototherapy unit, which was hanging on three sides i.e. left, right and back side but on the front side facing the door, it was not hanging. She next stated that on the cardboard first Gadda was placed and then blanket and then white cotton sheet.

(29) EW-18 Dr. Jaswinderpal Kaur Shergill, who was Principal at the time of occurrence in her statement stated that according to her opinion, the fire was caused by the heaters which were kept in the room. She next stated that it appeared that the heaters were kept close to the phototherapy unit where five children were kept on the platform and the heat was focused on the particular point on the white sheet and it caught fire and then the fire spread. She further stated that a child which was kept in the cradle nearby was given oxygen from the cylinder as he had breathing problem and Dr. Neha told her that the oxygen cylinder also helped in spreading the fire. In fact, the heaters should have been avoided, as it was AC building and warmers could have been installed.

(30) EW-21 Dr. K.K. Lacham Head of the Pediatric Department stated in his statement that Florence tubes contained gases like Krypton, Argon or xenon which did not emit smoke and in his opinion, the cotton sheet or the blanket got fire and then the fire spread but he could not say definitely. He further stated that Dr. Neha, staff Nurse

Miss Recta and class IV employee Satya were responsible for the negligence due to which fire had taken place and if they had tried then the infant could have been saved.

(31) There is other aspect of the matter, whether the fire had been caused due to short-circuit or not. There were 3 No. electric heaters connected to the electric extension switch board from where the phototherapy unit was getting electric supply. It is also stated, there was one blower besides three electric heaters in that room. One electric heater had a double rod while other two heaters were having single rod each and were connected to main switch board through the electric wire. It is a fundamental principle of electricity that the electric fault always travels back. If there had been any fault in the electric installation then it would have made the MCB to operate and switch off supply which is found to have not been operated or made the nearest fuse to blow off to cut off the supply. The very fact that the MCB did not operate shows that there was no electric fault either due to short-circuit or due to over loading in the electric circuit up to MCB. Even if, it is presumed that MCB had not operated being defective at the time of electric fault or over loading of the electric circuit up to MCB then MCB would have been burnt. However, in the present case, the MCB has not been burnt.

(32) In case, the wires, which were inserted in power plug socket (female portion of power plug) without 3 pin shoe (male portion of power plug) got heated due to some sparking, then it would not have created fire up to the phototherapy unit as the wires were of copper metal covered with wire-resistant PVC. Hence, fire was not caused by any short circuit or over loading of the electric circuit from phototherapy unit to the MCB. The florescent tubes fitted in the phototherapy unit cannot burst due to occurrence of short-circuit in the electric circuit. Since, these tubes are filled with inert gases i.e. combination of Krypton, Argon or Xenon, so, the same cannot catch fire due to bursting and further bursting of the florescent tubes do not produce smoke. Thus cause of fire cannot be the bursting of the florescent tubes due to short circuit.

(33) Therefore, in view of the above discussion and evidence, it is positively concluded that the fire in the phototherapy unit had not taken place due to short circuit but had taken place as it was a night of extreme cold and by negligence, the

on the particular point on the cotton sheet or blanket which caught fire and then it started smouldering in the blanket and spread, causing the smoke and breaking of the tubes which fell down on the infants lying on the platform and they were roasted. Further the tubes did not emit any smoke. Smoke was due to burn of cotton sheet as well as blanket.

(34) The version of EW-10 Satya Devi(Class IV employee), EW-12 Miss. Reeta-Staff Nurse or EW-15 Dr. Neha that fire had taken place on account of short-circuit due to which the tubes blasted and emitted smoke can not be believed in view of the above expert and convincing reliable evidence.

(35) The malfunctioning of phototherapy unit, is to be in viewed from the fact that the heaters were kept close to the phototherapy unit, which resulted in the fire. Moreover, no steps were taken to safeguard the newly born infants from receiving injuries with the possible breaking or blasting of the tubes due to overheating or by some other reason by fixing some plastic sheet or Plexiglass under the florescent tubes. Such a shield would have served another purpose i.e. it would have saved the infants from ultraviolet rays. Heaters were not kept at safe distance from phototherapy unit to avoid any possible untoward incident.

(36) Deployment and placement of staff in the Pediatric Nursery in the Department of Obstetrics & Gynecology:

I. The sanctioned strength and the existing strength of Doctors, Paramedical Staff and the class four employees as on 30/31.1.2009 is tabulated below:

Sr. No.	Category	Sanctioned strength	Existing strength in unit I	Existing strength in unit II	Existing strength in unit III	Total strength sanctioned existing
1.	Professors	2	1	Nil	1	2/2
2.	Associate professors	3	1	1	1	3/3
3.	Assistant Professors	2	1	Nil	Nil	2/1
4.	Senior	2	Nil	1	Nil	2/1

	Residents					
5.	Junior Residents	Variable Presently 11	6	3	2	11/11
6.	Medical Officers		1	0	1	2
7.	Nursing Sisters + Staff Nurses		1+4 Common for unit 1&II	1+4 Common for unit 1&III	Nil	2+8
8.	Laboratory Technicians		1 Common for unit I, II & III	Nil	Nil	1
9.	Class IV Employees		8 Common for unit I & II	7 Common for unit II & III	Nil	15
10	Chowkidars		3 Common for unit I, II & III	Nil	Nil	3

✓ (37) No separate Doctor or Staff was sanctioned for Pediatric Unit No. III. The Doctors/staff were deployed in unit No. III after withdrawing from unit No. I & Unit No. II.

✓ (38) Unit No. III in Pediatric Department was created on 15.2.2007. The staff/Doctors were deployed in the unit No. III after withdrawing from unit No. I & II. The Medical Research Department did not take proper steps to create additional posts i.e. one of Associate Professor, two of Assistant Professor, three of Senior Residents and five of Junior Residents, although the Principal had brought to the notice of the department in writing regarding creation of the necessary posts as mentioned above.

✓39. The shortage of trained staff nurses in the hospital is alarming. The total strength of sanctioned posts of staff nurses is 307, out of which 237 were supposed to be filled by regular appointment and 70 through outsource i.e. on contract basis. Out of 237 regular posts, only 131 had been filled and 106 posts are lying vacant. Even out of 131 filled posts, 15 staff nurses are absent from duty, since a long time and other 15 staff nurses are doing B.Sc Nursing Course and are working in the nursing college. Out of the 70 posts of staff nurses which were supposed to be filled through outsource i.e. on contract basis, only 33 were filled and remaining 37 are lying vacant. Even the contract for the posts of staff nurses which were filled through outsource ended on 8th January 2009. However, it is said, that they are still working on oral instructions of the higher authority. One wonders whether the higher authority can act through oral instructions, when the financial matter is involved. The staff nurses are the back bone of any hospital because the hospital cannot be run without dedicated nurses. The shortage of staff nurses has definitely hit the efficiency of the hospital to provide proper care and treatment to the patients. It is unimaginable that the staff nurses who are recruited on the contract basis at a paltry salary, would ~~not~~² give their best performance to provide much needed care and scourage to the patients. In fact this system of recruiting the staff nurses through outsource should be scraped.

40. Rajindra Hospital Patiala is the premier Medical Institute of Punjab. It is used to provide good medical care to a very large population coming from the districts of Patiala, Sangrur, Mansa, Bathinda, Fatehgarh Sahib, Ropar and even to some extent to the nearby districts of Haryana. In the year around about 1960, its glory was on peak but for the last about 30-40 years, its efficiency and treatment had gradually gone down. In such situation, efficient treatment is not available even for common problems. / The sanitation in the hospital is pathetic. The problem of mosquitoes is rampant. It is difficult to pass in the corridor to go to unit No. II of gynae, due to mosquitoes. The people of the above mentioned area had to travel a long distance at great inconvenience and had to spend considerable amount to obtain specialised services. The letter of the Principal dated 25.6.2008/--8/6 bearing No. 10(76) 08/1752 is an eye opener on this score. According to EW-22 Dr. Jagdish Gargi, it requires at least annual budget of Rs. Five Crores for purchasing routine articles for the hospital.

department do not see eye to eye with each other. It has ^aaffected to a large extent the efficiency and care of the patients. It requires to be curbed with heavy hand.)

(41) On the date of incident i.e. night shift duty on 30/31.1.2009, Dr. Neha Sharma, Junior Resident, Miss. Reeta Staff Nurse and Smt. Satya Devi Class IV employee were on duty.

(42) EW-15 Dr. Neha Junior Resident Pediatric, who was doing P.G. and was in first year, was on duty on the night of occurrence. The labour room complex of the hospital is situated on the second floor. She admitted in her statement that if she received a call from the Gayne Ward, then she used to go by locking the phototherapy unit room. She admitted that it took about 35 to 40 minutes to deliver a child by caesarean operation, while normal delivery took about 15-20 minutes. On the night of occurrence, she received call from the labour room at about 11.45 or 12.30 PM and then second call at about 12.15 AM. In both cases the children were delivered through caesarean operation. Thus she was already tired as she had conducted two caesarean operations. In her absence, while she had gone to on second floor to labour room, there was none from the doctor side to look after the infants in neonatology Ward. In fact a regular doctor should have been put on duty in the neonatology ward and not a Junior Resident doctor, who herself was doing post graduation and was also asked to give duty in the labour room situate on the second floor, whenever a call was sent to her. Certainly it is a case where a proper doctor had not been put on duty in the neonatology ward.

(43) Now the further question to be seen, is whether EW-10 Smt. Satya Devi Class IV employee, EW-12 Miss. Reeta Kaur Staff Nurse and EW-15 Dr. Neha Junior Resident were present at the spot at the time of occurrence which had taken place at about 3.45 AM or 4.00AM on the night of 30/31.1.2009 and further whether they tried to save the new born infants lying on the platform of phototherapy unit, which consisted of 3 boys and two girls and further three children lying in the cradle in the same room and two children lying at the adjoining A-Septic room. EW-10 Smt. Satya Devi stated that Miss. Reeta had provided feed to the infants while she had changed their napkins and then came out and she was standing in the door of the room. At the same time, there was sparking in the tubes and the tubes started bursting and fell down on the infants, there were 10 tubes in all. Due to bursting of tubes, and sparking, the cotton sheet caught fire and the light was off and there was dark. She next stated that she called Dr.

Neha when sparking had started in the tubes. She with the help of Dr. Neha and Reeta took out three children lying in the cradles in that room and two children in the adjoining room. She further stated that when the tubes burst, there was all of a sudden heavy smoke. She next stated Dr. Neha had told her to go to the emergency to ring up and call fire brigade. She further stated that when she took out three children with the help of Dr. Neha and Reeta, no other person had come to help them. She also stated that in her presence Dr. Neha was not called for delivery on the second floor. This is certainly wrong because Dr. Neha had admitted in her statement that she had received two calls from the labour room on that night i.e. first call at about 11.15 / 11.30 PM and second call at about 12.15 AM and she had performed delivery in both the cases by caesarean operation. EW-12 Miss. Reeta Kaur in her statement had stated that on the night of occurrence, she had given feed to the infants lying in the phototherapy unit, just 5 minutes before the occurrence and she was sitting on the counter in the Verandha and was writing a report. All of a sudden her attention was diverted to the phototherapy unit room and heard the voice of bursting of the 10 tubes and started falling on the infants. She next stated when there was sparking in the wires and wires started burning, then she had called Dr. Neha and thereafter both of them went inside the room prior to the fire. Smt. Satya was also inside the room and she was changing the napkins of the children. She was sent to the emergency room to ring up the fire brigade and to call some persons from outside. She also stated that she along with Dr. Neha and three attendants saved three children from death. She next stated the room was filled with smoke within half an hour and there was no smoke when she and Dr. Neha had gone inside the room but definitely there was smoke when she went inside the room along with other persons. She denied the suggestion that she was not present outside the room or she had gone to sleep and the infants had been burnt due to her and doctor's negligence.

(44) EW-15 Dr. Neha stated in her opinion, it would have been ideal, if staff nurse had been allowed to sit inside the phototherapy unit room. She next stated that she heard the voice of Miss. Reeta, " Dr. Neha come out." Then she went in the corridor and found that the tubes were breaking and there was fire and the light was off and smoke started. She further stated that no blanket was put on the roof of phototherapy unit but only white sheet was put, which was hanging on three sides. First of all there was a fire in the bedding where children were kept and then fire flared up and at white

sheet lying on the roof caught fire. According to her, the incident had taken place at 4.00AM. She further stated that smoke started filling in the room with the breaking of the tubes. She denied the suggestion that no person had come there but stated that they took out the remaining infants with the help of other people, who had come there. She next stated that when she and Reeta had entered the room, then three tubes had broken and the remaining broke in another two or three minutes and it became difficult to save the children.

(45) The statement of the above said officials is contradictory to each other. EW-12 Miss Reeta stated that Satya Devi was already in the room prior to fire and she had changed the napkins and was standing adjoining the room when there was sparking and there was no smoke in the room when she and Dr. Neha had gone inside the room and all the tubes had already been bursted. However, EW-15 Dr. Neha stated that three tubes had bursted when they went inside the room and the remaining tubes blasted within two or three minutes and the smoke started with the bursting of the tubes. However, Reeta stated that the smoke had filled in the room after about half an hour and there was no smoke in the room when she and Dr. Neha had gone inside the room. EW-10 Smt. Satya Devi stated that she along with Reeta and Dr. Neha had taken out the five children from the two rooms and no other person had come when they took out three children and there was heavy smoke with the bursting of the tubes and within two or three minutes everything was burnt. Thus, there is contradictory evidence/ testimony which only suggests that either they were not present near the room where occurrence had taken place or they were just sleeping.

(46) It had already been discussed above that fire had not taken place due to sparking or short circuit but had taken place due to the placing of the heaters close to the phototherapy unit due to cold and the white sheet and the blanket caught fire and then the fire spread. EW-3 Sh. Davinder Singh stated that in his opinion the staff was not present at the time of occurrence. EW-5 Sh. Palwinder Singh, who is running a juice shop in front of the Gynae Ward stated that he was sleeping in front of his shop and at about 4.00AM, he heard the noise and got up at once and went inside the room. He further stated that he took out the children outside the

and the child developed Jaundice after 2-3 days and was admitted in the phototherapy unit on 28/29.1.2009. He further stated that the occurrence had taken place due to the negligence of doctors/paramedical staff and class IV employee. EW-8 Sh. Kashmir Ram stated that his wife Smt. Geeta Devi had given birth to a son and he had developed Jaundice and was admitted in phototherapy unit on 25.1.2009 and had died in the incident. He was standing outside the phototherapy unit at about 3.50AM then there was a noise and he went inside and helped in saving three children. He next stated that Dr. Neha, staff Nurses Reeta and class IV employee Satya did not help in taking out the children from the rooms but they kept standing outside. He further stated that when they went inside the room then the tubes were blasting. EW-9 Lakhmir Singh stated that his wife Smt. Simranjeet Kaur had given birth to a son on 17.1.2009 and later on developed Jaundice and was kept in the phototherapy unit. He further stated that the behavior of Dr. Neha and Class IV employee was rude and further class IV employee demanded Rs.50 to 100 every time when he visited the phototherapy unit to see the child. He further stated that his child was referred to PGI where he died on 4th February 2009. EW-14 Sh. Amar Nath, Chowkidar stated that at that time of occurrence, Dr. Neha and Staff Sister were frightened and were standing outside the corridor and Satya had stated that the tubes had burst at once and fire had taken place. He also stated that according to him, the fire had taken place at about 3.45 AM.

(47) EW-21 Dr. K.K. Locham stated that according to him, Dr. Neha, Staff Nurse Reeta and Satya Class IV employee, who were on duty, were responsible for the negligence and if they had tried, the children could have been saved.

✓(48) Thus, it is concluded that there was deficiency in the deployment of the doctors, staff nurses and the class IV employees on the date of incident i.e. night shift of 30/31.1.2009, in the sense that a regular doctor should have been put on duty instead of junior resident Dr. Neha who was herself doing PG in Pediatric. Furthermore, she would not have been detailed on duty in the labour department whenever a call was received for delivery. In her absence that is when she is in labour room there was none to look after children as the nursery room was locked. Certainly, it is an act of deficiency.

capacity should have been asked to check the staff between 2.00AM to 4.00AM when a person gets natural jerks of sleep. The staff nurse Miss Reeta, Class IV employee Satya and Dr. Neha Sharma did not make any efforts to save the infants lying on platform of phototherapy unit because EW-12 Miss Reeta had admitted in her statement that the smoke was filled in the room within ½ an hour and it took about 2-3 minutes to break the tubes and earlier there was sparking. If Reeta had been vigilant when sparking started and all the three immediately had tried to save the children lying on the platform of the phototherapy unit then the children would have been saved. Even EW-5 Sh. Palwinder Singh and EW-14 Sh. Amar Nath, Chowkidar categorically stated that Miss Reeta staff nurse, Dr. Neha Sharma and Satya class IV employee did not help in taking out of the infants lying in the cradle in the same room as well as in the adjoining room but they kept on standing outside. EW-14 Amar Nath Chowkidar further stated that Dr. Neha and Staff Nurse appeared to be frightened/ confused and were standing outside the corridor and Satya stated that tubes had bursted and caught fire. EW-21 DR. K.K.Locham Professor and Head of the Department positively stated that Dr. Neha, Staff Nurse and Class IV employee Satya, who were on duty were responsible for the negligence and the infants lying on the platform of phototherapy unit could have been saved, if they had tried, meaning thereby, that did not try at all to save the infants lying on the platform.

(49) After catching of the fire by the phototherapy unit, excessive smoke of the blanket and plywood board should have attracted attention of the staff/doctor on duty. Even smell of the burning of the blanket and skin of the children should have attracted, attention of the doctor/staff on duty to save the children engulfed in the fire. (It is true that the cries of the weeping children could not have been heard by the staff on duty but they could have easily saved the children, seeing crying/weeping, judging from their actions through the glass window provided in front of their seat and could also have seen the excessive smoke and smell of the burning of the blanket and the skin of the children by sitting in the duty room/place and informed the doctor or could have received help from outside. The wooden ply board or the blanket could not have burnt instantly and must have taken some time and if the staff had been vigilant then it must have attracted their attention and would have saved

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(50) Therefore, in view of the above discussion, it is held that the staff nurse on duty, the doctor on duty and the class IV employee were either sleeping or they were away from duty place, when the children lying on the phototherapy unit were burning and dying and they did not make any attempt to save the lives of the newly born infants lying in the phototherapy unit and protect the children from injuries, who were lying in the cradles or adjoining dollies. Thus they are responsible for grave acts of omission or commission of negligence.

(51) Now further question is to be seen, what is the role of the Principal Dr. Jaswinderpal Kaur Shergill, who was Principal at the time occurrence as well as Head of the Department of Surgery. EW-18 Dr. Jaswinderpal Kaur Shergill stated in her statement that she had joined as Principal Govt. Medical College Patiala on 20.12.2007 and was demoted on 31.1.2009 and infact she worked as Principal for about 400 days. She admitted that she remained on station leave for about 230 days due to different reasons. She further admitted, she was also Head of Department of Surgery besides Principal of the College but stated her duty was for 5 days from Monday to Friday and she was not expected to work on Saturday. She next stated that she used to apply for station leave to the concerned authority by fax and also informed on telephone. She further stated that on 29.1.2009, she had applied for station leave and also informed Joint Director P.P.S.Cooner through telephone on 30.1.2009 because on that day Director was not present at his office and had gone to Delhi. Certificate EW-18/A dated 2.2.2009 issued by Joint Director Dr. P.P.S. Cooner has been placed on file. In it, he stated Dr. Shergill had telephonically informed him in his office on 30.1.2009 about submission of her station leave w.e.f. 30.1.2009 after duty hours till 2.2.2009. However, the certificate can not be relied upon as in the mean time he had retired and certificate was issued after his retirement. Admittedly Dr.Shergill did not mention in her station leave that she had taken prior permission from the Joint Director about leaving the station. She admitted in her statement that she had been warned several times for leaving the station without taking prior permission, but asserted that the warnings issued to her were unjustified. How these warnings are unjustified, she had not given any cogent reasons. She meekly pointed out that Dr.J.S.Dalal previous Director was inimical to her but it cannot be believed. She in her statement even tried to show that she had

She had to admit in her statement that administrative control was of the Principal with respect to Govt. Medical College as well as Rajindra Hospital. She also admitted that all the correspondence regarding hospital was done with the Govt. by the principal.

(52). EW-22 Dr.Jagdish Gargi stated in his statement that Dr. Jaswinderpal Kaur Shergill was Principal of Govt. Medical College Patiala in January,2009 and was also Head of the Department of Surgery and she was expected to attend her duty on Saturday as it was working day for her being Head of the Department of Surgery. He next stated that Dr.Shergill was habitual in not taking permission before leaving the station and she had been given warnings several times. She was habituated to leave the station on Friday evening and used to go to Amritsar and returned on Monday morning. EW-16 Dr.Surinder Singh present Principal stated that for the hospital as well as for teaching in the college, Saturday is working day and Dr.Shergill being Head of the Department of Surgery could not leave the station by taking station leave but should have left station by taking casual leave. He next stated that Shergill used to leave the station after lunch on Friday and returned on Monday late. He next stated that Dr.Shergill had been issued warning several times for leaving station without prior permission. He also stated that overall responsibility was of the Principal, if something untoward happens in the hospital. EW-16/C is the letter issued by the Director regarding the administrative control of the hospital by the Principal. Dr.Surinder Singh further stated that he had informed Dr.Jaswinderpal Kaur Shergill on telephone about the incident on 31.1.2009 at about 5.00AM and there after 4-5 times but she refused to come at Patiala. She came to Patiala at 1.30PM, when she was compelled by the Director, to reach there. (Therefore, the above evidence shows that Dr. Shergill former Principal was having the administrative control of the College as well as Hospital and she being the Head of the Department of Surgery of the hospital could not have left the station without taking casual leave. On the other hand she applied for station leave and left the station without taking prior permission. During her stay as Principal from 20.12.2007 to 30.1.2009, she availed 230 days station leave for one reason or the other without getting prior sanction in spite of the warnings issued by Director, Research and Medical Education of Punjab. She was in

400 days, shows that she was not serious about her job as she was more interested in her family than serving the poor people suffering from various ailments. Even on the fateful day when unfortunate incident of fire had taken place, she had refused Dr. Surinder Singh to come to Patiala to take stock of the situation. Can such a person deserve to be Principal of a Premier Institution? She is squarely liable vicariously for the negligence committed by her staff to save the burning of the infants. There is lack of supervision at every level. Professor K.K. Locham is head of Pediatric department as well as incharge of Nursery Unit. Being head, he is liable vicariously for the grave negligence committed by his staff in their duty. Dr. K.K. Locham failed in his ability to see likely harm to be caused to the infants lying on platform of phototherapy unit by the falling or bursting of loose tubes fitted in the ceiling of the unit and did not provide any safeguards in the shape of fixing plastic sheet or plexiglass under the tubes to avoid possible harm to the infants. Being head and in charge of the unit, a legal duty was cast upon him to take all possible safety measures and to exercise due legal care and caution. Thus, he is also vicariously liable for grave negligence committed by the staff.)

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(53) Remedial measures to prevent of such incidents in future:

1. In the ground floor there are 3 rooms and lobby for nursery unit and 4 rooms are with Gynecology Department. These 4 rooms which are with the Gynecology Department should be handed over for nursery unit and all the 7 rooms should be converted into a hall by making requisite additions or alterations. The cabins with plane glasses be provided for the sitting of the doctors and the staff nurses on duty, so that the entire unit is visible from the cabins.
2. Another plane glass cabin should also be provided for the mothers of the new born infants at a location from where the infants in the nursery unit are visible.
3. The static room heaters should be replaced by the heat blowers with requisite thermostats to maintain the temperature at a particular degree. These heat blowers should be fixed permanently at required locations with adequate capacity of Switches and wires of electricity. These electric heat blowers and the operation of the thermostats should be got checked for proper functioning by the professionals through the office of the Medical Superintendent at

4. The latest equipment for treatment of the newborn be provided immediately after examining the requirement as recommended by the Pediatric Department.
5. Wireless microphones be kept at appropriate location of the dolly/bed of the children with their speakers in the mother's cabin so that the mothers of the children can hear the weeping/crying voice of the children and request the Staff Nurse/ Doctor to attend the child.
6. A committee may be constituted to frame guidelines for the Doctors and the Staff Nurses on Night Duty to check the tendency of sleeping on duty in the Nursery Unit. Periodical checking of the electric system and the electrically operated equipment must be ensured by the professionals.
7. The Medical Superintendent/ Nursing Superintendent and the Head of Pediatric Department should jointly inspect the Nursery Unit at least quarterly and give their recommendations jointly for the additions or alterations in the machinery/ equipment or the staff on duty. These recommendations be forwarded to the Principal who will implement the same within a reasonable time frame. After the recommendations are received by the Principal, then it is his entire responsibility to provide the same.
8. One register be introduced to make entry after every one hour explaining the visit of the staff nurse/ doctor on duty in the Nursery Unit. The columns of the register be devised by a committee to ensure fool-proof correct entries of the visits.
9. Interaction between mother and newly born child is necessary for his / her growth. So, mother be allowed to inter act freely with the child by providing her sterilised gown, chappals and piece of cloth to be tied on mouth to avoid infection.
10. One staff nurse be provided after every three children lying in the phototherapy unit.
11. Doctor on duty must be changed between 2.00 AM to 4.00 AM to avoid natural bouts of sleep.
12. Doctor must be put on duty solely in Nursery Unit without being put to any other duty.
13. Phototherapy units with double surface be purchased at the earliest for treatment of Jaundice of new born infants and installed in Nursery Unit.

Subject:

4. Term babies receiving phototherapy should be advised to take breast feeds every two hourly.
15. Serum bilirubin levels should be monitored every 6-8 hourly.
16. I think these steps would go a long way in improving the working of phototherapy unit.

Submitted by

Justice K.C. Gupta,
Former Judge of Punjab & Haryana High Court
Chandigarh.

30 - 1 - 2010

1. 1/24/11/12
2. M.E.I. 2/11/12
3. M.E. II 2/11/12
4. 2/11/12

(1)

GOVERNMENT OF PUNJAB
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
(HEALTH-III BRANCH)

NOTIFICATION

No. 8/02/2005-1HB-III/ 6308

Dated: 31.10.2006

In exercise of powers conferred by section 9 (1) of the Baba Farid University of Health Sciences Act, 1998 (Punjab Act No. 18 of 1998), the Governor of Punjab is pleased to transfer Guru Gobind Singh Medical College and Hospital, Faridkot to Baba Farid University of Health Sciences, Faridkot with immediate effect subject to the following terms and conditions:-

- (i) The Guru Gobind Singh, Medical College & Hospital, Faridkot is transferred alongwith all its assets & liabilities.
- (ii) While the services of those Government employees, already working, who do not opt to get absorbed in Baba Farid University of Health Sciences, shall remain to be governed under the present service rules and their present terms and conditions of service shall continue, but they will work under the control, supervision and directions of the University.
- (iii) The existing cadre/staff strength of the Government employees is frozen and cadre of existing employees posted in the University is declared a 'dying cadre'. As such any post falling vacant on account of transfer, retirement/resignation etc. shall revert to the University cadre and University would have the authority to make appointments against such posts.
- (iv) The employees presently working will continue as State Government Employees and will be governed by the Punjab Civil Services Rules and shall be paid pay, allowances, pensionary benefits and other facilities as available to the Government employees. The State Government will provide funds for these employees from the year 2007-08 (Non Plan) as Grant-in-aid under the relevant head of account.
- (v) The posts of senior residents/registrar/demonstrators/ lecturers/senior lecturers shall be filled by the University.
- (vi) The State Govt. will provide the funds to the Plan Budget extent only up to the financial year 2006-07.
- (vii) For the purpose of upgradation of Guru Gobind Singh Medical College and Hospital funds @ Rs. 7.00 crores per year for three years totaling Rs. 21.00 crores will be provided after due consideration on separate proposals to be submitted through Department of Medical Education and Research.
- (viii) The vacant posts or the posts likely to be vacant in the college and hospital shall be filled by the University at its own level as per the scales of pay approved by the State Government.

3/4/2007

Attended

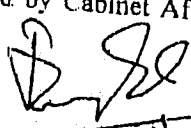
Principal
G.G.S. Med. College
FARIDKOT

Talwar

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- (ix) The University shall draw up a Plan and work towards becoming financially self-sufficient and to that extent, prioritize its financial commitments, including those on establishment, staff and the schemes.
 - (x) The seat allocation for Post Graduate students shall be as per the notification to be issued by the State Government.
 - (xi) The Government employees working in the College/ Hospital shall be free to get absorbed in the University in view of the proviso contained under section 9(2) (ii) of the Baba Farid University of Health Sciences Act, 1998.
 - (xii) The Government employees who will be on deputation with University shall not be allowed to take advantage of higher scale of pay advertised by the University. In case a Government employee wants to get higher start, he will do so after resigning from the Government service.

2. This issues with the approval of C.M.M. conveyed by Cabinet Affairs Branch vide their ID. No. 1/267/2006-1Cabinet/5123 Dated 30.10.2006.

Dated Chandigarh
the: 31st Oct, 2006


J.R. Kundal 31/10/2006
Principal Secretary to Government of Punjab
Department of Medical Education & Research.

No. 8/02/2005-1HB-III/ 6309

Dated: 31.10.2006


A copy along with a spare copy is forwarded to the Controller, Printing and Stationery Department, Chandigarh Administration, Chandigarh for publishing in the Punjab Government Gazette (Extraordinary) and supply two hundred copies without endorsement to this Department, for official use.


Joint Secretary

No. 8/02/2005-1HB-III/ 6310-13

Dated: 31.10.2006

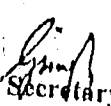
- A copy is forwarded for information and necessary action to the:-
1. Vice-Chancellor, Baba Farid University of Health Sciences, Faridkot.
 2. Vice-Chancellor, Guru Nanak Dev University, Amritsar.
 3. Vice-Chancellor, Punjabi University, Patiala.
 4. Vice-Chancellor, Punjab University, Chandigarh.


Joint Secretary

No. 8/02/2005-1HB-III/ 6314-17

Dated: 31.10.2006


- A copy is forwarded for information and necessary action to the:-
1. The Registrar, Baba Farid University of Health Sciences, Faridkot.
 2. The Registrar, Punjab University, Chandigarh.
 3. The Registrar, Punjabi University, Patiala.
 4. The Registrar, Guru Nanak Dev University, Amritsar.


Joint Secretary

No. 8/02/2005-1HB-III/ 6318-21

Dated: 31.10.2006

- A copy is forwarded for information and necessary action to the:-
1. Department of Finance (F.E.-2 Branch) and (F.P.-1 Branch).
 2. Department of Planning.


Principal
G.G.S. Med. College
FARIDKOT

Attest

PART III
GOVERNMENT OF PUNJAB

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Notification

The 20th September, 1985.

No. G.S.R.61/Const./Art.309/Amd.(4)/85.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, and all other powers enabling him to this behalf, the President of India is pleased to make the following rules further to amend the Punjab Medical Education Service (Class I) Rules, 1978, namely:—

1. (i) These rules may be called the Punjab Medical Education Service (Class I) (First Amendment) Rules, 1985.

(ii) They shall come into force on and with effect from the date of publication of this notification in the Official Gazette.

2. In the Punjab Medical Education Service (Class I) Rules, 1978 (hereinafter referred to as the said rules), in rule 9, in sub-rule (I),—

(i) clause (c) shall be omitted ; and

(ii) in clause (d), for sub-clause (i), the following sub-clause shall be substituted, namely :—

“(i) Seventy-five per cent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available, from amongst the Assistant Professors, or by transfer of an official already in the service of the Government of India, or of a State Government.”.

3. In the said rules, in rule 11, for the second proviso, the following proviso shall be substituted, namely :—

“Provided further that a Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor.”.

4. In the said rules, in Appendix ‘A’ for item 24, the following items shall be substituted, namely:—

(i) “24. Radio Diagnosis.

24-A. Radio Therapy.”;

(ii) after item 26, the following items shall be added, namely :—

“27. Cardiology.

28. Cardio-Therasic Surgery.

29. Neurology.

30. Nephrology.”.

5. In the said rules, for Appendix ‘B’, the following Appendix shall be substituted, namely:—

APPENDIX 'B'

PART I

(See rules 3, 4, 12 and 13)

Number of posts sanctioned as on 28th February, 1985

Name of the Department	Name of post	Medical College, Amritsar			Medical College, Patiala			Medical College, Faridkot		
		Perma- nent	Tempo- rary	Total	Perma- nent	Tempo- rary	Total	Perma- nent	Tempo- rary	Total
1	2	3	4	5	6	7	8	9	10	11
Anatomy	.. Professor	..	1	2	..	..	2	..	1	1
	Associate Professor	..	..	1	1	..	1	..	1	1
	Assistant Professor	..	1	3	2	1	3	..	1	1
Physiology	.. Professor	..	1	2	2	..	2	..	1	1
	Associate Professor	..	1	1	..	1	1	..	1	1
	Assistant Professor	..	1	2	1	1	2	..	1	1
Biochemistry	.. Professor	..	..	1	1	..	1	..	1	1
	Associate Professor	..	..	..	..	1	1	..	1	1
	Assistant Professor	..	1	1	1	..	1	..	1	1

Pharmacology ..	Professor	..	1	1	2	1	1	1	2	..	1	1
	Associate Professor	..	1	..	1	..	..	..	..	..	1	1
	Assistant Professor	..	1	..	1	1	..	..	1	..	1	1
Pathology ..	Professor	..	1	1	2	1	..	..	1	..	1	1
	Associate Professor	..	1	..	1	1	..	..	1	..	1	1
	Assistant Professor	..	2	..	2	2	..	..	2	..	1	1
Clinical Pathology	Professor	..	..	..	..	..	1	..	1	..	..	..
	Assistant Professor	..	..	1	1	1	..	..	1	..	..	..
Blood Bank ..	Assistant Professor	..	..	..	..	..	1	..	1	..	..	..
Microbiology ..	Professor	..	1	1	2	1	1	..	2	..	1	1
	Associate Professor	..	..	..	..	..	..	..	..	..	1	1
	Assistant Professor	..	..	1	1	..	1	..	1	..	1	1
Social and Preventive Medicine	Professor	..	2	..	2	1	1	..	2	..	1	1
	Assistant Professor	..	1	..	1	..	..	..	1	..	1	1
Forensic Medicine	Professor	..	..	1	1	1	..	..	1	..	1	1
	Associate Professor	..	1	..	1	..	..	..	..	..	1	1
	Assistant Professor	..	..	1	1	..	1	..	1	..	..	..

1	2	3	4	5	6	7	8	9	10	11	
Medicine	.. Professor	...	3	2	5	3	3	6	..	2	2
	Assistant Professor	...	4	1	5	2	4	6	..	2	2
Paediatrics	.. Professor	...	2	..	2	1	1	2	..	1	1
	Assistant Professor	...	..	2	2	2	..	2	..	1	1
T. B. and Chest Diseases	Professor	...	1	..	1	1	..	1	..	1	1
	Assistant Professor	...	1	..	1	..	1	1	..	1	1
Psychiatry	.. Professor	...	1	..	1	1	..	1	..	1	1
	Assistant Professor	..	1	..	1	..	1	1	..	1	1
Skin and V. D.	Professor	...	1	..	1	1	..	1	..	1	1
	Assistant Professor	...	1	..	1	1	..	1	..	1	1
Surgery	.. Professor	..	3	2	5	4	2	6	..	2	2
	Assistant Professor	...	3	2	5	3	3	6	..	2	2
Plastic Surgery..	Professor	..	..	1	1	1	..	1	..	..	..
	Assistant Professor	..	..	1	1	..	1	1	..	..	..
Neurology	.. Assistant Professor	..	..	1	1	..	1	1	..	..	..
Urology	.. Professor	...	..	..	..	..	1	1	..	..	..
	Assistant Professor	...	1	..	1	..	1	1	..	..	..

Paediatrics	Surgery	Professor	..	..	1	1	..	..	..	..	..	..	..
Assistant	Professor	..	..	1	1	1	..	..	..	..	..	..	..
Nephrology	Assistant	Professor	..	..	1	1	..	..	..	..	..	..	..
Orthopaedics	..	Professor	..	1	1	2	1	1	2	..	1	1	1
Assistant	Professor	..	1	1	1	2	1	1	2	..	1	1	1
E. N. T.	..	Professor	..	1	1	2	1	1	2	..	1	1	1
Assistant	Professor	..	1	1	1	2	2	..	2	..	1	1	1
Ophthalmology	..	Professor	..	2	..	2	1	1	2	..	1	1	1
Assistant	Professor	..	3	..	..	3	3	..	3	..	1	1	1
Obst. and Gynaecology	Professor	..	2	1	1	3	2	1	3	..	1	1	1
Assistant	Professor	..	2	2	2	4	1	1	4	..	2	2	2
Radio-Diagnosis	Professor	..	1	..	..	1	1	..	1	..	1	1	1
Assistant	Professor	..	1	1	1	2	1	1	2	..	1	1	1
Radio-Therapy	Professor	..	..	1	1	1	..	1	1	..	..	..	..
Assistant	Professor	..	..	1	1	1	..	1	1	..	..	..	..
Anaesthesia	..	Professor	..	2	..	2	2	..	2	..	1	1	1
Assistant	Professor	..	3	..	..	3	3	..	3	..	1	1	1

1	2	3	4	5	6	7	8	9	10	11
Pharmacy	.. Professor	..	1	1	..	1	1	..	..	..
	Associate Professor	..	..	..	..	..	..	..	..	..
	Assistant Professor	1	..	1	1	..	1	..	1	1
Cardiology	.. Professor	..	1	1	..	..	..	..	..	..
	Assistant Professor	..	1	1	..	..	..	..	..	..
Cardio-Tharsic Surgery	Professor	..	1	1	..	..	..	..	..	..
	Assistant Professor	..	1	1	..	..	..	..	..	..

PART II

- | | |
|-------------------------------------|---|
| 1. Principal | Rs. 2,500 <i>plus</i> Rs. 150 as special pay. |
| 2. Professor | Rs. 1,500—60—1,800/100—2,000/125/2—2,500 |
| 3. Associate Professor | Rs. 1,200—50—1,300—60—1,540/60—1,900 |
| 4. Assistant Professor | Rs. 1,200—50—1,300—60—1,540/60—1,900 |
| 5. Assistant Professor,
Pharmacy | Rs. 1,200—50—1,300—60—1,540/60—1,900 |

6. In the said rules, for Appendix 'C', the following Appendix shall be substituted, namely:—

"APPENDIX 'C'

[See rule 7(2)]

Name of Post	Qualifications	Teaching experience required
(1) Professor of—	M.D. M.S., Ph. D.,	Should have teaching ex-
(i) Anatomy, Physiology, Pathology, including Clinical Pathology; Pharmacology, Biochemistry, Microbiology, Social and Preventive Medicine, Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Tuberculosis, Psychiatry, Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat, Ophthalmology, Pharmacy;	D.Sc., F.R.C.S., M.R.C.P., in the speciality concerned	perience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite Post-graduate qualifications.
(ii) Cardiology, Neurology, Nephrology, Gastro-Enterology, Endocrinology, Clinical Haematology;	D.M.	Should have teaching experience as Assistant Professor in the speciality concerned for minimum period of five years in a Medical College, after requisite Post-graduate qualifications.

Name of Post	Qualifications	Teaching experience required
(iii) Paediatric Surgery, Urology, Cardiothorasic, Surgery, Neuro Surgery, Plastic Surgery;	M.Ch.	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(iv) Radio-Diagnosis;	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite post-graduate qualifications.
(v) Radio-Therapy;	M.D. (Radiology) Or M.D. (Radio-Therapy)	Should have teaching experience as Assistant Professor in the speciality concerned for minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(vi) Forensic Medicine ;	M.D. (Forensic Medicines)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite Post-graduate qualification:— Provided that the persons having post-graduate qualifications in the subject of Medicine, Pathology, Anatomy or Surgery having teaching experience in Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in Forensic Medicine.

Name of post	Qualifications	Teaching experience required
(2) Associate Professor	M.D., M.S., Ph.D., D.Sc., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(3) Assistant Professor of—	M.D., M.S., Ph.D., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in Medical College.
(i) Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, T.B., Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat ;		
(ii) Cardiology, Neurology, Nephrology, Gastro-Enterology, Endocrinology and Clinical Haematology ;	D.M.	Should have teaching experience for a minimum period of three years in speciality concerned as Senior Lecturer or Lecturer after post-graduation in the Medical College.
(iii) Paediatric Surgery, Urology, Cardio Thoracic Surgery, Neuro-Surgery, Plastic Surgery ;	M. Ch.	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after Post-graduation in a Medical College.
(iv) Radio Diagnosis	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College ;
(v) Radio Therapy	M.D. (Radiology) or M.D. (Radio-Therapy).	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College.

Name of post	Qualifications	Teaching experience required
(b) Assistant Professor— (i) Anatomy, Physiology, Pathology, including Clinical Pathology, Pharmacology, Biochemistry, Microbiology, Social and Preventive Medicine;	M.D., M.S., Ph.D., F.R.C.S., P.M.R.C.P. etc.	Should have teaching experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto.
(ii) Forensic Medicine;	M.D., Forensic Medicine	Should have teaching experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto Provided that the persons having post-graduate qualifications in the subjects of Medicines, Pathology, Anatomy, Surgery and having teaching experience in the Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in the Forensic Medicine.
(c) Assistant Professor of Pharmacy	Ph.D. (Pharmacy) in any of the allied subject of Pharmacy Or M. Pharmacy	Should have teaching experience as Lecturer in pharmacy for a minimum period of three years; Or Should have teaching experience as Lecturer in Pharmacy for period of five years.

Note.—Preference will be given to the candidates having qualifications of Ph. D. (Pharmacy).

RAVNEET KAUR,

Secretary to Government of Punjab,
Department of Health and Family Welfare.

18443 LR(P)—Govt. Press, U.T., Chd.

**MINIMUM STANDARD REQUIREMENTS FOR
THE MEDICAL COLLEGE
FOR 150 ADMISSIONS ANNUALLY
REGULATIONS, 1999**



**MEDICAL COUNCIL OF INDIA
POCKET-14, SECTOR – 8, DWARKA – 1
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(PUBLISHED IN PART III, SECTION 4 OF THE GAZETTE OF INDIA DATED THE 29TH
APRIL 1999)

MEDICAL COUNCIL OF INDIA
New Delhi, dated the 30th March 1999

No. MCI 35(1)98-Med (iii) In exercise of the powers conferred by section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Medical Council of India with the previous sanction of the Central Government, hereby makes the following regulations namely:-

1. **Short title and commencement:**
 - (i) These regulations may be called the “Minimum Requirements for 150 M.B.B.S. Admissions annually Regulations, 1999.
 - (ii) They shall come into force on the date of their publication in the Official Gazette.
2. **Objective :-** The objective of these regulations is to prescribe for a medical college and Medical Institution approved for One Hundred Fifty admissions of MBBS students annually, the minimum requirements of accommodation in the college and its associated teaching hospitals, staff (teaching and technical both) and equipment in the college departments and hospitals.
3. Every medical college and Medical Institution for 150 M.B.B.S admissions annually shall have the following departments, namely :-
 - (1) HUMAN ANATOMY
 - (2) HUMAN PHYSIOLOGY INCLUDING BIOPHYSICS
 - (3) BIOCHEMISTRY
 - (4) PATHOLOGY (INCLUDING BLOOD BANK)
 - (5) MICROBIOLOGY
 - (6) PHARMACOLOGY
 - (7) FORENSIC MEDICINE INCLUDING TOXICOLOGY
 - (8) COMMUNITY MEDICINE
 - (9) MEDICINE
 - (10) PAEDIATRICS
 - (11) PSYCHIATRY
 - (12) DERMATOLOGY, VENEREALOGY AND LEPROSY
 - (13) TUBERCULOSIS AND RESPIRATORY DISEASES
 - (14) SURGERY INCLUDING PAEDIATRIC SURGERY
 - (15) ORTHOPAEDICS
 - (16) RADIO-DIAGNOSIS
 - (17) RADIOTHERAPY
 - (18) OTO-RHINOLARYNGOLOGY
 - (19) OPHTHALMOLOGY
 - (20) OBSTETRICS AND GYNAECOLOGY
 - (21) DENTISTRY

Beside the above-said departments the Medical colleges and Medical institution running Postgraduate degree/diploma courses in various specialties may have other departments to meet teaching needs of the college or Medical Institution and healthcare needs of the public.

4. Every Medical college and Medical institution and its associated teaching hospitals for 150 MBBS admissions annually shall have the accommodation for teaching and technical staff and equipment for each department as given in the Schedule-I, II, III respectively annexed with these regulations.

SCHEDULE I

ACCOMMODATION IN THE MEDICAL COLLEGE AND ITS ASSOCIATED TEACHING HOSPITALS

A-COLLEGE

A.1 GENERAL:

A.1.1 CAMPUS

The medical college or medical institution shall be housed in a unitary campus near its teaching hospital having room for future expansion. However the existing medical colleges shall make efforts to have their teaching hospital within a radius of five kilometer of the campus.

A.1.2 Administrative block.

Accommodation shall be provided for – Principal/Dean's office (36 Sq.m.), staff room (54 Sq.m.), college council room (80 Sq.m.) office superintendent's room (10 Sq.m.), Office (150 Sq.m.), record room (100 Sq.m.), examination hall (400 Sq.m.), separate common room for male and female students with attached toilets (30 Sq.m.each), cafeteria (40-50 Sq.m.).

A.1.3 College Council:

Every medical college or Medical Institution shall have a College Council comprising of the Head of departments as members and Principal/Dean as Chairperson. The Council shall meet at least 4 times in a year to draw up the details of curriculum and training programme, enforcement of discipline and other academic matters. The Council shall also organise interdepartmental meetings like grand rounds, statistical meetings and clinico pathological meetings including periodical research review in the Institution regularly.

A.1.4. Central library

There shall be a Central Library (1200 Sq.m) with seating arrangement for at least 150 students for reading and having good lighting and ventilation and space for stalking and display of books and journals. There shall be minimum one room for 150 students inside and one room for 75 students outside. It should have not less than 10000 text and reference books. In a new medical college the total number of books should be proportionately divided on yearly basis in five years. The number of journals shall be 100 out of which one-third shall be foreign journals and subscribed on continuous basis. The number of copies of textbooks in each subject of undergraduate teaching shall be ten.

There shall be provision for –

- a) Staff reading room for 30 persons;
- b) Rooms for librarian and other staff;
- c) Room for daftaries and book binders;

- d) Microfilm reading room;
- e) Journal room;
- f) Room for copying facilities;
- g) Video and Cassette room (desirable); and
- h) Air-conditioned Computer room with Medlar and Internet facility.

A.1.5 Lecture theatres

There shall be a minimum of four lecture theatres of gallery type in the college or Medical Institution, three with seating capacity for 180 students and one with seating capacity for 375 students. These shall be built with good acoustics. Lecture Theatres shall be provided with necessary independent audio visual aids including over-head projector, slide projector and a microphone. These lecture theatres are to be shared by various departments.

A.1.6 Auditorium/Examination Hall:

There shall be an auditorium where 750-1000 persons could be seated and an examination hall, preferably air-conditioned for atleast 375 students.

A.1.7 Central Photographic Section:

There shall be Central photographic and audiovisual sections with accommodation for studio, dark room, enlarging and photostat work. Accommodation shall be provided for Artist and Medical Illustrators and Modellers etc. Facilities for microphotography and mounting shall be provided.

A.1.8. Central Workshop:

There shall be central workshop having facilities for repair of mechanical, electrical and electronic equipments of college and the hospitals. It shall be manned by qualified personnel.

A.1.9. Animal House:

There shall be a Central Animal House (135 Sq.m.area) for maintenance, breeding and supply of animals and facilities for experiment etc.

A.1.10. Central Incineration Plant:

There shall be a Central incineration plant commensurate with the hospital bed strength.

A.1.11 Gas Plant:

There shall be a Central Gas Plant or Gas supply unit.

A1.12. Statistical Unit

There shall be a centralized computerized statistical unit.

A.1.13. Medical Education Unit – There shall be a Medical Education Unit or Department for faculty development and providing teaching or learning resource material.

A.1.14 Research work:

Space as indicated in the concerned departments shall be provided in each department, duly furnished and equipped for research work and further expansion of its activities.

A.1.15. Intercom Network:

Intercom network including paging and bleep system between various sections, hospitals and college shall be provided for better services, coordination and patient care.

A.1.16. Playground and Gymnasium:

There shall be a playground and Gymnasium for the staff and students. A qualified physical education instructor shall look after the sports activities and maintenance.

A.1.17 Electricity:

There shall be continuous electricity supply, as well as standby UPS or Generator.

A.1.18 Sanitation and water supply:

Adequate sanitary facilities (toilets and bathrooms separately for women) and safe continuous drinking water facilities must be provided for the teaching staff, students, technical and other staff in all sections as required.

A.2. DEPARTMENTS

(1) DEPARTMENT OF ANATOMY

(A) Lecture theatre – As per Item A.1.5

(B) Demonstration Room – there shall be two demonstration rooms (60 sq.mt.each) fitted with strip chairs, Over Head Projector, Slide Projector, Television, Video and other audiovisual aids, so as to accommodate at least 75 to 100 students.

(C) Dissection Hall – There shall be a dissection hall (325 sq.mt.) to accommodate at least 150 students at a time. It shall be well lit, well-ventilated with exhaust fans and preferably centrally air-conditioned. There shall be an ante-room for students with lockers and fifteen Wash basins. There shall be adequate teaching aids in the hall. In addition, there shall be an embalming room (12 sq.m.area), space for 3 storage tanks (one of 3 sq.m. & two of 1.5

sq.m.each) and cold storage room with space for 15-18 dead bodies (18 sq.m.area) or cooling cabinets.

(D) Histology- There shall be Histology Laboratory (200sq.mt.) with accommodation for work benches fitted with water taps, sinks, cupboards for microscope storage and electric points for 90 students. There shall be a preparation room (18 sq. mt.) for technicians and storage of equipment.

(E) Research- There shall be one research laboratory (50 sq.m.area) for research purposes.

(F) Museum-There shall be a museum (200 sq.m.)-provided with racks and shelves for storing and proper display of wet and dry specimen and embryological sections, models, revolving stands for skiagrams, CT scan, MRI and trolly tables, X-ray view boxes shall be multistand type to take 4 plates standard size 3 boxes (3 view boxes for 150 students). Adequate seating accommodation for 35 students to study in the museum shall be provided. There shall be two attached rooms (15 sq.mt. each) for the preparation of models/specimens and for artists and modellers.

(G) Departmental Library- There shall be a Departmental library-cum-seminar room (30 sq.m. area) with at least 80-100 books. However, not more than two copies of any one book shall be counted towards computation of the total number of books.

(H) Accommodation for Staff- Accommodation shall be provided for the staff as under namely;

1. Professor & Head of the Department- (18 Sq.m.area);
2. Associate Professor/Reader-Two rooms (15 Sq.m.area each);
3. Asstt. Professor/Lecturers (Three)-One room (20 Sq.m.area);
4. Tutor/Demonstrators-One room (15 Sq.m. area)
5. Department office cum Clerical room - one room (12 Sq.m.area); and
6. Working accommodation for non-teaching staff (12sq.m. area)

(2) DEPARTMENT OF PHYSIOLOGY INCLUDING BIO-PHYSICS

(A) Lecture Theatre – As per Item A.1.5.

(B) Demonstration Room-There shall be two demonstration rooms (60 sq.mt.) fitted with strip chairs, Over head Projector, Slide Projector, Television, Video and other audiovisual aids, so as to accommodate at least 75-100 students

(C) Practical rooms- The following laboratories with adequate accommodation shall be provided to accommodate 90 students.

- (i) Amphibian laboratory (one)-(200 sq.m.area) shall be provided with continuous working tables. Every seat shall be provided preferably with stainless steel washbasin. Every workings table shall have one drawer and one cupboard, an electric point and with

- fire/steam proof top. One preparation room (14 Sq.m. area) shall be provided with the amphibian laboratory.
- (ii) Mammalian laboratory (one)-(80 Sq.m.area) shall be provided with six tables (2m X 0.6m) with stainless steel top and operating light. The laboratory shall have attached instrument rack, two large size wash-basins (stainless steel) and cupboards for storing equipments. One preparation room (14 sq.m. area) shall be provided with the Mammalian laboratory.
- (iii) Human Laboratories:
- a) Haematology Lab. (200 Sq.m.area) provided with continuous working tables. Every seat shall be provided preferably with stainless steel wash basin. Every working table shall have one drawer and one cupboard, an electric point and with fire/steam proof top including provisions of light sources on each table. One preparation room (14 Sq.m.area) shall be provided with this laboratory.
 - b) There shall be a Clinical Physiology Laboratory (90Sq.m.area) provided with 10 tables (height 0.8 m.) with mattresses and adjustable hand-end.
- (D) Departmental Library-There shall be a Departmental library-cum-seminar room (30Sq.m.area) with at least 80-100 books. However, not more than two copies of anyone book shall be counted towards computation of the total number of books.
- (E) Research - There shall be one research laboratory (50 Sq.m.area) for research purposes.
- (F) Accommodation shall be provided for the staff as under:-
1. Professor & Head of the Department- (18 Sq.m.area);
 2. Associate Professor/Reader-Two rooms (15 Sq.m.area each);
 3. Asstt. Professor/Lecturers (Three)-One room (20 Sq.m.area);
 4. Tutor/Demonstrators-One room (15 Sq.m.area)
 5. Department office cum Clerical room – (one) (12Sq.m.area); and
 6. Working accommodation for non-teaching staff (12sq.m. area)

(3) DEPARTMENT OF BIOCHEMISTRY

- (A) Lecture theatre - As per Item A.1.5.
- (B) Demonstration Room-There shall be two demonstration rooms (60 sq.mt.) fitted with strip chairs, Over head Projector, Slide Projector, Television, Video and other audiovisual aids, so as to accommodate at least 75-100 students.
- (C) Practical class room-
There shall be a laboratory (200 Sq.m.) with benches fitted with shelves and cupboards, water taps, sinks, electric and gas connections so as to accommodate 90 students. Two Ante rooms (14 Sq.m. area) each for technicians, stores, preparation room, balance and distillation apparatus shall also be provided.
- (D) Departmental library- There shall be a Departmental library-cum-seminar room (30Sq.m.area) with at least 80-100 books. However, not more than two copies of any one book shall be counted towards computation of the total number of books.
- (E) Research - There shall be one research laboratory (50 Sq.m.area) for research purposes.

(F) Accommodation shall be provided for the staff as under:-

1. Professor & Head of the Department- (18 Sq.m.area);
2. Associate Professor/Reader-Two rooms (15 Sq.m.area);
3. Asstt. Professor/Lecturers (four)-Two rooms (12 Sq.m.area each);
4. Tutor/Demonstrators-One room (15 Sq.m.area)
5. Department office cum Clerical room – (one) (12 Sq.m.area); and
6. Working accommodation for non-teaching staff (12 sq.m. area)

(4) DEPARTMENT OF PATHOLOGY

(A) Lecture theatre - As per Item A.1.5.

(B) Demonstration room-There shall be two demonstration rooms (60 Sq. mt.) fitted with Over Head Projector, Slide projector, Television Video and other audiovisual aids, to accommodate at least 75-100 students.

(C) There shall be Practical Laboratories for Morbid Anatomy and Histopathology/ Cytopathology (200 Sq.mt. area) and for clinical Pathology/Haematology (200 sq.mt.area) with preparation room (14 sq.mt.area) with benches, fitted with shelves cupboards, sinks, water taps, light for microscopy and burners for 90 students to carry out exercises.

(D) There shall be a separate service laboratory each (30 Sq.mt.) for histopathology, cytopathology, Haematology and other specialised work in the hospital suitably equipped.

In addition there shall be a balance room (14 Sq. mt.), store room (14 sq.mt.) and special room for high speed centrifuge (14 sq.mt.) and a wash room (14 sq.mt.) with continuous water supply.

(E) Museum-There shall be a museum (90 Sq.mt.) for specimens, charts, models with a sitting capacity of atleast 40 students. All the specimens shall be labelled and at least 15 copies of catalogues for student use be provided. In addition, there shall be an ante room.

(F) Autopsy Block- There shall be an Autopsy room (approx. 400 sq.mt. area) with facilities for cold storage, for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 30-40 students, waiting hall and office. The location of mortuary and autopsy block should be either in the hospital or adjacent to the hospital in a separate structure and may be shared with the department of Forensic Medicine.

(G) Departmental library-

There shall be a Departmental library-cum-seminar room (30 sq.m. area) with at least 80-100 books. However, not more than two copies of anyone book shall be counted towards computation of the total number of books.

(H) Research-There shall be one research laboratory (50 Sq.m. area) for research purposes.

(I) Accommodation shall be provided for the staff as under, namely:

1. Professor & Head of the Department- (18 Sq.m.area);
2. Associate Professor/Reader-four rooms (15 Sq.m.area each);
3. Asstt. Professor/Lecturers (five)-Three rooms (14 Sq.m.area each);
4. Tutor/Demonstrators-Three room (15 Sq.m.area each)
5. Department office cum Clerical room - one (12 Sq.m.area); and
6. Working accommodation for non-teaching staff (12 sq.m. area)

(J) BLOOD BANK

There shall be an air conditioned Blood Bank (100 Sq. mt. Area) and shall include-

- (a) Registration and Medical Examination Room and selection of donors room with suitable furniture and facilities.
- (b) Blood collection room.
- (c) Room for Laboratory for Blood Group serology;
- (d) Room for Laboratory for Transmissible diseases like hepatitis, syphilis, Malaria, HIV antibodies etc;
- (e) Sterilisation and washing room;
- (f) Refreshment room; and
- (g) Store and Records room.

The equipment and accessories etc. shall be provided as prescribed in Part XII-B in Schedule F to the Drugs and Cosmetics Rules, 1940 as amended from time to time.

(5) DEPARTMENT OF MICROBIOLOGY

- (A) Lecture Theatre-as per item A.1.5.
- (B) Demonstration room-There shall be two demonstration rooms (60 Sq. mt.) fitted with strip chairs, Over Head Projector, Slide projector, Television, Video and other audiovisual aids, to accommodate at least 75-100 students.
- (C) Practical laboratories-There shall be a Practical laboratory (200 Sq.mt. Area) with benches fitted with shelves cupboards, sinks, water taps, light for microscopy and burners for 90 students (200 sq.m. area) with laboratory benches, gas, water and electric points, microscopes and light with a preparation room (14 sq.m.area).
- (D) There shall be a separate service laboratory each for (1) Bacteriology including Anaerobic; (2) Serology; (3) Virology; (4) Parasitology; (5) Mycology; (6) Tuberculosis; and (7) immunology.

Area for each service laboratory shall be 35 Sq.m. Separate accommodation for (1) Media preparation and storage (20 Sq.m.area) (2) Auto Claving (12 Sq.m. area) (3) Washing & drying room with regular and continuous water supply (12 sq.m.area) for contaminated culture plates, test tubes and glassware shall be provided.

- E) Museum- There shall be a museum (80 Sq. mt.) for specimens, charts, models, with a sitting capacity of atleast 40 students. All the specimens shall be labelled and atleast 15 copies of catalogues for students use be provided.
- F) Departmental Library- There shall be a Departmental library-cum-seminar room (30Sq.m.area) with at least 80-100 books. However, not more than two copies of anyone book shall be counted towards computation of the total number of books.
- (G) Research: There shall be one research laboratory (50 Sq.m.area) for research purposes.
- (H) Accommodation shall be provided for the staff as under:
 1. Professor & Head of the Department- (18 Sq.m.area);
 2. Associate Professor/Reader-One room (15 Sq.m.area);
 3. Asstt. Professor/Lecturers -Two rooms (12 Sq.m.area each);
 4. Tutor/Demonstrators-two rooms (15 Sq.m.area each)
 5. Department office cum Clerical room - one (12 Sq.m.area); and
 6. Working accommodation for non-teaching staff (12 sq.m. area)

(6) DEPARTMENT OF PHARMACOLOGY

- A) Lecture theatre- As per Item A. 1.5.
- B) Demonstration room-There shall be two demonstration rooms (60 sq.mt.area) fitted with strip chairs, Over Head Projector, Slide projector, Television, Video and other audiovisual aids, to accommodate at least 75-100 students.
- C) Practical Laboratories – There shall be a Practical Laboratory with accommodation for 75-100 students for the following namely :
 - i) Experimental Pharmacology (200 Sq.m. area) with ante-room (14 Sq. m. area for smoking and varnishing of kymograph papers.
 - ii) Clinical pharmacology and pharmacy (200 Sq.m. area) with one ante-room (14 Sq.m. area) for technicians, storage of equipment and appliances and preparation room.
- (D) Museum- There shall be a museum (125sq.mt.) for specimens, charts, models, with a separate section depicting “ History of Medicine”, with a seating capacity of at least 40 students. All the specimens shall be labeled and at least 15 copies of catalogues for student use be provided.
- (E) Department Library-

There shall be a Departmental library-cum-seminar room (30sq.m.area) with at least 80-100 books. However, not more than two copies of any one book shall be counted towards computation of the total number of books.
- (F) Research- There shall be one research laboratory (50 Sq.m.area) for research purposes.
- (G) Accommodation shall be provided for the staff as under:-

1. Professor and Head of the Department- (18 Sq.m.area);
2. Associate Prof./Reader-Two rooms (15 sq.m. area);
3. Asst. Professor/Lecturers- Two rooms (12 sq.m. area)
4. Tutors/ Demonstrators- Two rooms (15 Sq.m. area);
5. Department office cum Clerical room one (12 Sq.m. area); and
6. Working accommodation for non-teaching staff (12 Sq.m. area)

(7) DEPARTMENT OF FORENSIC MEDICINE INCLUDING TOXICOLOGY

- (A) Lecture theatre- As per item A.1.5.
- (B) Demonstration room - There shall be two demonstration rooms at least (60sq.mt.) fitted with strip chairs, Over Head Projector, Slide projector, Television, Video and other audiovisual aids, to accommodate at least 75-100 students.
- (C) There shall be a museum (175 Sq.m. area) to display medico-legal specimens charts, models, prototype fire arms, wax models, slides, poisons, photographs etc. with seating arrangements for 40-50 students. All the specimens shall be labelled and at least 15 copies of catalogues for student use be provided.
- (D) There shall be a laboratory (200 Sq.m.area) for examination of specimens, tests and Forensic histopathology, Serology, anthropology and toxicology.
- (E) Autopsy Block - There shall be an autopsy room (approx. 400 Sq. mt.area) with facilities for cold storage, for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 40-50 students, waiting hall, office etc. The location of mortuary or autopsy block should be either in the hospital or adjacent to the hospital in a separate structure and may be shared with the department of Pathology.
- (F) Departmental Library-
There shall be a Departmental library-cum-seminar room (30 Sq.m.area) with at least 80-100 books. However, not more than two copies of anyone book shall be counted towards computation of the total number of books.
- (G) Research-There shall be one research laboratory (50 Sq.m.area) for research purposes.
- (H) Accommodation shall be provided for the staff as under, namely:-
 1. Professor & Head of the Department- (18 Sq.m.area);
 2. Associate Professor/Reader-Two rooms (15 Sq.m.area each);
 3. Asstt. Professor/Lecturers -One room (12 Sq.m.area);
 4. Tutor/Demonstrators-One room (15 Sq.m.area)
 5. Department office cum Clerical room - one (12 Sq.m.area); and
 6. Working accommodation for non-teaching staff (12 sq.m. area)

(8) DEPARTMENT OF COMMUNITY MEDICINE

(A) Lecture theatre – As per Item A.1.5

(B) Demonstration room-There shall be two demonstration rooms (60 sq.mt.) fitted with strip chairs, Over Head Projector, Slide projector, Television Video and other audio-visual aids, to accommodate at least 75-100 students.

(C) There shall be a laboratory (200 Sq.m.area) with facilities for purposes of demonstration of various laboratory practicals.

(D) Museum-There shall be a museum (125 Sq.m.area) for the display of models, charts, specimens and other material concerning communicable diseases, Community Health, Family Welfare planning, Biostatistics, Sociology, National Health Programmes, Environmental Sanitation etc.

(E) Departmental Library-

There shall be a Departmental library-cum-seminar room (30 Sq.m.area) with at least 80-100 books. However, not more than two copies of anyone book shall be counted towards computation of the total number of books.

(F) Research- There shall be one research laboratory (50 Sq.m.area) for research purposes.

(G) Accommodation shall be provided for the staff as under, namely:-

1. Professor & Head of the Department- (18 Sq.m.area);
2. Associate Professor/Reader-Two rooms (15 Sq.m.area each);
3. Asstt. Professor/Lecturers -One room (15 Sq.m.area);
4. Statistician cum Lecturer-One room (12 Sq.m.area)
5. Epidemiologist cum Lecturer-One room (12 Sq.m.area)
6. Tutor/Demonstrators-Two rooms (15 Sq.m.area each)
7. Department office cum Clerical room - one (12 Sq.m.area); and
8. Working accommodation for non-teaching staff (15 sq.m. area)

(H) Primary Health Centre/Rural Health Training Centre

Every medical college shall have three primary health centres/rural health training centres for training of students in community oriented primary health care and rural based health education for the rural community attached to it. Out of these one primary health centre shall be within a distance of 30 km. or within one hour of commuting distance from the medical college. Separate residential arrangements for boys and girls, interns and undergraduates with mess facilities shall also be provided in at least one of the primary health centres/rural health training centres which shall be under the full administrative jurisdiction of the medical college. Adequate transport shall be provided for carrying out field work, teaching and training activities by the department of Community Medicine and other departments (both for staff and students).

- (I) Urban Health Training Centre- it shall be under the administrative control of Deptt. of community Medicine. Adequate transport shall be provided for commuting the staff and students.

B. TEACHING HOSPITAL

B.1 GENERAL REMARKS

- B.1. 1 All the teaching hospitals shall be under the academic, administrative and disciplinary control of the Dean/Principal of the medical college or medical institution.
- B.1.2. Accommodation shall be provided for Dean (36 Sq.mt.) and Medical Superintendent (36 Sq.mt.) and hospital offices for the supportive staff, Nursing Superintendent's room and office, waiting space for visitors. There shall also be accommodation for:
- (a) Enquiry office,
 - (b) Reception area (400 Sq.mt.) including facilities for public telephone, waiting space for patients and visitors, drinking water facility with nearby toilet facilities.
 - (c) Store rooms.
 - (d) Central Medical Record Section (250 Sq.m.)
 - (e) Linen Rooms.
 - (f) Hospital and Staff Committee room (80 Sq.mt.)
- B.1.3. One Central lecture theatre of gallery type with a seating capacity of 200 persons and audio-visual aids shall be provided in the hospital.
- B.1.4. Central Registration and statistics department with computer facilities shall be provided.
- B.1.5. Intercom network alongwith paging and bleep system between various sections, hospitals and college shall be provided for better service, coordination and patient care.
- B.1.6 Residential accommodation shall be provided in the hospital campus for interns, Jr. Residents, Senior Residents, Registrars etc.
- B.1.7 There shall be a minimum OPD attendance of 8 patients per day (old and new) per student intake.
- B.1.8 Indoor beds occupancy-Average occupancy of indoor beds shall be a minimum of 80% per annum.
- B.1.9. Clinical Departments in the Hospital.

Requirement of Beds and units:

The number of beds required for 150 admissions annually is 750. They may be distributed for the purposes of clinical teaching as under, namely: -

(i) MEDICINE AND ALLIED SPECIALITIES:-

	No. of beds and units required
	Beds/units
General Medicine	180/6
Paediatrics	90/3
Tuberculosis and Respiratory Diseases	30/1
Dermatology, Venereology and Leprosy	15/1
Psychiatry	<u>15/</u>
	<u>330</u>

Note: (1) There shall be well equipped and updated intensive Care Unit (I.C.U.), Intensive Coronary Care Unit (I.C.C.U.) Intensive Care Paediatric beds and preferably Intensive care in Tuberculosis and Respiratory Diseases.

(2) Wherever possible, the facilities available in larger tuberculosis and chest diseases hospitals, infectious diseases hospitals and mental hospitals may be utilised for training in these specialties. However, if these hospitals are not under the total administrative control of the Medical College, the required beds in these specialties shall have to be provided in the attached teaching hospital itself.

(ii) SURGERY AND ALLIED SPECIALITIES:

	No. of beds/units required
1. General surgery	180/6
2. Department of Orthopaedics	90/3
3. Department of Ophthalmology	30/1
4. Oto-Rhinolaryngology	<u>30/1</u>
	<u>330</u>

Note: There shall be well-equipped and updated intensive Care Burn Unit and Surgical post operative critical care Unit.

(iii) OBSTETRICS AND GYNAECOLOGY

	No. of beds and units required
1. Obstetrics	50
2. Gynaecology	32
3. Postpartum	08
	90/3
(iv) GRAND TOTAL	750

Note : (1) In case a super speciality is developed, it shall necessitate creation of extra beds alongwith additional staff over and above the minimum requirement stated hereinabove in accordance with the provisions of the Postgraduate Medical Education Regulations, 1971.

(2) The teaching hospital may provide additional beds in any speciality depending upon their patients load.

B.2. CLINICAL DEPARTMENTS-INDOOR

B.2.1. The following accommodation shall be available with each ward, namely:-

1. Accommodation to be provided for Nurses Duty Room.
2. Laboratory for routine examinations.
3. Examination and treatment room.
4. Ward Pantry.
5. Store room for linen and other equipment; and
6. Resident Doctors and students Duty Room.

B.2.2. The following additional accommodation shall be provided for each of the departments, namely:-

1. Offices for Head of Departments and Head of Units.
2. Accommodation for the other unit staff.
3. Clinical demonstration rooms (at least one for each department) and
4. Departmental Library-cum-Seminar room (30sq.mt.) with a seating capacity of 50 students.

NB:- The size and number of staff rooms shall be as per the guidelines given in the pre and para clinical departments for the prescribed number of staff members in a department.

B.2.3. RESEARCH LABORATORIES:

There shall be a Research Laboratory commensurate with the specialised work in all fields.

B.2.4. OPERATION THEATRE UNIT :

The Operation Theatre Unit shall have the following facilities; namely:-

1. Waiting room for patients.
2. Preparation room
3. Operation theatre.
4. Post-operative recovery room (minimum of 10 beds).
5. Soiled Linen room.
6. Instrument room.
7. Sterilisation room.
8. Nurses rooms.
9. Surgeon's and anaesthetist's room (separate for male and female).
10. Assistant's room.
11. Observation gallery for students.
12. Store rooms
13. Washing room for Surgeons and Assistants; and
14. Students washing up and dressing up room.

Four such units may be provided for General Surgery (including one for septic cases); one for ENT; one for Orthopaedics; one for Ophthalmology and two for Obstetrics and Gynaecology.

In addition, one or more extra theatre/s for other surgical specialities and one theatre for emergency-casualty area shall be provided.

B.2.5 CENTRAL STERILISATION SERVICES:

There shall be an independent Central Sterilization unit capable of taking the total working load of operation theatres, laboratories close to or in the operation theatre block itself. It shall have adequate equipment like bulk sterilize with separate ends for loading unsettle material, unloading sterile, cold sterilize, Ethylene oxide sterilize, freon ethylene instruments and mattress sterilizer, sterile racks, mixers, and trays for instruments.

This department shall work round the clock and all materials, instruments, trays, and dressing material etc. shall be supplied round the clock.

B.2.6 LAUNDRY

The Central Mechanical laundry shall be provided with bulk washing machine, Hydro-Extractor, flat rolling machine. Laundering of hospital linen shall satisfy two basic considerations, namely, cleanliness and disinfection. The hospital could be provided with necessary facilities for drying, pressing and storage of soiled and cleaned linens.

B.2.7. DEPARTMENT OF RADIO-DIAGNOSIS:

The room sizes for various Diagnostic Imaging Systems shall be as per the following provision of the Atomic Energy Regulatory Board Safety Code, namely:-

"The room size of the room housing X-ray equipment must not be less than 25 Sq.m. for a general purpose X-Ray machine. In case of diagnostic X-Ray equipment operating at 125kv or above the control panel must be installed in a separate control room located outside but contiguous to the X-Ray room. Rooms housing fluroscopy equipment must be so designed that adequate darkness can be achieved conveniently when desired. Patient waiting areas must be provided outside the X-ray room and a dark room must be provided."

Accommodation shall be provided for the following, namely:-

- (a) Room for 300mA, 500mA, 600mA. I.I.TV System, Fluroscopy System (36 sq.m.)
- (b) Ultrasound Room (15 sq.m.)
- (c) Room for 60mA Mobile X-Ray System (15 sq.m.)
- (d) Accommodation for CT Scan System. There shall be three equipment rooms, (examination room, control room, and computer room). In addition, a services

room for Electrical Panels, UPS and Servo Stabilizer shall be provided. The total area requirement is 80 sq.m.

- (e) There shall be preferably a Magnetic Resonance Imaging (MRI) System. The space requirement shall be according to the standard specifications.
- (f) Store room for X-Ray films and related material (15sq.m.)
- (g) Museum (25 sq.m.).
- (h) Waiting room for patient , enquiry office and staff rooms shall be provided as per requirement.

B 2.8 DEPARTMENT OF ANAESTHESIOLOGY

Accommodation for the department of Anaesthesia should be provided for staff on duty in operation theaters in that block itself as far as possible in addition to following accommodation; namely:-

1. Offices for Heads of Departments and Heads of Units.
2. Accommodation for the other unit staff.
3. Clinical demonstration rooms (at least two for each department); and
4. Departmental Library-cum-Seminar room (30 Sq.m.) with a seating capacity of 50 students.

OPTIONAL DEPARTMENTS.

B.2.9 DEPARTMENT OF RADIOTHERAPY;

The department needs to be planned in such a way that there is a minimum movement of Radio-active sources through the general corridors of the Hospital. It is therefore desirable that the outpatient wing, treatment wing, dosimetry/planning equipments, wards, operation theatre and other facilities are located in the same block, may be on two floors. It should be closely connected with the rest of the hospital to facilitate free interaction of the facilities of various disciplines for multidisciplinary management of the patients. Separate rooms should be provided for Teletherapy Unit (100 Sq.m.area), intracavitary treatment room (50 sq.m.area) interstitial, endocavitary, surface mould therapy room (50 sq.m.area), planning room (50sq.m.area), rooms for metalling treatment planning equipments, mould room (50 sq.m.area), record room (100sq.m.area), medical physics laboratory (50sq.m.area) outpatient waiting room (200 sq.m.area), indoor beds (at least 40 beds and an isolation ward) (200 sq.m.area), day care ward for short chemotherapy/radiotherapy procedures etc. (70 sq.m.area). The minimum floor area shall be 2000-2500 sq.m. Prior BARC approval of the radiation therapy rooms/plan alongwith complete layout of the entire department is mandatory.

B.2.10 DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION:

Accommodation (2000 sq.meter) shall be provided for professor and other teaching staff, paramedical personnel and non-medical staff, evaluation room, physiotherapy, Electrotherapy, Hydrotherapy, Occupational Therapy, Speech therapy, separately, as far as possible.

B 3 CLINICAL DEPARTMENTS-OUT DOOR

B 3.1 Accommodation shall be provided for:-

1. Waiting/reception space rooms for patients and attendants,
2. Enquiry and record room.
3. Four examination rooms (cubicles) and case demonstration rooms to be provided for each department in the outdoor in self-contained blocks with their sub-sections. Each clinical unit in the out-patient department shall be provided with examination cubicles.
4. Dispensary.
5. The following additional accommodation shall be provided in the departments specified below:-
 - (a) In Surgery & its specialities:
Dressing room for men and women patients respectively.
Operation theatre for out patient surgery.
 - (b) In Ophthalmic Section:
Refraction rooms, dark rooms, dressing rooms etc.
 - (c) In Orthopaedics Section:
Plaster room, Plaster-cutting room, out-patient X-ray desirable.
 - (d) In ENT Section:
Sound proof audiometry Room, ENG laboratory and speech therapy facilities.
 - (e) In Paediatrics:

Child Welfare including Immunization Clinic
Child Guidance Clinic
Child Rehabilitation Clinic including facilities for speech therapy and occupational therapy.
 - (f) In obstetrics and Gynaecology:
Antenatal Clinic, Family Welfare Clinic
Sterility Clinic
Cancer Detection Clinic.
There shall be an additional students duty room (separately for males and females) attached to the labour room.
 - (g) In Dental Section:
Accommodation for Dental Surgery and Prosthetic dentistry.

B 2.2 Reception and Waiting Hall for Patients.

B. 2.3. A seminar room for students.

B.4 CENTRAL LABORATORIES:

There shall be well-equipped and updated central laboratories preferably alongwith common collection entire for all investigations in histopathology, cytopathology, haematology, immunopathology, microbiology, biochemistry and other specialized work if any.

B.5 CENTRAL CASUALTY DEPARTMENT

There shall be a Central Casualty department wherein consultancy services shall be provided by the teachers of relevant Departments.

Accommodation for Resuscitation Services including Oxygen supply, ventilators, defibrillator and two fully equipped disaster trolleys (emergency trolleys), Emergency X-ray, investigative facilities, Operation theatre etc., shall be provided. These shall all be fully equipped.

A casualty ward with at least twenty five beds is also necessary. Accommodation for staff on duty (Doctors, Nurses, Students and others) shall be provided.

Adequate sanitary arrangements (toilet and bathrooms) & drinking water facilities for patients, their attendants and the staff of the department shall be provided in the respective blocks.

B.6 CENTRAL HOSPITAL PHARMACY

It shall have qualified pharmacist incharge and other staff certified by statutory authorities to dispense the drugs.

B.7 CENTRAL KITCHEN

The Central Kitchen shall be commodious, airy, sunny, clean with proper flooring with exhaust system. The cooking should be done either by electricity or by gas. It should be provided with proper and clean working platforms. A separate store area with proper storage facilities should also be provided. The services trolleys for food should be hot and closed stainless steel ones.

B.8 INCINERATING PLANT

A modern incinerating plant capable of taking hospital waste shall be provided.

B.9 CENTRAL DISINFECTION PLANT

There shall be Central disinfection plant.

B.10 STAFF QUARTERS

B10.1 There shall be sufficient number of quarters for covering 100 per cent of the total nursing staff and resident doctors staff strength.

B10.2 There shall be sufficient number of quarters for covering at least 50% of the teaching staff and class IV strength.

B. 11 CENTRAL HOSPITAL STORES

There shall be a central hospital stores for stocking & supply of drugs, equipments etc.

B.12 HOSTELS FOR STUDENTS

It is desirable that medical college should be a residential unitary complex. Each hostel room shall not have more than three occupants.

GENERAL REMARKS

Schedule - II - STAFF REQUIREMENTS

1. Emphasis in medical education being on practical instruction and demonstration in small groups. The number of teachers must be as per provisions of this Schedule adequate to enable such instruction to be imparted effectively.
2. The teaching staff of all departments of medical college shall be full-time.
3. These regulations cover the minimum requirements of under graduate medical education. Additional teaching staff will be required in institutions where postgraduate education is also imparted. Additional teaching staff will also be required where the work load involved in emergency care patient care, clinical laboratory work/field work is heavy or of a specialized nature.
4. To ensure the exposure of undergraduate students to experienced teachers, it is essential to provide adequate number of higher posts (Professors/Readers) in every department of teaching.
5. In department of anatomy, Physiology, Biochemistry, Pharmacology and Microbiology, non-medical teachers may be appointed to the extent of 30% of the total number of posts in the department. A non-medical approved medical M.Sc. qualification shall be a sufficient qualification for appointment as lecturer in the subject concerned but for promotion to higher teaching post a candidate must require Ph.D. degree qualification or equivalent qualification. However, in the department of Biochemistry, non-medical teachers may be appointed to the extent of 50% of the total number of posts in the department. In view of the paucity of teachers in non-clinical departments, relaxation upto the Head of the department may be given to non-medical persons in case a suitable medical teacher in the particular non-clinical speciality is not available for the said appointment in said department. However, all such appointments will be made only with the prior approval of the Medical Council of India. However, a non-medical person cannot be appointed as Director/Principal/Dean/Medical Superintendent or equivalent of an institution in any case. In the department of Community medicine, Statistician cum Lecturer in Statistics should possess M.A./M.Sc. qualification in that particular subject from a recognised university. These requirements are as per the Teacher Eligibility Qualification Regulations.
6. Teacher in higher specialities like Cardiology, neurology, Neuro-Surgery shall not be counted against the complement of teachers required for under graduate medical education.

DEPARTMENTWISE STAFF REQUIREMENTS-NON-CLINICAL

(1) DEPARTMENT OF ANATOMY

Staff Strength Required

Professor	1
Reader	3
Lecturer	4
Tutors/Demonstrators	6
Technical Asstt./Technician	4
Modeller	1
Dissection Hall Attendants	6
Steno typist	1
Store Keeper cum clerk	1
Sweepers	6

(2) DEPARTMENT OF PHYSIOLOGY

Staff Strength Required

Professor	1
Reader	3
Lecturer	3
Tutors/Demonstrators	1
Technical Asstt./Technician	6
Modeller	4
Dissection Hall Attendants	1
Steno typist	3
Store Keeper cum clerk	1
Sweepers	2

(3) DEPARTMENT OF BIOCHMISTRY

Professor	1
Reader	1
Lecturer	2
Tutors/Demonstrators	3
Technical Asstt./Technician	4
Storekeeper cum Clerk	1
Lab. Attendant	1
Sweepers	2

(4) DEPARTMENT OF PATHOLOGY

Professor	1
Reader	4
Lecturer	5
Tutors/Demonstrators	9

ARTIST	1
Technical Asstt./Technician	8
Lab. Attendants	5
Steno typist	1
Clerks	2
Store Keeper	1
Record clerk	1
Sweepers	4

(5) DEPARTMENT OF MICROBIOLOGY

Professor	1
Reader	2
Lecturer	2
Tutors/Demonstrators	3
Technical Asstt./Technician	4
LAB. ATTENDANTS	3
Store Keeper	1
Record Clerk	1
Steno Typist	1
Sweepers	3

(6) DEPARTMENT OF PHARMACOLOGY

Professor	1
Reader	2
Lecturer	3
Tutors/Demonstrators	6
Pharm. Chemist	1
Technical Asstt./Technician	3
Store Keeper cum clerk	1
Steno Typist	1
Laboratory Attendants	3
Sweepers	2

(7) DEPARTMENT OF FORENSIC MEDICINE

Professor	1
Reader	2
Lecturer	2
Tutors/Demonstrators	3
Technical Asstt./Technician	2
Laboratory Attendants	2
Steno Typist	1
Store Keeper cum clerk	1
Sweepers	2

Note: For postmortem work and other medico-legal work extra staff shall be provided.

(8) DEPARTMENT OF COMMUNITY MEDICINE

Professor	1
Reader	2
Lecturer	3
Epidemiologist cum Lecturer	1
Statistician cum Lecturer	1
Tutors/Demonstrators	6
Medical Social Worker	2
Technical asstt./Technicians	2
Stenographers	1
Record Clerk	1
Store Keeper	1
Sweepers	2

Staff for Rural Training Health Centre
(including field work and epidemiological studies.)

Medical Officer of Health-cum-lecturer/ Assistant Professor.	1
Lady Medical Officer	1
Medical Social Workers	2
Public Health Nurse	1
Health Inspectors	2
Health Educator	2
Technical Asstt./Technicalns	2
Peons	1
Van Driver	1
Store Keeper	1
Record Clerk	1
Sweepers	2

Urban Training Health Centre

Medical Officer of Health-cum-lecturer/ Assistant Professor.	1
Lady Medical Officer	1
Medical Social Worker	2
Public Health Nurse	1
Health Inspector	2
Health Educator	1

Technical Asstt./Technicians	2
Store keeper	1
Record clerk	1
Van Driver	1
Peon	1
Sweepers	2

Note: The Urban and Rural Training Health Centres should be under the direct administrative control of the Dean/Principal of the college.

C. DEPARTMENT WISE STAFF REQUIREMENTS-CLINICAL DEPARTMENTS

(1) GENERAL

1. Each department shall have a Head of the Department of the rank of full time Professor who shall have overall control of the Department.
2. The Staffing pattern of the departments shall be organised on the basis of units.
3. A Unit shall have not more than 30 beds in its charge. However, in departments of Tuberculosis & respiratory diseases, Dermatology, Venereology & Leprosy, Psychiatry, Ophthalmology & ENT one unit shall be of MCI sanctioned strength for that speciality even if the total number of beds is less than 30.
4. The minimum staff complement of each unit shall consist of the following, namely:-
 - (a) Professor/Reader 1
 - (b) Lecturer. 1
 - (c) Senior Resident/Tutor/Registrar 1
 - (d) Junior Residents 3 to 4

In addition to the above staff, additional Sr. Residents and Junior Residents shall be provided according to the load in Burn Ward ICU, emergency, ICCU, Nursery, Labour Room and in other critical/intensive care unit/units for providing services round the clock.

(2) DEPARTMENT OF GENERAL MEDICINE

The Number of units, beds and staff for each department shall be as follows;

(a) GENERAL MEDICINE

No. of units/beds:		6/180
		Staff strength required
1.	Professor	1
2.	Reader	5
3.	Lecturer	6
4.	Tutor / Registrar/Sr. Resident*	6
5.	Junior Residents	18

With three years Resident experience.

(b) TUBERCULOSIS & RESPIRATORY DISEASES

No. of units/beds:		1/30
		Staff strength required
1.	Professor/	1
2.	Reader	
3.	Lecturer	1
4.	Tutor / Registrar/Sr. Resident*	1
5.	Junior Residents	3

* With three years Resident experience.

(c) DERMATOLOGY VENEREOLOGY & LEPROSY

No. of units/beds:		1/15
		Staff strength required
1.	Professor/	1
2.	Reader	
3.	Lecturer	1
4.	Tutor / Registrar/Sr. Resident*	1
5.	Junior Residents	3

* With three years Resident experience.

(d) PSYCHIATRY

No. of units/beds:		1/15
		Staff strength required
1.	Professor/	1
2.	Reader	
3.	Lecturer	1
4.	Tutor / Registrar/Sr. Resident*	1
5.	Junior Residents	3

* With three years Resident experience.

The following ancillary staff shall be provided.

Staff Strength required

1.	E.C.G. Technician	1
2.	Technical Asstt./Technician	3
3.	Lab. Attendants	4
4.	Store Keeper	1
5.	Steno Typist	1
6.	Record clerks	2
7.	T.B. and Chest Diseases Health Visitors	2

- | | | |
|----|----------------------------|---|
| 8. | Psychiatric Social Workers | 2 |
|----|----------------------------|---|

DEPARTMENT OF PAEDIATRICS

No. of units/beds:		3/90
		Staff strength required
1.	Professor/	1
2.	Reader	3
3.	Lecturer	2
4.	Tutor / Registrar/Sr. Resident*	3
5.	Junior Residents	9

*with three years Resident experience

The following ancillary staff shall be provided.

1.	Child Psychologist	1
2.	Health Educator	1
3.	Technical Asstt./Technician	1
4.	Lab attendant	1
5.	Store Keeper	1
6.	Steno Typist	1
7.	Record clerks	1
8.	Social worker	1

(4) DEPARTMENT OF GENERAL SURGERY

No. of units/beds:		6/180
		Staff strength required
1.	Professor/	1
2.	Reader	5
3.	Lecturer	6
4.	Tutor / Registrar/Sr. Resident*	6
5.	Junior Residents	18

* With three years Resident experience.

The following ancillary staff shall be provided.

1.	Technical Assistant/Technicians	3
2.	Laboratory Attendants	4
3.	Store keeper	1
4.	Steno-Typist	1
5.	Record Clerks	2

(5) DEPARTMENT OF ORTHOPAEDICS

No. of units/beds:		3/90
		Staff strength required
1.	Professor/	1
2.	Reader	2
3.	Lecturer	3
4.	Tutor / Registrar/Sr. Resident*	3
5.	Junior Residents	9

* with three years resident experience.

The following ancillary staff shall be provided.

1.	Technical Assistant/Technicians	1
2.	Laboratory Attendants	1
3.	Store keeper	1
4.	Steno-Typist	1
5.	Record Clerks	1

(6) DEPARTMENT OF OTO-RHINO-LARYNGOLOGY

No. of units/beds:		1/30	
		Staff strength required	
1.	Professor	}	1
2.	Reader		1
3.	Lecturer		
4.	Tutor / Registrar/Sr. Resident*		1
5.	Junior Residents		3

* with three years resident experience.

The following ancillary staff shall be provided.

1.	Technical Assistant/Technicians	1
2.	Laboratory Attendants	1
3.	Store keeper	1
4.	Steno-Typist	1
5.	Record Clerks	1
6.	Audiometry Technician	1
7.	Speech Therapist	1

(7) DEPARTMENT OF OPHTHALMOLOGY

No. of units/beds:		1/30
		Staff strength required
1.	Professor	1
2.	Reader	1
3.	Lecturer	
4.	Tutor / Registrar/Sr. Resident*	1
5.	Junior Residents	3

* with three years resident experience.

The following ancillary staff shall be provided.

1.	Technical Assistant/Technician	1
2.	Lab Attendant	1
3.	Stenotypist	1
4.	Store keeper	1
5.	Record Clerk	1
6.	Refractionist	1

(8) DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

No. of units/beds:		3/90
		Staff strength required
1.	Professor/	1
2.	Reader	2
3.	Lecturer	3
4.	Tutor / Registrar/Sr. Resident*	3
5.	Junior Residents	9

The following ancillary staff shall be provided.

1.	Antenatal Medical officer-cum-lecturer/ Assistant Professor	1
2.	Maternity and Child Welfare Officer- cum-lecturer/ Assistant Professor	1
3.	Social Worker	2
4.	Technical Asstt./Technicians	2
5.	Lab Attendants	2
6.	Stenographer	1
7.	Record Clerk	1
8.	Store Keeper	1

(9) DEPARTMENT OF RADIO-DIAGNOSIS

1.	Professor	1
2.	Reader	2
3.	Lecturer	3
4.	Tutors/Registrars	4
5.	Radiographic technicians	8
6.	Dark room assistant	4
7.	Stenographers	1
8.	Storekeeper	1
9.	Record clerk	1

(10) DEPARTMENT OF RADIO-THERAPY (OPTIONAL)

1.	Professor	1
2.	Reader	}
3.	Lecturer	
4.	Tutors/Registrars	2
5.	Physicist	1
6.	Radiotherapy technicians (for every treatment unit)	2
7.	Dark room assistant	1
8.	Stenographer	1
9.	Storekeeper	1
10.	Record clerk	2

(11) DEPARTMENT OF ANAESTHESIOLOGY
Staff strength required

1.	Professor	1
2.	Reader	3
3.	Lecturer	4
4.	Tutors/Registrars/Senior Residents	7

The staff in the department shall consist of :

1.	Technical Asstt. Technicians	8
2.	Stenotypist	1
3.	Record clerk	1
4.	Store keeper	1

(12) DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION (OPTIONAL)
Staff Strength required

1.	Professor/	1
2.	Reader	

3.	Lecturer	1
4.	Senior Residents	2
5.	House Surgeon/Junior Resident	1

The staff in the department shall consists of :

1.	Physiotherapists	2
2.	Occupational Therapists	2
3.	Speech Therapists	1
4.	Prosthetic and Orthotic Technicians	2
5.	Workshop Workers	6
6.	Clinical Psychologist	1
7.	Medico-social Worker	1
8.	Public Health Nurse/Rehabilitation Nurse	1
9.	Vocational Counsellor	1
10.	Multi-rehabilitation Workers/(MRW)/ Technician/Therapist	4

Non-medical Personnel

Stenographer	1
Record Clerk	1
Store keeper	1
Class IV workers	4

(12) DEPARTMENT OF DENTISTRY Staff Strength required

1.	Professor	1
2.	Reader	1
3.	Lecturer	1
4.	Tutor/Registrar	1
5.	Dental Technicians	4
6.	Store Keeper cum clerk	1

Note: Where Dental College or Dental wings of medical Colleges exist, the services of teachers of these may be utilized in the instruction of medical students in Dentistry and no separate staff in the Medical College shall be necessary.

D. STAFF REQUIREMENT FOR-ANCILLARY SERVICES

I CENTRAL RECORD SECTION

The staff of the section shall consist of

1.	Medical Record Officer	1
2.	Statistician	1
3.	Coding Clerks	4

4.	Record Clerks	6
5.	Daftaries	2
6.	Peons	2
7.	Stenotypist	1

II. CENTRAL ANIMAL HOUSE

The staff shall consist of :

1.	Veterinary Officer	1
2.	Animal Attendants	2
3.	Technicians for animal operation room	1
4.	Sweepers	2

III CENTRAL LIBRARY

The staff in library shall consist of:

1.	Librarian with a degree in Library Science	1
2.	Deputy Librarian	1
3.	Documentalist	1
4.	Cataloguer	1
5.	Library Assistants	4
6.	Daftaries	2
7.	Peons	2

IV. CENTRAL PHOTOGRAPHIC CUM AUDIOVISUAL UNIT

1.	Photographers	1
2.	Artist Modellers	1 each
3.	Dark Room Assistant	1
4.	Audiovisual Technician	1
5.	Store Keeper cum Clerk	1
6.	Attendant	1

V. MEDICAL EDUCATION UNIT

1.	Officer In-charge	1 (Principal/Dean)
2.	Coordinator	1 (Head of a deptt. nominated by Principal/Dean.)
3.	Faculty	5-6 motivated teachers from the college faculty on part time basis.

Supportive Staff:

1.	Stenographer	1
2.	Computer Operator	1
3.	Technicians in Audio-visual aids, Photography and Artist	2

VI. CENTRAL STERILIZATION SERVICES DEPARTMENT

1.	Matron	1
2.	Staff Nurse	4
3.	Technical Assistant	8
4.	Technician	8
5.	Ward Boys	8
6.	Sweeper	4

VII. LAUNDRY

1.	Supervisor	2
2.	Dhobi/Washerman/Women	12
3.	Packer	12

VIII. BLOOK BANK

1.	Professor /Reader	1
2.	Lecturer	1
3.	Technicians	6
4.	Laboratory Attendants	6
5.	Store Keepers	6
6.	Record Clerks	2

IX. CENTRAL CASUALTY SERVICES

The staff in the department shall consist of :

1.	Casualty Medical Officer	4
2.	Operation Theatre staff to function on 24 Hours round the clock basis.	As required
3.	Stretcher bearers	6
4.	Receptionist-cum-clerks	2
5.	Ward boys	6
6.	Nursing and Para-medical staff	6
7.	Clinical staff for casualty Beds.	As required.

X. CENTRAL WORKSHOP

1.	Superintendent – who shall be a qualified engineer	1
2.	Senior Technicians	4 (Mechanical, Electrical, Electronic, Refrigeration)
3.	Junior Technicians	2

4.	Carpenter	1
5.	Blacksmith	1
6.	Attendants	4

XI. OTHER HOSPITAL STAFF

1. **NURSING STAFF:** The nursing staff shall be provided as per the following recommendations of the Nursing Council:

RECOMMENDED NORMS FOR HOSPITAL NURSING SERVICE

	(STAFF)	(TEACHING HOSPITAL)	
Staffing:			
1.	Nursing Superintendent (for minimum of 150 beds)	1	
2.	Deputy Nursing Superintendent	1	
3.	Asstt. Nursing Superintendent (for every additional 50 beds one more Assistant Nursing Superintendent)	2	
Staff Nurse	Sister	Department Senior/Astt. Nursing Supdt.	
Medical Ward.	1:3	1:25	Each Shift 1 for 3-4 wards
Surgical Ward	1:3	1:25	" -do-
Orthopaedic ward	1:3	1:25	" -do-
Paediatric ward	1:3	1:25	" -do-
Gynaecology ward	1:3	1:25	" -do-
Maternity ward	1:3	1:25	" -do-
(Including new borns)			
Intensive Care Unit	1:1 (24 Hrs.)	1 each shift	1 Departmental Sister/ Asst. Nursing Supdtd. for 3-4 units.
Coronary Care Unit			
Special wards Eye, ENT etc.		1 each shift	
Operation Theatre	3 for 24 hrs. per table	1 each shift	1 Departmental sister/ ANS for 4-5 Operation Theatre
Casualty & Emergency Unit	2-3 Staff Nurse depending on the No. of beds	1 each shift emergency casualty etc.	1 Depttl. Sister/ANS for

Out patient Department-base on Actual observation.

a)	Minor Operation Theatre	1 Staff Nurse for every 13 Patients
b)	Injection Room	1 Staff Nurse for every 86 patients
c)	Surgical	1 Staff Nurse for every 120 patients
d)	Medical	1 Staff Nurse for every 140 patients
e)	Gynae.	1 Staff Nurse for every 35 patients
f)	Children (Paediatric)	1 Staff Nurse for every 85 patients
g)	Orthopaedic	1 Staff Nurse for every 120 patients
h)	Dental	1 Staff Nurse for every 120 patients
i)	ENT	1 Staff Nurse for every 120 patients
j)	Eye	1 Staff Nurse for every 86 patients
k)	Skin	1 Staff Nurse for every 100 patients

Similarly other out patient Department need to be staffed based on actual observation.

JUSTIFICATIONS:

1. Needs may vary from hospital to hospital depending on the size of hospital and service rendered more staff than anticipated will be required.
2. Special attention is needed for supervision of patient care on the evening and night shift. 30% leave reserve is suggested because nurses get 2 off, 30 Earned Leave and 12 Casual leave/24 days off in a year. Also it has been observed that on any working day 25% of the staff on casual leave etc.

A nurse works for 240 days in a year whereas hospital require nursing services for 365 days, for 24 hours, which means to depth work for 1/3 nurse is required that is why 30% leave reserve is needed.

2. Dieticians: In order to prescribe diet on the scientific lines for different types of patients the services of qualified dietician are essential in all the teaching hospital.
3. Pharmacists: As required for Hospital.
4. Class III and IV personnel-as required for hospital.

SCHEDULE III

EQUIPMENT (for various departments in the College and Hospitals).

Note: These recommendations are minimum requirements and will serve as a guide to the institutions with regard to the equipment required. They are not meant to be an exhaustive list and the staff of the various departments will use their initiative and experience for equipping the departments.

A. NON CLINICAL DEPARTMENTS

1. DEPARTMENT OF ANATOMY

- (a) **Furniture and Fixtures:** Office tables small and big, office chairs, museum almirahs, study tables, staff room and library almirah, store almirahs, store racks, lockers with coat hangers and drawers as required. Laboratory benches with cup-boards and rack for reagent bottles and laboratory glasswares as required, water and gas and electric points operation tables etc., as necessary.

NAME OF THE ARTICLE	QUANTITY REQUIRED FOR 150 (admissions)
Table with marble for stainless steel tops 6'1" x 2' x3'	20
Tables with marble top or stainless steel, Half standard size.	5
Drill machine	3
Hand saw	4
Band saw for sectioning body and limbs	1
Stools, preferably metal	90
Brain knife	5
Mortuary cooler with arrangement to keep at least 8 bodies or suitable alternative arrangement.	1/2
Storage tank to hold 10 cadavers, made of concrete with copper lid.	1
Plastic tanks for storing soft and dissected parts.	10
Trolley Table (Steel, Light).	3
Projectors including overhead projectors	2 + 2
X-ray Viewing lobby.	4
Charts, Diagrams, Models, Slides etc.	As required
Dissecting instruments	As required
Meat cutting machine for thin body sections (trans and vertical) for gross anatomy sectional study	1

NAME OF THE ARTICLE

QUANTITY REQUIRED FOR
150 (admissions)

(b) APPARATUS AND INSTRUMENTS FOR HISTOLOGY

Microscopes, Monocular	90
Dissection microscope	5
Microtomes, rotary	2
Microtomes, Sledge, large cutting	1
Cabinet for slides (1000)	6
Incubators	1
Paraffin embedding bath	1
Hot plates for flattening sections	2
Hot air cover for drying slides (45°C)	1
Balance Analytical capacity 200 grms. and Sensitivity 1/10 mg.	1
Balance Earanger capacity 6 kilos Sensitivity, 1/5 gram	2
Refrigerators	2
Distilled water still menesty type capacity gallon per hour	2
Diamond pencils	4
7 colour marking pencils	2
<u>Anatomy Museum</u>	
Skeletons articulated	7
ones (Dis-articulated) sets	30
Specimen jars	As required
Racks steel	As required
Embalming machines for cadavers	2
Computer for keeping student records, marks, stores etc,	

(2) PHYSIOLOGY DEPARTMENT

- (a) Office table, small and big, office chairs, museum almirahs, study table, staff room and library almirahs, stock almirahs, store room racks, laboratory benches with cupboards and racks for reagent set up for experimental physiology including Sherrington Starling Kymograph (Presferably electrically driven) Myograph stand, inductorium, simple key short circulating key, pohl's commutator, vibrating interrupter, Muscle through, Muscle liver, Muscle grip of femur clamp, Hook and weight set, heart liver, frog board for dissection, enamel tray for above, frog board cork-lined with boss-head-36 sets + 6 spares.

Low voltage units, for tapping 2 and 4 volts for stimulation, at each seat-as required.

Note:

1. Time makers can also be made available at each seat alongwith the low voltage unit.

2. Electronic stimulators, students type can be used instead of low voltage units Nife cells. This will also dispense with the need for induction coil interrupter, Transistor ones are preferred.

NAME OF THE ARTICLE	QUANTITY REQUIRED FOR 150 (admissions)
Electric time makers, 100/sec.	10
Tuning fork, time marker, 100/sec.	10
Electrodes, X-blocks, burrette clamps, enamel bowls brass uprights, with coarse and fine adjustments basin, spirit lamps, cooper wire (double cotton covered) Kymograph paper etc.	As required

(b) MAMMALIAN EXPERIMENTS

Large extension kymographs-Brodie- Starling complete with respiration pump, motor time marker manometer etc.	As required
Operation table	1
Volume recorders	8
Dale's bath for internal organ	30
Isolated Organs. Bath for students complete with liver etc.	40
Animal Weighing Machine, for small and big animals (for each)	1
Mary's Tambour	40
Venus and arterial canula (different sizes) (each)	40
Smoking outfit, with fume cupboard	1
Varnishing outfit, for long and short papers	1
Anaesthesia boxes.	5
Surgical instruments for operative procedures, syringes, pulleys, etc.	As required

(c) HUMAN AND OTHER EXPERIMENTS:

Microscopes, Oil immersion	50+8
Demonstrations eye piece	4
Double Demonstration eye piece	4
Stage incubator	1
Wastergen's Pipettes for E.S.R. on Stand (with space pipettes)	40
Perimeter Priestly Smith S/LP.984 B & T	10
Haemoglobinometer, Sahil or hellige (with spaces)	40
Haemocytometers	40
Sphygmomanometer	15
Stethoscopes	20

Stethoscopes, Demonstration with	
Multiple ear pieces	4
Polygraphs	4
Venus Pressure apparatus	2
Spirometer, Ordinary	10
Gas analysis apparatus, Haldane's students type	1
Van Slyke's apparatus manometric	2
Gas analyzer – automatic for CO ² , O ² , N ²	1
Douglas bag, complete	6
Basal metabolism apparatus	1
Ergograph Mosse's	10
Clinical thermometer	30
Compass	10
Thermanaesthesiometer	5
Algometer	5
Apparatus for passive movement	5
Knee hammer	15
Stethograph	15
Bicycle ergometer	6
Olfactometer	1
Ophthalmoscope	2
Schematic eye	4
Phakoscope	2
Perimeters, with charts	5
Colour perception lantern Edridge Green	1
Maddox rod	1
Newtons colour wheel	1
Tuning forks to test hearing 32-10,000 cps (sets)	4
Dynamometer	2
Otorhinolaryngoscope	5
Steriliser Electric	2
Instrument trolley	1
Stop watches	10

(d) GENERAL

Physiograph, 3 channels, complete with accessories	2
Physiograph, single channel, with accessories	8
Centrifuge, high speed with technometer etc.	1
Calorimeter, photo-electric	1
pH meter, electric	1
Refrigerator, 9-10c ft.	1
Oxygen Cylinder with trolley	6
Co cylinder with trolley	2
Electronic stimulator	1
Water distillation still, with spare heating elements	1

All glass distillation apparatus double stage	1
Voltage stabilizer	3
Stepdown transformers	1
Thermometers, balances, microslides and glassware	As required

DEPARTMENT OF BIOCHEMISTRY

Fume cupboards	2
Boiling Water baths, with lids having 8-12 Holes	6
Autoclave electric	2
Balance open pan	6
Balance semi micro	2
Balance micro	1
Vortex mixers	2
Urinometers	50
Constant temperature water bath	4
Ryles tube	4
Incubator electric with thermostat	4
Hot air oven	4
Magnetic stirrer	2
Pump vacuum	2
Calorimeters	6
Refrigerators	4
Flame Photometer	2
Thermometers 0-250 ⁰ C	4
Thermometers 0-110 ⁰ C	4
Cork borer set	1
Stop watch	4
Spirit lamp	50
Chromatographic chamber	2
Water distillation plant (metallic)	3
All glass distillation apparatus	3
Desicators large size	6
Desicators small size	6
Centrifuge clinical for 12 tubes	6
PH meters	3
Homogeniser	3
Microscopes	6
Ultra Violet (U.V.) lamp	1
Tools for small workshop for glass blowing and mending	1 set
Bottle dispensers	15
Samplers (autopipettes) different volume range	15
Electrophoresis apparatus with	

power supply for Paper PAGE AGAROSE	6
Spectrophotometer	1
Binocular research microscopes	2
Glass ware as required by standard	
lab. Like pipettes, beakers and conical flasks, etc.	As required.

DEPARTMENT OF PATHOLOGY

General

Office table small and big, office chairs; museum almirahs; study table, staff room, and library almirahs, stock almirahs, store room racks, lockers with coat hangers and drawers as required. Laboratory benches with cupboards and rack for reagent bottles, water, gas and electric points, operation tables etc. as necessary.

(b) Morbid Histology and Morbid Anatomy Sections

Weighing machine for cadavers	1
Rotary Microtomes	2
Freezing Microtome with a stand for carbondioxide cylinder	1
Hot plates	2
Hot air (50 degree Celsius) for special staining	2
@ Paraffin embedding bath (Ordinary)	2
@ Electric vacuum embedding baths	2
@ if Histo Kinetite is not available.	
Autoclave electric	2
Distilled water still	1
Water bath 57 degree Celsius	1
Rectangular water bath	1
Centrifuge machine electric Rotofix	1
Colorimeter Photoelectric Klett.	1
Cabinet for 1000 slides	As required
Band saw	1
Autopsy tables	2
Automatic tissue processor,	
Histokinmettee or similar, complete.	1
Staining racks for staining in bulk	15
Troughs for staining in bulk	18
Coplin jars	24
Water bath electric (Tissue Floation)	2
Balance, Chemical with weights	2
Balance, chemical with weights	
Microscopes, Monocular, with double nose piece, High power objective	
2 eye-pieces, mechanical stage and condensor	90

Oil immersion lens for above	90
Polarising attachments for microscopes	1
Micrometers, ocular	1
Demonstration eye pieces	6
Magnifying lens	6
Blood pressure instrument	2
Micrometer stage	2
Hot plat electric	2
Laboratory Counter nine keys clay Adams	8
Laboratory stirrer	1
Automatic timer	2
Balance for weighing organs	1
Saws, wire for cutting bones	1
Slide boxes for 100 slides for students	200
Drill for boring glass	2
Blow piece with bellows for bending glass	2
Microphotographic apparatus	1
X-ray viewing box	2
Double Demonstration Eye piece	4
Microprojection apparatus	2
Sternal puncture needle Adulet size	2
Sternal puncture needle child size	2
Liver Biopsy needle	2
Box weight analytical	2
Stop watch reading at 1/5 second.	6
Ultraviolet lamp.	1
pH Meter electric.	1
Microscope, Binocular, research.	1
Paper Electrophoresic apparatus vertical	1
Paper electrophoresis apparatus, horizontal	1
Water still electric	1
2 x 2 slide Projector.	3
Overhead projector	1
Museum jars.	As required
Drawing instruments and colours for photo artist	1 set
Surgical instruments.	1 set
Dark room lamp, developing troughs	1 set
Chemicals etc. for photo artist	
Glassware, stains, chemicals reagents etc. for Histological work.	As required

Clinical Laboratory:

Microscope high power with oil immersion lens moveable stage and condensor for the routine microscope work.	15
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Bottles Sp. Gravity 25 cc	2
Micro burretes 5 cc	2
PH meter, with ultra micro blood PH electrodes and Electrical	
Contrifuge One higher power contrifuge for serological works, one for haematological work and one other	3
Incubator	1
Haemacytometers with red and white pipettes	90
Haemoglobinometers, Sahili'type	90
Sedimentation apparatus-one wester green and one wintrobole	2 sets
Syringes disposable one set from 10 cc to 2cc	30 of each
Staining jars for slides.	12
Urinometers	9
Albuminometers, esbachs & Aufrech's type	2
Urine Glasset (Conical)	12
Water baths with lids and holes thereon for holding test tubes etc.	3
Centrifuge tubes graduated	36
Crusible with china ltd.	2
Crusible Gooch with adapter	2
Graduated cylinders for various capaciies ranging from 100 cc to1000 cc.	6 of each.
Pipettes of various sizes, graduated sets	As required
Reagent bottles.	As required
Dropping bottles 4 ounce	As required
Reagents	As required
Balances-(1) Sensitive balance	2
(2) Chemical balance with weight boxes	2

(5) DEPARTMENT OF MICROBIOLOGY

Incubators, electrical (large)	5
37 degree Celsius	
Autoclave	3
Hot air sterliser	3
Arnolds sterilser	3
Serum inspissators	2
Balance, Chemical	2
Lovibond comparators	1
Flasks flat bottom 50 cc.	10
Microscope oil-immersion moveable stage Abbe, condenser etc.	80
Microscope, dark ground work with arc lamp	

arrangement etc.	1
Refrigerators	3
Micrometer eye pieces	2
Micrometer stage	2
Centrifuge, electrical high power	3
Refrigerated centrifuge	1
Distilled water plant	2
Distilled water plant all glass	1
Oil immersion lens for students microscope.	80
Dropping bottles for stains (Plastic)	750
Staining troughs	100
Anaerobic apparatus	4
Electrophoresis complete set	1
B.O.D. incubator	2
Laminar flow table	1
Ultra Violet (U.V.) Lamps	1
Venereal Diseases Research Laboratory (V.D.R.L.) shaker	2
Computer unit	1
Overhead Projector	1
Water bath (Serological) 37 degree Celsius	1
Water bath (Serological) 56 degree Celsius	1
Deep freeze (-20 degree Celsius)	1
Elisa Reader, dispenser and washer	1
Binocular microscope	3

Culture facilities

Thermometers (Assorted)	12
Glassware, such as pipettes burettes, beakers, conical flasks, petri dishes of different sizes, reagent bottles etc.	As required
Material for preparation of media	
Stains	As required
PH Determination apparatus	2
Reagent bottles with stopper 2000 cc	12
1000 cc	48
500 cc	24
250 cc	24
100 cc	60
50 cc	60
Test tubers hard glass 150 mm x 18 mm	12 Gross
100 mm x 12 mm	25 Gross
75 mm x 12 mm	25 Gross

(6) PHARMACOLOGY DEPARTMENT.

Office tables small and big, office chairs, museum almirahs, study tables, staff room and library almirahs, stock almirahs, store room rack, lockers with coat hanger and drawers as required laboratory benches with coat hanger and drawers as required. Laboratory benches with cupboards and with racks for reagent bottles, water, gas and electric points, operation tables, as necessary.

EXPERIMENTAL PHARMACOLOGY

Starling's long extension kymographs with time markers.	3
The ideal Respiration Pump (500 cc. CAP.)	3
Brodi's operation tables	3
Incubators	2
Refrigerators	2
Assembly perfusion apparatus for mammalian heart	4
Standard power tables	3
Assembly for mammalian classes	4
Automatic electric recording drums	4
Mechanical Stromhur	2
Gadum's out-flow recorder	2
Centrifuge.	2
Colorimeters	3
Canulas (different types)	48
Cautery machine, electric Blendsone	1
Varnishing Tray with foot lever	2
Four Unit isolated organ bath palmer F.67	1
Analgesiometer	1
Smoking Burners Palmer A-291 and A-265	1
Tracheal Canula Metal Palmer E.76	4
Condons Drop Recorder – Palmer B-75	1
Prof.Inchleys Drop Recorder-Palmer B.78	1

Animal weighing:

a) Machine for small animals like rats and guinea pig	3
b) Machine for big animals like dogs	3
Dissection instruments and injection syringes (The experimental physiology laboratory can be used if available for the students)	As required
* Kymograph (students) Electric independent unit	150
* Electric Motor ¼ with split pulleys	2
* Shafting steel rod ¾" diameter and 18" long	8
* Standard Shafting and fittings	40

* Pulleys	30
Muffs coupling for joining 2 pieces of the above mentioned shafting steel rods	12
* <i>Not required in case of independent units.</i>	
X-blocks	As required
Hook grip rods	As required
Plain stand	150
Apparatus for isolated rabbit intestine etc.	150
Jacquets graphic chronometer	3
Frog Boards Palmer c. 120	150
Jackson's Enterograph	3
Hair Aesthesiometer-Palmer W.290	3
Long Extension for paper palmer A-130	2
Animal Balance Tripple Beam	2
Manometers mercury Palmer C-200	6
Metronome Palmer B-5	2
Oncometer Kidney	2
Oncometer Heart	2
Copper Trays (10"x8"x1")	150
Thermometer (upto 110 degree Celsius)	150
Distillation apparatus	6
Microscopes ordinary	4
Working tables with racks each table 36' long	9
Chemical Balance-ordinary Apothecary's	2
Chemical Balance-Sensitive	2
Dissection instrument	As required
Plethysmograph assorted	4
Pneumograph Palmer E	1
Piston Recorder Palmer C.51	1
Tambours mareys Palmer C.5 & C.11	4
Tetanus Set Palmer H2O	1
Stop Watches Jacquets	12
Oxygen Cylinders with Trolleys 20 cu.ft	6
Carbon-di-oxide cylinder	2
Operating lamps-Phillips	4
Animal trolley with 12 cages	4

Miscellaneous:

Electrodes, Ordinary and non polarisable, insulated wires, time markers, electric signals, Mercury manometer, perfusion apparatus, myograph lever, small pulley's upright stands and chemicals etc.	As required
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(c) Pharmacy Laboratory:

Dispensing Balance with metric system weights	50
Pill Tiles	50
Suppository moulds	50
Porcelain dishes	15
Crucibles with tongs	15
Pestle and Mortar	50
Iron Spatula	50
Measure glass all sizes	50
Water bath, metal	15

Miscellaneous:

Chemicals, drugs, glass rods, funnels and filter	As required
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(d) SPECIAL CHEMICALS AND PHARMACOLOGICAL EQUIPMENT

Stimulator Electronic Arthus Thomas	1
Balance Semi micro Analytical Pan Mottler	1
Electrocardiograph	1
Spectrophotometer Model Du-Backman (UV Visible range)	1
Skin and Rectal Thermometer Barun	1
Antihistamine Chamber with manometer	1
Flame photometer	1
Stop clock	18
Water bath 4 hole electrically heated	12
Bell jars Assorted	4
Petri dishes assorted	36
Museum drugs specimen jars	30
All glass distillation apparatus cap.2 litres	2
Centrifuge Electric international R.P.M. 3000	4
Microscope students type with mechanical stage and oil immersion	4
Microscope lamps	4
Magnetic stirrer B.T.L.	1
Autoclave electric	1
Waring Blender M.S.E.	1
Hot air oven size 14"x14"x14"	1
Incubator Electric Size 14"x14"x14"	1
Vacuum & Pressure Pump Cenco	2
Instruments Sterilliser Electric size 12" x 8"x6"	
B.P. Apparatus	12
Distilled water still Manesty Electrical Cap. 2 gallon per hour	2
Stethoscope	12

Multimeter	1
Temperature controlled water bath 37 °C	1
Razor Hone	2
Electric Hot Plate	2
Deionizer-two of capacity 20 litres per hour and 6 litres per hour (mixed bed type) connected in series	
Physiographs with Transducers and other relevant accessories (may substitute kymographs)	60
Vortex mixer	2
Actophotometer	1
Rotarod Assembly	1
Electro-Convulsimeter	1
Cook's Pole Climbing Apparatus	1
Metabolic Cages (Diuretic Study)	3-4
Digital pH meter	1
Tablet Disintegration Machine	1
Glass tubing (length of 6 ft.)	As required.
Glass rods-assorted sizes of 6 ft.	150
Glass mortar & pestles capacity of 500 and 200 cc }	36
Cork borer set of 12	Each
Holder for platinum wireloop	1 set
Lancet spring (disposable)	160
Lamp for microscope	160
Magnifying glass with metal handle	As required
Metal mincing machine	80
Postmortem instruments sets complete	1
Suction pumps	2 sets
Filtering apparatus sietz filter and Millipore filter	1
Dessicators	1 each
Vacuum Desicators	2
Apron plastic for postmortem	1
Apron rubber for postmortemt	2
* Lyophilizer	2
*Thermal Cycler	1
*U.V. Transilluminator with photography	1
* Colony counter	1
* Cold room + 4 degree Celsius	1
* BACTEC system	1
* Phase contrast Microscope	1
*Vortex mixer	1
* Electronic Balance	1
* Microfuge	1

- * Ultra centrifuge 1
- * Flourescent Microscope 1
- * Desirable additional equipment in the department of Microbiology.

(7) DEPARTMENT OF FORENSIC MEDICINE

Weighing machine, dial type human	2
Equipment for reporting height	2
Balance chemical	1
Balance, single pair for weighing foetus	1
Weighing machine for Weighing dead bodies	
Weighing machine for organs	2
Folding metal scale to measure upto 7 ft.	1
Steel tape roll	2
Warnier calipers	1
Autopsy table	2
Styker autopsy saw, with accessories	3
Hacksaw	4
Dissection sets, consisting of cartilage knife bone cutting forceps scissors, straight and curved	
Enterotome Scaples, knives with spare blades, probe	
metal scale graduated in cms. Etc.	4
Rib. Shears, right and left	4
Viscerotome with attachment for illumination (Battery operated)	1
SLR camera with accessories	1
Microscope student type	30
Microscope Binocular, research	4
Stopwatch	2
X'ray view box one in four	5
View Box Two in one	4
B.P. Apparatus	5
Anthropometric set	1
Automatic tissue processing machine	1
Microtome with knife	1
Hot plates	1
L.Modes	16
Leather Strops	2
Parafin Bath Embedding	1
Slide Warming Table	1
Stone Carbarandon	2
Water bath (Tissue Flowing)	1
Distillation plant	1
Brain knife	8
Black Holder	50

Digital Spectrometer	1
Digital PH meter	1
Electric Auto slide projector	1
Glass cutting Pencil	1
Hand Set heat Sealer	1
Spectroscope Lens with adjustable slit	2
Refrigerator	1
Cold Storage for keeping dead bodies	As required
Deep freezer for keeping tissues	As required
Video Camera, Television and Video Cassette Recorder	1 each
Instrument Cabinet, instrument, trolley, filing cabinet with folders, filing cabinets for almirahs etc.	As required

(8) DEPARTMENT OF COMMUNITY MEDICINE

Comparator, Nessler	1
Barometer, Fotin	1
Extraction Apoparatus, fat, complete	1
Filter, Pasteur chamberland, complete set	1
Filter, berke fed	1
Hydrometres, Spirit	3
Hydrometres, milk	3
Hydrometers, wet and dry BULB	1
Incubator, electric	1
Museum jars	As required
Models, charts, diagrams etc.	As required
Balance Analytical 200 gm	3
Balance for weighing food stuff Capacity 2 Kg.	1
Centrifuge clinical	1
Weighing machine adult	4
Salters Baby weighing machine	4
Harpenders Callipers (for skinfold thickness)	2
Height measuring stand	1
Aqua guard	1
Refrigerator 9 cu.ft.	1
Ice Lined Refrigerator (I.L.R.)	1
Dissecting microscope	40
Microscope oil immersion	3
T.F., V.C.R.	1 each
Still for distilled water	1
Autoclave	1
Sterilizers, electric	2
Computer	1
Over Head Projector	2

The Rural and health centers for training of undergraduate students shall be suitably equipped alongwith adequate transport.

B. CLINICAL DEPARTMENTS

The list of equipment for clinical departments both indoor and outdoor, may be prepared by the Heads of departments, who would keep in view the needs for:-

- (1) Special examination with diagnostic aids and investigations such as laboratory, X-ray, etc.
- (2) Routine treatment, medical and surgical etc.
- (3) Special therapy such as physical, occupational, dietetic etc.

The following equipments for various clinical departments are however the minimum required.

(1) DEPARTMENT OF MEDICINE

B.P. Apparatus	40
Ophthalmoscope	10
Lumbar puncture needles (disposable)	As required
Haemocytometer	5
Light Microscope	3
Haemoglobinometer	5
Centrifuge Machine	3
Urinometer	3
Plural biopsy needs (disposable)	As required
Liver biopsy needs (disposable)	As required
Kidney Biopsy needs (disposable)	As required
X-ray viewing box	25
Overhead projector	2
Slide Projector	2
Upper GI endoscope	3
Colonoscope	3
Sigmoidoscope	3
Proctoscope	10
Facilities for doing tests for malabsorption	As required
Ultra sound machine	1
Fiberoptic bronchoscope	2
Spirometer	2
Bed side Cardiac monitors	16
Central Cardiac monitor Console	1
Defibrillator	16
Non-invasive B.P.Apparatus	16
Pulse oxymeter	16
Equipment for ardiac pacing	1
Ambu bag	16

Laryngoscope	16
ECG Machine	16
Echocardiography machine	2
Tread Mill test machine	1
Haemodialysis machine	5
Peritoneal dialysis catheters	As required
Arterial blood gas analyzer	2
Na/K analyzer	2
Equipment for measuring diffusion capacity	1
Microprocessor based spectrometer	2
Gamma cameras	1
Glucometer	10
Radiotope scan laboratory	1
Electro Encephalogram (EEG) machine	1
EMG and nerve conduction velocity machine	1
Fine needle aspiration needle	As required
Aspiration needle	As required
Torches	40
Patient examination table	35
Rubber Hammer	35
Reagents for doing Gram's and Ziehl Neelson staining	As required
Computer (one for each medical unit)	6
Radiopagers	40
Endotracheal tubes	As required
Emergency lights	10

(2) DEPARTMENT OF PAEDIATRICS

(A) Resuscitation equipments:

Ambu bag	
-infant	4
-children	4
Face mask	4
Nasal prongs	As required
Nasal catheters	As required
Endotracheal tubes	As required
Suction apparatus	1
Suction catheters	As required
Laryngoscope	
- Infant	1
- Children	1

(B) Oxygen Delivery System-

Oxygen Cylinder	1
Oxygen regulator	1
Oxygen Humidifiers	1

Oxygen headbox (of each size)	1
Nebulisers	8

(C) Drug Deliver Equipment/ Catheter/tube-

Intra-venous (I.V.) Drip set	As required
Measured volume	4
Blood transfusion set	4
Intra-venous (I.V.) Canula (Butterfly type)	As required
Intracath	8
Umbilical vein	8
Catheter	
Feeding tubes	As required
Three way and four way valve	4
Malecot's catheter	8
Cut open canula	As required

(D) Measurement Equipments

Weighing machine	
- Infant	1
-Child	1
- Neonates	1
Infantometer	1
Measuring tape	As required
Shakir's tape	As required

(E) Work lab and investigations

Student Microscope	2
Nuclear Chamber	4
Hemoglobinometer	4
Test tube	As required
Spirit lamp	4
Stains for – Leishman's staining	As required
- AFB staining	-do-
-Grams staining	-do-
Dextrostix	As required
Multisix	-do-
Uristix	-do-
Micro Erythrocyte Sedimentation Rate (ESR) tubes	As required
Filter paper	As required
Bone marrow needle	4
Lumber Puncture (L.P.) Needles	4
Pleural aspiration needle	4
Vim-Silveram	4
Biopsy needle	
Mengneiz Needle	4
True cut Renal	4

Biopsy needle	
X-ray view box	1
F) <u>Miscellaneous</u>	
Radiant Warmer	1
Infant incubator	1
Phototherapy unit	1
Ophthalmoscope	1
Thermometer-Oral	As required
-Rectal	As required

(3) DEPARTMENT OF TUBERCULOSIS AND CHEST DISEASES

Peak flow meters	3
Nebulizers	6
Intercostals Drainage Facility	4
Pleural Biopsy Needles	2
Pulse Oximeter	2/1
Fiberoptic Bronchoscope	2/1
Rigid Bronchoscope	1
Pulmonary function Test machine with facility for spirometry, lung volume and diffusion capacity	1
Arterial Blood Gas machine	1

(4) DEPARTMENT OF DERMATOLOGY-VENEREOLGY AND LEPROSY

Facilities for examining smears for bacteria, fungi, mycobacteria and acantholytic cells

(a) light microscope with facility for dark ground illumination microscopy

(b) Gram's stain

(c) Zeihl-Neelsen's stain

(d) Giemsa stain

Facilities for electrosurgery and chemosurgery

(a) Electro-cautery machine

(b) Trichloroacetic acid

(5) DEPARTMENT OF PSYCHIATRY

Electro Convulsive Therapy (E.C.T.) machine preferably with ECG monitoring	3
E.E.G. monitoring	1
EEG machine	1
Lithium analyzer	1
Biofeed-back instruments (sets)	1
Thin layer chromatography (for drug dependence treatment)	1
Alcohol breath analyzer	1
Psychological Tests equipment	

a) Project tests	4
b) Intelligence Tests	4
c) Personality Tests	4
d) Neuro psychological tests	4

(6) DEPARTMENT OF SURGERY

(i) O.P.D

Blood Pressure Apparatus, Stethoscope, diagnostic kit, weighing machine, skinfold caliper, eight scale.	8
X-ray viewing box 4 in 1	8
Proctoscope & Gabriel Syringe	8
Sigmoidoscope (Rigid)	2
Flexible Endoscope, Upper GI,	2
Colonscope (one set in Main O.T.)	
Diagnostic Crystoscope	1
Ultrasound	1
Uroflowmetry	1

(ii) MINOR O.T.

Operation Theatre Table	2
Operation Theatre Ceiling light	2
Pedestal lights	4
Electro-surgical unit	1
Suction	4
Pulse oximeter (one for Endoscopy Room)	4
Anaesthesia Equipment	1 set
Resuscitation kit	1
Assorted surgical instrument for minor operation sets	12
Autoclave	1

WARDS

B.P. Apparatus, Stethoscope, diagnostic kit (4 sets in each ward)	16 sets
Weighing machine, height scale, skinfold Caliper (2 each in each ward)	8
Proctoscope (2 in each ward)	8
Monitors for pulse rate, Heart Rate, E.C.G., Invasive and non-invasive pressure (2 in each ward)	8
Incubators/Transport incubators	4
Neonatal Bassinet	4
Ultrasound	1
Arterial blood analyzer	1
Oesophageal/Gastric pH & pressure recorder	1

(iii) OPERATION THEATRE

Operating tables	8
Operating Ceiling light	8
Paedestal side light (for emergency use)	4
Electrosurgical Unit	10
General Sets (8 for each Operation Theatre)	64
Burr hole set	2
Vascular set (1 in each O.T.)`	8
Anaesthesia Equipment as per requirement of Anaesthesia department Diagnostic and operative	
Laparoscope	2
Cystoscope and Resectoscope	2
Bronchoscope	1
Flexible G.I. Endoscope	1
Laser (May be shared with other departments)	1
C-arm image intensifier	1
Operating microscope-binocular with Video monitor	1
Operative ultrasound	1
Stapling device Assorted	2 sets
Endo-stapler	1 set
Closed Circuit T.V.	2

(iv) MISCELLANEOUS

Photocopier	1
Computer with laser Printer	1
Electronic Typewriters	2
Slide-Projector	4
Overhead projector	8
Video Cassett Recorder/video Cassette Player	2

(7) DEPARTMENT OF PAEDIATRIC SURGERY

Resuscitation equipment	
-Ambubags	6
-ET Tubes (all sizes 2.5-8)	10 sets
-Guedell's airway (all sizes)	8 sets
	6
-Laryngoscope	6
Suction Catheters (sets) assorted sizes	30
Suction machines	6
Oxygen cylinders Oxygen	12
B.P.Apparatus	12
Slow suction machine	4
Nebulizer	4
Heater	4

I.C.U. equipment incubator sets	4
Operation Theatre equipment	2
Cystoscope-Paediatrics	2
Rigid Bronchoscope (sets)	2
Oesophageal dilators (sets)	2
Paediatrics Sigmoidoscope	2

(8) DEPARTMENT OF ORTHOPAEDICS

Basic instrumentation set for fracture.	8 sets
Small Fragment and large fragment	4
External Fixator	8
C-Arm (Image Intensifier)	2
Portable X-ray Machine	1
Arthroscope	1
Slide Projector	2
Over-head projector	2
Movie Camera for demonstration of live operations	1
Plaster room equipment (sets) with plastic table.	2
Physiotherapy and occupational Therapy equipment sets	1
Operation room equipment (sets)	2

(9) DEPARTMENT OF OPHTHALMOLOGY

(i) O.P.D.

Snellen Chart/Snellen drum	
with or without remote control	6
Trial set with trial frame both for adult and children	6
Bjerrum Screen	2
Perimeter	2
Colour vision chart	3
Near vision chart with different language	6
3 Cell torch	12
Ophthalmoscope and Retinoscope	6

Common equipments in the OPD

Slit lamp	3
Applanation tonometer	2
Keratometer	2
Indirect Ophthalmoscope	2
Synoptomphore	2
Maddox Rod	2
Maddox Wing	2
Diplopia goggles	1
Gonioscope	2

Placido disc	2
Prism Bar	2
Schoutz tonometer	4

(ii) MAJOR OPERATION THEATRE

Operating microscope with TV Unit with camera	2
Crye Unit	2
Cataract set	7
Glaucoma set	3
DCTR set	3
Entropian set	3
Enucleation set	3
Evisceration set	3
Squint set	3

(iii) GENERAL OPHTHALMIC EQUIPMENTS

Operation Theatre Table	2
Operation Theatre Light	2

(iv) Minor Operation Theatre: Minor O.T. should have the equipment for the removal of the foreign body, sutures, and chalazion or sty.

(v) Ward

Slit lamp	1
*snellen chart/snellen drum with or without remote control	1
Trial set with trial frame both for adult and children	1
Bjerrum screen	1
Perimeter	1
Colour vision chart	1
Near vision chart with different language	6
3 Cell torch	6
Ophthalmoscope and Retinoscope	2

(10) DEPARTMENT OF ENT

(i) OPD

(per doctor)

Nasal Speculum	4
Tongue depressor	4
Laryngeal mirrors	4
Nasopharyngeal mirrors	4
Aural speculum	4
Ear Suction	2
Nasal Suction	2

Suction apparatus	1
Siegles speculum	1
Tuning fork (512 Hz)	1
Otoscope	2
Bayonet forces	1
Bulls lamp	1
Head lamp	1
ENT examination chair	2
Jobson Horne probe	1
Sterilizer	1
BP apparatus	1
Stethoscope	1

(ii) MAJOR Operation Theatre.

(a) Tonsillectomy and adenoidectomy set Biopod	1
Boyle-Davis mouth gag	1
Tonsil holding forceps	1
Tonsil dissector and pillar retractor	1
Tonsil snare	1
Burkit artery forceps	1
Negus artery forceps	1
Tonsil scissors	1
Adenotome	1
Adenoid curette	1
Yankauer oropharyngeal suction tip	1
(b)Set for nasal bone fracture Asch forceps	1
Walsham forceps	1
(c) Septoplasty set	
Bayonet forceps	1
Killians nasal speculum	1
Freer elevator	1
Ballenger's swivel knife	1
Takahashi forceps	1
Fish tail gouge and mallet	1
(d) Caldwell luc set	
Nasal gouge	1
Mallet	1
Ribbon Retractor	2
Cheek Retractor	2
(e)Antrostomy set	
Antral	1

Retrograde gouge	1
Antral rasp	1
(f)*FESS set	

*Rigid nasal endoscope0	1
*Light source	1
*Sickle knife	1
*Retrograde punch	1
*Blakesley forceps – straight	1
- upturn	1
* Optional for MBBS.	

g) Direct laryngoscopy set	
Anterior commissure	1
Laryngoscope`	1
Negus laryngoscope	1
Lighting system for laryngoscopes	1
Biopsy forceps	1
Foreign body removal forceps	1
Laryngeal suction	1

(h)*Microlaryngoscopy set	
*Kleinsasser’s laryngoscope	1
*Fiberoptic lighting system	1
*Suspension system for Laryngoscope	1
*Microlaryngeal cup forceps	1
* Microlaryngeal Scissors	1

i) *Tympanoplasty set	
*Aural speculum	4
*Drum curette	2
*Drum elevator	1
*Microsuction	2
*Graft knife	1
*Graft press	1

(j)*Mastoidectomy set	
* Mallet	1
*Gouge	4
*Endaural retractor/post aural retractor	2
*Electric drill (motor, handpiece and burrs)	1
*Mastoid seeker	1
*Aitus seeker	1
* Malleus head nipper	1

(k) *Stapedctomy set

*Pick-straight	1
Angled	1
*Perforator	1
*Measuring rod	1
*Prosthesis crimper	1
(l) *Oesophagoscopy set	
Oesophagoscopes	3
Lighting	1
Biopsy forceps	1
Foreign body removal forceps	1
Suction	1
Oesophageal dilators	1 set
(m) * Bronchoscopy set	
*Bronchoscopes	3
*Lighting system	1
* Biopsy forceps	1
* Foreign body removal forceps	1
*Suction	1
* Optional for MBBS	
(n) Tracheostomy set	
Needle holder	1
Bard Parker knife handle	1
Ribbon right angled retractors	2
Curved arteries	4
Straight arteries	1
Cricoid hook	1
Tracheal dilator	1
(iii) MINOR Operation Theatre	
(a) Antral wash set	
Trocar	2
Canula	2
Higginsons syringe	2
(b) Direct laryngoscope set	
Laryngoscope – Anterior	1
Commissure	
Negus	1
Lighting system	1
Biopsy forceps	1
Foreign body removal forceps	1
Sterilizer	As required
Aural Syringe	As required

Tracheostomy set	As required
Intubation set	As required
Cricothyrotomy set	As required
Quinsy forceps	As required
Aural Snare	As required
Aural cup forceps	As required

(iv) *WARDS

* Semi intensive care unit (4 beds)	As required
* Central suction	As required
* Oxygen	As required
* Humidifier	As required
* Optional for MBBS	As required

(v) MISCELLANEOUS EQUIPMENTS

Operating microscope for major Operation Theatre	1
For minor Operation Theatre	1
Puretone audiometer	As required
Impedance audiometer	As required

SPECIAL EQUIPMENT

(a)* Temporal bone lab Microscope

(b) * Drill	1
Mastoid set	1
*Optional for MBBS	

(vi) ANY OTHER ADDITIONAL EQUIPMENT WHICH ARE DESIRABLE

Flexible nasopharyngolaryngoscope	1
Electronystagmograph	1
Brainstem evoked response audiometer	1
Goggles, plastic apron, gloves for examination of patients with biohazard (HIV and Au positive)	1 set

(11) DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

(i) General

Speculums and retractors	75
EA + ECC sets	30
PCT forceps	15
Ayers spatula	45
Cytology bottle	45
Microscope	3
MR Syringes	15
Colposcope	3
Cryo/electro cautery apparatus	3

Simple fetal Dropper	3
NST machine	6
Stitch removal sets	15
Dressing sets	15
Ultrasound machine	3
Proctoscope	9
Weighing machine	3
Height scale	3
View box	3
(Blood Pressure apparatus, measuring tapes, gloves, syringes, needles, torch)	
Resuscitation tray	2
(Laryngoscope, ET tube, ambu bag, suction catheter, essential drugs).	
Suction machine	2
Hysterosalphigogram Canula	15

(ii) MAIN Operation Theatre

Abdominal Hysterectomy set	9
(Alteries, scissors, Scalpel, Allis's kelly's clamp, badcock forceps, thumb forceps, Harington & Richardson retractors.)	
Vaginal Hysterectomy set	9
(Scalpel, scissors, metal catheter, Sim's, Speculum volsellum, Kelly's clamps, right angle retractor, arteries, Allis, uterine sound, bladder sound).	
Tuboplasty set	6
Myomectomy instruments	
(Myoma screw, Boney's clamp)	3
Diagnostic laparoscopy set	6
Operating laparoscopy set	6
Hystroscopy set	3
Electronic Carbondioxide insuffator/ Insuffator basic unit	6
Resctoscope	3
Hyseromat	3
Operatin microscope/Loupe	2
Electrocautery	3

iii) SPECIAL EQUIPMENT

Contact microhystroscope	2
Co2 & Nd Yag laser	1

(iv) LABOUR ROOM

Delivery sets	30
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B.P. Apparatus	9
Weighing machine	2
Fetal Doppler	3
Cardiotocogram machine	5
Portable ultrasound	2
High suction machine	3
Resuscitation tray	3

v)SPECIAL EQUIPMENT

Oxytocin infusion pumps	9
Multichannel monitors	6
Intrauterine Pressure monitoring system	6
*Fetal scalp electrodes Facilities for fetal scalp pH	4

(vi)TEACHING SET

Doll and Dummy	3
Female Pelvis	3
Gross specimens	
X-ray/US films	3
View box	
VCR	2
Overhead Projector	1
Slide Projector	2
Set of instruments/forceps etc.	

(vii)Miscellaneous.

Camera with 200 m lens Endocamera/Television,
TTL flash light, Carbondioxide Monitor, Calculator
Channelizer, *Disposables, to be issued on monthly basis.

(viii)MINOR Operation Theatre.

Cervical biopsy set	10
MTP set	15
D&C set	15
Hydrotubation set	6
IUCD insertion/removal set	20
High suction machine	4
Resuscitation tray	1
E.B. set	10
(O.T. lights, OT tables)	

xi)MATERNITY O.T.

Set for LSCS	12
D&C set	15
MTP set	15

High suction machine	4
Cervical exploration set	6
Uterine packing forceps	6
Abdominal hysterectomy set	3
Diagnostic laparoscopy set	4
Laprocator for tubal ligation	6
Postputum ligation	6
Outlet forceps	9
Low mid cavity forceps/kjielland forceps	6
Vacuum Extractor and suction machine	6
Resuscitation tray	3
Decapitation hook	3
Cranioclast with cephalotribe	3
Oldham Perforator	2
Infusion Pump	6
EB set	6
Operation Theatre table, Operation Theatre lights, Central Oxygen and suction	

(x) SPECIAL EQUIPMENT:

Multichannel monitor with ECG, BP, HR, Pulse oxymetry for high risk pregnant patients (eclampsia, heart diseases etc.)	3
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(xi) WARDS

Blood Pressure Apparatus	10
Weighing machine	1
Height scale	1
Speculum and retractors	100
Glucometer	2
Microscope	2
Suture removal sets	15
Dressing sets	20
Ultrasound	2
Cutdown sets	3
Blood gas analyzer	1
CTG machine	2
Suction machine	4
Resuscitation tray	4
View box	3

(xii) SPECIAL EQUIPMENT

Ultrasound machine with Doppler/Vaginal probe/ facilities for Interventional procedure	2
Multichannel Monitor	2
Fetal Monitor for Antepartum Surveillance	3

Computer for data entry 1
(Gloves, Syringes, needles, torch, measuring tape etc.)

(xiii) Laboratory equipment for following investigations:

H-gram

Urine examination

Semen analyses

Renal Function Test (RFT), Liver Function Test (LFT), including Serum Blutamase Test (SBT),

Electrolytes, Blood sugar

Culture facilities

24 hr. urine alb. Creatinine

VDRL, TORCH

HIV

Serum, BHCG, estriol, MSAFP

Semen wash

FSH, LH PROCLACTIN, T3, T4,

TSH, Testosterone, DHEAS

Chlamydia and other reproductive tract infection testing.

GENETIC LAB.-Cytology, Chromosome study, PCR for various

Abnormalities. Facilities for biochemical tests

And enzyme studies for prenatal diagnosis.

Blood gas analyzer

Thalassemia study.

ABO and Rh typing.

PCR for tuberculosis.

Viral markers for Hepatitic studies.

Coagulation profile, fibrinogen degradation products,

Blood bank facilities.

Cryopreservation.

Assisted reproductive techniques.

(12) DEPARTMENT OF ANAESTHESIOLOGY

OPD-Anaesthesia Clinic

Blood Pressure Instrument (Non-invasive) 1

Weighing machine 1

Height scale 1

Ward (Recovery)

Resucitation equipments (CPR)

a) Adult Dummy 1

b) Paediatric dummy 1

c) Artifical breathing

Bag with face Masks. 1

d) Defibrillator 1

Suction machine	
-Electrical	5
-Manual	5
Oxygen therapy unit	8
Pulse oximeter	2
E.C.G. Monitor	2
E.T.Co2 Monitor	1
Simple anaesthesia machine with resuscitation equipments and accessories	1
Mechanical Ventilator	2

(13) **DEPARTMENT OF RADIO-DIAGNOSIS**

Conventional X-ray Unit for routine X-ray and IVV.	4
Mobile X-ray units-	
a) 30 MA	3
b) 60 MA	3
Fluroscopic unit	2
Both conventional and image intensifying unit for gastro-enterology & gynae work etc.	2
Ultrasonography equipment	2+1 additional
unit independently for Obstetrics and Gynaecology.	
CT	1
Mammography (preferably) MRI (preferably)	

OPTIONAL DEPARTMENTS

(14) **RADIO-THERAPY**

Examination Table	4
ENT examination set up	2
Gynae./pelvic examination tables	2
Treatment planning and mould room including	
i) Computerised treatment planning system	2
ii) Simulator	1
iii) Immobilization cast making system	2
Brachytherapy setup	
i) Manual afterloading intercavitary system (sets)	2
ii) Manual afterloading	1
Interstitial/surface mould system (sets)	
Teletherapy set-up	
Isocentrally mounted	2
Rotational telecobalt	
Unit minimum 80 cm SSD	

Radiation Protection and Dosimetry set-up

i) Secondary standard dosimeter with ionization chamber	2
ii) Survey meter	2
iii) Area/Zone monitors (by BARC)	4

As per the number of staff members in the department

Radiotherapy department

i) Dual Photon energy linear accelerator with electrons and multileaf collimeter	1
ii) Remote controlled intracavitary system.	1
iii) Remote controlled interstitial system	1
iv) CT-Sim 3D treatment Planning system	1
v) Isodose plotte (Automatic)	1
vi) Customised shielding Block making system	1
vii) Customised compensator making system	1
viii) Computerised Dosimetry system	1
ix) Thermoluminescent dosimetry system	1
x) Intra operative Radiotherapy and stereotactic radiotherapy set up alongwith linear accelerator (multi leaf)	1

N.B. Normally one teletherapy unit should be provided for every 1000 new cancer cases. All radiation therapy equipments (tele/Brachy) should be BARC type approved with BARC Sanctioned layout/installation plan.

(15) PHYSICAL MEDICINE AND REHABILITATION

1. Rehabilitation Diagnosis and treatment equipments including exercise set-ups.
2. Remedial and recreational set up.
3. Electrotherapy equipments.
4. Prosthetic-Orthotic Workshop equipments.

C. OTHER DEPARTMENTS**1) MEDICAL EDUCATION UNIT**

Overhead Projectors	2
Slide Projector	2
Computer with printer:	1
Electronic Typewriter:	1
Video Camera:	1
Video Cassette Recorder:	1
Television	1
Blackboard`	2

Zerox Copier	1
Books and Journals	As required

(2) DEPARTMENT OF AUDIO VISUAL AIDS

ARTIST SECTION

Drawing Board size 42"x27"	1
Drawing Board size 22" x 30"	1
Instrument Box steadler	1
Plastic Transparent Set square 10"	1 pair
Plastic Scale transparent 18:	1
Parallel ruler 18"	1
Proportional Compass.	1
Bowpen "Stanley" one for fine and one for thick line.	2
"T" scale 24" wooden	1
"T" scale 48" wooden	1
Frenat curves Plastic 1 set of 12	1 set
Protractor Plastic Semiround 6" dia.	1
Kent paper size 22"x30"	12
Scolor drawing paper 22"x30"	12
Drawing paper Norway 72 lbs.	12
Water colour tubes "Winsor and Newton"	24
Postercolours in different shades.	13
Reeves Indian Black ink.	12
Water colour box "peliken" Sable Hari brushes 16	1
Series No. 00 to 6 and 10	8
Speed ball nibs style A.B.C. &D.	1 set
Crequil Nibs	12
Drawing Nibs 303 and 304	12
Clip holders.	6
Computer facilities	As required

(3)MODELLING SECTIONS AND PHOTOGRAPHY

Modeling Instrument box.	1
Saw for wood work.	1
Ben saw iron.	1
Jamboor	1
Plier	1
Plier Goldsmith.	1
Scissors ordinary	1
Scissors Goldsmith	1
Hammer	1
Mortar Iron.	1
Buck et Iron.	1

Chisel.	1
Tagari Iron	1
E.I. Bowls.	4
Drill machine	1
Modelling clay	As required
Chalk clay.	As required
Multani clay.	As required
Yellow clay.	As required
Soft stone powder.	As required
Plaster of paris	As required
Old raddy	As required
Gum.	As required
Stand paper	As required
Plasticine.	As required
Wires G.I. copper and wire netting.	As required
Synthetic Enamel colours 1/16 gallon	As required
Oil colour brushes.	As required
Soap and coconut oil	As required
Epidiascope B & L or alatis.	4
Radiant Screen size. 72" x 72"	2
16 mm. Film projector bell and Howell	1
Camera Rollielflex automatic.	1
Camera 35 mm. Contax 4/D with copying attachment.	1
Microscopic attachment of Contax.	1
Micro Projectr Zeiss or B&L.	1
Enlarger Omega D 2.	1
Dark room and developing equipment	1 set
35 mm. Slide projector	
Viewlex.	2

4) WORKSHOP AND ELECTRIC SECTION

Lathe machine 6" center height 10" automatic gear change box (heavy duty with gapped.	1
Lathe machine small 3" center height 8" automatic gear change box. German make.	1
Milling machine type with dividing head attachment	1
Stand Drill Machine electric	1
Shaping machine Bench model	1
Spraying painting composer max. pressure 140 lbs. & continuous pressure must be 30 lbs. Complete with spray gun and pressure rubber tube	1
Electric welding machine max. amperage 200 amp. with accessories electrode, holder, shade and earthing slip and extension wire.	1

Acetylene welding with oxygen acetylene bottle and complete set of torch	1
AVO's multimeter English make	1
Electric Soldering Irons 250 watts, 60 watts, with two nose-one fine and one abroad	
Electric blower	1
Frequency generator	1
Ampere meter	1
Battery charger	1
Electroplating unit outfit	1
Carpenter's section instrument and appliances including electric saw and sander	1 set
Glass blowing appliances	1

Note: -

1. All kinds of endoscopes shall be fiberoptic preferably with a videoscope.
2. For effective teaching and training facilities close circuit TVs (CCTVs) shall be provided in the departments of Microbiology, Pathology, and Surgery and other allied specialities including Gynaecology.
3. In order to make teaching hospital more effective, it is necessary that a periodical upgrading of the instruments in various departments and sections should be undertaken for which required financial support shall be rendered.

GOVERNMENT OF PUNJAB
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
(HEALTH-V BRANCH)

NOTIFICATION
THE 7TH APRIL, 1993

No. 14/33/90-2HBV/7684 In order to regulate the functioning of the Private Institutions/organisations associated with the D.M.L.T./ Radiographer Course in the State and to grant recognition to them, the Governor of Punjab is pleased to constitute the following Committee:-

- | | |
|--|---------------------|
| 1. Director,
Research & Medical Education
Punjab | Chairman |
| 2. Under Secretary/ Deputy
Secretary to Govt. Punjab
Department of Health & Family
Welfare Punjab (Dealing with the
Subject) | Member |
| 3. Director,
Health & Family Welfare, Punjab | Member |
| 4. Director,
Health Services (S.I.) Punjab | Member |
| 5. Joint Director,
Research & Medical Education,
(Punjab) | Member
Secretary |

RECOGNITION/ AFFILIATION OF PRIVATE INSTITUTIONS

2. Private Institutions interested to start D.M.L.T. or Radiographer course shall apply to

2

Director, Research and Medical Education, Punjab

in the prescribed proforma alongwith fee of

Rs. 1000/-. The Director, Research & Medical

Education, Punjab will get the inspection of the

institution conducted by the committee

consisting of the following members:-

1. Civil Surgeon of the District.

2. Medical Superintendent of the Government

Medical College of the Division in which

the private institution is located.

3. Joint Director, Research & Medical Education,

Pb.

3. Minimum requirement of staff,

equipment, buildings and Hospital for starting

the D.M.L.T. course is given in Annexure A and

the minimum requirement of staff, equipment,

building and hospital for starting the

Radiographer course given in Annexure B.

4. Director, Research and

Medical Education, Punjab, after thorough

consideration of the case of the institution,

including the inspection report mentioned in

para 2 above, shall forward the case of the

3

and the Institute shall, after the terms and conditions, to the Committee constituted in para 1 above, for further consideration. Keeping in view the recommendations of this Committee, Director, Research and Medical Education, alongwith his recommendation shall forward the case to the Government for considering the matter of the recognition.

SEATS

No institution shall be permitted to admit more than 20 students for the D.M.L.T. course and 10 students for the Radiographer Course.

MODE OF ADMISSION

The candidates shall be admitted to both the courses viz, D.M.L.T. and Radiographer, against the sanctioned seats on the basis of merit of the qualifying examination.

BASIC QUALIFICATION

The minimum basic qualification for the admission to both the courses will be 10 + 2 (With Physics, Chemistry & Biology) or its

equivalent, recognised by the Punjab Government.

PRACTICAL TRAINING FOR D.M.L.T. COURSE

Practical training for D.M.L.T. course may be provide in a 100- beded hospital. This facility may be provided by the private institution on its own or the Government Hospitals may be used for this purpose. In case a Government Medical Hospital is used by the private institution for the practical training, the institution will provide all the required consumable material. However, the institution shall pay the requisite charges as determined by the Committee mentioned in para 1 above use of the equipment/ machinery of the government Hospital. The institution will also pay honorarium to the staff engaged in the training as follows:-

1. Doctor Incharge Laboratory Rs. 300/- p.m.

2. Tutor Technician/ Senior Laboratory Technician. Rs. 150/- p.m.

3. Laboratory Technician Rs. 100/- p.m.

PRACTICAL TRAINING FOR RADIOGRAPHER COURSE

Practical Training for Radiographer course may be provided in a 100-beded hospital.

This facility may be provided by the private institution on its own or the Government Hospitals may be used for this purpose. In case a Government Hospital is used by the private institution for the practical training, the institution will provide all the consumable material. However, the institution shall pay the requisite charges as determined by the committee mentioned in para 1 above for the use of the equipment/ machinery of the Government Hospital. The institution will also pay remuneration to the staff engaged in the training as follows:-

- | | |
|-----------------|---------------|
| 1. Radiologist | Rs.300/- p.m. |
| 2. Radiographer | Rs.150/- p.m. |

EXAMINATION

The candidates admitted only in the recognised private institution will be eligible for examination to be conducted by the Principal of the Government Medical College of the Division in which the private institution is located for which the candidates of the private

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Institution will also to deposit the requisite
fee for Theory Examination as well as the
practical fee.

DEROGATION/ WITHDRAWAL OF RECOGNITION

The institution so recognised shall
be inspected by the Committee mentioned in para
2 above every year well before the start of the
process of the admissions for the next session.

On complaint or otherwise, the institution whose
infrastructure, activities and the prescribed
norms are found unsatisfactory at any time,
shall be derognised by the Government after
affording an opportunity of hearing to the
concerned institution.

GURBINDER CHANIL
Secretary to Govt. of Punjab
Deptt of Health and Family welfare.

No.14 33/90-2HD5/9685 Dated. Cnd the 16.4.1993

A copy is forwarded to the Controller.

Printing and Stationery, Punjab, Chandigarh with

the request that this notification may be

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published in Punjab Government Gazette. If there
are 100 copies of the same may also be
submitted to Government for official use and
record.

(Manjit Singh)
Deputy Secretary, Health

No. 11 33/90-2HB3/9685 Dated, Chd the 16.4.1993

A copy is forwarded to the following for
information and necessary action:

1. Chief, Research and Medical Education,
Chandigarh.

2. Director, Health and Family Welfare, Punjab,
Chandigarh.

(Manjit Singh)
Deputy Secretary, Health

TRUE COPY

ADVOCATE

DMIT ਦੇ ਝੱਫ ਦੀ ਤੇਜ਼ੀ ਫਿਰੇ ਫਰ
ਦੀ ਰਾਮ)

Published in the Punjab Government Gazette
Supplement dated the 13th June 1977

**PUNJAB GOVERNMENT
HEALTH AND FAMILY PLANNING DEPARTMENT**

Notification

The 13th June, 1977

No. G.S.R. 66/Const./Art.309/77.—In exercise of the power conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the President of India has pleased to make the following rules regulating the recruitment and conditions of service of persons appointed to the Punjab Dental Education Service (Class I) namely:

PART I

(1) These rules may be called the Punjab Dental Education Service (Class I) Rules, 1977.

(2) These shall come into force at once.

2. In these rules, unless the context otherwise requires—

(a) "Appendix" means an appendix to these rules;

(b) "Commission" means the Punjab Public Service Commission;

(c) "direct appointment" means an appointment made otherwise than by promotion or by transfer of an official already in the service of the Government of India or of a State Government;

(d) "Government" means the Government of the State of Punjab in the Health and Family Planning Department;

(e) "Service" means the Punjab Dental Education Service (Class I);

(f) "recognised university" means—

(i) any university incorporated by law in any of the States of India; or

(ii) the Punjab, Sind or Dacca University in the case of Degree, Diploma or Certificate obtained as a result of examination held by these universities before the 15th August 1947; or

(iii) any other university which is declared by the Government to be a recognised university for the purpose of these rules.

3. A service to be known as the "Punjab Dental Education Service Constitution (Class I)" comprising the posts specified in Appendix 'A' is hereby constituted.

Provided that the persons holding the posts specified in Appendix 'A' immediately before commencement of these rules shall be deemed to be appointed to the Services in accordance with the provisions of these rules.

PART II

Appointment

Number and character of posts. rules : 4. The service shall comprise the posts shown in Appendix 'A' to these

Provided that nothing in these rules shall effect the inherent right of Government to add to or reduce the number of such posts or create new posts even with different designations and scale of pay, whether permanently or temporarily.

Appointing authority. ment. 5. Appointments to the post in the Service shall be made by the Govern-

Nationality, domicile and character of candidates appointed to Service.

6. No candidate shall be appointed to the Service unless he is —

- (a) a citizen of India ; or
- (b) a subject of Nepal ; or
- (c) a subject of Bhutan ; or

(d) a Tibetan refugee who came over to India before the 1st January, 1962, with the intention of permanently settling in India ; or

(e) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka (formerly Ceylon) and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India :

Provided that a candidate belonging to categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India and if he belongs to category (e) the certificate of eligibility will be issued for a period of one year, after which such a candidate will be retained in service subject to his having acquired Indian Citizenship.

(ii) A candidate in whose case certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, College, school or institution last attended, if any and similar certificate from two responsible persons, not being his relatives, who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

Age. 7. No person shall be recruited to the Service by direct appointment if he is more than—

(i) forty years of age in the case of Assistant Professor, and

(ii) fifty years of age in the case of Professors, on the last date of receipt of application by the Commission ;

Provided that—

- (a) The Government may, for reasons to be recorded in writing, relax the upper age limit, and
- (b) in case of members of Scheduled Castes, Scheduled Tribes and Backward Classes, the upper age limit shall be such as may be fixed by Government from time to time.

8. (1) No person shall be appointed to the Service unless he possesses the Educational qualification and experience as shown in Appendix 'B'.

(2) A person recruited by direct appointment, unless he has already passed an Examination in Punjabi Language up to Matric Standard, shall within a period of six months from the date of his joining the Service, shall have to pass the aforesaid examination or a test in Punjabi to be held by the Punjab Languages Department. In case he fails to pass the aforesaid examination or test as the case may be within the stipulated period, his services shall be dispensed with.

9. No person—

- (a) who has entered into or contracted a marriage with a person having a spouse living ; or
- (b) who, having a spouse living, has entered into or contracted a marriage with any person ;

Disqualification.

shall be eligible for appointment to the Service:

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

10. (1) Recruitment to the posts in the Service shall be made in the Method of recruitment.

(a) In the case of Assistant Professors—

(i) 75 per cent of vacancies by promotion from amongst the Senior Lecturers governed by the Punjab Dental Education Service (Class II) Rules, 1977 ;

(ii) 25 per cent of vacancies by direct appointment.

(b) In the case of Professors—

(i) 75 per cent of vacancies by promotion from amongst the Assistant Professors.

(ii) 25 per cent of vacancies by direct appointment.

(c) A person from amongst the professors may be selected to act as a principal and the person so required to act as a Principal shall be allowed special pay of Rupees one hundred per mensem in addition to his pay and other allowances admissible to him as a Professor.

(d) The Government may fill any vacancy by transfer or deputation of any official already in the service of Government of India or of a State Government and the person so recruited shall be adjusted in the quota of direct recruits.

(2) In case no suitable person possessing the qualifications and experience, as prescribed in Appendix 'B' is available for appointment to a post by promotion, that post may be filled in by direct appointment.

(3) All appointments to the posts in the Service by promotion shall be made on the basis of seniority-cum-merit and no person shall have any right of promotion merely on the basis of seniority.

PART III

Conditions of Service

Probation
of persons
appointed
to the
Service.

11. (1) Persons appointed to a post in the Service shall remain on probation for a period of two years, if recruited by direct appointment, and one year if appointed otherwise :

Provided that—

(a) any period, after such appointment, spent on deputation on a corresponding, or a higher post shall count towards the period of probation;

(b) in the case of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the Service may, in the discretion of the appointing authority, be allowed to count towards the period of probation ; and

(c) any period of officiating appointment to a post in the Service shall be reckoned as period spent on probation for that post but no person who has so officiated shall, on the completion of the prescribed period of probation, be entitled to be confirmed, unless he is appointed against a permanent vacancy.

(2) If, in the opinion of the appointing authority, the work and conduct of a person during the period of probation is not satisfactory, it may—

(a) if such person is recruited by direct appointment, dispense with his service, and

(b) if such person is appointed otherwise—

(i) revert him to his former post ; or

(ii) deal with him in such other manner as the terms and conditions of his previous appointment permit.

3. On the completion of the period of probation of a person, the appointing authority may —

(a) if his work and conduct have, in its opinion, been satisfactory —

(i) confirm such person from the date of his appointment, if appointed against a permanent vacancy, or

(ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy, or

(iii) declare that he has completed his probation satisfactorily if there is no permanent vacancy; or

(b) if his work or conduct has not been, in its opinion, satisfactory —

(i) dispense with his services, if appointed by direct appointment, and if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment permit; or

(ii) extend his period of probation and thereafter pass such order as it could have passed on the expiry of the first period of probation.

Provided that the total period of probation including extension, if any, shall not exceed three years in the case of direct recruitment and two years in the case of promotees.

12. The seniority *inter se* of the members of the Service holding the Seniority of members of the Service shall be determined by the length of their continuous service on those posts in the Service.

Provided that the seniority of the members of the Service, determined immediately before the commencement of these rules shall not be disturbed.

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection.

Provided further that in case two or more members are appointed on the same date, their seniority shall be determined as follows :—

(a) A member recruited by direct appointment shall be senior to a member recruited otherwise;

(b) A member recruited by promotion shall be senior to a member recruited by transfer;

(c) In the case of member appointed by promotion or transfer, seniority shall be determined according to the seniority of such members in the appointment from which they were promoted or transferred, and

- (d) in the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same, an older member shall be senior to a younger member.

Note.—In the case of members whose period of probation is extended under rule 10, the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

Pay of members of Service.

13. Members of the Service shall be entitled to such scales of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of specified posts are given in Appendix 'B'.

Private Practice.

14. (1) The Government may by general or special order permit any member of the Service, to engage in private practice if such practice does not, in its opinion, in any way, interfere with the discharge of his official duties, on such terms and conditions, and subject to such restrictions and limitations, as may be specified in the order.

- (2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms on which it is granted without assigning any cause and without payment of compensation.

Discipline penalties and appeals.

15. In matters relating to discipline, penalties and appeals, members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970 as amended from time to time:

Provided that the authority empowered to impose penalties shall be the Government.

Liability of members of the Service to transfer.

16. A member of the Service may be transferred by Government to any post, whether included in any other Service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Service Rules, Volume I, Part I.

Liability to Service.

17. A member of the Service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do by the appointing authority.

Leave, pension and other matters.

18. In respect of pay, leave, pension and all other matters, not expressly provided for in these rules, the members of the service shall be governed by such rules and regulations as may have been or may hereafter, be adopted or made by the competent authority under the Constitution of India or under any law for the time being in force made by the State Legislature and the rules made thereunder.

Liability to serve in Defence Forces.

19. Every person appointed to the Service shall, if so required, be liable to serve in any Defence Service or post connected with the Defence of India for a period of not less than four years including the period spent on training, if any:

Provided that such officer:

- (a) shall not be required to serve as aforesaid after the expiry of 10 years from the date of his appointment to the Service
- (b) shall not ordinarily be required to serve as aforesaid after attaining the age of 45 years.

20. Every member of the Service, unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

21. Where the Government is of the opinion that it is necessary or expedient so to do, it may by order for reasons to be recorded in writing relax, any of the provisions of these rules excepting those relating to qualification and experience in respect of any class or category of persons.

22. Every member of the Service shall get himself vaccinated or re-vaccinated when Government so directs by a special or general order.

23. If any question arises as to the interpretation of these rules, the same shall be referred to the Chief Secretary to Government, Punjab, who shall decide the same.

APPENDIX 'A'

(See rule 3)

Statement showing the posts of various categories at the Punjab Government Dental College and Hospital, Amritsar and Dental Wing, Medical College, Patiala

Serial No.	Category of post	Posts sanctioned			Station
		Perma- nent	Tempo- rary	Total	
1	Professors	4	3	7	Amritsar
		3	..	3	Patiala
2	Assistant Professors	2	..	2	Amritsar
		..	3	3	Patiala

One of the persons amongst the professors shall be selected to act as Principal at Amritsar and shall get Rs 100 a month as special pay and rent-free accommodation.

APPENDIX 'B'

(See Rules 10 and 13)

Serial No.	Designation of the post	Scale of pay	Qualification and Experience
1	Professor	Rs 1,300—50—1,800 Professor who acts as Principal will get Rs 100 a month as special pay and rent-free accommodation	(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification. (ii) Post-graduate qualification viz. M.D.S. (iii) Teaching experience as Assistant Professor for a minimum period of five years in a Dental College after requisite Post-graduate qualifications (Dentistry).
2	Assistant Professor	Rs 800—50—1,000/ 50—1,200	(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification. (ii) Post-graduate qualification viz. M.D.S. (iii) At least three years' teaching experience as Senior Lecturer after Post-graduation (Dentistry).

(Sd.)

Secretary to Government, Punjab,
Health and Family Planning Department.

PUNJAB GOVERNMENT
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Notification

The 23rd October, 1979

No. G.S.R. 148/Const./Art. 309/79.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India, the Governor of Punjab is pleased to make the following rules regulating the recruitment and the conditions of service of persons appointed to the Punjab Medical Education State Service (Class II), namely:—

1. *Short title, commencement and application.*—(1) These rules may be called the Punjab Medical Education State Service (Class II) Rules, 1979.

(2) They shall come into force at once.

(3) They shall apply to all the posts specified in Appendix 'B' to these rules.

2. *Definitions.*—In these rules, unless the context otherwise requires:—

(a) "Appendix" means an appendix appended to these rules;

(b) "Commission" means the Punjab Public Service Commission;

(c) "Department" means the speciality as listed in Appendix 'A' to these rules

(d) "direct appointment" means an appointment made otherwise than by promotion or by transfer of a person already in the service of the Government of India or of a State Government;

(e) "Government" means the Government of Punjab in the Department of Health and Family Welfare;

(f) "recognised university or institution" means:

(i) any university or institution incorporated by law in any of the States of India

(ii) the Punjab, Sind or Dacca university, in the case of degree, diploma or certificate obtained as a result of examination held by these universities before the 15th August, 1947; or

(iii) any other university or institution which is declared by the Government to be a recognised university or institution for the purposes of these rules.

(g) "Service" means the Punjab Medical Education State Service (Class II).

3. *Constitution of Service.*—There shall be constituted a Service to be known as the 'Punjab Medical Education Service (Class II)' consisting of persons recruited to the Service under rule 10 after the commencement of these rules:

Provided that the Government may in special circumstances to be recorded in writing relax the upper age limit. For the purpose of this rule the age shall be computed from the 1st January immediately preceding the last date fixed for submission of applications to the Commission:

Provided that the condition of upper age limit may be relaxed upto forty-five years in the case of persons already in employment of Punjab Government, other State Government or the Government of India:

Provided further that in the case of candidates belonging to Scheduled Castes and other Backward Classes the upper age limit shall be such as may be fixed by Government from time to time.

(2) In the case of Demobilised Armed Forces Personnel, his age at the time of joining Military Service or training prior to the Commission as the case may be should not exceed the upper age limit prescribed for direct appointment to such posts.

8. *Disqualifications.*—No person—

- (a) who has entered into or contracted a marriage with a person having a spouse living; or
- (b) who having a spouse living, has entered into or contracted a marriage with any person;

shall be eligible for appointment to the Service:

Provided that the Government, may if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

9. *Qualifications.*—(1) No person shall be recruited to the Service by direct appointment or by promotion unless he possesses the qualifications and teaching experience specified in Appendix 'C'.

(2) A member of the Service recruited by direct appointment shall not be retained in service unless he acquires knowledge of Punjabi language of matriculation standard within a period of six months from the date of his appointment to the Service.

10. *Method of appointment.*—(1) Appointment to the Service shall be made in the following manner, namely:—

(a) In the case of Senior Lecturers:

- (i) Seventy-five per cent of the posts shall be filled in by promotion from amongst the members of the Punjab Civil Medical (Class II) Service possessing the qualifications and teaching experience as shown in Appendix 'C'.

- (ii) Twenty-five per cent of the posts by direct appointment.

PUNJAB GOVERNMENT
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Notification

The 23rd October, 1979

No. G.S.R. 148/Const./Art. 309/79.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India, the Governor of Punjab is pleased to make the following rules regulating the recruitment and the conditions of service of persons appointed to the Punjab Medical Education State Service (Class II), namely:—

1. *Short title, commencement and application.*—(1) These rules may be called the Punjab Medical Education State Service (Class II) Rules, 1979.

(2) They shall come into force at once.

(3) They shall apply to all the posts specified in Appendix 'B' to these rules.

2. *Definitions.*—In these rules, unless the context otherwise requires,—

(a) "Appendix" means an appendix appended to these rules;

(b) "Commission" means the Punjab Public Service Commission;

(c) "Department" means the speciality as listed in Appendix 'A' to these rules

(d) "direct appointment" means an appointment made otherwise than by promotion or by transfer of a person already in the service of the Government of India or of a State Government;

(e) "Government" means the Government of Punjab in the Department of Health and Family Welfare;

(f) "recognised university or institution" means:

(i) any university or institution incorporated by law in any of the States of India

(ii) the Punjab, Sind or Dacca university, in the case of degree, diploma or certificate obtained as a result of examination held by these universities before the 15th August, 1947; or

(iii) any other university or institution which is declared by the Government to be a recognised university or institution for the purposes of these rules.

(g) "Service" means the Punjab Medical Education State Service (Class II).

3. *Constitution of Service.*—There shall be constituted a Service to be known as the 'Punjab Medical Education Service (Class II)' consisting of persons recruited to the Service under rule 10 after the commencement of these rules:

Provided that the persons holding the posts specified in Appendix 'B' immediately before such commencement shall be deemed to be appointed to the Service in accordance with the provisions of these rules on the designation, grade and pay scale laid down in Appendix 'D' or the grade and pay scale for which they duly exercised their option.

4. *Number and character of posts.*—The Service shall comprise the posts shown in Appendix 'B'.

Provided that nothing in these rules shall affect the inherent right of Government to add to or reduce the number of such posts or create new posts with different designations and scales of pay, whether permanently or temporarily.

5. *Appointing authority.*—All appointments to the Service shall be made by the Government.

6. *Nationality, domicile and character of candidates appointed to the Service.*—(i) No candidate shall be appointed to the Service unless he is—

(a) a citizen of India, or

(b) a citizen of Nepal, or

(c) a subject of Bhutan, or

(d) a Tibetan refugee who came over to India before the 1st January, 1962 with the intention of permanently settling in India, or

(e) a person of Indian origin who has migrated from Pakistan, Burma, Ceylon and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar), Zambia, Malawi, Zaire, Ethiopia and Vietnam with the intention of permanently settling in India.

Provided that a candidate belonging to categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India.

(ii) A candidate in whose case certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority of the Government and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, college, school or institution last attended, if any, and similar certificates from two responsible persons not being his relatives who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

7. *Age.*—(1) No person shall be recruited to the Service by direct appointment, if he is less than seventeen years of age or is more than thirty-five years of age or unless he is within such other range of minimum and maximum age as may be specifically fixed by the Government from time to time.

Provided that the Government may in special circumstances to be recorded in writing relax the upper age limit. For the purpose of this rule the age shall be computed from the 1st January immediately preceding the last date fixed for submission of applications to the Commission :

Provided that the condition of upper age limit may be relaxed upto forty-five years in the case of persons already in employment of Punjab Government, other State Government or the Government of India :

Provided further that in the case of candidates belonging to Scheduled Castes and other Backward Classes the upper age limit shall be such as may be fixed by Government from time to time.

(2) In the case of Demobilised Armed Forces Personnel, his age at the time of joining Military Service or training prior to the Commission as the case may be should not exceed the upper age limit prescribed for direct appointment to such posts.

8. *Disqualifications.*—No person—

- (a) who has entered into or contracted a marriage with a person having a spouse living ; or
- (b) who having a spouse living, has entered into or contracted a marriage with any person ;

shall be eligible for appointment to the Service :

Provided that the Government, may if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

9. *Qualifications.*—(1) No person shall be recruited to the Service by direct appointment or by promotion unless he possesses the qualifications and teaching experience specified in Appendix 'C'.

(2) A member of the Service recruited by direct appointment shall not be retained in service unless he acquires knowledge of Punjabi language of matriculation standard within a period of six months from the date of his appointment to the Service.

10. *Method of appointment.*—(1) Appointment to the Service shall be made in the following manner, namely :—

(a) In the case of Senior Lecturers :

- (i) Seventy-five per cent of the posts shall be filled in by promotion from amongst the members of the Punjab Civil Medical (Class II) Service possessing the qualifications and teaching experience as shown in Appendix 'C'.
- (ii) Twenty-five per cent of the posts by direct appointment.

(b) In the case of Lecturers :—

(i) seventy-five per cent of the posts shall be filled in by transfer from amongst the members of the Punjab Civil Medical (Class II) Service possessing the qualifications and teaching experience as shown in Appendix 'C'.

(ii) twenty-five per cent of the posts by direct appointment.

(c) In the case of all other posts, by direct appointment.

(2) In case no suitable person is available for promotion to any post in the Service, the same shall be filled up by direct appointment.

(3) All appointments to the Service by promotion shall be made by selection on the basis of seniority-cum-merit and seniority alone shall not give any right of appointment.

11. *Probation of persons appointed to Service.*—(1) Persons appointed to the Service shall remain on probation for a period of two years, if recruited by direct appointment and one year if appointed otherwise :

Provided that :—

(a) any period, after such appointment, spent on deputation on a corresponding or a higher post shall count towards the period of probation ;

(b) in the case of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the Service may, in the discretion of the appointing authority, be allowed to count towards the period of probation ; and

(c) any period of officiating appointment to the Service shall be reckoned as period spent on probation, but no person who has so officiated shall, on the completion of the prescribed period of probation be entitled to be confirmed, unless he is appointed against a permanent vacancy.

(2) If, in the opinion of the appointing authority, the work or conduct of a person during the period of probation is not satisfactory, it may :—

(a) if, such person is recruited by direct appointment, dispense with his services, or revert him to a post on which he held lien prior to his appointment to the Service by direct appointment ; and

(b) if such person is recruited otherwise :—

(i) revert him to his former post, or

(ii) deal with him in such other manner as the terms and conditions of the previous appointment permit.

(3) On the completion of the period of probation of a person the appointing authority may,—

- (a) if his work or conduct, has in its opinion, been satisfactory—
 - (i) confirm such person from the date of his appointment, if appointed against a permanent vacancy ; or
 - (ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy ; or
 - (iii) declare that he has completed his probation satisfactorily, if there is no permanent vacancy ; or
- (b) if his work or conduct has not been in its opinion, satisfactory —
 - (i) dispense with his services, if appointed by direct appointment or if appointed otherwise revert him to his former post or deal with him in such other manner, as the terms and conditions of his previous appointment permit ; or
 - (ii) extend his period of probation and thereafter pass such orders as it could have passed on the expiry of the first period of probation :

Provided that the total period of probation including extension, if any, shall not exceed three years.

12. Seniority of members of Service.—The seniority *inter se* of members of the Service shall be determined separately for each category of members in each department of the Service on the basis of their continuous appointment in that category :

Provided that the seniority of the members of the Service determined immediately before the commencement of these rules shall not be disturbed ;

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed in fixing the seniority and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection :

Provided further that in case two or more members are appointed on the same date their seniority shall be determined as follows :—

- (a) a member recruited by direct appointment shall be senior to a member recruited otherwise ;
- (b) a member appointed by promotion shall be senior to a member appointed by transfer ;
- (c) in the case of member appointed by promotion or transfer seniority shall be determined according to the seniority of such members in the appointments from which they were promoted or transferred ; and

- (d) in the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay, preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same then by their length of service in those appointments; and if the length of such service is also the same, an older member shall be senior to a younger member.

Note (1).—In the case of members whose period of probation is extended under rule (11) the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

Note (2).—Seniority of members appointed on purely provisional basis, shall be determined as and when they are regularly appointed keeping in view the date of such regular appointment.

13. Pay of members of Service.—Members of the Service shall be entitled to such scale of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of sanctioned posts are given in Appendix 'D'.

14. Private Practice.—(1) The Government may by general or special order permit any member or members of the Service with medical qualification to engage in private practice on such terms and conditions and subject to such restrictions and limitations as may be specified in the order; if such practice does not in any way interfere with the discharge of his or their official duties.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms and conditions on which it is granted without cause assigned. In case of complete withdrawal of the permission, compensation considered adequate by the Government will be paid in the form of non-practicing allowance.

15. Discipline, penalties and appeals.—(1) In matters relating to discipline, punishment and appeals, members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970, as amended from time to time.

(2) The authority competent to impose penalties specified in rule 5 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970, in respect of the members of the Service shall be the Government.

(3) The authority competent to pass an order specified in rule 15 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970, other than an order imposing any of the penalties mentioned in rule 5 of the aforesaid rules shall be the Government.

16. Liability of members of Service to transfer.—A member of the Service may be transferred by the Government to any post, whether included in any other Service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Services Rules, Volume I, Part I.

17. **Liability to serve.**—A member of the service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do by the appointing authority.

18. **Leave, pension and other matters.**—In respect of pay, leave, pension and all other matters not expressly provided for in these rules, the members of the Service shall be governed by such law and rules as may have been or may hereafter be adopted or made by the competent authority.

19. **Liability to serve in defence forces :**—Every person appointed to the Service shall, if so required, be liable to serve in any Defence Service or post connected with the Defence of India for a period of not less than four years including the period spent on training, if any.

20. **Liability for vaccination and re-vaccination.**—Every member of the Service shall get himself vaccinated or re-vaccinated when Government so directs by a special or general order.

21. **Oath of Allegiance.**—Every member of the Service, unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

22. **Power of relaxation.**—When the Government is of opinion that it is necessary or expedient so to do, it may, by order, for reasons to be recorded in writing, relax any of the provisions of these rules except the educational qualifications and experience with respect to any class or category of persons.

23. **Interpretation of rules.**—If any question arises as to the interpretation of the rules, the Government shall decide the same.

APPENDIX 'A'

[See Rule 2(c)]

1. Anatomy
2. Physiology
3. Bio-Chemistry
4. Pharmacology
5. Pathology including Blood Bank
6. Clinical Pathology
7. Microbiology
8. Social and Preventive Medicine
9. Forensic Medicine
10. Medicine
11. Paediatrics
12. Tuberculosis and Chest Diseases
13. Skin and Veneral Diseases
14. Psychiatry.
15. Surgery
16. Plastic Surgery
17. Urology
18. Paediatric Surgery
19. Gastroenterology
20. Orthopaedics
21. Ear, Nose and Throat
22. Ophthalmology
23. Obstetrics and Gynaecology
24. Radiology
25. Anaesthesia
26. Pharmacy

APPENDIX 'B'

[See Rules 1(3) 3 and 4]

Serial No.	Name of Department	Name of Category	No. of sanctioned posts		
			Pt.	Ty.	Total
1.	Anatomy	Lecturer	6	3	9
2.	Physiology	Lecturer	3	11	14
3.	Biochemistry	Lecturer	1	5	6
4.	Pharmacology	Lecturer	5	2	7
5.	Pathology	Lecturer	3	5	8
6.	Blood Bank	Lecturer	3	1	4
7.	Microbiology	Lecturer	..	7	7
✓ 8.	Social and Preventive Medicine	Senior Lecturer	2	1	3
✓ 9.	Forensic Medicine	Senior Lecturer	..	5	5
✓ 10.	Medicine	Senior Lecturer	8	4	12
✓ 11.	Paediatric	Senior Lecturer	4	1	5
✓ 12.	T.B.	Senior Lecturer	1	2	3
✓ 13.	Skin and V.D.	Senior Lecturer	2	2	4
✓ 14.	Psychiatry	Senior Lecturer	2	..	2
✓ 15.	Surgery	Senior Lecturer	8	5	13
✓ 16.	Plastic Surgery	Senior Lecturer	..	1	1
✓ 17.	Urology	Senior Lecturer	..	1	1
✓ 18.	Orthopaedics	Senior Lecturer	..	2	2
✓ 19.	E.N.T.	Senior Lecturer	..	..	..
✓ 20.	Ophthalmology	Senior Lecturer	4	..	4
✓ 21.	Obst. and Gynae.	Senior Lecturer	2	6	8
✓ 22.	Radiology	Senior Lecturer	3	..	3

Serial No.	Name of Department	Name of Category	No. of sanctioned posts		
			Pt.	Ty.	Total
23.	Anaesthesia	Senior Lecturer	4	2	6
24.	Paediatric Surgery	Senior Lecturer	..	1	1
25.	Clinical Pathology	Lecturer	..	..	..
26.	Pharmacy	Lecturer	6	2	8
	Miscellaneous posts—				
	(i) Pharmacist	..	2	..	2
	(ii) Social Medical Officer	..	1	..	1
	(iii) Biochemist	..	3	1	4
	(iv) Chemist	..	2	..	2
	(v) Physicist	..	1	1	2
	(vi) Clinical Psychologist	..	..	2	2
	(vii) Lecturer Biophysics	..	..	2	2
	(viii) Demonstrator Pharmacy	..	6	2	8
	(ix) Pharmacognosist (Pharmacy)	..	1	..	1
	(x) Dietician	..	1	1	2

APPENDIX 'C'
(See Rule 9)

1. Senior Lecturers:

(i) Basic University Medical Qualification included in the First or Second Schedule or Part II of the Third Schedule to the Indian Medical Council Act, 1956, with good academic career.

(ii) Post-Graduate qualification in the particular speciality viz. M.S., F.R.C.S., M.D., M.R.C.P., D.P.H., D.T.D., and

(iii) Must possess at least 3 years teaching experience in the particular speciality as Lecturer Registrar or Research Assistant in a teaching institution.

Note.—Experience upto the extent of one year in obstetrics and Gynaecology, E.N.T. and Ophthalmology, and in the basic subjects of Anatomy, Physiology, Pharmacology, Pathology and Microbiology would be countable for the post of Senior Lecturer in the Surgery and its specialities. Similarly benefit of experience upto the extent of one year in the basic subjects of Pathology, Microbiology, Anatomy, Pharmacology and Physiology would be countable for posts in the speciality of General Medicine. Experience in Anaesthesia and Radiology would be countable for Surgery and its specialities and General Medicine. However experience in the allied subjects as Registrar or Demonstrator would be given preference over experience in the same subject as Assistant Registrar or Assistant Demonstrator and the experience in the latter would be counted as half of teaching experience in the former. Teaching experience as Assistant Registrar or Assistant Demonstrator in the main speciality would be countable as full. Credit upto the extent of one year would also be given for rural service. However, experience of the allied subjects and rural service put together, should not exceed one year as two years experience in the main speciality is essential.

2. Lecturers:

(i) Basic University Medical Qualification included in the First or the Second Schedule or part II of the Third schedule to the Indian Medical Council Act, 1956 with good academic career except in the case of Bio-Chemistry where it is preferential.

(ii) Must be registered under the State or Central Medical Registration Act, except in the case of non-medical men.

(iii) Must possess at least two years teaching experience as Demonstrator, Registrar or Research Assistant in a teaching institution.

Note 1.—Benefit upto the extent of one year in allied basic or clinical subject and for rural service shall be admissible.

Note 2.—Experience on the post of Assistant Demonstrator or Assistant Registrar will be counted as half as compared to experience on the posts of Demonstrator or Registrar.

Note 3.—(i) In the Departments of Anatomy, Physiology, Pharmacology and Microbiology, in the event of non-availability of suitable qualified medical men for teaching these subjects, non-medical scientists possessing M.Sc. qualification in the subject concerned preferably possessing doctorate qualifications and possessing requisite experience as laid down in the rules in respective subjects may be appointed upto a maximum of 30 per cent of the total strength of the teaching staff of the concerned department.

(ii) In the Department of Bio-Chemistry, in the event of non-availability of suitable qualified medical men for teaching this subject, non-medical Scientists possessing M.Sc. qualification in the subject, preferably possessing doctorate qualifications and possessing the requisite experience as laid down in the rules in this subject may be appointed upto a maximum of 50 per cent total number of posts of teaching staff in the Department.

Provided further that Bio-chemists working in the Medical Colleges will be considered for appointment as Lecturer Bio-Chemistry provided they fulfil the conditions of qualification and experience as laid down in the rules.

<i>Name of the post</i>	<i>Qualifications</i>
1. Lecturer in Chemistry	M. Pharm (Pharm. Chemistry) or M. Pharm or M.Sc. (Chemistry)
2. Lecturer in Pharmacognosy	M. Pharm (Pharmacognosy)
3. Lecturer in Pharmacy	M. Pharm (Pharmaceutics)
4. Social Medical Officer	Essential—

(i) M. A. (Sociology) or M.A. (Social work) from a recognised University or M. A. or B. A. with Diploma of Sociology of 2 years duration from an approved institution.

(ii) Should be trained in Social work in relation to Medicine.

(iii) Knowledge of Punjabi of Matriculation or its equivalent standard.

Preferential—

(i) Should have worked in a hospital/ preferably teaching for two years.

(ii) Experience as Social Medical Officer in a hospital.

5. Bio-Chemist.

Essential—

(i) M.Sc. or Ph.D. in Bio-Chemistry.

(ii) Knowledge of Punjabi of Matriculation or its equivalent standard.

Preferential—

(i) M.B.B.S.

(ii) Thorough training of routine clinical biochemical investigations.

- (i) three years experience in Bio-chemistry work in a hospital attached to a training institution or in a Bio-Chemistry Department of Medical College or three years experience in teaching Human Bio-chemistry in a Medical College.
6. Demonstrator Pharmacy : (i) B. Pharmacy
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
7. Demonstrator Chemistry/ Physics. (i) M.Sc. Chemistry/Physics/M. Pharm.
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
8. Pharmacist (i) M. Pharm.
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
9. Chemist (i) M.Sc. (Organic Chemistry) /M. Pharm. (Pharmaceutical Chemistry)
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
10. Pharmacognosist (i) M. Pharm. (Pharmacognosy).
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
11. Physicist (i) M.Sc. (Physics) at least 2nd Class preference to M.Sc. 1st Class.
(ii) Teaching experience of Medical Radiology for one year or two years teaching experience in the Department of Physics in a degree college.
12. Clinical Psychologist (i) M.A. Psychology.
(ii) Diploma in Clinical Psychology or Diploma in Medical and Social Psychology or equivalent.
Experience—
3 years experience of working in the department of psychiatry or a teaching institution or a Mental Hospital.
13. Lecturer Bio-Physics. (i) M.Sc. Bio-physics from a recognised institution.
(ii) Three years teaching experience as Demonstrator/Tutor in the said subject.
14. Dietitian Science Graduate with Diploma in Dietetics.

APPENDIX 'D'
(See Rule 13)

<i>Designation of Post</i>	<i>Scales of Pay</i>
	Rs
1. Senior Lecturer	450-30-660/40-1,100
2. Lecturer	400-30-580/30-700/40-1,100
3. Lecturer Pharmacy	400-25-500/30-800
4. Psychologist	450-30-660/40-1,100
5. Social Medical Officer	300-25-600
6. Biochemist	350-25-500/30-590/30-830/35-900
7. Demonstrator—Pharmacy	300-25-600
8. Demonstrator—Chemistry	300-25-600
9. Pharmacist	300-25-600
10. Chemist	300-25-600
11. Pharmacognosist	300-25-600
12. Physicist	350-25-500/30-590/30-830/35-900
13. Lecturer Biophysics	400-30-580/30-700/40-1,100
14. Dietician	300-25-550/30-700

G. BALAKRISHNAN,

Secretary to Government, Punjab,
Department of Health and Family Welfare

GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH AND FAMILY WELFARE

Notification

The 10th May, 1991

No. G.S.R.30/Const./Art. 309/Amd.(3)/91.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the President of India is pleased to make the following rules further to amend the Punjab Medical Education State Service (Class-II) Rules, 1979, namely :—

RULES

1. These rules may be called the Punjab Medical Education State Service (Class-II) (First Amendment) Rules, 1991.

2. In the Punjab Medical Education State Service (Class-II) Rules, 1979 (hereinafter referred to as the said rules), in Appendix 'A' for serial No. 24, and the entries relating thereto, the following shall be substituted, namely :—

“24. Radio Diagnosis
24-A. Radio Therapy”.

3. In the said rules, in Appendix 'B',—

(i) for serial No. 22 and the entries relating thereto, the following shall be substituted, namely :—

“22.	Radio	Senior Lecturer	2	3	5
	Diagnosis				
22-A	Radio-	Senior Lecturer	1	1	2” ; and
	Therapy				

(ii) for serial No. 26 (v) and the entries relating thereto, the following shall be substituted, namely :—

“26 (v) Physicist
(Departments of
Radio Therapy
Radio Diagnosis”

4. In the said rules, in Appendix 'C', under columns “Name of the Post and Qualifications”, for Serial No. 11 and the entries relating thereto, the following shall be substituted, namely :—

“11.	Physicist (Department of Radio Therapy Radio Diagnosis)	(i) M.Sc. Physics First Class or Second Class ; and
		(ii) One year post Graduate Training in Hospital in Physics and Radiological Physics conducted by the Bhaba Atomic Research Centre.”

5. In the said rules, for Appendix 'D', the following shall be substituted, namely :—

Designation of Post	"D"	Scale of Pay (In Rupees)
1. Senior Lecturer		3,000—100— 3,500— 125—5,000 <i>Plus</i> NPA.
2. Lecturer (Non Post Graduate)		2,200—75—2,800—100— 3,900.
3. Lecturer (Post Graduate)		2,200—75—2,800—100—4,000 <i>Plus</i> NPA.
4. Lecturer Pharmacy		2,200—75—2,800—100— 4,000.
5. Psychologist		2,200—75—2,800—100— 4,000.
6. Social Medical Officer		2,200—75—2,800—100— 4,000.
7. Bio-Chemist		2,200—75—2,800—100— 4,000.
8. Demonstrator Pharmacy		2,200—75—2,800—100— 4,000.
9. Pharmacist		2,200—75—2,800—100— 4,000.
10. Demonstrator Chemistry		2,200—75—2,800—100— 4,000.
11. Chemist		2,200—75—2,800—100— 4,000.
12. Pharmacognosist		2,200—75—2,800—100— 4,000.
13. Physicist C Department of Radio-diagnosis/ Radio-Therapy)		2,200—75—2,800—100— 4,000.
14. Lecturer Biophysics .		2,200—75—2,800—100— 4,000.
15. Dietician		1,640—2,925."

A.K. KUNDRA,

Secretary to Government of Punjab,

Department of Health and Family Welfare.

PART III
GOVERNMENT OF PUNJAB

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Notification

The 20th September, 1985.

No. G.S.R.61/Const./Art.309/Amd.(4)/85.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, and all other powers enabling him to this behalf, the President of India is pleased to make the following rules further to amend the Punjab Medical Education Service (Class I) Rules, 1978, namely:—

1. (i) These rules may be called the Punjab Medical Education Service (Class I) (First Amendment) Rules, 1985.

(ii) They shall come into force on and with effect from the date of publication of this notification in the Official Gazette.

2. In the Punjab Medical Education Service (Class I) Rules, 1978 (hereinafter referred to as the said rules), in rule 9, in sub-rule (1),—

(i) clause (c) shall be omitted ; and

(ii) in clause (d), for sub-clause (i), the following sub-clause shall be substituted, namely :—

“(i) Seventy-five per cent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available, from amongst the Assistant Professors, or by transfer of an official already in the service of the Government of India, or of a State Government.”.

3. In the said rules, in rule 11, for the second proviso, the following proviso shall be substituted, namely :—

“Provided further that a Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor.”.

4. In the said rules, in Appendix ‘A’ for item 24, the following items shall be substituted, namely:—

(i) “24. Radio Diagnosis.

24-A. Radio Therapy.”;

(ii) after item 26, the following items shall be added, namely :—

“27. Cardiology.

28. Cardio-Therasic Surgery.

29. Neurology.

30. Nephrology.”.

5. In the said rules, for Appendix ‘B’, the following Appendix shall be substituted, namely:—

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Pharmacology ..	Professor	..	1	1	2	1	1	1	2	..	1	1	..
	Associate Professor	..	1	..	1	1	1	..
	Assistant Professor	..	1	..	1	1	1	..	1	1	..
Pathology ..	Professor	..	1	1	2	1	..	..	1	..	1	1	..
	Associate Professor	..	1	..	1	1	..	..	1	..	1	1	..
	Assistant Professor	..	2	..	2	2	..	..	2	..	1	1	..
Clinical Pathology	Professor	..	..	..	..	..	..	..	1	..	..	..	..
	Assistant Professor	..	..	1	1	1	..	..	1	..	..	..	..
Blood Bank ..	Assistant Professor	..	..	..	..	..	..	..	1	..	..	..	..
Microbiology ..	Professor	..	1	1	2	1	..	..	2	..	1	1	..
	Associate Professor	..	..	..	..	..	..	..	..	..	1	1	..
	Assistant Professor	..	..	1	1	1	..	..	1	..	1	1	..
Social and Pre-ventive Medicine	Professor	..	2	..	2	1	1	..	2	..	1	1	..
	Assistant Professor	..	1	..	1	..	..	..	1	..	1	1	..
Forensic Medicine	Professor	..	..	1	1	1	..	..	1	..	1	1	..
	Associate Professor	..	1	..	1	..	..	..	..	..	1	1	..
	Assistant Professor	..	..	1	1	1	..	..	1	..	..	..	..

1	2	3	4	5	6	7	8	9	10	11
Medicine	.. Professor	..	3	2	5	3	3	6	2	2
	Assistant Professor	..	4	1	5	2	4	6	2	2
Paediatrics	.. Professor	..	2	..	2	1	1	2	1	1
	Assistant Professor	..	..	2	2	2	..	2	1	1
T. B. and Chest Diseases	Professor	..	1	..	1	1	..	1	1	1
	Assistant Professor	..	1	..	1	..	1	1	1	1
Psychiatry	.. Professor	..	1	..	1	1	..	1	1	1
	Assistant Professor	..	1	..	1	..	1	1	1	1
Skin and V. D.	Professor	..	1	..	1	1	..	1	1	1
	Assistant Professor	..	1	..	1	1	..	1	1	1
Surgery	.. Professor	..	3	2	5	4	2	6	2	2
	Assistant Professor	..	3	2	5	3	3	6	2	2
Plastic Surgery..	Professor	..	..	1	1	1	..	1	..	..
	Assistant Professor	..	..	1	1	..	1	1	..	..
Neurology	.. Assistant Professor	..	..	1	1	..	1	1	..	..
	Professor	..	..	..	..	..	1	1	..	..
Urology	Assistant Professor	..	1	..	1	..	1	1	..	..

Paediatrics	Surgery	Professor	..	..	1	1	..	..	..	..
	Assistant Professor		..	..	1	1	..	..	..	..
Nephrology	Assistant Professor		..	..	1	1	..	..	..	..
Orthopaedics ..	Professor		..	1	1	2	1	1	2	1
	Assistant Professor		..	1	1	2	1	1	2	1
E. N. T.	..	Professor	..	1	1	2	1	1	2	1
	Assistant Professor		..	1	1	2	2	..	2	1
Ophthalmology..	Professor		..	2	..	2	1	1	2	1
	Assistant Professor		..	3	..	3	3	..	3	1
Obst. and Gynaecology	Professor		..	2	1	3	2	1	3	1
	Assistant Professor		..	2	2	4	1	3	4	2
Radio-Diagnosis	Professor		..	1	..	1	1	..	1	1
	Assistant Professor		..	1	1	2	1	1	2	1
Radio-Therapy	Professor		..	..	1	1	..	1	1	..
	Assistant Professor		..	..	1	1	..	1	1	..
Anaesthesia ..	Professor		..	2	..	2	2	..	2	1
	Assistant Professor		..	3	..	3	3	..	3	1

1	2	3	4	5	6	7	8	9	10	11
Pharmacy ..	Professor	..	1	1	..	1	1	..	..	..
	Associate Professor	..	..	..	..	..	..	..	..	..
	Assistant Professor	1	..	1	1	..	1	..	1	1
Cardiology ..	Professor	..	1	1	..	..	..	..	..	..
	Assistant Professor	..	1	1	..	..	..	..	..	..
Cardio-Tharsic Surgery	Professor	..	1	1	..	..	..	..	..	..
	Assistant Professor	..	1	1	..	..	..	..	..	..

PART II

1. Principal Rs. 2,500 *plus* Rs. 150 as special pay.
2. Professor Rs. 1,500—60—1,800/100—2,000/125/2—2,500
3. Associate Professor Rs. 1,200—50—1,300—60—1,540/60—1,900
4. Assistant Professor Rs. 1,200—50—1,300—60—1,540/60—1,900
5. Assistant Professor. Pharmacy Rs. 1,200—50—1,300—60—1,540/60—1,900

6. In the said rules, for Appendix 'C', the following Appendix shall be substituted, namely:—

"APPENDIX 'C'"

[See rule 7(2)]

Name of Post	Qualifications	Teaching experience required
(1) Professor of—	M.D. M.S., Ph. D.,	Should have teaching ex-
(i) Anatomy, Physiology, Pathology, including Clinical Pathology; Pharmacology, Bio-chemistry, Microbiology, Social and Preventive Medicine, Medicine, Surgery, Obstetrics and Gynaecology, Pae-diatrics, Tuberculosis, Psychiatry, Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat, Ophthalmology, Phar-macy;	D.Sc., F.R.C.S., M.R.C.P., in the speciality concerned	perience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite Post-graduate qualifications.
(ii) Cardiology, Neurology, Nephrology, Gastro-Entrology, Endocrinology, Clinical Haematology;	D.M.	Should have teachingt experience as Assistan Professor in the speciality concerned for minimum period of five years in a Medical College, after requisite Post-graduate qualifications.

Name of Post	Qualifications	Teaching experience required
(iii) Paediatric Surgery, Urology, Cardiothorasic, Surgery, Neuro Surgery. Plastic Surgery;	M.Ch.	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(iv) Radio-Diagnosis;	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite post-graduate qualifications.
(v) Radio-Therapy;	M.D. (Radiology) Or M.D. (Radio-Therapy),	Should have teaching experience as Assistant Professor in the speciality concerned for minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(vi) Forensic Medicine ;	M.D. (Forensic Medicines)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite Post-graduate qualification:— Provided that the persons having post-graduate qualifications in the subject of Medicine, Pathology, Anatomy or Surgery having teaching experience in Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in Forensic Medicine.

Name of post	Qualifications	Teaching experience required
(2) Associate Professor	M.D., M.S., Ph.D., D.Sc., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(3) Assistant Professor of—	M.D., M.S., Ph.D., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in Medical College.
(i) Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, T.B., Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat ;		
(ii) Cardiology, Neurology, Nephrology, Gastro-Enterology, Endocrinology and Clinical Haematology ;	D.M.	Should have teaching experience for a minimum period of three years in speciality concerned as Senior Lecturer or Lecturer after post-graduation in the Medical College.
(iii) Paediatric Surgery, Urology, Cardio Thoracic Surgery, Neuro-Surgery, Plastic Surgery ;	M. Ch.	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after Post-graduation in a Medical College.
(iv) Radio Diagnosis	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College ;
(v) Radio Therapy	M.D. (Radiology) or M.D. (Radio-Therapy)	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College.

Name of post	Qualifications	Teaching experience required
(b) Assistant Professor— (i) Anatomy, Physiology, Pathology, including Clinical Pathology, Pharmacology, Biochemistry, Microbiology, Social and Preventive Medicine;	M.D., M.S., Ph.D., F.R.C.S., P.M.R.C.P. etc.	Should have teaching experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto.
(ii) Forensic Medicine;	M.D., Forensic Medicine	Should have teaching experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto Provided that the persons having post-graduate qualifications in the subjects of Medicines, Pathology, Anatomy, Surgery and having teaching experience in the Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in the Forensic Medicine.
(c) Assistant Professor of Pharmacy	Ph.D. (Pharmacy) in any of the allied subject of Pharmacy Or M. Pharmacy	Should have teaching experience as Lecturer in pharmacy for a minimum period of three years; Or Should have teaching experience as Lecturer in Pharmacy for period of five years.

Note.—Preference will be given to the candidates having qualifications of Ph. D. (Pharmacy).

RAVNEET KAUR,

Secretary to Government of Punjab,
Department of Health and Family Welfare.
18443 LR(P)—Govt. Press, U.T., Chd.

PUNJAB GOVERNMENT
HEALTH (MEDICAL EDUCATION) DEPARTMENT
Notification

The 28th July, 1978

No. G.S.R. 75/Const./Art. 309/78.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the Governor of Punjab is pleased to make the following rules regulating the recruitment and conditions of service of persons appointed to the Punjab Medical Education Service (Class I), namely :—

PART I

1. *Short title and commencement.*—(1) These rules may be called the Punjab Medical Education Service (Class I) Rules, 1978.

(2) They shall come into force at once.

2. *Definition.*—In these rules, unless the context otherwise requires :—

(a) "Commission" means the Punjab Public Service Commission ;

(b) "Direct appointment" means an appointment made otherwise than by promotion or by transfer of an official already in Service of the Government of India or of a State Government.

(c) "Government" means the Punjab Government in the Health Department ;

(d) "Service" means the Punjab Medical Education Service (Class I) ;

(e) "Department" means the speciality as listed in Appendix 'A' ;

(f) "Recognised University" means—

(i) any university incorporated by law in any of the States of India ;

or
(ii) the Punjab, Sind or Dacca University in case of Degree, Diploma or Certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or

(iii) any other university which is declared by the Government to be recognised university for the purposes of these rules.

3. *Constitution of Service.*—There shall be constituted a service to be known as the "Punjab Medical Education Service (Class I)" consisting of persons recruited to the Service under rule 9 after the commencement of these rules :

Provided that the persons holding the posts specified in Appendix 'B' to these rules immediately before such commencement shall be deemed to be appointed to the service in accordance with the provisions of these rules on the designation, grade and any scale laid down in Appendix 'B' to these rules or the grade and pay scale for which they duly exercised their option.

PART II
Appointments

4. *Number and Character of Posts.*—The Service shall comprise the posts shown in appendix 'B' to these rules :

Provided that nothing in these rules shall affect the inherent right of Government to add to or reduce the number of such posts or create new posts with different designation and scale of pay, whether permanently or temporarily.

5. *Appointment to Service.*—All appointments to the posts in the Service shall be made by the Government.

6. *Nationality, Domicile and Character of Candidates appointed to the Service.*—No candidate shall be appointed to the Service, unless he is—

- (a) a citizen of India ; or
- (b) a subject of Sikkim ; or
- (c) a subject of Nepal ; or
- (d) a subject of Bhutan ; or
- (e) a Tibetan refugee who came over to India before the 1st January, 1962, with the intention of permanently settling in India ; or
- (f) a person of Indian origin who has migrated from Pakistan, Burma, Ceylon and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India :

Provided that a candidate belonging to categories (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India and if he belongs to category (f) the certificate of eligibility will be issued for a period of one year, after which such a candidate will be retained in service subject to his having acquired Indian citizenship.

(ii) A candidate in whose case a certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, college, school, or institution last attended, if any and similar certificate from two responsible persons, not being his relatives, who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

7. *Age and qualifications.*—(1) No person shall be recruited to the Service by direct appointment unless he is less than 40 years of age in the case of Assistant Professor, Additional Professor or Professor; provided that the Government may in special circumstances to be recorded in writing relax the upper age limit. For the purpose of this rule, the age will be as on the last date of receipt of applications by the Commission.

(2) No person shall be recruited to the Service by direct appointment, promotion or by transfer unless he possesses the qualifications and teaching experience as is specified in Appendix 'C'.

(3) A member of the service recruited by direct appointment shall not be retained in Service unless he acquires knowledge of Punjabi language of matriculation standard within a period of 6 months from the date of appointment to the Service.

8. *Disqualifications.*—No person—

(a) who has entered into or contracted a marriage with a person having a spouse living; or

(b) who having a spouse living, has entered into or contracted a marriage with any person;
shall be eligible for appointment to the Service;

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

9. *Method of appointment.*—(1) Appointment to the posts in the service shall be made in the following manner:—

(a) In the case of Assistant Professors—

(i) 75 per cent Posts by promotion from amongst the Lecturers and Senior Lecturers or by transfer of officials already in service of Government;

(ii) 25 per cent Posts by direct appointment.

(b) In the case of Associate Professors—

(i) all the posts will be filled up by promotion from amongst the Assistant Professors.

(c) In the case of Additional Professors —

(i) 75 per cent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available, from amongst the Assistant Professors or by transfer of officials already in the service of the Government of India, or of a State Government.

(ii) 25 per cent posts by direct recruitment.

(d) In the case of Professors—

(i) 75 per cent posts by promotion from amongst the Additional Professors, or, where Additional Professors are not available, from amongst the Associate Professors, or, where Associate Professors are not available, from amongst the Assistant Professors, or by transfer of official already in the Service of the Government of India, or the State Government;

(ii) 25 percent posts by direct recruitment;

(e) In the case of Principals it will be made by Selection from amongst the Professors.

(2) In case no suitable person possessing the qualifications and experience as prescribed in rule 7(i) and (ii) is available for promotion to any post in the Service that post shall be filled up by direct recruitment.

(3) All appointments to the posts in the Service by promotion shall be made by selection on merit and no person shall be entitled to claim as right of promotion to such posts on the basis of seniority.

PART III

CONDITIONS OF SERVICE

10. *Probation of persons appointed to Service.*—(1) Persons appointed to a post in Service shall remain on probation for a period of two years, if required by direct appointment and one year if appointed, otherwise:

Provided that—

(a) any period, after such appointment, spent on deputation on a corresponding or a higher post shall count towards the period of probation;

(b) in the case of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the service may, in the discretion of the Government be allowed to count towards the period of probation; and

(c) any period of officiating appointment to the service shall be reckoned as period spent on probation, but no person who has so officiated shall on the completion of the prescribed period of probation be entitled to be confirmed, unless he is appointed against a permanent vacancy.

(2) If, in the opinion of the Government, the work or conduct of a person during the period of probation is not satisfactory, it may—

(a) if such person is recruited by direct appointment, dispense with his services; and

(b) if such person is appointed otherwise:

- (i) revert him to his former post; or
 - (ii) deal with him in such other manner as the terms and conditions of the previous appointment permit.
- (3) On the completion of the period of probation of a person, the Government may,—
- (a) if his work or conduct has, in its opinion, been satisfactory:—
 - (i) confirm such person from the date of his appointment, if appointed against a permanent vacancy; or
 - (ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy; or
 - (iii) declare that he has completed his probation period satisfactorily, if there is no permanent vacancy; or
 - (b) If his work or conduct has not been, in its opinion satisfactory:—
 - (i) dispense with his service, if appointed by direct appointment and if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment permit; or
 - (ii) extend his period of probation and thereafter pass such orders as it could have passed on the expiry of the first period of probation :

Provided that the total period of probation including extension, if any, shall not exceed three years.

11. *Seniority of members of Service.*—The seniority *inter se* of the members of the service shall be determined separately for each category of members in each department of service, as shown in Appendix 'A' to these rules on the basis of their continuous appointment in that category.

Provided that the *inter se* seniority of Professors belonging to different departments shall be determined on the basis of their continuous service as Professors:

Provided further that a Professor shall be senior to an Additional Professor, an Additional Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor:

Provided further that the seniority of the members of the Service prevailing immediately before the commencement of these rules shall not be disturbed;

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection:

Provided further that in case two or more members are appointed on the same date their seniority shall be determined as follows:—

- (a) A member recruited by direct appointment shall be senior to a member recruited otherwise;
- (b) A member recruited by promotion shall be senior to a member recruited by transfer;
- (c) In the case of members appointed by promotion or transfer, seniority shall be determined according to the seniority of such members in the appointment from which they were promoted or transferred; and
- (d) In the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same then by their length of service. If that is also the same, an older member shall be senior to a younger member.

Note.—In the case of members whose period of probation is extended under rule 10 the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

12. *Pay of members of Service.*—Members of the Service shall be entitled to such scales of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of specified posts are given in Appendix 'B' to these rules.

13. *Private practice.*—(1) The Government may by general or special order permit any member or members of the Service to engage in private practice on such terms and conditions, and subject to such restrictions and limitations as may be specified in the order;

Provided that such practices does not in any way interfere with the discharge of his or their official duties.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms on which it is granted without cause assigned. In case of complete withdrawal of the permission, compensation considered adequate by the Government will be paid in the form of non-Practising Allowance

APPENDIX 'B'

1. Principal	Rs. 1,300—50—1,300 + Rs. 100 P.M. as special pay.
2. Professor	Rs. 1,300—50—1,800
3. Additional Professor	Rs. 1,300—50—1,800
4. Associate Professor	Rs. 850—50—1,000/50—1,250 Rs. 100 P.M. as special pay.
5. Assistant Professor	850—50—1,000/50—1,250
6. Assistant Professor Pharmacy	700—40—1,100

**DEPARTMENT OF MEDICAL EDUCATION & RESEARCH, GOVERNMENT OF
PUNJAB, CHANDIGARH**

Information under Right to Information Act 2005.

BACKGROUND INFORMATION

Headed by a Minister of cabinet rank, the Department has an Administrative Secretary and subordinate functionaries.

The Directorate of Research & Medical Education was established in the Year 1973 by bifurcating the Director Health Services into Director Health Services, Punjab and Directorate of Research and Medical Education Punjab.

The main function of this Directorate is to develop and facilitate development of quality Medical facilities in Government and Private Sectors. In April 1997 the Govt. Ayurvedic College, Hospital, Patiala was brought under the control of the Directorate of Medical Education and Research. The State Medical, Dental and Ayurvedic Colleges follow norms and guidelines of respective central councils i.e. Medical Council of India/ Dental Council of India/ Central Council of Indian System of Medicines.

This Directorate recommends issuance of essentiality certificate to Private organizations/ Trusts/ societies for setting up new Medical/ Dental/ Ayurvedic Colleges and Para Medical Courses within the Punjab State. Medical and Dental Council of India assess the standards of medical and Dental Education by way of conducting periodic inspection of institutes.

Hospitals attached to the Medical colleges cater not only to the health and family welfare needs of the adjoining areas but also cater to the specialized services and as referral hospitals providing secondary and tertiary health care facilities. Activities relating to the family welfare and other national programmes are also performed by the hospitals attached to the State Medical Colleges.

Facilities for blood transfusion exist in all the hospitals attached to medical colleges. Ambulance Services continue to be provided in these hospitals. Special clinics (Diabetic, STD, Leprosy, Ante Natal, Family Planning and Well Baby Clinic) were also held in these hospitals for the benefit of the patients. De-addiction Centers have been started in all the State Medical Colleges. Medlar facility & Medical Education unit has been established at Medical College, Patiala.

Three nursing schools were attached to three medical colleges. The school of Nursing at G.G.S. Medical College under the control of Medical Superintendent was handed over to Baba Farid University of Health Sciences which was upgraded to College of Nursing. The two schools of nursing at Rajindra Hospital, Patiala and S.G.T.B. Hospital, Amritsar were upgraded to College of Nursing in the Year 2003.

To give impetus to the development of quality medical education institutes Baba Farid University of Health Sciences was established under B.F.U.H.S. Act 1998. For the setting up of the University about 123 acres of land has been acquired at Faridkot.

VISION STATEMENT

To strive to be the best provider and developer of high quality medical and paramedical Manpower in the Northern region.

FUNCTIONS

The main function of this Directorate is to develop Medical manpower and provide proper facilities for research work in the field of different branches of medicine. Main activities of the Directorate are:

1. Matters related to imparting instructions for various medical education programmes such as M.B.B.S., B.D.S., B.A.M.S. and Para Medical courses etc. at under graduate and post graduate level.
2. To provide specialized Medical, Dental and Ayurvedic care facilities.
3. To engage in research activities in the field of Medicine, Dentistry and Ayurveda through the Medical/ Dental/ Ayurvedic colleges.
4. To participate in various National Programmers.
5. To issue of essentiality certificate to private/ organizations/ trusts/ societies for opening medical/ dental/ Ayurvedic institutions and para medical courses.
6. Take measures to ensure imparting of quality in medical education.
7. To oversee working of various health- related councils like Punjab Medical Council. Nursing Council, Dental Council etc.
8. To depute in services doctors/ staff nurses/ technicians working under this department for training for D.M. / M.Ch./ B.Sc. Nursing and M.Sc. Nursing Courses at P.G.I. Chandigarh/A.I.I.M.S.,C.M.C. Ludhiana etc.
9. Sponsor teachers of Medical Colleges for National & International Conferences, so that they keep in touch with the latest development in the field of their specialties.

Teachers are selected for various fellowships and higher studies depending upon the availability of suitable person. In services teachers from the level of Senior Lecturer onwards are being sponsored to P.G.I. for M.Ch./ D.M. courses. The Post Graduate students admitted under 60% quota are deemed to be on deputation with this Department. Doctors getting admission under 40% quota (Open category) in M.D./ M.S. /M.D.S. are paid scholarship as per rules of the Punjab Government and amended from time to time.

ADMINISTRATIVE SET UP

At Government Level

Chief Minister

Minister Incharge of the Department

Administrative Secretary

Special Secretary

Superintendent Health Branch III

At Directorate Level:

- i). Director
- ii). Joint Director
- iii). D.C.F.A.
- iv). Establishment Staff
 - a. Personal Assistant to Director
 - b. Superintendent Grade I
 - c. Superintendent Grade II
 - d. Senior Assistants
 - e. Junior Assistants
 - f. Steno typists
 - g. Clerks.

At College Level:

- i) Principal
- ii) Vice Principal
- iii) Medical Superintendent
- iv) D.C.F.A./ A.C.F.A.
- v) Office staff

ADMISSIONS

Annual admissions are made to undergraduate and postgraduate courses viz. M.B.B.S./ B.D.S./ B.A.M.S./ M.S./ M.D. and also Diploma courses in Nursing, Lab. Technology and radiography.

STUDENT WELFARE ACTIVITIES:

All facilities provided by the Govt. are given to the schedule caste student's i.e.

A. a) Exemption from paying tuition fee.

- b) Special grant for purchase of books.
- c) Special coaching facilities.
- d) 25% seats were reserved in all Medical/ Dental/ Ayurvedic and Para Medical Courses.
- e) Reservation for the students of the other categories were made according to the Punjab Govt. instructions.

B. The Postgraduate students admitted under 40% quota in M.D./ M.S./ M.D.S. were paid scholarships as granted by Punjab Government from time to time.

C. Other economically weaker students were assisted through.

i. National Loan Scholarship.

ii. Remission of the whole or half of the college fees (except for athletic club, students room, students union subscription) allowed by the Principal to the Punjab Domicile students to the extent of 10%.

FACILITIES AT HOSPITALS

- Out door and Indoor Medical care: patients are treated as an out patient if the disease is minor. In case hospitalization is required the patient is admitted in the ward for 24 hour care.
- Specialized referral services: Referred cases from Primary Health Centers and Subsidiary Health Centers are treated in the hospitals.
- Family welfare: Antenatal check up is being conducted for the welfare of the Child and mother.
- Chest and TB Clinic: Awareness of the disease to the masses, contact campaign and district T.B. control programmes are being conducted by the department.
- Blood bank facilities are available in all the medical colleges.
- Cardiac patients are looked after well. The facilities like E.C.G., Treadmill (stress test), Cardiac Monitor are available in the medical colleges.
- For the diagnosis and treatment purposes, C.T. Scan, Ultra Sound Scan and X-ray facilities are available in each medical colleges.
- For the welfare of agricultural emergencies anti rabic serum & vaccine, anti snake venom and antidotes for common poisons are available in the hospitals.
- Special Clinics: Diabetic, Sexually Transmitted Diseases, Leprosy, Ante Natal, Family Planning and Well Baby Clinic, Chest Diseases Clinic, Cardio Vascular Clinic, Asthma Clinic, Rectal Clinic, Leprosy Clinic, Pediatrics Follow-up Clinic are being held in the hospitals attached to medical colleges.

In addition the following facilities are available at the Medical College: -

1. Renal Dialysis services are available at Amritsar.
2. Cobalt Plant is functioning for the treatment of cancer patients at Patiala and Amritsar.
3. Glucose Saline Manufacturing Plant is functioning at Patiala and Amritsar.

NATIONAL PROGRAMMES.

1. Integrated national Maternal and Child Development Programme. (I.M.C.)
2. Child survival and Safe Motherhood Programme.
3. Universal Immunization Programme.
4. Pulse Polio Immunization Programme.
5. Acute Respiratory disease Control Programme.
6. Diarrhoeal Diseases Control Programme.
7. School survey for eye diseases.
8. Village Survey for various Eye Diseases.

PRIVATE INSTITUTIONS

This department recommends the issuance of N.O.C./ essentiality certificate to private organizations/ trust/ societies for setting up Medical/ Dental/ Ayurvedic colleges and other para-medical courses in the Punjab State in Private Sector. The list of private Medical/Dental/Ayurvedic Colleges and Nursing Institutions which have been granted N.O.C. is attached as Annexure: _____ .

MEDICAL/DENTAL/AYURVEDIC COLLEGES AND OTHER INSTITUTIONS WHICH ARE FUNCTIONING OR NOC GRANTED IN THE PUNJAB STATE.

SN	Particulars	Private	Govt.	Total
1	Medical Colleges	3	5	8
2	Dental Colleges	9	2	11
3	Ayurvedic Colleges	10	1	11
4	Homeopathic Colleges	4	-	4
5	Nursing Colleges	22	3	25
6	G.N.M. Schools	113	3	116
7	Physiotherapy	5	-	5

SPECIAL FACILITIES FOR SCHEDULED CASTE STUDENTS.

For the welfare of scheduled caste candidates the following facilities are provided:

1. 25% seats are reserved for the scheduled caste candidates.
2. Book banks have been established for providing books to the SC students.
3. The fee paid is reimbursed by the Department of Social Welfare.
4. To help the students of economically weaker sections the schemes like schedule caste post matric scholarship, national scholarship and national loan scholarship is available.

In case of S.C. candidates having family income less than one lakh annual and B.C. candidates family income less than 40,000/- per year, full fee is paid by Punjab Govt.

COMMON ENTRANCE EXAMINATION

Post Graduate Entrance Test for admission to M.D./ M.S./ M.D.S. courses run by State Medical/ Dental Colleges is held by Baba Farid University of Health Sciences, Faridkot every year.

Similarly common entrance examination for admission to M.B.B.S. / B.D.S., B.A.M.S. & B.H.M.S. is also conducted by the University.

The entrance test PGET-2005 for Postgraduate admission was held on 3rd April 2005 and entrance test for admission to the undergraduate courses i.e. PMET-2005.

Public Private Participation

1. Cleanliness and internal security is being planned on contract basis and will be entrusted to the private organization. A proposal for internal security of S.G.T.B. and allied hospitals / Government Medical College, Amritsar is already under consideration of Director, Research and Medical Education, Punjab.
2. Landscaping and maintenance of the building with help of private sector and public at large.
3. Hospital canteen/ mess for hospital staff, patient and attendants.
4. Maintenance of parking places.

E-Mail I.D. of Senior Officers of the Department

Sr. No. Name of Officer and Designation

E-Mail I.D.

1.Sh. Jagjit Puri
Secretary to Govt. of Punjab, Medical Education & Research Deptt.

pbsmer@yahoo.com

2. Dr. J.S. Dalal, Director, Research and Medical Education, Punjab.

drmepb@yahoo.com

3.Dr. P.P.S.Coonar, Joint Director, Research and Medical Education, Punjab.

coonar@yahoo.com

Names and Designations of PRINCIPALS.

Sr. No.	Name of the Officer	Name of the Present Post held by the Officer	Designated as (AAPIO/PIO)	Office Address	Office (Phone No.)	Office Fax No.	Office E-Mail Address.
1.	Dr. P.S. Sandhu	Principal		SGGS Hospital, Faridkot	01639-251111	01639-251070	--
2	Dr. Jaswinder pal Kaur SherGill	Principal		GMC, Patiala	0175-2212018	0175-2212055	
3	Dr. Kamlesh Vasudeva	Principal		Govt. Dental College & Hospital, Patiala	0175-2301845	0175-2301845	
4	Dr. Jagdish Gargi	Principal		GMC, Amritsar	0183-2426918, 2426506	0183-2426506	
5	Dr. Vimal Kant Sikri	Principal		Govt. Dental College/ Hospital, Amritsar.	0183-2223235	0183-2223235	
6.	Dr. Ashwani Kumar	Principal	Director (Aush)	Govt. Ayurvedic College, Patiala	0175-2212019 98760-00220	0175-2212019	

LIST OF MEDICAL SUPERINDENT

7	Dr. Surinder Singh,	M.S.		Rajindra Hospital, Patiala	0175-2212542	0175-2212542	
8	Dr. A.S. Padda	M.S.		SGTB Hospital, Amritsar	0183-2222173	0183-2562054	

2. The Powers and duties of its officers and employees

1) Principal Secretary/ Financial Commissioners/ Administrative Secretary

The principal secretary / Financial Commissioners/ Administrative secretary is the official head of his department. Where there are more than one or more principal secretary / secretary in a department subject to the specific orders of the government to the contrary each of them will be the head of department in relation to the work entrusted to him. Subject to the general or special directions of a Minister-in-charge and to the transaction rules, he is responsible for the disposal of all business pertaining to his department entrusted to him [vide Rules 7 and 30 of the Government of Punjab Allocation of Business Rules, 1994].

a) The secretary in a department is a secretary to government and not a secretary to the Minister-in-charge of the department. He is responsible for the observance of the business rules in the transaction of the business in his department. It is his duty to see that the policy of the government in the department with which he is concerned is carried out. It is his duty to place before the minister all relevant facts relating to a case and to tender the necessary advice either in writing or orally at any time before the minister passes final orders on a case. It shall also be the duty of the principal secretary/ secretary to draw the attention of the minister to the fact that any proposed course of action is contrary to the provisions of any rule or law or is at variance with the policy hitherto adopted by government any course of action decided on by the minister is contrary to the provisions of any rule or law or is at variance with the policy hitherto adopted by government, it shall be the duty of the secretary to draw attention of the minister to this fact. He shall resubmit the file / papers to the minister drawing his attention to this fact. In case, the minister were to reiterate his orders or pass orders in accordance with .The principal secretary / secretary, shall refer the matter to the chief secretary. The final decision about the legality or otherwise of a decision shall be taken in consultation with law department. The secretary exercises general supervision and

control over the staff under him and is responsible for seeing that the members of the staff do the work allotted to them efficiently and expeditiously (Rule 76 of the Government of Punjab Allocation of **Business Rules, 1994**).

b) A special secretary to government, as and when appointed, will exercise such powers as may be vested in him under the business rules.

2) Special Secretary/ Additional Secretary/ Joint Secretary

When the volume of work in a Ministry exceeds the manageable charge of a Secretary one or more wings may be established with Special Secretary/ Additional Secretary/ Joint Secretary, in charge of each wing. Such a functionary is entrusted with the maximum measure of independent functioning and responsibility in respect of all business falling within his wing subject, to the general responsibility of the Secretary for the administration of the wing as a whole.

3) Director, Medical Education and Research :

- i) All policies related, financial and Administrative power are vested with the Director, Medical Education and Research. He may delegate some of his power at his discretion to Joint Director, Medical Education and Research and Deputy Controller (F & A).
- ii) Power to recruit, transfer, suspend, dismissal or terminate Class III and IV and Non-gazetted staff.
- iii) Controlling authority over subordinate staff.

4) Joint Director, Medical Education and Research:

Joint Director may exercise any powers delegated to the Joint Director by Director, Medical Education and Research, Punjab from time to time.

5) Deputy Controller (Finance and Accounts)

- i) Powers relating to financial matters like salary, general provident fund, purchase of equipment, Medical reimbursement and budget related activities delegated by the Director, Medical Education and Research.

6) Section Officer

a) General Duties –

- Distribution of work among the staff as evenly as possible;
- Training, helping and advising the staff;
- Management and co-ordination of the work;
- Maintenance of order and discipline in the section;
- Maintenance of a list of residential addresses of the Staff.

b) Responsibilities relating to Dak –

- to go through the receipts;
- to submit receipts which should be seen by the Branch Officer or higher officers at the dak stage;
- to keep a watch on any hold-up in the movement of dak; and
- to scrutinize the section diary once a week to know that it is being properly maintained.

c) Responsibilities relating to issue of draft –

- to see that all corrections have been made in the draft before it is marked for issue;
- to indicate whether a clean copy of the draft is necessary;
- to indicate the number of spare copies required;
- to check whether all enclosures are attached;
- to indicate priority marking;
- to indicate mode of dispatch.

d) Responsibility of efficient and expeditious disposal of work and checks on delays –

- to keep a note of important receipts with a view to watching the progress of action;
- to ensure timely submission of arrear and other returns;
- to undertake inspection of Assistants' table to ensure that no paper of file has been overlooked;
- to ensure that cases are not held up at any stage;
- to go through the list of periodical returns every week and take suitable action on items requiring attention during next week.

e) Independent disposal of cases –

- He should take independently action of the following types –
- issuing reminders;
- obtaining or supplying factual information of a non-classified nature;
- any other action which a Section Officer is authorized to take independently.

f) Duties in respect of recording and indexing –

- to approve the recording of files and their classification;
- to review the recorded file before destruction;

7) Assistant/ Upper Division Clerk

He works under the orders and supervision of the Section Officer and is responsible for the work entrusted to him. Where the line of action on a case is clear or clear instructions have been given by the Branch Officer or higher officers, he should put up a draft without much noting. In other cases he will put up a note keeping in view the following points :-

- to see whether all facts open to check have been correctly stated;
- to point out any mistakes or incorrect statement of the facts;
- to draw attention, where necessary, to precedents or Rules and Regulations on the subject;
- to put up the Guard file, if necessary, and supply other relevant facts and figures;
- to bring out clearly the question under consideration and suggest a course of action wherever possible.

8) Private Secretary/ Personal Assistant/ Stenographer

He will keep the officer free from routine nature of work by mailing correspondence, filing papers, making appointments, arranging meeting and collecting information so as to give the officer more time to devote himself to the work in which he has specialised. The Personal Assistant will maintain the confidentiality and secrecy of confidential and secret papers entrusted to him. He will exercise his skill in human relations and be cordial with the persons who come in contact with his boss officially or who are helpful to his boss or who

have dealings with the boss as professional persons. Some of the more specific functions are enumerated below :-

- taking dictation in shorthand and its transcription in the best manner possible;.
- fixing up of appointments and if necessary canceling them;
- screening the telephone calls and the visitors in a tactful manner;
- keeping an accurate list of engagements, meetings etc. and reminding the officer sufficiently in advance for keeping them up;
- maintaining, in proper order, the papers required to be retained by the Officer;
- keeping a note of the movement of files, seen by his officer and other officers, if necessary;
- destroying by burning the stenographic record of the confidential and secret letters after they have been typed and issued;
- carrying out the corrections to the officer's reference books and making fair copies of draft demi-official letters to be signed by the officer;

generally assisting him in such a manner as he may direct and at the same time, he must avoid the temptation of abrogating to himself the authority of his boss.

9) Lower Division Clerk

Lower Division Clerks are ordinarily entrusted with work of routine nature, for example – registration of Dak, maintenance of Section Diary, File Register, File Movement Register, Indexing and Recording, typing, comparing, despatch, preparation of arrears and other statements, supervision of correction of reference books and submission of routine and simple drafts etc.

10) The Duties and responsibilities of Group "D" Employees

- a) Peons/ helper/ messenger
- b) Jamedars
- c) Daftari;
- d) Watch and ward;

e) Sweepers and Scavengers ; and

f) Lift attendant, etc.,

3. Procedures

All procedures are carried out as per Punjab Civil Services Rules manual and Punjab Finance Rules.

Receipt of Dak, acknowledgment and Distribution

Below given is the responsibility matrix for the handling of Dak

Responsibility

A. Diary dispatch section

B. Physical distribution channels

C. Officers/ Administrative Secretary/ IT Assistant to Administrative Secretary/ Head of the Department

D. Special Secretary/ Additional Secretary/ Joint Secretary/ Deputy Secretary/ Under Secretary

E. Supervisors/ Desk Officers/ Superintendents

F. Assistants

- The junior assistant will put up all Dak received from the central registry along with any other communications received directly in the section to section officer.
- The section officer will select and hand back to the junior assistant, Dak of an ephemeral nature which need not be put up to the desk officer / under secretary after marking them to dealing hand or noting instructions for their disposal;
- Select those Dak which do not pertain to his section and indicate thereon the sections to which they pertain;
- Mark the other 'Dak' to the case worker and put up the Dak to the branch officer in special Dak pads.

- Section officer will enter in his computer action taken on important receipts to monitor its progress.

Actions

- Branch officer, i.e., under secretary, in charge of the branch, deputy secretary or any other higher officer to whom Dak are submitted should give directions, wherever necessary, as to the line of action which he would like the section to take. In important cases where he is expected to deal with a Dak himself, he should ask for the file to be put up to him with relevant papers. Deputy Secretary will personally deal with as many of the receipts submitted to him as may be possible. Receipts on which no special instructions are necessary will be merely initialed in token of the officer having seen them.
- The section officer will see whether any of the receipts are of a difficult nature or present any special features, which require his personal attention. He will deal with such receipt himself or give special instructions to the dealing hand as may be necessary.

3.5. Timely disposal and spotlighting delays

3.5.1. Dealing hands shall dispose of receipts / files as expeditiously as possible. Papers / files marked immediate / urgent shall be attended and submitted by the dealing hand on the same day. According to current norms, a dealing hand shall attend and submit a minimum of eight effective receipts / files in a day in addition to routine matters, including issue of reminders and disposing ordinary receipts. The section officer / higher officers shall endeavor to dispose of all the receipts / files received by them within one working day.

Channels of Submission of cases

Section officer

Joint Director

Director

Secretary

Principal Secretary

Minister

Interchange of notes between the officers in the same department

Exchange of UO notes between officers within the department should be avoided as far as possible. The object of such exchange of note is secured more appropriately by personal discussion between the officers concerned.

Record of verbal Orders and Instructions

- All verbal orders or instructions given by any authority and where necessary the circumstances leading to such orders/instructions, should be recorded on file -
- Oral instruction by higher authority where an officer is giving direction or taking action in any case in respect of matters on which he or his subordinate has powers to decide, he shall ordinarily do so in writing. If, however, the circumstances of the case are such that there is no time for giving instructions in writing he shall confirm his oral orders / instructions by written communication at the earliest.
- An officer shall, in performance of his official duties or in exercise of his powers conferred on him, act in his best judgment except when he is acting under the instructions of an official superior. In the latter case, he shall obtain directions, in

writing, wherever practicable before carrying out the instructions and where it is not possible to do so he shall obtain a written confirmation of the directions as soon thereafter as possible. If the officer giving instructions is not his immediate superior but one higher to him in hierarchy he shall bring such instructions to the notice of his immediate superior at the earliest opportunity.

- Oral instruction by Minister wherever it is not possible to communicate in writing, it should be communicated by the Minister personally to the concerned officer or should be confirmed by him or by his PS / OSD immediately thereafter. PS / OSD to Minister shall ensure that a record of all promises / undertakings / assurances etc. made by the Ministers during their tours are carefully recorded, submitted to the Minister for confirmation and communicated to the concerned secretary to government.

- Confirmation or oral instructions: If an officer seeks confirmation or oral instructions given by his superior, the latter shall confirm it by writing whenever such confirmation is sought.

- Receipt of communication from junior officer seeking confirmation of oral instructions should be acknowledged by the senior officers or their personal staff or the personal staff of the minister as the case may be.

First appeal –

(1) Any person aggrieved by the order of the In-charge of the office or any person who has not received required information within the time stipulated under section 4, may appeal to the controlling officer;

Provided that no order adversely affecting the person making appeal shall be passed unless an opportunity of being heard is afforded to him.

(2) Every appeal shall be heard and decided expeditiously and by all means be disposed of

within thirty days from the date of presentation of appeal.

(3) The appeal shall be accompanied with the proof of fee deposited or tendered in the manner provided in accordance with section 8.

Second appeal –

(1) Any person aggrieved by the order of –

(i) the controlling officer who is not above the rank of a District level Officer, may appeal to the Vigilance Committee of the concerned District ;

(ii) the controlling officer other than those specified in clause (i) , may appeal to the Punjab

Civil Services Appellate Tribunal constituted under section 3 of the Punjab Civil Services

(Service Matters Appellate Tribunals) Act, 1976 (Act No. 34 of 1976) :

Provided that no order adversely affecting the person making the appeal shall be passed

unless an opportunity of being heard is afforded to him.

(2) Every appeal shall be heard and decided expeditiously and by all means disposed of within thirty days from the date of presentation of the appeal.

(3) The appeal shall be accompanied with the proof of fee deposited or tendered in the manner provided in accordance with section 8.

Fee –

(1) The request for seeking information under this Act shall be accompanied by a proof of payment of such fee as may be prescribed for furnishing of information.

(2) If requisite fee as prescribed under sub-section (1) is not paid for the required information, the information as sought under section 4 may not be made available.

(3) The appeal shall be accompanied with such fee, and be deposited and tendered in such manner, as may be prescribed.

Obligation of the Incharge of Office –

(1) Every Incharge of the office shall have a duty to maintain all records in accordance with the procedure laid down under relevant law or Departmental manuals.

(2) While maintaining the records proper indexing, listing, numbering and paging of records

shall be done and the same may be kept ready for access to information, subject to the provisions of this Act, to any citizen requesting for such access.

(3) Any person responsible for providing any information under this Act shall be personally liable for furnishing information within the period specified under this Act.

Penalties –

Where any person responsible for making available information under this Act, fails without any reasonable cause to furnish information sought by any citizen under the provisions of this Act within the time specified or furnishes any information which is false with regard to any material particulars and which he knows and has reasonable cause to believe it to be false or does not believe it to be true, he shall be liable, after such inquiry as may be required under the service rules, pertaining to disciplinary action applicable to him, for imposition of such penalty as may be determined by the disciplinary authority under such rules.

Bar to the legal proceedings –

No legal proceedings shall be instituted for enforcing the right to information without first

Protection of action taken in good faith –

No suit, prosecution or legal proceedings shall lie against any person for anything done or intended to be done in good faith in pursuance to the provisions of this Act or rules made there under.

A- Suo motu exhibition / exposure of information - The State Government and public bodies may suo - motu exhibit or expose such information, from time to time, as it may consider appropriate in public interest, in the manner as may be prescribed.

Power to make rules –

(1) The State Government may make rules for carrying out the purposes of this Act.

(2) All rules made under this Act shall be laid, as soon as may be after they are made, before

the House of the State Legislature while it is in session, for a period of not less than fourteen days, which may be comprised in one session or in two successive sessions and if, before the expiry of the session in which they are so laid or of the session immediately following the house of the State Legislature makes any modification in any such rules, or resolves that any such rule should not be made, such rules shall thereafter have effect only in such modified form or be of no effect, as the case may be, so, however, that any such

modification or annulment shall be without prejudice to the validity of anything previously done there under.

Arrangement & Maintenance of Files

Activity SN Description

All current papers on a case in a department shall be arranged in current files. Every file will consist of two parts viz., (a) 'notes' and (b) 'correspondence' placed in a single jacket. The 'notes' portion will be tagged on to the left hand side of the jacket and the 'correspondence' portion to the right hand side of the jacket. Both 'notes' and 'correspondence' will be filed from bottom upwards, chronologically, so that on opening the file, the latest note and communication are on the top left and top right, respectively.

The 'notes' portion of a file shall consist of all notings done in department or in other departments of the secretariat including those recorded by the officers and Ministers and all paragraphs in the notings shall be numbered continuously. Signature and initials appended by the officers or Ministers need not be given any para number. The note recorded by Minister will be termed and referred to as 'minutes'.

Papers in a File

The 'correspondence' portion of a file shall contain all communications received from outside and all communications issued on the file including demi-official letters, letters, office memoranda, received from other secretariat department(s). Every communication whether receipt or issue, together with its enclosures kept in the 'correspondence' will be given a serial number in red ink in the centre of the top of its first page. The first

communication will be marked 'serial no. 1' and the subsequent ones will bear consecutive serial numbers in a single series.

Linking of Files

When files are linked, strings of the file board of the lower file but not its flaps will be tied round the upper file. The strings of the file board of the upper file will be tied underneath it in a bow out of the way. Each file will thus be intact with all its papers properly arranged on its board.

Priority marking on files

Legislative assembly or legislative council questions, resolutions, assurance, etc. as also papers connected with the preparation and submission of budget estimates, will be assigned suitable priority marking. In order to ensure that the files relating to legislative matter are handled on top priority basis coloured slips LA/LC questions and other priority labels should be invariably attached to files relating to legislative matters. Labels bearing 'top secret', 'secret', 'confidential', 'PUD', 'DFA', 'DCN', 'FR' may also be used appropriately.

Different colours may be used for different kinds of slips. priority labels should be used carefully and with discrimination and removed at the proper stage by the section officers.

Secretariat Manual

State Government of Punjab

Department of IT - Punjab

4. Norms set by IT for discharge of its functions.

a) The discharge of the functions are guided by the norms set under the umbrella of civil services rules of Punjab, Punjab Finance Rules, Medical Council of India and

Guidelines set by the Baba Farid University of Health Sciences to whom this institution is being affiliated.

b) Various committees and sub committees including college council have role in the discharge of function being supervised by the Director and other officers assigned with the duties

5. The rules, regulations, instructions, manuals, and records, held by it or under its control or used by its employees for discharging its functions.

The medical and dental teachers are governed by Punjab Medical Education Service Rules and Punjab dental Education Service Rules. The non medical staff is governed by Punjab Civil Services Rule.

6. Category of Documents held by IT or under its control;

- (1) Copies of Punjab Medical Education Service Rules and Punjab Dental Education Service Rules.
- (2) Copies of Punjab Civil Services Rules.
- (3) Acts relating to State and National Medical, Dental, Nursing, Ayurvedic and Homoeopathic Councils.
- (4) Notifications issued by the Department of Medical Education and Research, Punjab.
- (5) Notification relating to admissions to various health institutions.
- (6) Rules pertaining to functioning of the department.

7. The particulars of any arrangements that exists for consultation with, or representation by, the members of the public in relation to the formulation of its policy or administration there of.

- (1) There is continuous interaction between the department and the Government as well as legislature. Questions regarding policy and administration are raised in the legislature, which are duly replied by the department.
- (2) The proposal for formulation of policy for administration are initiated by the department head and approved by the Administrative Secretaries.
- (3) Public opinion relating to the department expressed through news papers etc. is taken into consideration while developing proposals and for administrative purposes.
- (4) All representation made by public regarding administrative improvements are duly considered.
- (5) All complaints and grievances of public are investigated and remedial measures taken.

8. A statement of the boards, councils, committees and other bodies consisting of two or more persons constituted as its part or for the purpose of its advise and as to whether meetings of those boards, councils, committees and other bodies are open to the public, or the minutes of such meetings are accessible for public.

Various councils are functioning under the overall control of the department.

These include Punjab Medical Council, Punjab Dental Council, Punjab Ayurvedic Board, Punjab Homoeopathic Council, Punjab Pharmacy Council, Punjab Nurses Registration Council.

The members of these boards are listed on the website of the department of Medical Education and Research which is www.punjabmedicaleducation.org.

The major function of these councils are;

- (1) Promote allopathic and alternative systems of medicine.
- (2) Register practitioners of various health systems after verifying their credentials.
- (3) Maintain standards of quality relating to service.
- (4) Monitor the ethical issues that may arise.
- (5) Hold regular meetings of the councils and boards to develop and formulate policies relating to functioning of the various health systems.
- (6) Departmental Committees are constituted by the Director from time to time for special and important matters like purchase of medicine and equipments.

9. Directory of Officers.

The Directory of its Officers & employees available in the Office of Director, Medical Education and Research, Punjab and is duly maintained and updated from time to time.

10. Monthly remuneration received by each of its officers and employees, including the system of compensation as provided by its regulations:

The details of monthly remuneration received by its officers and employees, is maintained in the office of Deputy Controller (Finance and Accounts) and is updated periodically by the office.

11. Budget Allocated to each of its Agency.

The budget is allocated by the Govt. to the department and the records pertaining to it are maintained by Deputy Controller (Finance and Accounts).

12. The manner of execution of subsidy programme, including the amounts allocated and the details of beneficiaries of such Programmes.

All facilities provided by the Govt. were given to the schedule caste students i.e.

- i) Exemption from paying tuition fee.
- ii) Special grant for purchase of books.
- iii) Special coaching facilities.
- iv) 25% seats were reserved in all Medical/ Dental/ Ayurvedic and Para Medical Courses.

- v) Reservation for the students of the other categories were made according to the Punjab Govt. instructions.
- vi) The Postgraduate students admitted under 40% quota in M.D./ M.S./ M.D.S. are paid scholarships as granted by Punjab Government from time to time.
- vii) Other economically weaker students are assisted through National Loan Scholarship.
- viii) Remission of the whole or half of the college fees (except for athletic club, students room, students union subscription) allowed by the Principal to the Punjab Domicile students to the extent of 10%

13. Particulars of recipients of concessions, permits or authorizations granted by IT :-

For the welfare of scheduled caste candidates the following facilities are provided:

1. 25% seats are reserved for the scheduled caste candidates.
2. Book banks have been established for providing books to the SC students.
3. The fee paid is reimbursed by the Department of Social Welfare.
4. To help the students of economically weaker sections the schemes like schedule caste post matric scholarship, national scholarship and national loan scholarship is available.

14. Detail in respect of the information, available or held by it, reduced in an electronic form; Most of the notifications and documents are being maintained in electronic form and a website of the department has been developed namely www.punjabmedicaleducation.org most of the available record in electronic form relating to the department are available on this website.

15. Particulars of facilities available to citizen for obtaining information:

All information required by citizens as per right of information act is available with the department from the concerned Assistant Public Information Officers designated by the Department on payment of requisite fee.

16. Names and Designations of Public Information Officers

Sr. No.	Name of the Officer	Name of the Present Post held by the Officer	Designated as (AAPIO/PIO)	Office Address	Office (Phone No.)	Office Fax No.	Office E-Mail Address.
1	Dr. J.S. Dalal	Director DRME	APPELLATE AUTHORITY	SCO No.87, Sector-40C, Chandigarh	0172-2690817 2690854 98144-41732	0172-2690854	
2	Dr. PPS Coonar Jdrme	Joint Director	PIO	SCO No.87, Sector-40C, Chandigarh	0172-2690817 2690854 98148-55566	0172-2690854	coonar@yahoo.com
3.	Ms. Gurinder Kaur	OSD-DRME	APIO	SCO No.87, Sector-40C, Chandigarh	0172-2690817 2690854 98555-60046	0172-2690854	coonar@yahoo.com
4.	Ms.Gurinder Kaur	APIO	PIO	PIMS, Garah Road, Jalandhar.	98555-60046	0181-2243982	rajnishjoshi pims@yahoo.com
6	Dr. A.S. Thind,	Addl. Prof.	PIO	SGGS Hospital, Faridkot	01639-251111 9814223223	01639-251070	--
7	Sh. Parshotam Lal	Sr. Asstt.	APIO	SGGS Hospital, Faridkot	01639-251111	01639-251070	--
8	Dr. Jai Parkash Dhawan,	DCFA	PIO	GMC, Patiala	0175-2212018	0175-2212055	
9	Sh. Baldev Krishan Sharma	Accountant	APIO	GMC, Patiala	0175-2212018	0175-2212055	
10	Dr. Jai Kishan,	DMS.	PIO	T B Hospital, Patiala	0175-2212018	0175-220268	
11	Dr. Harinder Gupta,	Associate Prof.	PIO	Govt. Dental College & Hospital, Patiala	0175-2301845	0175-2301845	

Sr. No.	Name of the Officer	Name of the Present Post held by the Officer	Designated as (AAPIO/PIO)	Office Address	Office (Phone No.)	Office Fax No.	Office E-Mail Address.
12	Sh. Sukhdev Raj Kaushal,	Sr, Asstt.	APIO	Govt. Dental College & Hospital, Patiala	0175-2301845	0175-2301845	
13	Dr. Balbir Singh	ACFA	PIO	GMC, Amritsar	0183-2426918, 2426506	0183-2426506	
14	Sh. Rajinder Kumar	Accountant	APIO	GMC, Amritsar	0183-2426918, 2426506	0183-2426506	
15	Dr. Navneet Grewal	Professor & Head	PIO	Govt. Dental College/ Hospital, Amritsar.	0183-2223235	0183-2223235	
16	Sh. Surinderpal Singh	Accountant	APIO	Govt. Dental College/ Hospital, Amritsar.	0183-2223235	0183-2223235	
17	Dr. Nirmal Chand Kajal	D.M.S.	PIO	TB Sanitorium, Amritsar	0183-2222173	0183-2562054	
18	Sh. Inderjit Singh	Supdt.	PIO	Punjab Nurses Registration Council, Chandigarh	0172-2686728 9417398 005	0172-2686729	
19	Sh. Jokhu Ram Verma	Accountant	APIO	Punjab Nurses Registration Council, Chandigarh	0172-2686728	0172-2686729	
20	Dr. A.S. Thind	Associate Professor	Registrar	Punjab Medical Council, Mohali	2266913 9814223 223	2266913	
21	Dr. Rajesh Sharma	Registrar	PIO	Punjab Dental Council, Chandigarh	0172-2693999	0172-2693999	

Sr. No.	Name of the Officer	Name of the Present Post held by the Officer	Designated as (AAPIO/PIO)	Office Address	Office (Phone No.)	Office Fax No.	Office E-Mail Address.
22	Ms. Krishan Bala	Sr. Assistant	APIO	Punjab Homeopathic Council	0172-2706368 2707875	0172-2609142 (DHS)	
23	Dr. Sanjeev Goel	Registrar	PIO	Punjab Ayurvedic Council	0172-2702708 9814165 731	0172-2722145	
24	Dr. Ashwani Kumar	Director (Ayush)	PIO	Govt. Ayurvedic College, Patiala.	0175-2212019 98760-00220	0175-2212019	
22	Dr. Sanjeev Goel	Registrar	PIO	Punjab Homeopathic Council	0172-2706368 2707875	0172-2609142 (DHS)	
23	Dr. Sanjeev Goel	Registrar	PIO	Punjab Ayurvedic Council	0172-2702708	0172-2722145	
24	Dr. Ashwani Kumar	Director (Ayush)	PIO	Govt. Ayurvedic College, Patiala.	0175-2212019 98760-00220	0175-2212019	

17. Any other information that may be prescribed

The information available under the Right to Information Act will be periodically updated every year to include any new related information.

Govt. Medical College, Patiala

Right to Information Act, 2005- Agenda Item No. 1

1. The particulars of its organization, function and duties:

a) Organization:

Government Medical College is a Punjab Government institution established in 1953.

b) Functions :

- (1) The institute imparts teaching medical students towards attaining the degree of MBBS and Postgraduate training leading to MD, MS and Super specialization. Teaching include theory and practical training.
- (2) Research in the medical field.
- (3) Training in paramedical courses including Medical lab technology, Bsc.Nursing and Pharmacy.

c) Duties:

- 1) The institute imparts tertiary health care to people leaving in and around in this region.
- 2) Emergency service including trauma and disaster management.

2. The Powers and duties of its officers and employees

a) Powers of officers:

- (1) Administrative powers are vested with head of the institution and may be delegated to heads of department and other members of institution as and when need arises.
- (2) Head of this institute has the power of recruitment, transfer, dismissal or terminate of class iv employee.
- (3) Heads of the departments have controlling authority over subordinate staff and supervise the execution of the works allocated by the head

b) Duties of officers:

- (1) Duties include teaching, research, tertiary health care including
 - Duties toward the public of the order social embalming - Medico legal and postmortem examination
 - Immunization and other national preventive and eradicating programmers.
- (2) Duties also include planning, purchasing maintaining the equipments related with health care.

c) Duties of employees:

As per direction from higher authorities, the procedure followed in the decision making process, including channels of supervision and accountability.

All procedures are governed by civil services rule of Punjab, PFR, Appeal & Punishment rule.

4. The norms set by it for the discharge of its functions

- c) The discharge of the functions are guided by the norms set under the umbrella of civil services rules of Punjab, Punjab Finance Rules, Medical Council of India and Guidelines set by the Baba Farid University of Health Sciences to whom this institution is being affiliated.
- d) Various committees and sub committees including college council have role in the discharge of function being supervised by the principal and other officers assigned with the duties

5. The rules, regulations, instructions, manuals and records;

held by it or under its control or used by its employees for discharging its functions

a) Instructions:

The duties rosters of various doctors and paramedical staff under supervision of professor/ unit in charges. Various notification, controlling and guiding admission teaching and examination

b) Record:

(1) The student record regarding their day today performance and assessment

- (i) Personal file of all student with their professional examinations marks sheets and internship duty
- (ii) Time table for all Professional of MBBS.
- (iii) Hospital duty roster of MBBS Student
- (iv) Internship duty rosters
- (v) Personal file of PG student
- (vi) Merit and Medals record
- (vii) Merit Scholarship record for 1st , 2nd and final professional examination

(2) The different records, manuals and rules maintained include

-OPD registers,

-Medical record section records patient details,

-Forensic Department records Medico legal register

-Anatomy Department records dead body record etc.

c) Rules and Manuals:

The guidelines from medical council of India as recommendation and university regulation of BFUHS and CSR PFR of Government of Punjab or among the manual instruction used by the employees

6. A statement of the categories of documents that are held by it or under its control

a)Permanent records: (1) Service books and person file of all the employees,

(2)GIS record of all employees ,

(3)GPF record of subordinate staff .

b)Student record: Different document s and certificate as submitted at the time of admission .

c)Inventory of different departments and sections.

d)Expense accounts and receipts till audit.

e)Patient record including all investigation .

7. The particulars of any arrangements that exists for consultation with , or representation by, the members of the public in relation to the formulation of its policy or administration there of

a) Formulation of policies vest with government and no public involvement or representation exists

8. A statement of the boards,, councils committees and other bodies consisting of two or more persons constituted its part or for the purpose of its advise, and as to whether meetings of those boards, councils, committees and other bodies are open to the public, or the minutes of such meetings are accessible for public

The various committees of the Government Medical College, Patiala are herby constituted as under:

1. Disciplinary Committee
2. House Allotment Committee
3. Purchase Committee (Medical College)
4. Purchase Committee (T.B. Hospital)
5. Medical Education unit & I. T. Cell
6. Cultural Committee & I/C Auditorium
7. Transport
8. Land Scaping and Maintenance of Lawns
9. College Magazine
10. Gomco Times

11. Store Incharge
12. Clinical Meetings
13. Cafeteria
14. Library
15. Incharge Girls Hostel
16. Incharge Boys Hostel
17. Gas Plant
18. Cleanliness of College Campus
19. Catering

a) Sport Committee & Maintenance of Grounds

Note: minutes of such meetings are not accessible for public

9. Directory of its officers and employees

Categories of Gazetted Staff

- i) Professor
- ii) Additional Professor
- iii) Associate Professor
- iv) Assistant Professor
- v) Lecturer (Basic Department)
- vi) Senior Resident
- vii) Medical Officer
- viii) Lecturer Biochemistry (Non Medical)
- ix) Demonstrator Biochemistry
- x) Lecturer Health and Family Welfare
- xi) Demonstrator Pharmacy
- xii) Lecturer Physical Education
- xiii) Physicist Radiotherapy
- xiv) Medical Physicist Radiology
- xv) Deputy Controller (F & A)
- xvi) Administrative Officer

Categories of Class III

- i) Superintendent
- ii) Sr. Asstt.
- iii) Cashier
- iv) Sr. Scale Steno Grapher
- v) Store Keeper
- vi) Sore Keeper/Typist
- vii) Steno typist
- viii) Sr. Lab Technician
- ix) L.H.V.

- x) Lab. Asst. I
- xi) Lab Tech. I
- xii) Lab Tech II
- xiii) Pharmacist
- xiv) Sanitary Inspector
- xv) A.N. M
- xvi) Driver
- xvii) Health Educator
- xviii) Asst. Librarian
- xix) Supdt. Girls Hostel
- xx) Mechanic
- xxi) Public Health Nurse
- xxii) Museum keeper
- xxiii) Photo Artist
- xxiv) Radiographer
- xxv) Animal House Keeper
- xxvi) Supervisor Gas Plant
- xxvii) Staff Nurse
- xxviii) Modeler
- xxix) Artist
- xxx) Sr. Librarian
- xxxi) Supervisor Leg Arm
- xxxii) Prosthetic Cum Brass Mechanic
- xxxiii) Shoe Maker
- xxxiv) Black Smith
- xxxv) Machinist
- xxxvi) Carpenter
- xxxvii) Electrician
- xxxviii) Publicity Assistant
- xxxix) Medical Social Worker
- xl) Nursing Sister
- xli) Sr. Hematologist
- xlj) Biochemist (Non Gazetted)
- xljii) Technician
- xliv) Photo technician
- xlj) E.C. G. Technician
- xlvi) Tutor Technician
- xljii) Life Guard
- xljiii) Operation Theatre Asst.
- xljix) D.M.O.
- lj) Rehabilitation Asst.
- li) Tube well Operator
- lii) Photo cine Officer
- liii) Sr. Radiographer
- liv) Asst. Radiographer
- lv) Media Marker
- lvi) Therapist
- lvii) Social Worker

- lviii) Optometrist
- lix) Orthopedist
- lx) Operation Theater Nurse

Categories of Class IV

- i) Lab Attendant
- ii) Lib. Attendant
- iii) Plumber
- iv) Bone Keeper
- v) L.T.A
- vi) Female Attendant
- vii) Peon
- viii) Fireman
- ix) Boiler Attendant
- x) Mali
- xi) Embambler
- xii) Bhishti
- xiii) Cleaner
- xiv) Water man
- xv) Lab. Bearer
- xvi) Safai sewak
- xvii) Chowkidar
- xviii) Cook. Cum bearer
- xix) Ward. Attendant
- xx) x-Ray bearer
- xxi) Daftari
- xxii) Book binder
- xxiii) Animal keeper
- xxiv) Photo graphic Asstt.
- xxv) Head Mali
- xxvi) Animal Attendant
- xxvii) Laborer

12. The manner of execution of subsidy programmes including the amounts allocated and the details of beneficiaries of such programmes. No such subsidy Particulars of recipients of concession permits or authorization granted by it Concession granted includes merit scholarship to meritorious students

- (a) Merit scholarship to the students who stand 1st and 2nd in the professional examination of MBBS
- (b) Post –matric scholarship to SC student whose father's income less then 1 lac
- (c) Remuneration to internship student during one year internship training
- (d) Stipend to the PG student admitted under 40% Quota.

14. Details in respect of the information, available to or held by it, reduced in an electronic form available at Punjab medical education site

URL: <http://www.punjabmedicaleducation.org/>

15. The particulars of facilities available to citizens for obtaining information including the working hours of a library or reading room, if maintained for public use

a) Library: Library is open to student and staff of GMC Patiala however special permission granted for the bonafied student of the university under special circumstances for consultation and there is clear display of working hour for the user.

b) Reading room : Reading room is not open to public

16. Such other information as may be prescribed; and thereafter update these publications
Every year

None at present

Deputy Medical Superintendent, T.B. Hospital, Patiala.

A. Tasks to be completed prior to commencement of the Act.

(1) preparing manuals

Clause 4 (1) (b) of the RTI Bill lays down that each public authority shall compile and publish, within

120 days from the enactments of the enactments of the Act the following 17 manuals:-

(i) The particulars of its organization, functions and duties;

TB Centre Patiala was inaugurated by the then Health Minister Raj Kumari Amrit Kaur in 1953 and its charge was given to the Head of the Deptt. of T.B. in 1962 after retirement of Dr. Khushdeva Singh. The Centre was upgraded to State TB training & Demonstration Centre in 1969 by the Hon'ble Health Minister Ravail Singh Professor & Head of the Deptt. of T.B. & Chest Disease Govt. Medical College, Patiala is holding the charge of Director State TB Training & Demonstration Centre, Patiala DTCD stated MD. CTB & Respiratory Diseases started in.

Functions :

1. Clinical functions (Indoor / Outdoor).
2. Teaching of Undergraduates & post graduates (M.B.B.S.), (MD-TB & Respiratory Diseases).

3. Training of Medical 7 Para Medical Personnel required under revised national TB Control Programme for the entire state of Punjab & Sister State on their requesting District TB Officers, Medical Officers-

Tuberculosis Control Medical Officers, Senior TB Laboratory Supervisors, Senior Treatment Supervisors, Laboratory Technicians etc. Prior to the implementation of RNTCP, the institute provided training in National TB Control Programme procedures to Medical & Para Medical Personnel.

4. Research.

ii. The powers and duties of its officers and employees.

Annexure (A)

iii) The procedures followed in the decision making process, including channels of supervision and account ability;

Respective I/c of the Unit/ Sections/ of Allocated work to look after the allocated work and make necessary decisions and recommend suitable disciplinary action against the erring employees with the concurrence of Dy. Medical Supdt. Final decision to be taken by Deputy Medical Superintendent/ Committee after thorough investigation/ enquiry.

iv. The norms set by it for the discharge of its function;

Respective I/c of the Unit /Sections/ of Allocated work to look after the allocated work and make necessary decisions and recommended suitable disciplinary action against the erring employees with the concurrence of Dy. Medical Supdt. Final decision to be taken by Deputy Medical Superintendent/ Committee after thorough investigation/ enquiry.

Iv The norms set by it for the discharge of its function;

Punjab government norms / Central Government Norms.

V The rules, regulation, instructions, manuals and records, held by it or under its control or used by its employees for discharging its functions;

C.S.R./ P.F.R./ Conduct Rules/ instructions, guidelines from time to time.

Vi A statement of the categories of document that are held by its or under its control;

As above.

Vii The particulars of any arrangement that exists for consultation with or representation by, the members of the public in relation to the formulation of its policy or administration thereof;

Harassment of women at work place committee. Details as per annexure 'B' enclosed.

Public grievances I/c Dr. A.P. Kansal Associated Prof.

Viii) A statement of the boards, councils, committees and other bodies consisting of two or more persons constituted as its part or for the purpose of its advise, and as to whether meetings of those boards, councils, committees and other

- 1) Purchase Committee
- 2) Condemnation Committee.
- 3) Enquiry Committee

Committees constructed as per work as & when required. bodies are open to the public, or the minutes of such meetings are accessible for public;

Ix A directory of its officers and employees.

A directory of all the officers and employees has been maintained in the office of the institution.

X The monthly remuneration received by each of its officers and employees, including the system of compensation as provided in its regulations;

Salary as per Government rules. System of compensation as per Govt. rules.

Xi The budget allocated to each of its agency, indicating the particulars of all plans, proposed expenditures and reports on disbursement made;

P.P.S.S. / detail of other budget in various heads. (Plan and Non- Plan budget).

Xii The manner of execution of subsidy programmes, including the amounts allocated and the details of beneficiaries as such programmes;

Free diagnosis – Sputum

- X-ray
- Free treatment CAT-I, II, III.

No reimbursement – free treatment to yellow card holders poor free.

Xiii Particulars of receipts of concessions, permits or authorizations granted.

Same as above.

Xiv Details in respect of the information, available to or held by it reduced in an electronic form;

Nil

Xv The particulars of facilities available to citizens for obtaining information including the working hours of a library or reading room, if maintained for public use;

Nil, however public given time whenever approached by Deputy Medical Superintendent/ Other Officers/ employees of institution.

Xvi The name, designations and other particulars of the public.

Deputy Medical Superintendent/ Acting DMS/incharge of sections / of allocated work.

Xvii Such other information as may be prescribed

In consultation with DMS/ Office Superintendent

Annexure –A

1. Dr. Jai Kishan Professor & Head- cum-Deputy Medical Sudpt. – Cum Director, STDC

Overall control of the Deptt. of TB & Chest / STDC/ TB & Chest Diseases Hospital- Administrative/ Financial Control of Offices, Drug store/ All Medical Officers/STDC/ DTC/TBC, teaching, training and patient care/ National TB Control Programme (RNTCP).

2. Dr. P.K. Garg, Professor i/c Unit-2

Overall control of unit-2,General Store/ Bio-Medial waste/ liquid waste management/ Teaching, Training and Patient care.

3. Dr. Veer Bhan Singla, Asstt. Prof.
Now Re-designated Associate Professor.

Incharge, Emergency and Diet, Teaching, Training and Patient Care.

4. Dr. A.P. Kansal, Asstt. Prof.
Now Re-designated Associate Professor.

Nodal Officer of court Cases/ teaching, Trg. And Pt. Care and cleanliness in hospital.

5. Dr. Urvinder Pal Singh, Sr. Lecturer
Now Re-designated Associate Professor

Teaching, Training and Patient care to Assistant Professor I/c Unit-1

6. Dr. Vishal Chopra, Sr. Lecturer
Now Re-designated Assistant Prof.

Teaching, Training and Patient care, to Assistant Prof. I/c Unit -II

7. Dr. Vijay Kumar, Bacteriologist

Laboratory, incharge of Bacteriological lab/ EQA/ Internal Evaluation/STLS/ LT Training under RNTCP/ Field work of External quality assurance under RNTCP. Feed back to PHI/DTC/ STD/ CTD.

8. Epidemiologist: Vacant

Epidemiologist Training of STDC, Statistical section, Record keeping of Epidemiologist/ Feedback to PHI,STD/CTDC

9 Senior Residents

Teaching of under-graduate/ para-medical /emergency on call in Emergency.

10 Dr.Bhupinder Singh
D.T.O.

DTC, Field visits in concurrence with Civil Surgeon.

11 Dr. Seema Goyal
M.O.T.C.

T.U. Touring and Emergency duties.

12 Casualty Medical
Officer

Emergency duties/ STDC/DTC

13 Office Superintendent

All work related to office /General Administration

14 Nursing Sister

All Nursing work related to indoor/outdoor/ Emergency/ O.T. Biomedical Waste/ Linen/ Consumable/Patient care/ Planning management and duty register of class III & IV employees.

15 Staff Nurse

Nursing Care/ D.O.T.S.

Punjab Government Dental College and Hospital, Amritsar

- (i) This institution is a medical teaching institution, which besides imparting teaching and clinical training to the undergraduate (BDS) and post-graduate (MDS) students, provides medical treatment in different specialties of Dentistry to the Public reporting from local, adjoining districts and adjoining states areas.
- (ii) The officers of the institution who are doctors in various specialties of dentistry have wide ranging duties of Administration (Principal & HODs),theory teaching, clinical and practical training, patient treatment and research work and other miscellaneous duties.
- (iii) The Principal runs the administration on rules and regulations framed by the States and takes the decision accordingly. For other local matters he arrives at decision sometimes by consultation with committees constituted for various purposes.
- (iv) The Principal works within the norms set by the State, affiliating university and the Dental Council of India.
- (v) Various rules and regulations instructions manuals framed/ communicated by the government, university and the Dental Council of India, from time to time, are held by the institution.

(1) Establishment :

CSR

Service Books

Personal files

Other relevant documents

(2) Finance

P.F.R.

Other relevant instructions.

(3) Students

Ledgers

Students records

University ordinances

Other relevant documents

(4) Patient record

Outdoor register

Indoor record

Entry register

Payment record

Record pertaining to user charges

(vii) The policies and guidelines for running the institution are framed by the State, the university and the Council.

(viii)

- (1) College Council
- (2) Purchase/ Inspection/ condemnation committee
- (3) Committee for combating sexual harassment of women
- (4) Committee for redressal of public grievances
- (5) Biomedical waste management committee
- (6) Hostel supervisory committee
- (7) Students welfare committee
- (8) Employees welfare committee
- (9) Library committee
- (10) Periodicals/ magazines committee
- (11) Cultural activities committees
- (12) Sports committee
- (13) House examination committee
- (14) Protocol and Hospitality committee

(ix) List of officers and employees (Annexure A)

(x) Pay scale (Annexure A)

(xi) Budget (Annexure B)

(xii) No subsidy programmes

(xiii) N.A.

(xiv) As soon as requisite computer facilities are installed, the whole database and information will be reduced in an electronic form.

(xv) The citizens (patients, students, employees, students, parents can freely meet the Principal and HOD concerned to obtain information.

No library of reading room is maintained for public use.

(xvi) Please see para 2 below

(xvii) – 2) Designation of Public Information Officers and Assistant Public Information Officers.

Basically this para relates to the State level, however, if required under the act at the institution level also the following officers may be appointed.

I Appellate Authority

Dr. A,K Sekhri, Principal

II Public Information Officer

Dr. (Mrs.) Bhupinder Kaur Padda, Vice Principal

III Asstt. Puboic information Officer

Dr. Sukhwinder Pal Singh Sooch, Assistant Professor

3) Designation of Authorities to whom the first appeals lies relates to the state level hence not applicable at local level however please see para 2 above.

4) Amendments to existing Acts, Rules, etc.

Relates to the State level hence not applicable at local level.

5) Framing Rules

Relates to the state level hence not applicable at local level.

6) Internal procedure

Relates to the State level hence not applicable at local level.

Punjab Government Dental College And Hospital, Amritsar

Annexure 'A'

SN	Name of the Officer	Present Designation	Pay Scale	Office Telephone Number	Fax No.
1	Dr. Amarjit Singh Gill	Professor of Dentistry	18600-22100+NPA	0183-2223235	0183-2223235
2	Dr. Bhupinder Kaur Padda	Professor of Dentistry	18600-22100+NPA	0183-2223235	0183-2223235
1	Dr. Vimal Kumar Sikri	Professor of Dentistry	18600-22100+NPA	0183-2223235	0183-2223235
2	Dr. Jeevan Lata	Associate Professor of Dentistry	16350-20100+NPA		
3	Dr. Navneet Grewal	Associate Professor of Dentistry	16350-20100+NPA	0183-2223235	0183-2223235
6	Dr. Poonam Sikri	Associate Professor of Dentistry	16350-20100+NPA		
7	Dr. Renu Bala	Associate Professor of Dentistry	16350-20100+NPA		
8	Dr. Kusum Dutta	Associate Professor of Dentistry	16350-20100+NPA		
9	Dr. Sukhwinder Pal Singh Sooch	Assistant Professor of Dentistry	14300-18150+NPA		
10	Dr. Paramjit	Demonstrator Dental			7880-13500 start 8100+NPA

11	Dr. Kamleshwar Kaur	Medial Officer against the post of Demonstrator			7880-13500 start 8100+ NPA
12	Dr. Jaganjot	Medial Officer against the post of Demonstrator			7880-13500 start 8100+ NPA
13	Dr. Harjit Singh	Anesthetist			7880-13500 start 8100+ NPA
14	Sh. Devraj	Superintendent			6400-10640
15	Sh. Kulwant Singh	Accountant			5800-9200
16.	Sh. Surinder Pal Singh	Sr. Assistant			5800-9200
17.	Smt Madho Aggarwal	Sr. Stenographer			5800-9200
18.	Smt. Kuldeep Kaur	Clerk			3120-5160 start 3220/-
19.	Sh. Kawal Krishan	Clerk			3120-5160 start 3220/-
20.	Sh. Rajiv Kumar	Clerk			3120-5160 start 3220/-
21.	Sh. Habans Singh	Clerk			3120-5160 start 3220/-
22.	Sh. Sanjy Kumar	Clerk			3120-5160 start 3220/-
23.	Sh. Jagdish Thakur	Clerk			3120-5160 start 3220/-
24.	Sh. Amardip Singh	Clerk			3120-5160 start 3220/-
25.	Sh. Davinder Kumar	Restorer			3120-5160
26.	Smt Harjot Kaur,	Nursing Sister			5480-8925
27.	Smt Santosh Trehan	Staff Nurse			5000-8100
28.	Smt. Surjit Kumar	Staff Nurse			5000-8100
29.	Smt Sukhjit Kaur	Staff Nurse			5000-8100
30.	Smt. Sarla	Staff Nurse			5000-8100
31.	Smt Parveen Kumari	Staff Nurse			5000-8100
32.	Smt. Sushila	Staff Nurse			5000-8100

33.	Sh. Bachitar Singh	LA			3120-5160
34.	Sh. Raj Kumar	Attendant			3120-5160
35.	Smt. Kulwant Kaur	Attendant			3120-5160
36.	Sh. Kashmir Singh	Attendant			3120-5160
37.	Smt. Pushpinder Kaur	Senior Librarian			5480-8925
38.	Smt. Amandeep Kaur	Assistant Librarian			4020-6200
39.	Sh. Satya Narain Dass	Dental Mechanic			4400-7000
40.	Sh. Hardeep Singh	Dental Mechanic			4400-7000
41.	Sh. Rajesh Kumar	Asst. Dental Mechanic			4020-6200
42.	Smt. Dilraj Kaur.	Asst. Dental Mechanic			4020-6200
43.	Sh. Amrit Pal Singh	Operation Theatre Assistant			3330-6200
44.	Sh. Jasbir Singh	Artist cum Photographer			4400-7000
45.	Miss. Geeta	Lady Supdt. Girls Hostel			3120-5160
46.	Sh. Jaspinder Singh	Dental Hygienist			4400-7000
47.	Sh. Gurbax Singh	Hostel Warden			3120-5160
48.	Sh. Sukhdev Singh	Radiologist			5000-8100
49.	Sh. Girdhari Lal	X-Ray Assistant			3330-6200
50.	Sh. Kuldip Singh	Artist cum modeler			5000-8100
51.	Sh. Pushkar Singh	MLT Gr.-I			4020-6200
52.	Sh. Ashwani Kumar	MLT Gr.-I			4020-6200
53.	Sh. Mulkh Raj	MLT Gr.-I			4020-6200
54.	Sh. Kuldip Kumar MLT Gr.-I	4020-6200			
55.	Sh. Satpal Singh	MLT Gr. II			3330-6200
56.	Sh. Major	MLT Gr. II			3330-6200

	Singh				
57.	Sh. Mohan Singh	MLT Gr. II			3330-6200
58.	Sh. Chandeeep Singh	MLT Gr. II			3330-6200
59.	Sh. Jagdish	Safai Sewak			2520-4140 start 2620/-
60.	Sh. Swaran Singh	Safai Sewak			2520-4140 start 2620/-
61.	Sh. Satpal	Safai Sewak			2520-4140 start 2620/-
62.	Sh. Jaimal	Safai Sewak			2520-4140 start 2620/-
63.	Sh. Mohinder Pal	Safai Sewak			2520-4140 start 2620/-
64.	Sh. Om Parkash	Safai Sewak			2520-4140 start 2620/-
65.	Sh. Charan Dass	Safai Sewak			2520-4140 start 2620/-
66.	Smt Piari	Safai Sewak			2520-4140 start 2620/-
67.	Smt. Kanta	Safai Sewak			2520-4140 start 2620/-
68.	Smt. Asha	Safai Sewak			2520-4140 start 2620/-
69.	Sh. Inderjit	Safai Sewak			2520-4140 start 2620/-
70.	Sh. Kedar Nath	Chowkidar			2520-4140 start 2620/-
71.	Sh. Dalbir Singh	Chowkidar			2520-4140 start 2620/-
72.	Sh. Daljit Singh	Chowkidar			2520-4140 start 2620/-
73.	Sh. Balwinder Singh	Chowkidar			2520-4140 start 2620/-
74.	Sh. Surinder	Peon			2520-4140 start 2620/-
75.	Sh. Kishori Lal	Peon			2520-4140 start 2620/-
76.	Smt. Shalin	Peon			2520-4140 start 2620/-
77.	Sh. Hira Lal	Mali			2520-4140 start 2620/-
78.	Sh. Om Parkash	Bearer			2520-4140 start 2620/-
79.	Sh. Ajmer Singh	Bearer			2520-4140 start 2620/-

80.	Sh. Roop Lal	Bearer			2520-4140 start 2620/-
81.	Sh. Lakhwinder Singh	Bearer			2520-4140 start 2620/-
82.	Sh. Rajpal Singh	Bearer			2520-4140 start 2620/-
83.	Sh. Miachal Masih	Bearer			2520-4140 start 2620/-
84.	Sh. Rajinder Parsad	Bearer			2520-4140 start 2620/-
85.	Sh. Sarabjit Singh	Bearer			2520-4140 start 2620/-
86.	Smt. Balwinder Kaur	Bearer			2520-4140 start 2620/-
87.	Sh. Joti Parkesh	Cook			2520-4140 start 2620/-
88.	Smt Neha	Aya			2520-4140 start 2620/-
89.	Sh. Baldev Raj	Sewadar			2520-4140 start 2620/-

Annexure B

S.O.E.

Salaries

TA

O/E

Sch.

Ship

MR

Telephone

PPSS

Total

Budget Allotment

19000000

20000

695000

6400000

50000

35000

10000

26210000

Expenditure up to date

5869380
14332
692527
1826991
800
20768
1698435
10123233

GURU GOBIND SINGH MEDICAL COLLEGE, FARIDKOT

1. This institutions is a Medical College for imparting training to undergraduates and postgraduates medical students and the attached hospital for providing medical care to the patients. Other functions of this institutions are research work and providing specialist services to the referred patients.

2. Powers delegated in the Punjab Civil Service Rules and Financial Rules are being following in the State of Punjab and functions as per the rule book are being followed in the state or any specific assigned by the Government.

3. The system is decentralized powers being followed as per the State Govt. Norms, however local committees are formed from time to time to look after specific assignments. These committees are need based.

4. To impart education and for providing infrastructural facilities, norms are set by the Medical Council of India, concerned Medical university and the State Govt. are followed.

5. Records pertaining to the following functions are maintained at this institutions :-

- a) Undergraduate and postgraduate medical students record.
- b) Record of the patient being treated in attached hospital.
- c) Inventory of the articles (Store/stock)
- d) Record pertaining to investigation done in the various laboratories and other wings like X-Ray, Ultra sound etc.
- e) Record of academic activities like conferences, seminars, Guest Lectures and CME program etc. attended by the medial teachers of this college at National Level and organized at local level.

Rules, regulation, instructions and manual prepared/issued by State Govt., Medial Council of India and concerned university from time to time are being followed.

6. As illustrated in para (5) above.

7. Though directly public is not involved in any rule policy framing procedure still suggestions as also complaints, if any, received from the public are either dealt with at local level by taking help/guidance of local administration if any, or are referred to the Govt. for further necessary action. It basically being a teaching institute all policy framing system

depend upon the guidelines issued by the Medical Council of India for this purpose. The public is only involved at the level of medical treatment of patients. Where any suggestion received from the public is taken care of.

8. It does not relates to this institution.

9. As seniority list of each category of officers and employees are maintained at the head quarter level, however, local contact record of all the officers/employees to make them available at any time is duly maintained at this institutions.

10. The monthly expenditure on salary/stipend of staff is given as under:-

Expenditure on salary of teaching staff is 36. Lakh. Per month.

Expenditure on salary of ancillary staff is 57.59. Lakh. Per month.

Expenditure on stipend of interns/House Surgeons is 3.0 Lakh. Per month.

The remuneration is paid as per the norms fixed by the State Govt. for its employees for time to time.

Budget allocation in respect of college and hospital for the current year in given as under:-

College side

Head 2210- (Non-Plan) 80.21 Crore

Head 2210 – Paramedical (Plan) 0.65 Crore

Head 2211- F.W. (Non-Plan) 017 Crore

Capital Head 4210 (Plan) (5.19 (i) 045 Crore

Hospital side

Head 03 2.70 Crore

Head 07 2.50 Crore

Misc (OE, TA, MR) 0.01 Crore

11. Distribution of each amount is done through proper procedure setup by the state Govt.

12. It does not relates this institution, however, only facility in the nature of subsidy is available to the yellow cards who are provided free of cost treatment in the hospital.

13. As in para 12 above.

14. It can be reduced through computerization which at present is not available at this institution.

15. It does not relate to this institution since library in medical college is not meant for general public use since these libraries have not any such material for the public to read.
16. No particular public information officers are appointed however every officers/employee of the institutions work as a guide for the patients reached in the hospital for treatment.
17. No such information is available for the use of public.

Govt. Ayurvedic College, Patiala.

I. Particulars of organization, functions and duties.

1. Govt. Ayurvedic College, Patiala was established during the First Five Year Plan in 1952 for imparting the Ayurvedic Education as well as providing Indoor and Outdoor Ayurvedic treatment to the patients through the Govt. Ayurvedic Hospital, Patiala which is attached to this college. Now this is the only post graduate Ayurvedic Institute of Punjab under the department of Medical Education and Research, Govt. of Punjab.

2. This College runs three courses i.e. Diploma in Ayurvedic Pharmacy of 2 years duration, BAMS degree course of 5 and ½ years duration and MD Ayurveda three years post graduate course having 40, 40 and 20 intake capacity of students respectively.

There are two specialties of MD course i.e. Dravyaguna and RasShastra.

3. There are total 12 different clinical and non clinical departments as under :

1. Sharir Rachna Vigayan 2. Sharir Kriya Vigayan 3. Swasth Varita 4. Agad Tantra 5. Ras- Shastra 6. Dravyaguna 7. Rog Nidan.

Clinical:

Charak Darshan 2. Kaya Chakitsa 3. Shalakya Tantra 4. Shalay Tantra 5. Istri Rog Bal Rog.

4. There are total 59 sanctioned of teachers, 12 Professors, 2 Associate professors in pay scale 7220-11660, 9 Asstt. Professor, 2 Sr. Lecturer and 6 Reader in 722-11320 scale and 14 Lecturer, 2 Jr. Lecturer and 9 Demonstrators in 7000-10980 scale. Besides this the college has technical staff, lab technicians, Museum Keepers, Pharmacists, Librarian and other ministerial staff including office Superintendent, Sr. Assistants, Clerk extra. The account matters are supervised by the ACFA, who is a regular employee of Ayurvedic pharmacy but visits the institute for 2 days.

5. The college has a 106 bedded hospital attached to it. The information regarding the Hospital is being sent separately by the Hospital. The hospital is headed by the Medical Supdt.

6. The over all in charge of this institute is the Principal and the college is under the Directorate of Research and Medical Education. A post of Dy. Director (Ayurvedic Education is there in the directorate). College is affiliated with Baba Farid University of Health Sciences, Faridkot. The institute has link with the Union government through CCIM and Directorate of Indian System of Medicine, Govt. of India New Delhi.

Functions :

1. The institute imparts Ayurvedic education and practical training to Diploma, BAMS and MD students.
2. The institute provides Ayurvedic Treatment to indoor and out door patients.
3. Conducts Research work in it's Post Graduate wing.

II. Powers and Duties of IT officers :-

1. The Dy. Director has the administrative duties. It acts as a connector between the college/ hospital administration and the DRME at DRME office level. The over al administration of the College/ Hospital is the responsibility of the Principal and Medical Supdt. Both perform their other duties also which are assigned to them being Professors of their respective departments i.e. Hospital work (clinical Teachers) Teaching work.

2. The Head of the department which is also the professor of that department look after the working of his department besides teaching and Hospital duties. Other teachers of the department perform teaching/ practical work and hospital duties.

They guide the research scholars. The teachers have some additional duties also e.g. Duties related to extra curricular activities of the students, Duty of Hostel wardens etc. The teachers also perform duties related to Universities, they are members of different committees of the Universities. Examination duties, duties related to admissions, duties in some court cases are also assigned to teachers as per the requirement.

3. The technical staff is to assist the teachers for practical training.

4. Ministerial staff performs/class IV employees perform their General duties as performed in other Govt. departments.

III. The procedure followed in the decision making process including channels of supervision and accountability :

Procedure : as prescribed by the Govt. from time to time.

Channels:

1. The department is under the Ministry of Medical Education and Research, Govt. of Punjab, Chandigarh at present under the hon'ble Dy. C.M. Punjab.,

2. Principal Secretary/ Secretary Medical Education and Research Pb. At Chandigarh. (through Special Secretary/Jt. Secretary/Under Secretary)

3. Director Research and Medical Education, Punjab at Chandigarh (through Dy. Director Ayurveda/ Jt. Director/ O.S.D.)

4. Principal, GAC, Patiala/ Medical Supdt. GAH Patiala.

5. Head of the Department/ Incharge of the department.

The Principal and the Medical Supdt. are accountable for the over all working of the college and the hospital. The teachers/ doctors are accountable for the results of the students and the Hospital work related to the treatment of the patients. Other staff members are accountable for the work assigned to them by their higher authorities.

IV. Norms set by it for the discharge of it's functions:

Norms are set as per the instructions of the Punjab Govt., Baba Farid University of Health Sciences and the Govt. of India through CCIM or directly.

For local matters i.e. distribution of syllabus, periods, hospital duties, hostel/ mess rules etc. the norms are set by the college administration which need no mention here.

V. The rules, regulations, instructions, manuals and the record held by it or under it's control or used by it's employees for discharging it's functions:

The Service of the teachers and other technical staff is governed by Punjab Ayurvedic Department (Technical) service rules of 1963 Class I & II and Class III.

The service of Ministerial staff is regulated by the General rules of Punjab Govt. related to Ministerial staff. Other rules/Instructions/ manuals of the Punjab Govt. of the Punjab Govt. and the Union Govt. (which are applicable) and the University and CIM are also applicable on this institute. All the record is available in the office.

VI. A statement of the categories, instructions, manuals and records held by it or under its control or used by it's employees for discharging it's functions: The college maintain/ keep record related to it's different officers/ employees and students. The correspondence made between the college and other agencies, different orders passed by the higher and college authorities, different purchases, expenditure and other activities of the college, attendance registers of the employees and the students.

Different registers/ files are maintained to keep this record. Personal files, service books and other record related to the employees is available in the college establishment branch. Copies of different rules and regulations or other notifications of government related to this college are available in the college record. The accounts branch maintains record related to different incomings and expenditures. The fee clerk maintains record related to the fee and expenditure from different students accounts. The record related to admissions of different courses and the admitted students is maintained by the students branch. The students branch also maintain record related to promotions of students to next class, examinations, scholarships, achievements of students in different fields during their study in the college, record of information's sent by the college to other institutes/ agencies, record of research work during MD courses. The students branch also maintain record related to the University and CCIM. The different departments maintain record related to the stocks hold by that department and other communications between the Principal office and that particular department.

Attendance registers of employees and students of that department are available with the departments.

VII. The particulars of any arrangement that exists for consultation with or representation by the members of the public in relation to the formulation of its policy or administration thereof:

No such arrangement is there.

VIII. A statement of the boards, councils, committees and other bodies consisting of two or more persons constituted as its part or for the purpose of its advise and as to whether meetings of those boards, councils, committees and other bodies are accessible for public:

No such arrangement is there.

IX. Names, Designations and other particulars of the Public Information Officers:

Dr. Parveen Kumar Rishi MD LLB, Professor and Head of Physiology Department Govt. Ayurvedic College, Patiala.

Resi : 1 Rishi Enclave Bhadson Road, Patiala.

Phone Office : 0175-2212019 Res. 2354836, 3092148, Mob. 98554-47181

Guru Gobind Hospital, Faridkot

1. The organization Guru Gobind Singh Hospital is attached to GGS Medical College, Faridkot (Punjab). This Hospital is a premier Institution in this border belt of Punjab catering adjoining Rural and border areas of Punjab and Rajasthan. It also serves as referral Hospital for BSF personals. Apart from this it also imparts training to under graduates (MBBS) & Post-graduates(MD/MS) & other para medical courses like B.Sc. Nursing, DMLT etc. This institution is also involved in Research work in collaboration with Baba Farid University of Health Sciences, Faridkot, to which it is affiliated.

2. The power and duties are being delegated in the Punjab Civil Service Rules for its Officers & employees. Any specific duties assigned by the DRME/ Higher Officials/ Pb. Govt. is followed Financial Rules in total from time to time.

3. For the decision making process, committees are formed as & when needed. Also the system is decentralized as per State Govt. Norms. This hospital communicate with Principal also communicates with DRME and Govt. of Punjab.

4. The norms set by State Govt., Deptt. Of Medical Education & Research, Medical Council of India are followed. This is also affiliated to Baba Farid University of Health Sciences, Faridkot for academic purpose.

5. The rules, regulations instructions used by its employees for discharging its functions are laid down by the Govt., Deptt. Of Medical Education and Research, Records of patients, investigations, inventory of articles, record of academic activities, students record is maintained at this hospital.

6. Categories of documents held by it:

- a) Record of patient's both indoor & outdoor
- b) Record pertaining to investigations.
- c) Medico-legal record
- d) Record of items in the Hospital (store/ Stock).
- e) Medical Students record
- f) Record of academic activities
- g) Record of emergency services.

7. Suggestions made by public are taken into consideration for the welfare of patients only. The policy decision are taken at Govt. level.

8. There is a hospital Welfare Committee that has its members from the staff and district Red Cross Society. This committee works under the overall control of Deputy Commission, Faridkot. Other Committees like Blood donor society, disaster management committee works under Deputy Commissioner. These are accessible to public.

9. A directory of its officers & employees available in the Principal office and is duly maintained & updated from time to time.

10. The remuneration is paid as per the norms fixed by the State Govt./ for its employees from time to time.

11. Budget allocation in respect to Hospital for the current year is given as under :
" 2210-Medical and Public Health-03 Medical Relief.

Budget allocated under this Head, 2,70,00000-00

"2210- Medical and Public Health-07 OHD

Budget allocated under this Head – 2,50,00000-00

The disbursement of each amount is done through proper procedure set up by the State Govt.

12. Subsidy programmes in the form of facility for free treatment to all State Govt. employees, pensioners, Yellow Card holders, Freedom Fighters exists in this hospital.

13. Receipts of concession as in Para No. 12 above & free treatment under National Programmes.

14. Information available in an conventional form like computerization is presently not available in this Institution.
15. Facility for obtaining information like Library or reading room are available to the Medical students and staff members only.
16. Public Information Officers will be designated soon.
17. No such information is available for the public use.

**PUNJAB
MEDICAL
REGISTRATION
ACT, 1916**

2

**1916 : Pb. Act III MEDICAL
REGISTRATION**

THE PUNJAB MEDICAL REGISTRATION ACT, 1916

PUNJAB ACT II OF 1916

Arrangement of Sections

PREAMBLE.

SECTIONS.

1. Short title and extent.
2. Commencement of Act.
3. Definitions.
4. Privileges of registered practitioners.
5. Constitution of Medical Council.
6. Qualifications of members.
7. Tenure of office of members.
8. Cessation of membership.
9. Filling up of vacancies.
10. Registrar and other officers.
11. Medical register.
12. Meetings of Council.
13. Persons who may be registered.
14. Entry of new titles and qualifications in register.
15. Appeal against the decision of registrar.
16. Alteration of register by Council.
17. Procedure in inquiries and appeals.
18. Appeal against the decision of Council.
19. Limiting of jurisdiction of civil courts.
20. Power of State Government to alter schedule.
21. Power of Council to call for information regarding efficiency of teaching and to attend examinations.
22. Control by State Government.
23. Penalty for falsely pretending to be a registered practitioner.
24. Power to make rules and bye-laws.
25. Repealed.

THE SCHEDULE

1916 : Ph. Act III

MEDICAL
REGISTRATION

THE PUNJAB MEDICAL REGISTRATION ACT, 1916

PUNJAB ACT II OF 1916.

[Received the assent of the Lieutenant-Governor of the Punjab on the 8th April, 1916, and that of the Governor-General on the 17th May, 1916, and was first published in the Punjab Gazette of the 24th February, 1916.]

1	2	3	4
Year	No.	Short title	Whether repealed or otherwise affected by legislation
1916	II	The Punjab Medical Registration Act, 1916	<p>Amended by Punjab Acts, XII of 1926¹ and I of 1928²</p> <p>Amended, Government of India (Adaptation of Indian Laws) Order, 1937</p> <p>Amended, The Indian Independence (Adaptation of Bengal and Punjab Acts) Order, 1948 (G.G.O. 40 of 1948)</p> <p>Amended, Adaptation of Laws Order, 1950</p> <p>Amended by the Adaptation of Laws (Third Amendment) Order, of 1951</p> <p>Extended to the territories which immediately before the 1st November, 1956, were comprised in the Patiala and East Punjab States Union by Punjab Act No. 30 of 1958</p>

¹For Statement of Objects and Reasons, see Punjab Gazette, 1915, Part V, page 184, for Select Committee's Report, see *ibid*, Part V, 1916, pages 7—18, for Debates in Council, see *ibid*, 1915, Part V, pages 210—14, and *ibid*, 1916, pages 155—76.

²See Punjab Gazette, 1916, Part V, pages 267—70.

³For Statement of Objects and Reasons, see East Punjab Government Gazette, 1926, Part I, page 1002.

⁴For Statement of Objects and Reasons, see Punjab Gazette, 1928, Part I, page 2.

PUNJAB ACT II OF 1916

An Act for the Registration of Medical Practitioners

Preamble.

WHEREAS it is expedient to provide for the registration of certain medical practitioners in Punjab; It is hereby enacted as follows :—

Short Title.

1. (1) This Act may be called the Punjab Medical Registration Act, 1916.

Extent.

(2) It extends to Punjab.

Commencement of Act.

2. The provisions of section 4 shall come into force on such date as the [State] Government may notify in this behalf. The rest of this Act shall come into force at once.

Definitions.

3. In this Act unless there is something repugnant in the subject or context—

(1) "The British Medical Acts" means Statutes 21 and 22, Victoria, Chapter 90 (The Medical Act), and any Act amending the same;

(2) "Council" means the Medical Council established by this Act;

(3) "Prescribed" means prescribed by rule or bye-laws made under this Act;

(4) "Registered practitioner" means any person registered under the provisions of this Act.

Privileges of registered practitioners.

4. Notwithstanding anything to the contrary in any enactment, rule, bye-law or any other provision of law—

(1) no certificate required by any Act in force, or that may hereafter be passed, from a medical practitioner or officer shall be valid unless signed by a registered practitioner;

¹Substituted for the words "East Punjab" [which had been inserted for the words "the Punjab" by the Indian Independence (Adaptation of Bengal and Punjab Acts) Order, 1948], by the Adaptation of Laws (Third Amendment) Order, 1951.

²Substituted by Adaptation of Laws Order, 1950, for "East Punjab" which had been substituted for "the Punjab" by A. O. 1948.

³The provisions of section 4 came into force on the 1st January, 1918,—vide Punjab Gazette (Home—Medical) notification No. 16493, dated the 27th August, 1919.

⁴Substituted for the word "Provincial" by the Adaptation of Laws Order, 1950.

Amendment
to Act. 2009

State

(2) except with the special sanction of the '[State] Government no one other than a registered practitioner shall be competent to hold any appointment as physician, surgeon or other medical officer in any hospital, asylum, infirmary, dispensary or lying-in hospital not supported entirely by voluntary contributions or as medical officer of health.

5. (1) A Medical Council shall be established for Punjab, and shall consist of '[eleven] members including a president and a vice-president to be appointed in the following manner :—

Constitution of
Medical Council.

(a) The president nominated by the '[State] Government

~~'[(b) '[Four] members nominated by the '[State] Government, of whom one shall be * * * a person recommended by the Chief Commissioner, Delhi,~~

(c) * * *

(d) Three members elected by the registered practitioners who are Graduates or Licentates in Medicine of '[any University in India. 7.

X (e) '[Two members elected by the registered practitioners who hold a diploma from a '[State] Government declaring them to be

12th
3 ex. officio.

¹Substituted for the word "Provincial" by the Adaptation of Laws Order, 1950.

²Substituted for the word "sixteen" (which had been substituted for the word "thirteen" by Punjab Act, XII of 1926, section 2) by the Indian Independence (Adaptation of Bengal and Punjab Acts) Order, 1948.

³Substituted for the old clause by Punjab Act, XII of 1926.

⁴Substituted for the word "eight" by the Indian Independence (Adaptation of Bengal and Punjab Acts) Order, 1948.

⁵The words "an independent medical practitioner practising in the Punjab, two shall be person recommended by the Chief Commissioner, North-West Frontier Province, and one shall be" were omitted by the Indian Independence (Adaptation of Bengal and Punjab Acts) Order 1948.

⁶Omitted by the Indian Independence (Adaptation of Bengal and Punjab Acts) Order of 1948, (G.G.O. 40).

⁷Substituted for the words "the University of the Punjab" by the Indian Independence (Adaptation of Bengal and Punjab Acts) Order of 1948, (G.G.O. 40).

⁸Substituted for the words "one member" by the Indian Independence (Adaptation of Bengal and Punjab Acts) Order of 1948 (G.G.O. 40).

qualified to perform the duties of a Hospital Assistant or a Sub-Assistant Surgeon.
(f) One member elected by all other registered practitioners.

X (2) The vice-president shall be elected from among the members of the Council in the prescribed manner. ✓

Qualifications of members.

6. No person shall be eligible to be a member of the Council unless he is a registered practitioner ;

Provided that in the case of first appointments made under this Act the persons electing the members under clauses * * * (d), (e) and (f) of sub-section (1) of section 5 and the members appointed shall be persons who are qualified to be registered under clauses (a) and (b) of section 13.

✓ Tenure of office of members.

7. The members of the Council shall hold office for a term of three years and shall be eligible for re-appointment. 580.

Cessation of membership.

8. A member of the Council shall be deemed to have vacated his seat—

- (1) on sending his resignation in writing to the president or registrar;
- (2) on his absence without excuse sufficient in the opinion of the Council from three consecutive meetings of the Council;
- (2) on his absence out of India for six consecutive months;
- (4) on removal of his name from the register;
- (5) on his becoming insane or being declared an insolvent by any competent court;
- (6) on expiry of the term mentioned in section 7.

Filling up of vacancies.

9. When the seat of any member becomes vacant, the vacancy shall be filled up by election or nomination, as the case may be, in accordance with the provisions of section 5.

The brackets and letter "(c)" omitted by the Indian Independence, (Adaptation of Bengal and Punjab Acts) October, 1948.

10. (1) The Council shall appoint a registrar who shall act as Secretary of the Council and who shall also act as treasurer, unless the Council shall appoint another person as treasurer. Every person so appointed shall be removeable at the pleasure of the Council. Registrar and other officers.

(2) The Council may also employ such other persons as it may deem necessary for the purposes of this Act.

(3) All persons appointed or employed under this section shall be deemed to be public servants within the meaning of section 21 of the Indian Penal Code. XLV of 1860

11. It shall be the duty of the registrar to open and maintain, in accordance with the provisions of this Act, a register, to be called the Punjab Medical Register, and from time to time to revise the register and publish it in the prescribed manner. Such a register shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872. Medical register.

12. No business shall be transacted at a meeting of the Council unless at least [six] members are present. Meetings of Council. of ??

All questions, other than questions of order, which may come before the Council shall be decided in accordance with the votes of the majority of the members present and voting at the meeting. In the case of an equality of votes the member presiding at the meeting shall have a casting vote.

Questions of order shall be decided by the member presiding at the meeting.

13. Every person who—

(a) is for the time being registered or qualified to be registered under the British Medical Act, or Persons who may be registered ?

(b) is possessed of any of the qualifications described in the schedule,

¹Substituted for the word "seven" by the Indian Independence (Adaptation of Bengal and Punjab Acts), Order of 1948 (G.G.O. 40).

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may apply to the registrar to be registered and on payment of the prescribed fee and on furnishing to the registrar proof of such registration or qualification shall be entitled to be registered, and thereupon, but subject always to the provisos hereinafter contained, the registrar shall register him in the Punjab Medical Register:

Provided that any person already registered under any Medical Registration Act in force in any other ¹[State] in India shall be exempted from the registration fee leviable under this clause :

Provided also, that the ²[State] Government may after consulting the Council permit the registration of (a) any person who shall furnish to the registrar proof that he is possessed of a medical degree, diploma or certificate of any University, medical college or school approved by the Council, other than those described in the schedule, and (b) any person who was actually practising medicine in ³Punjab ⁴[" * * * * "] or the Delhi ⁵[State], before the 25th day of September, 1915.

Provided further, that the Council may refuse to permit the registration of any person who has been convicted of any such offence as implies in the opinion of the Council a defect of character or who, after an inquiry at which opportunity has been given to the candidate to be heard in person or by pleader, has been held by the Council to have been guilty of infamous conduct in any professional respect:

Provided further, that the registrar on receiving an application for entry in the register from any person in respect of whom he considers that the Council may wish to exercise the power of refusal conferred by the last foregoing proviso may refer the said application to the Council, and shall not make any entry

¹Substituted for the word "Province" by the Adaptation of Laws Order, 1950.

²Substituted for the word "Provincial" by the Adaptation of Laws Order, 1950.

³Substituted by Adaptation of Laws Order, 1950, for "East Punjab", which had been substituted for "the Punjab" by G. G. O. 40 of 1948.

⁴Inserted by section 2 of Punjab Act, I of 1928.

⁵The words "or the North West Frontier Province", omitted by the India (Adaptation of Existing Indian Laws) Order, 1947, page 4(1).

in the register in respect of such person until the Council informs him that the entry is permitted,

14. If any person whose name is entered in the register obtains any title or qualification other than the title or qualification in respect of which he has been registered he shall on payment of the prescribed fee be entitled to have an entry stating such other title or qualification made against his name in the register either in substitution for or in addition to any entry previously made.

Entry of new
titles and quali-
fications in regis-
ter.

15. An appeal shall lie to the Council against any order of the registrar under section 13 or section 14. The said appeal shall be preferred within three months from the date of the order appealed against.

Appeal against
the decision of
registrar.

16. (1) The Council may, if it sees fit, and after giving notice to the person concerned and inquiring into his objections, if any, order that any entry in the register which shall be proved to the satisfaction of the Council to have been fraudulently or incorrectly made or brought about, be cancelled or amended.

Alteration
register
Council. of
by

(2) The Council may direct the removal altogether or for a specified period from the register of the name of any registered practitioner who has been convicted of any such offence as implies in the opinion of the Council a defect of character or who, after an inquiry at which opportunity has been given to such registered practitioner to be heard in person or by pleader, has been held by the Council to have been guilty of infamous conduct in any professional respect. The Council may also direct that any name so removed shall be restored.

17. (1) The Council may at its discretion hold an inquiry under section 13 or section 16 *in camera*.

Procedure
inquiries
appeals. in
and

(2) For the purpose of any inquiry or of any appeal under section 15, the Council shall be deemed to be a court within the meaning of the Indian Evidence

Act, 1872, and shall exercise all the powers of a Commissioner appointed under the 'Public Servants' (Inquiry) Act, 1850; and such inquiries and appeals shall be conducted, as far as may be, in accordance with the provisions of section 5 and sections 8 to 20 of the said Public Servants' (Inquiries) Act, 1850. ^{1 of 1872.} ^{xxxvii of 1850.}

Appeal against
the decision of
Council.

18. An appeal shall lie to the '[State] Government against every decision of the Council under section 13 or section 16. Such appeal shall be preferred within three months from the date of the Council's decision.

Limiting
jurisdiction
civil courts.

19. No act done in the exercise of any power conferred by this Act on the '[State] Government or the Council or the registrar shall be questioned in any civil court.

Power of State
Government to
alter schedule.

20. It shall be lawful for the '[State] Government by notification in the '[Official Gazette] to alter the Schedule.

Power of Council
to call for
information
regarding effi-
ciency of teach-
ing and to at-
tend examina-
tions.

21. ~~the~~ governing body or authorities of any University, medical college or school, included in or desirous of being included in the schedule—

~~(a) to furnish such reports as may be required by the Council~~
information as the Council may require to enable it to judge of the efficiency of the instruction given therein in medicine and surgery and midwifery; and

(b) to provide facilities to enable any member of the Council deputed by the Council in this behalf to be present at the examinations held by such University, college or school.

If the said body or authorities refuse to comply with any such request the '[State] Government may upon report by the Council remove such University, college

¹Substituted for the word "Provincial" by the Adaptation of Laws Order, 1950.

²Substituted for the words "Punjab Gazette" by the Government of India (Adaptation of Indian Laws) Order, 1937.

or school from the schedule or refuse to include it in the schedule.

22. If at any time it shall appear to the '[State] Government that the Council has neglected to exercise or has exceeded or abused any power conferred upon it under this Act or has neglected to perform any duty imposed upon it by this Act, the '[State] Government may communicate the particulars of such neglect, excess or abuse to the Council; and, if the Council fails to remedy such neglect, excess or abuse within such time as may be fixed by the '[State] Government in this behalf, the '[State] Government may, for the purpose of remedying such neglect, excess or abuse, cause any of the powers and duties of the Council to be exercised and performed by such agency and for such period as the '[State] Government may think fit.

Control by State Government.

23. Every person who falsely pretends to be a registered practitioner shall, whether any person is actually deceived by such pretence or not be liable to be punished on conviction by a magistrate of the first class with fine that may extend to three hundred rupees.

Penalty for falsely pretending to be a registered practitioner.

24. (1) The '[State] Government may after previous publication make rules for the purpose of carrying out the provisions of this Act.

Power to make rules and bye-laws.

In particular and without prejudice to the generality of the foregoing provision, the '[State] Government may make rules—

- (i) for the election of members to the Council under sections 5 and 6;
- (ii) for the election of the vice-president of the Council;
- (iii) to regulate the procedure at an inquiry held under section 13 or section 16;
- (iv) for the institution, hearing and disposal of appeals under section 15 or section 18;
- (v) for the compilation and publication of the register;

¹Substituted for the word "Provincial" by the Adaptation of Laws Order, 1950.

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- (vi) to fix the amount of fees to be levied under this Act;
- (vii) for the disposal of fees received under this Act.

(2) The Council may, with the previous sanction of the [State] Government, make bye-laws—

- (i) for the convening of meetings of the Council;
- (ii) for the conduct of business at such meetings;
- (iii) for the appointment, control, pay and allowances of the establishment employed under section 10.

[25. * * * * *].

THE SCHEDULE

(Vide section 13.)

(1) The Degree of Doctor, Bachelor or Licentiate of Medicine, or Master, Bachelor or Licentiate of Surgery of the University of Madras, Bombay, Calcutta, Allahabad, [the Punjab or the Punjab in Pakistan] the Universities of Sheffield, Bristol and Wales, the National University of Ireland and the Queen's University of Belfast.

(2) The Degree of Doctor, Bachelor or Licentiate of Medicine, Master, Bachelor or Licentiate of Surgery or Master in Obstetrics of the Universities of Oxford, Cambridge, London, Durham, Manchester, Birmingham, Liverpool, Leeds, Edinburgh, Aberdeen, Glasgow, St. Andrews and Dublin, the Royal University of Ireland and the Universities of Adelaide, Malta, Melbourne, New Zealand, Sydney, Dalhousie, McGill and Laval.

✓ (3) The Degrees of Fellow, Member or Licentiate of the Royal Colleges of Physicians of London, Edinburgh and Ireland.

¹Section 25. Inserted by the Government of India (Adaptation of Indian Laws) Order, 1937, has been omitted by the Adaptation of Laws (Third Amendment) Order, 1951.

²Substituted for "the Punjab or East Punjab" by Adaptation of Laws (Third Amendment) Order, 1951. "The Punjab or East Punjab had been substituted for the Punjab" by G.G.O. 40 of 1958.

(4) The Degree of Fellow, Member or Licentiate of the Royal Colleges of Surgeons of England, Edinburgh and Ireland.

(5) The Degree of Fellow Member or Licentiate of the College of Physicians and Surgeons of Bombay.

(6) The Degree of Licentiate of the Apothecaries' Society of London, Fellow and Licentiate of the Royal Faculty of Physicians and Surgeons of Glassgow, Licentiate of the Apothecaries Hall of Dublin, Licentiate of Medicine and Surgery of the Medical College of Ceylon, the Nova Scotia Provincial Medical Board, and the Prince Edward Island Medical Council.

(7) A Diploma or Certificate ¹[granted] by a ²[State] Government or the Government of Burma to any person trained in a Medical College or School declaring him to be qualified to practise medicine, surgery and Midwifery, or to perform the duties of a military assistant surgeon, hospital assistant or sub-assistant surgeon.

(8) A Diploma or Certificate granted by the King Edward Hospital Medical School at Indore to any person declaring him to be qualified to practise medicine surgery and midwifery, or to be qualified for the duties of a military assistant surgeon, hospital assistant or sub-assistant surgeon.

¹Substituted for the words "granted by a Local Government" by the Government of India (Adaptation of Indian Laws) Order. 1937.

²Substituted for the word "Provincial" by the Adaptation of Laws Order. 1950.

THE PUNJAB MEDICAL REGISTRATION RULES

RULES MADE BY HIS HONOUR THE LIEUTENANT
GOVERNOR, UNDER SECTION 24 OF THE PUNJAB
MEDICAL REGISTRATION ACT, 1916.

PART I

DEFINITIONS

1. In these rules, unless there is anything repugnant in the subject or context—

- (1) "the expression" the Act means the Punjab Medical Registration Act, 1916;
- (2) "the President" means the President of the Punjab Medical Council nominated under Section 5(1)(a) of the Act; and
- (3) "the Registrar" means the Registrar appointed under Section 10(1) of the Act.

PART II.—COMPILATION AND PUBLICATION OF THE
PUNJAB MEDICAL REGISTER.

2. The Punjab Medical Register shall be maintained in Form No. 1 in the Appendix to these rules.

3. The names of persons entitled to be registered shall be entered in the register in the order in which the applications are admitted and sufficient space shall be left for future additions or alterations in the qualifications and addresses of such persons.

4. Each page of the register shall be verified by the Registrar's signature.

5. The Registrar shall in every year, on or before a date to be fixed in this behalf by the Council, cause to be printed and published in Form No. 11 appended to these rules, the list to be known as the Punjab Annual Medical List, setting forth—

- (a) all names for the time being entered in the Punjab Medical Register, arranged in alphabetical order;
- (b) the registered address or appointment of each person whose name is entered in the register;
- (c) the registered titles and qualifications of each person, and the date on which each such title was granted or each such qualification was certified; and

²[(d) a district-wise index of registered medical practitioners.]

¹First published.—vide Punjab Government Notification No. 10115, dated the 30th April, 1917. These rules have been framed under section 24 of the Punjab Medical Registration Act, 1916.

²Added by Punjab Government Notification No. 348-M-38/14280, dated the 9th April, 1938.

THE PUNJAB MEDICAL REGISTRATION RULES

PART III.—FEES.

6. Every person other than a person registered under the British Medical Acts or a person already registered under any Medical Registration Act in force in any other Province in India applying for registration under the Act, shall pay a fee of [Rs. 20] which shall accompany the application for registration.

*Cher
in new*

[6-A. Every registered practitioner who applies to the Registrar for a duplicate copy of his registration certificate shall pay a registration fee of Rs. 3 (including cost of stamp affixed on Registration certificate).]

Rs 500/-

[6-B. Every registered practitioner who applies to the Registrar for an alteration in his name other than the additions of recognised titles shall pay a fee of Rs. 5 and furnish such particulars as the Council may desire. Lady doctors whose names are changed on account of marriage shall, however, be exempted from the payment of the fee.]

7. Every registered practitioner who applies to the Registrar in respect of any additional qualification obtained subsequent to registration or for any alteration shall under the Act pay a fee of Rs. 5 for each addition or alteration [unless the additional qualification has already been registered under any Medical Registration Act in force in any other Province in India.]

[7-A. The Registrar is empowered to erase from the Register with the written approval of the President the name of any registered person with whom he is unable to establish communication provided that any name so erased may be re-entered in the Register by direction of the Medical Council upon payment of a fee of Rs. 10/-]

8. The Registrar shall receive all fees payable under the Act and shall credit them to the account of the Council in the Imperial Bank of India.

[9. Definition—

(a) "roll" means the roll of persons entitled to vote at an election under these rules;

¹Substituted by Punjab Government Notification No. 4641-M-47/41442 dated the 19th October, 1940.

²Inserted by Punjab Government Notification No. 5756-M-30/22548, dated the 3rd June, 1937.

³Inserted by Punjab Government Notification No. 3315-M-39/30800, dated the 25th September, 1939.

⁴Added by Punjab Government Notification No. 2721-M-37/30870, dated the 29th September, 1937.

⁵Inserted by Punjab Government Notification No. 21774, dated the 19th August, 1933.

⁶Substituted for rules 9 to 326, by Punjab Government Notification No. 13587-C.H.P.-55/70370, dated the 8th November, 1955, and rules 33 to 54 renumbered as rules 18 to 39 by the same notification.

Provisional Registration Fee	530
Duplicate Certificate of Provisional Regn.	430
Permanent Registration & Annual Medical List	1130
Duplicate Registration fee of Permanent Regn. Certificate	830
Additional Qualification	630
Good Standing Certificate / Verification fees	530
N.O.C. charges	1030
Restoration	100
Late fee of Registration	200 per year

THE PUNJAB MEDICAL REGISTRATION RULES

- (b) "the Act" means the Punjab Medical Registration Act, 1916.
- (c) "the Council" means the Punjab Medical Council.
- (d) "the President" means the President of the Punjab Medical Council.
- (e) "the Registrar" means the Registrar of the Punjab Medical Council.

APPOINTMENT OF MEMBERS OF THE PUNJAB MEDICAL COUNCIL.

10. The Registrar shall maintain a list in Form 1 appended to the rules, containing the names of members elected on the Punjab Medical Council, the electorates they represent, the date of election of each such member, the term of his office and date of retirement, resignation, death or removal of each such member. The list shall also contain similar particulars in regard to the members nominated by Government. The Registrar shall keep the list always up-to-date so that it may show at glance when the election or nomination, as the case may be, is to be made.

11. Ninety days before the expiration of the term of office of any member appointed on the Council, the Registrar shall make a report in writing regarding the vacancy to the President if the vacancy be in respect of an elected member and to Government through the President if the vacancy is to be in respect of a nominated member.

12. If a vacancy occurs in the office of a member of the Council previous to the expiry of his term of office through resignation, death, removal or disability of such member or otherwise, the Registrar shall make a report in writing regarding the vacancy to the President if the vacancy be in respect of an elected member and to Government through the President in case the vacancy be in respect of a nominated member.

PROCEDURE TO BE OBSERVED FOR FILLING VACANCIES ON THE PUNJAB MEDICAL COUNCIL

13. A vacancy occurring in any manner whatsoever in relation to an elected member shall be filled by election in the manner hereinafter provided.

The State Government shall appoint any person as a Returning Officer—

- (i) in the case of a vacancy to arise as a result of the expiry of the term of any member, not later than 60 days before the expiry of such term; and
- (ii) in the case of a vacancy occurring as a result of death, resignation or removal as soon after such death, resignation or removal as may be convenient

THE PUNJAB MEDICAL REGISTRATION RULES

and issue a notification in the official Gazette of the coming election, for the information of the electorate and requiring the election of the member by a date specified therein.

14. The following procedure shall be adopted for the filling of vacancies by election:—

- (1) The Electoral Roll shall be prepared by the Registrar, in Form II appended to these rules. It shall contain the name, qualifications and address of every person qualified to vote for the election of a member to fill up the vacancy or vacancies.
- (2) Candidates qualified for being elected shall be proposed and seconded by persons qualified as electors in Form III appended to these rules. No elector shall propose or second the nomination of more persons than are required to fill up the vacancy or vacancies. If more nomination than are required to fill up the vacancy or vacancies be subscribed by the same elector all nominations subscribed by him shall be held to be void.
- (3) The candidate shall sign the nomination papers declaring that he is willing to serve on the Council, if elected. In the absence of such declaration the nomination shall be treated as invalid.
- (4) Every proposal for nomination shall be in writing, and shall be signed by the proposer and seconder, and sent by registered post or delivered personally to the Returning Officer so as to reach him not less than twenty-eight days before such date as may be notified under rule 13 of these rules.
- (5) Any candidate shall be at liberty to withdraw his candidature within seven days from the last date fixed for the receipt of nomination paper.
- (6) If in case of any election the number of candidates duly nominated does not exceed the number required to fill up the vacancy or vacancies, the Returning Officer shall forthwith declare all such candidate to be elected.
- (7) If in case of any such election more candidates than are necessary to fill up the vacancy or vacancies are nominated, the Returning Officer, after scrutiny of the nomination papers shall forthwith publish their names and addresses in the Punjab Government Gazette and shall further cause their names to be entered in ballot paper in Form IV appended to these rules.
- (8) Twenty-one days before such date, as may be appointed by the Returning Officer in this behalf, the Returning Officer shall send by post and under certificate of posting to each elector a ballot paper in Form IV appended to these rules, signed by the Returning Officer.

Nomination

Check?

THE PUNJAB MEDICAL REGISTRATION RULES

- (9) Before such date, as may be appointed by the Returning Officer in this behalf, every elector, desirous of voting, shall send by registered post his ballot paper to the Returning Officer after recording his vote or votes and affixing his signatures thereon in the manner prescribed therein.

Provided that any ballot-paper which is not received by the Returning Officer before 12 noon on the date preceding the date fixed for the counting of votes or which does not in any way conform to these rules shall be rejected.

- (10) The Returning Officer shall attend for the purpose of counting the votes on such date and at such time and place as may be appointed in this behalf. Any candidate may also be present either in person or an accredited representative at the counting of votes.
- (11) When the counting of votes has been completed, the Returning Officer shall forthwith declare the candidate or candidates, as the case may be, to whom the largest number of votes has been given to be elected and shall forthwith inform the successful candidates by letter of his having been elected to the Council.
- (12) When an equality of votes is found to exist between any candidates and the addition of the vote will entitle any one or more of the candidates to be declared elected, the determination of the person or persons to whom such additional vote shall be deemed to have been given shall be made by lot, to be drawn by the Returning Officer in the presence of the candidates or their representatives who may be present at the time of the counting of votes.
- (13) Upon the completion of the counting and after the result has been declared by him, the Returning Officer shall seal the voting papers and all documents relating to the election and shall retain the same with himself for a period of six months and thereafter cause them to be destroyed.
- (14) The Returning Officer shall notify in the Punjab Government Gazette and in such other manner as the Council may deem fit the date, time and place fixed for each of the following proceedings:—
- (i) the date fixed for the receipt of nomination paper.
 - (ii) the date fixed for the withdrawal of the nomination.
 - (iii) the date fixed for the issue of the voting papers by the Returning Officer.
 - (iv) the date fixed for the receipt of the Ballot papers by the Returning Officer.
 - (v) the date fixed for the counting of the ballot papers.

15. The State Government may, of its own motion, or on an objection made before it, declare any election that has been held to be void on account of corrupt practice or any sufficient cause and may call upon the electorate to make a fresh election.

The decision of the State Government under this rule shall be final.

16. If any question arises as to the intention, construction or application of any of these rules, which in the opinion of the Returning Officer, should be referred to the State Government the Returning Officer shall refer such question to the State Government whose decision thereon shall be final.

17. After the declaration of the election of any member, and when the President himself is not the Returning Officer, after the receipt by him of notice of such election from the Returning Officer the President shall publish the notice of the election in the *Punjab Government Gazette* and send a copy of the State Government.

22.

PART V-B.—ELECTION OF VICE-PRESIDENT.

18. (1) No election of a Vice-President of the Council shall be held at a meeting unless not less than fourteen days' notice of the holding of such meeting has been given to all members of the Council by delivery at their ordinary place of residence of a notice, which shall specify that such election is to take place at the meeting in question.

(2) A candidate for election to the office of Vice-President shall be nominated by a proposer and a seconder who shall be members of the Council present at the meeting.

(3) The person elected shall assume office from the date of election].

18-A. *Ballot to be taken.*—Voting for the office of Vice-President shall be by ballot, and if only one candidate for the office is proposed, the members present shall be required to vote by writing "Yes" or "No" on the ballot paper, and if a majority of votes is not in the affirmative, the election shall be postponed to the next meeting of the Council when a further ballot shall be taken in respect of such candidates as may then be proposed, and the Chairman of the meeting shall not have a casting vote.

18-B. *Method of electing Vice-President.*—When the office of Vice-President of the Council has to be filled—

- (a) if one candidate obtains more votes than any other, then such candidate shall be deemed to be elected;
- (b) if two or more candidates obtain an equal number of votes, the Chairman of the meeting shall decide between the candidates by drawing lots in the presence of all the members of the Council who may attend, after due notice to be present for the purpose.]

¹The existing rules 33 to 54 renumbered as 18 to 30 by Punjab Government, Health Department Notification No. 13587-Ch.-IHB-55/70370, dated the 18th November, 1955.

²Substituted by the Punjab Government Notification No. 22014, dated the 25th July, 1934.

THE PUNJAB MEDICAL REGISTRATION RULES

APPENDIX

FORM No. I

(Vide Rule 10)

Register showing the particulars of the Members of the Council

1	2	3	4	5	6	7
Name	Address	Whether nominated or elected	Tenure	Date of commencement of tenure	Date on which the term is to expire in the ordinary course	If the appointment is terminated before the due date mentioned in column 6, then the date and reason of earlier termination

APPENDIX

FORM II

[Vide Rule 14(1)]

Electoral Roll

Punjab Medical Council

1	2	3	4	5	6
Serial No.	Name	Qualification and dates thereof	Address or appointment	Date of registration	Serial No. as in the Register of Registered Medical Practitioners

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FORM III

[vide Rule 14(2)]
Nomination Paper

No.	Serial No.
Nomination paper	Name of Candidate
Counterfoil	Qualifications and dates thereof
Name and address of the candidate	Address or appointment
Serial No. on electoral roll	Date of registration and registration number
Date of despatch	Serial number of the candidate on the electoral roll
Initial of despatching officer	Name of the proposer
	Serial number of the proposer on the electoral roll
	Signature of the proposer
	Name of the seconder
	Serial number of the seconder on the electoral roll
	Signature of the seconder

DECLARATION BY CANDIDATE

I hereby declare that I agree to this nomination.

Date

Signature of the Candidate

Note.—This nomination paper will not be valid unless it is delivered to the Returning Officer at this office between the hours of eleven O'clock of the forenoon and three O'clock of the afternoon on or before..... 19

(TO BE FILLED BY THE RETURNING OFFICER)

CERTIFICATE OF DELIVERY

Serial No.

The nomination paper was delivered to me at office at (date and hour)

Date

Signature of the Returning Officer.

THE PUNJAB MEDICAL REGISTRATION RULES

CERTIFICATE OF SCRUTINY

I have scrutinized the eligibility of the candidate, the proposer and seconder, and find that they are respectively qualified to stand for election, to propose and to second the nomination, and I therefore, accept the nomination.

Or

I have scrutinized this nomination and reject it for the following reasons :-

Date

Signature of Returning Officer.

THE PUNJAB MEDICAL REGISTRATION RULES

APPENDIX

FORM No. IV

[vide Rule 14(8)]

Form of front of Ballot-Paper.

Counterfoil	Outerfoil	Front
No.		
Number on the roll of the elector to whom it is sent.		
Date of despatch.		
Initials of despatching officer.		

Note.—On the back of the ballot paper the No on the roll of the elector to whom it is sent should be noted.

Serial No.-----

The above ballot paper should accompany the covering letter as under:—

1. Your electoral number is-----
2. The date of counting votes is-----
3. You have as many votes as there are members to be elected.
4. You should vote by placing the mark × opposite the name or names of candidates whom you prefer. If you do not wish to use all your votes (in case where more than one vote is allowed) you need not do so, but more than one vote may not be given to any one candidate.
5. The ballot-paper shall be invalid, if the mark × is placed opposite the name of more candidates than are to be elected, or if the mark denoting any vote is so placed as to render it doubtful to which candidate such vote is intended to apply.
6. You should sign the following declaration, and append your number on the electoral roll and the place of your residence thereto and then return this letter along with the ballot paper, which shall be put into a separate envelope. Without such signature and entry the ballot paper shall be invalid.
7. In case you fill in more than one ballot-paper, the first only of such ballot-papers received by the President, shall, if otherwise in order, be valid and if the Returning Officer is unable to determine which of such ballot-papers was first received by him both or all such ballot-papers shall be invalid.

THE PUNJAB MEDICAL REGISTRATION RULES

8. Ballot-papers shall be sent to the Returning Officer by registered post. Ballot-papers which are not received by the Returning Officer before the _____ day _____ 19____ will be rejected.

I hereby declare that my name appears on electoral roll—
_____vide No _____
Signature of elector—
Residence—

PART VI. PROCEDURE TO BE FOLLOWED IN CONDUCTING AN ENQUIRY.

19. Whenever information is received by the Registrar that a medical practitioner who is an applicant for registration or whose name has already been registered, has been guilty of conduct which *prima facie*, constitute infamous conduct in a professional respect, the Registrar shall make an abstract of such information.

20. Where the information in question is in the nature of a complaint by a person or body charging the practitioner with infamous conduct in a professional respect, such complaint shall be made in writing addressed to the Registrar and shall state the grounds of complaint and shall be accompanied by one or more declaration as to the facts of the case.

21. Every declaration must state description and true place of abode of the declarant and where the fact stated in a declaration is not within the personal knowledge of the declarant, the source of the information and grounds for the belief of the declarant in its truth must be accurately and fully stated.

22. (1) The abstract and where a complaint has been lodged, the complaint and all other documents bearing on the case, shall be submitted by the Registrar to the President, who shall if he thinks fit, instruct the Registrar to ask the practitioner by means of a registered letter for any explanation he may have to offer. The documents, including any explanation forwarded by the practitioner to the Registrar, shall then be referred to a committee appointed by the Council who shall consider the same and shall have power to cause further investigations to be made and further evidence to be taken and to refer, if necessary, to a legal practitioner for advice and assistance, and to instruct him to take the opinion of the counsel and otherwise to obtain such advice and assistance, as it shall think fit.

(2) The Committee shall report to the Council and if the Council considers that the case is one in which any inquiry ought to be held, the President shall direct the Registrar to take steps for the institution of an inquiry and for having the case heard and determined by the Council.

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THE PUNJAB MEDICAL REGISTRATION RULES

23. The inquiry shall be instituted by the issue of a notice in writing on behalf of the Council, by the Registrar addressed to the practitioner, such notice shall specify the nature and particulars of the charges and shall inform the practitioner of the day on which the Council intends to deal with the case and shall call upon him to answer the charge in writing and to attend before the Council on that day.

24. The notice referred to in rule 23 shall be in form III in the Appendix to these rules with such variations as circumstances may require. It shall be sent three weeks before the date of the inquiry, and shall be accompanied by a copy of sections 13 or 16 of the Act, as the case may be and of the rules to regulate the procedure for conducting an inquiry referred to in these sections.

25. In every case in which the Council resolves that an inquiry shall be instituted and a notice for an inquiry is issued accordingly, the complainant (if any) and the medical practitioner charged shall upon request in writing for that purpose signed by him or his legal practitioner, be entitled to be supplied by the Registrar with a copy of any declaration, explanation, answer or other document given or sent to the Council by or on behalf of the other party, which such other party will be entitled on proper proof to use at the hearing as evidence in support of or in answer to the charge specified in the notice of inquiry.

26. Any answer, evidence or statement forwarded or application, made by the medical practitioner between the date of issue of the notice and the day named for hearing of the charge shall be dealt with by the President in such manner as he shall think fit.

27. All material documents which are to be laid before the Council as evidence in regard to the case shall be printed and a copy shall be furnished to each member of the Council before the hearing of the case.

✓ 28. At the hearing of the case by the Council the complainant and also the practitioner may be represented or assisted by a legal practitioner.

29. Where a complainant appears personally or by legal practitioner the order of procedure shall be as follows : -

(1) The Registrar will read to the Council the notice of the inquiry addressed to the medical practitioner.

(2) The complainant will then be invited to state his case by himself or by his legal representative and to produce his proofs in support of it. At the conclusion of the complainant's proofs his case will be closed.

THE PUNJAB MEDICAL REGISTRATION RULES

(3) The practitioner will then be invited to state his case by himself or by his legal representative and to produce his proof in support of it. He may address the Council either before or at the conclusion of his proofs, but only once.

(4) At the conclusion of the practitioner's case, the Council will, if the practitioner has produced evidence, hear the complainant in reply on the case generally, but will hear no further evidence except in any special case in which the Council may think it right to receive such further evidence. If the practitioner produces no evidence the complainant will not be heard in reply except by special leave of the Council.

(5) Where a witness is produced by any party before the Council he will be first examined by the party producing him, and then cross-examined by the adverse party, and then re-examined by the party producing him. The Council may decline to admit in evidence any declaration where the declarant is not present for, or declined to submit to cross-examination.

(6) The President may put questions to any witness and members of the Council through the President, may also put questions to any witness.

30. Where there is no complainant or no complainant appears the order of procedure shall be as follows:—

(1) The Registrar will read to the Council the notice of inquiry addressed to the practitioner and will state the facts of the case and produce before the Council the evidence by which it is supported.

(2) The practitioner will then be invited to state his case by himself or by his legal representative, and to produce his proof in support of it. He may address the Council either before or at the conclusion of his proofs, but only once.

31. (1) Upon the conclusion of the case, the Council will deliberate thereon in private and at the conclusion of the deliberations the President shall call upon the Council to vote on the question whether the medical practitioner charged is guilty of infamous conduct in a professional respect.

(2) If the Council by a majority, voting at the meeting find the medical practitioner guilty of infamous conduct in a professional respect, the President shall direct the Registrar not to register his name if he be an applicant for registration or to erase his name from the register of registered practitioners if he is already a registered practitioner.

THE PUNJAB MEDICAL REGISTRATION RULES

32. When the registration of the name of any practitioner is refused, or when the name of any practitioner is removed from the register (in accordance with the provision of the preceding rules) the Registrar shall forthwith send notice of such refusal or removal to the practitioner, and such notice shall be sent by a registered letter addressed to the last known address of the practitioner. The Registrar shall also send, forthwith, intimation of any such refusal or removal to the body or bodies from whom the practitioner received his qualification or qualifications.

PART VII. INSTITUTION, HEARING AND DISPOSAL OF APPEALS UNDER SECTION 15 OR SECTION 18 OF THE ACT.

33. An appeal to the Council referred under section 15 of the Act, against a refusal of the Registrar to register any title or qualification of any person on the register of registered practitioners shall be in writing and shall state the title or the qualification, the grounds on which registration is claimed, and the date on which the authority from whom the title or qualification was received.

34. On receipt of such an appeal, it shall be referred to a Committee of the Council for consideration and report.

35. The Committee shall have the power to call for the original diploma, licence or certificate from the appellant for inspection and also such other documentary or oral evidence as may be considered necessary by it.

36. At the conclusion of its inquiry, the Committee shall make a report to the Council embodying such recommendations as it shall think fit to make with the reasons for recommendations.

37. The appeal, the Committee's report on it and all other documents in connection with the case shall be laid before the Council at their next meeting.

38. The date on which the appeal is to be taken up by the Council shall be notified to the appellant. The appellant shall also be allowed if he so chooses, to represent his case before the Council either by himself or by his legal representative.

39. Every appeal to the Local Government referred under section 18 of the Act shall be addressed direct to the Chief Secretary to the Government, Punjab, and shall be accompanied by all the papers in print, which the appellant considers material to his case.]

THE PUNJAB MEDICAL REGISTRATION RULES

APPENDIX

FORM No. I

(Vide Rule 2)

The Punjab Medical Register

1	2	3	4	5	6		7
Serial No.	Date of Registration	Name	Address or appointment	Qualification and dates thereof	Date and Reason of Removal		REMARKS
					Date	Section of the Act under which the name is removed	

FORM No. II

(Vide Rule 5)

ANNUAL MEDICAL LIST

1	2	3	4	5
Name	Qualifications and dates thereof	Address or appointment	Date of Registration	Serial No. as in the Register of Registered Practitioners

The Registrar shall keep an inter-leaved copy of such printed list wherein he shall make during the year any entry, alteration or erasure that may be necessary.

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THE PUNJAB MEDICAL REGISTRATION RULES

FORM No. III

(Vide Rule 24)

Notice to practitioner to attend proceedings in connection with
the inquiry under section 17 of the Act.

Sir,

On behalf of the Punjab Medical Council I give you notice that information and evidence has been laid before the Council by which the complainants make the following charge against you namely (here set out the circumstances briefly) and that in relation thereto you have been guilty of infamous conduct in a professional respect.

And I am directed further to give you notice that on the-----of-----19----- a meeting of the Council will be held at -----O'Clock in the----- to consider the above mentioned charges against you and decide whether or not they should direct that your name shall not be registered in the-----

Your name be removed from the Register of Registered Practitioners pursuant to Section 16 of the Punjab Medical Registration Act, 1916. You are invited and requested to answer in writing the above charges and to attend before the Council at the above-named place and time to establish any denial or defence that you may have to offer to the above mentioned charges and you are hereby informed that if you do not attend as requested the Council may proceed to hear and to decide upon the said charges in your absence.

Any answer or other communication or application which you may desire to make respecting the said charges of your defence thereto must be addressed to the Registrar of Punjab Medical Council and transmitted so as to reach him not less than-----days before the day appointed for the hearing of the case.

A copy of Section-----of the Punjab Medical Registration Act, 1916, and of the rules to regulate the procedure for conducting any inquiry referred to in that section to which your particular attention is invited is enclosed herewith for your information.

Registrar.

Punjab Medical Council.

BY-LAWS FRAMED BY THE PUNJAB MEDICAL COUNCIL
UNDER SECTION 24(2) OF THE PUNJAB MEDICAL
REGISTRATION ACT, 1916.

I.—MEETINGS OF THE COUNCIL.

1. The Council shall ordinarily meet twice yearly in April and November for the transaction of business.

2. (i) Notice of every meeting shall be served on each member of the Council by the Registrar not less than 30 days before the date of the meeting.

(ii) A programme of business to be transacted at any meeting shall be sent to the address of each member not less than 7 days before the date of such meeting.

3. [(iii) The President may at his discretion permit registered medical practitioner to attend as a visitor a meeting of the Punjab Medical Council, provided that the number of such visitors at any meeting shall not be more than five].

3. An extraordinary meeting of the Council may be called by the President whenever it appears to him to be necessary, and shall be called by him on a requisition in writing made by not less than 6 members, stating the purpose or purposes for which it is being called.

13-A. The Council shall appoint a Sub-Committee to be known as "Executive Committee" consisting of:—

- (1) The President;
- (2) The Vice-President; and
- (3) Three other members elected by the Council.

13-B. The term of the members of the Registration Sub-Committee shall be co-terminus with their membership of the Council.

¹Added by Punjab Government Notification No. 2795-M-40/26447, dated the 18th June, 1940.

²Substituted by Punjab Government Notification No. 5370-M-48/44475, dated the 8th August, 1948.

³Substituted by Punjab Government Notification No. 5370-M-48/44575, dated the 10th August, 1948.

⁴Added by Punjab Government Notification No. 96-M-37/31854, dated the 28th May, 1937.

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3-C. Three members of the Registration Sub-Committee shall form a quorum. The notice of the meeting of the Sub-Committee shall be sent to the members not less than 15 days before the date of the meeting.

3-D. The meeting of the Registration Sub-Committee shall be held not less than a fortnight before the meeting of the Council and its recommendations shall be circulated to the members before the meeting of the Council.

3-E. In case there is not sufficient business to be transacted by the Registration Sub-Committee the President is authorised to dispense with a meeting of the Registration Sub-Committee.

3-F. The functions of the Executive Committee shall be as follows:—

- (1) To supervise the publication of the Punjab Medical Register.
- (2) To draft business other than motions and amendments notified by members and submit its recommendations thereon.
- (3) To obtain from Licensing Bodies such information as may be necessary to facilitate the requirements of the Act.
- (4) To call for particulars of professional examinations and their results and submit them to the Council annually with necessary comments thereon.
- (5) To consider and forward to the Council reports on the visitation of examinations.
- (6) To report to the Council on all applications for registration which are not covered under the schedule of the Punjab Medical Council.
- (7) To consider the applications of registered medical practitioner for breach of professional conduct and submit its report thereon to the Council.
- (8) To consider any other business referred to it by the Council.]

4. The meetings of the Council shall be held at such times and places as the President may direct.

Ordinarily the meetings shall be held in Lahore in the winter and in Simla in the summer.

Chandigarh?

5. Every meeting of the Council shall be presided over by the President or in his absence, by the Vice-President. Should the office of the President be vacant or should for any cause the President be unable to carry out any of the duties belonging to his office, the Vice-President shall act for him. In the absence of both the President and Vice-President from a meeting, the members present shall elect a Chairman from among themselves to preside at the meeting.

6. (i) If, at the time appointed for a meeting or within 20 minutes thereafter, a quorum is not present, the meeting shall stand adjourned to some future day to be appointed by the President.

(ii) It shall be the duty of the Registrar to ascertain if a quorum is present. Seven members constitute a quorum.

7. Notice of a motion shall reach the Registrar at least three weeks before the date fixed for a meeting and a copy of such motion shall, if approved by the President, be sent by the Registrar to the address of each member not less than 15 days before the date of the meeting.

8. Notice of an amendment shall reach the Registrar at least 10 days before the date fixed for a meeting and a copy of such amendment shall, if approved by the President, be sent by the Registrar to the address of each member at least 4 days before the date of the meeting:—

(a) The president may disallow any motion or amendment or part of a motion or amendment without giving any reason therefor other than that in his opinion it cannot be moved consistently with the objects for which the Council has been constituted or that the matter is outside the province of the Medical Council.

(b) A motion or amendment disallowed under bye-law 8(a) shall not be circulated to members nor shall it be entered in the minutes of the proceedings of the Council, nor shall any discussion in Council be permitted in respect of any order passed by the president under bye-law 8(a); provided that any member of the Council on application to the Registrar may inspect the notice received in respect of a motion or amendment disallowed by the president.

9. A roll-book shall be kept by the Registrar in which each member attending a meeting shall enter his name on the date of such attendance.

10. (i) The president may adjourn at any time any meeting or any business to any future day or to any hour of the same day.

(ii) Whenever any meeting is adjourned to a future day, the Registrar shall, if possible, send notice of the adjournment to each member, who was not present at such meeting.

(iii) When any meeting has been adjourned to a future day, the president may change such day to any other day; and the Registrar shall send written notice of the change to each member.

11. Every motion or amendment at a meeting must be seconded: otherwise the motion or amendment shall drop.

12. (i) A member desiring to make any observations on any subject before the Council shall speak from his place, shall rise when he speaks and shall address the president.

(ii) At any time, if the president rises, any member speaking shall immediately resume his seat.

13. No member shall be heard except upon business then regularly before the Council, or by permission of the president specially obtained, in personal explanation in connection with a previous debate.

14. No speech shall exceed 10 minutes in duration; provided that the mover of a motion, when moving the same, may speak for 15 minutes.

15. Notwithstanding anything contained in these rules amendments arising in the course of any motion may be put to the meeting with the consent of the majority of the members present.

16. Amendments having merely the effect of a negative vote shall not be moved.

17. When identical motions stand in the names of two or more members, the president shall decide whose motion shall be moved, and the other motions shall thereupon be deemed withdrawn.

18. (i) When any member has made a motion, other members may speak on it in such order as the President may direct; provided that the seconder of a motion may with the permission of the president, reserve his remarks and may speak at any period of the debate.

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(ii) After all the members, have had an opportunity of speaking, the mover may speak once by way of reply, his speech being limited to 5 minutes.

(iii) No member other than the mover shall speak more than once to any motion except, with the permission of the President, for the purpose of making an explanation.

(iv) A member who has spoken upon a motion may speak against upon any amendment thereof afterwards moved.

19. A motion or an amendment shall be recorded in writing if so directed by the Chair.

20. No motion or amendment shall be withdrawn after having been read from the Chair, or read by the authority of the Chair without the permission of the Council. When a motion or amendment is withdrawn the reasons shall be stated in the minutes.

21. (i) Every matter to be determined by the Council shall take the form of a motion by a member, to be put to the Council by the president and decided by a majority of votes, the president having, in the case of equality of votes, a second or casting vote.

(ii) Votes may be taken by voices, by show of hands or by division, and shall always be taken by division if any member so desires.

(iii) The President shall so determine the method of taking votes by division.

22. If any motion made involves more than one point, the President may, at his discretion, divide it so that each point may be determined separately.

23. All amendments with regard to any proposal shall be moved and voted. Voting shall be taken on each amendment after all have been properly proposed and seconded, and if necessary, discussed, the amendments to be taken in the order approved by the President.

24. If and when all the amendments have been negatived, the original motion shall be put to the vote.

25. If any amendment be carried, the original motion (so amended shall be regarded as a substantive motion) and amendment to such motion may then be moved.

26. When a motion is under debate, no further proposal shall be received except one of the following:—

(i) An amendment, namely—

“That the motion be amended as follows:—”

- (ii) The postponement of the question, namely--
"That the consideration of the motion be postponed."
- (iii) The adjournment of the debate, namely--
"That the debate on the motion be now adjourned."
- (iv) The adjournment of the Council, namely--
"That the Council do now adjourn."
- (v) The closure of the debate, namely--
"That the Council do now proceed to vote on motion."
- (vi) The previous question as to the motion, namely--
"That the Council, instead of proceeding to deal with the motion, do pass to the next item on the programme of business."

27. When an amendment is under debate, no further proposal shall be received except one of the following:--

- (i) The adjournment of the debate on the amendment, namely--
"That the debate on the amendment be now adjourned."
- (ii) The adjournment of the Council, namely--
"That the Council do now adjourn."
- (iii) The closure of the debate on the amendment, namely--
"That the Council do now proceed to vote on the amendment."

28. The proposal for the postponement of the question may specify a date for the further consideration of the question, or may be to the effect that the postponement be made *sine die*.

29. If the proposal for the adjournment of the debate be carried, the Council shall pass to the next item on the programme of business, and the debate shall be resumed at the next ordinary meeting of the Council. The proposer of the adjournment shall, on resumption of the debate, be entitled to speak first.

30. If the proposal for the adjournment of the Council be carried, the question under debate shall be dropped from the programme of business.

31. On the proposal for the adjournment of the Council being made and seconded, it shall be competent for the president or Chairman, as the case may be, before putting the question, to take the opinion of the Council, as to whether it will, before rising, proceed to the transaction of unopposed business.

32. The proposal for the closure shall be made and seconded without debate and shall, unless the president or Chairman, as the case may be, shall rule otherwise, be put forthwith. In the event of the proposal being carried, the motion or amendment under debate shall be at once voted on by the Council.

33. The proposal for the previous question shall be made and seconded without debate, and shall be put forthwith. In the event of the proposal being carried, the motion or amendment to which it applies shall be dropped from the programme of business.

34. Any motion standing over from the previous day shall take precedence of new matter unless the Council shall otherwise determine.

35. When for the purpose of explanation during discussion or for any other sufficient reason, any member has occasion to ask a question of another member relating to the business before the Council, he shall ask the question through the President:—

- (a) When a resolution or an amendment has been defeated no resolution or amendment raising substantially the same question shall be moved within a period of eleven months; provided that with the permission of the President such resolution or amendment may be brought up again before the Council after the expiry of five months but that it shall not be moved except with the approval of a majority of three-fourths of the members present.

II.—CONDUCT OF BUSINESS

36. The proceedings of the meeting of the Council shall be preserved in the form of printed minutes, authenticated, after confirmation, by the signature of the President or the Chairman, as the case may be.

37. A copy of the minutes of each meeting shall be sent to each member within 80 days of the meeting and a copy of the minutes of each meeting shall also be sent by the President to the press.

38. Such motions and amendments as have been moved and adopted, or negatived, at any meeting together with the names of the movers and the seconder shall be recorded in the minutes of that meeting. The minutes shall not record any comment or observation made by any member at the meeting.

39. The minutes shall be taken as read, provided that any member may move that a certain minute be read with a view to such correction therein or addition thereto as may be found necessary.

40. When a new or amended regulation is adopted by the Council a normal statement shall be placed on the minutes as to the effect of the new or amended regulation upon previous regulations on the same subject.

41. After the close of any session of the Council a complete copy of the minutes of such session shall be sent to each member.

42. The minutes of the Council, after final revision, shall be kept in order that as soon as conveniently may be after the session, they may be made up in sheets and consecutively paged for insertion in the yearly volume.

III. REGISTRAR AND CLERKS

43. The Registrar shall fulfil all the duties that may be required of him by the Act and by the rules and regulations framed thereunder.

[43-A. It shall be competent to the Council to grant leave to their establishment in accordance with the provisions of Fundamental Rules.]

44. The Registrar, as Secretary, shall conduct and have charge of the correspondence of the Council.

45. The duties of the clerks shall be such as shall be assigned to them by the Registrar under the direction of the President.

46. If, when the Council is not in session, any temporary additional assistance is urgently required, the Registrar shall be authorised to obtain such assistance with the previous sanction of the President. The action taken by the Registrar in such cases shall be reported to the Council.

47. In the month of November each year, an estimate of the income and expenditure of the Council for the next calendar year shall be laid before the Council.

48. Such estimate shall make provision for the fulfilment of the liabilities of the Council and for affectually carrying out its objects.

¹Substituted by Punjab Government Notification No. 94-M-37/2052, dated the 18th January, 1937.

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49. The Council shall consider the estimate so submitted to it and shall sanction the same either unaltered or subject to such alteration as shall be deemed fit.

50. The Council may at any time during the year for which any estimate has been sanctioned cause a supplementary estimate to be prepared and submitted to it. Every such supplementary estimate shall be considered and sanctioned by the Council in the same manner as if it were an original annual estimate. No expenditure shall be incurred by the Council which is not duly provided for in the budget or in a supplementary budget estimates.

51. The Registrar shall not retain in his hands a sum of more than Rs. 100 for contingent expenditure.

52. The Registrar shall by the 15th January each year, prepare a statement of income and expenditure of the preceding calendar year ending with the 31st day of December and draw the attention of the Council to such matters as seem deserving of notice.

¹[53. A bill or other vouchers presented as a claim for money shall be received and examined by the Registrar. If the claim be for a sum not exceeding Rs. 20 and the bill is in order, he shall pay it. If the claim be for a sum exceeding Rs. 20/- ¹[it shall be paid with the sanction of the President, provided that the claim is not unusual; if it is, it shall be held over and placed before the Council at its next meeting for orders. All expenditure sanctioned by the President or the Registrar shall be reported to the Council at its next meeting.]

²[53-A. The Registrar shall be authorised to incur expenditure up to Rs. 20/- and above that sum the President.]

²[54. All transactions to which an officer of the Council in his official capacity is a party, shall without any reservation, be brought to account and all moneys received shall be paid in full without undue delay, into the current account of the Council with the Imperial Bank of India, Lahore. The appropriation of receipts of the Council to its expenditure except when specifically authorised by the Council is strictly prohibited. All drawings will be made by means of cheques which shall be signed jointly by the President and the Registrar.]

Any amount in excess of current requirements shall, however, be placed in fixed deposit, or invested in Government Promissory Notes or Cash Certificates as the Council may

¹Substituted by Punjab Government Notification No. 96-M-37/21854, dated the 28th May, 1937.

²Inserted by Punjab Government Notification No. 809-M-39/8259, dated the 5th March, 1938.

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direct. The fixed deposits, receipts and securities, etc., belonging to the Council will be deposited with the Imperial Bank of India for safe custody.

55. The accounts of the Council shall, if possible, be audited by the Local Audit Department, once in each year.

IV. TRAVELLING ALLOWANCE AND FEES

¹[56. (i) An official member shall draw travelling allowance, which he is entitled to claim according to his grade under Civil Services Rules (Punjab), Volume III, for journeys performed for attending meetings of the Council or its Sub-Committee.]

(ii) A non-official member shall be allowed one and a half second class fare when travelling by rail and halting allowance and road mileage according to the rules for the time being applicable to Government Officers drawing a pay exceeding Rs. 500/- per mensem, when travelling in connection with the business of the Council or its Sub-Committee.] A-351

57. A fee of Rs. 20/- shall be paid to each member who attends a meeting of the Council or of a Sub-Committee of the Council.

²[58. Employees of the Council shall be entitled to travelling allowance at the same rates as Government servants of the same status under the Punjab Travelling Allowance Rules. The Registrar of the Council shall, however, be considered to be of the rank of an officer belonging to the Punjab Provincial Service.]

V. MISCELLANEOUS

²[59. Tenders for printing work the cost of which exceeds Rupees twenty, shall be called for from various reputable presses. Such tenders shall be approved by the President.]

60. The Council shall be authorised to fix the price of its publications.]

³[61. The President shall be authorised to order destruction of an unserviceable article or otherwise to dispose of it in the manner he may consider necessary.]

¹Substituted by Punjab Government Notification No. 10353-2HB-53/5010, dated the 16th February, 1954.

²Added by Punjab Government Notification No. 96-M-37/21854, dated the 28th May, 1937.

³Added by Punjab Government Notification No. 349-M-38/3156, dated 26th January, 1938.

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THE PUNJAB MEDICAL REGISTRATION (AMENDMENT AND
VALIDATION) ACT, 1980

Punjab Act No. 3 of 1980

[Received the assent of the Governor of Punjab on the 24th July, 1980, and was first published in the *Punjab Government Gazette (Extraordinary)*, dated the 28th July, 1980.]

An Act to amend the Punjab Medical Registration Act, 1916, and to validate certain acts of the Council and other authorities.

Enacted by the Legislature of the State of Punjab in the Thirty-first Year of the Republic of India as follows:—

1. (1) This Act may be called the Punjab Medical Registration (Amendment and Validation) Act, 1980.

Short title
and com-
mencement.

(2) It shall come into force on such date as the State Government may, by notification in the Official Gazette, appoint.

2. In the Punjab Medical Registration Act, 1916 (hereinafter referred to as the principal Act), after section 5, the following section shall be inserted, namely:—

Insertion of
new section
5-A in
Punjab Act
2 of 1916.

"5-A. (1) Notwithstanding anything contained in this Act, as from the commencement of the Punjab Medical Registration (Amendment and Validation) Act, 1980, the State Government shall constitute a Council, in the manner specified in section 5, for the State of Punjab to be known as the Punjab Medical Council:

✓ Provided that members referred to in clauses (d), (e) and (f) of sub-section (1) of section 5 shall also be nominated by the State Government from amongst the registered practitioners instead of being elected in the manner indicated in those clauses.

(2) The Vice-President of the Punjab Medical Council shall, notwithstanding anything contained in sub-section (2) of section 5, also be nominated by the State Government from amongst its members.

→ (3) Each member of the Punjab Medical Council shall, notwithstanding anything contained in section 7, hold office for a period of two years from the date of nomination or until the Council is duly constituted under section 5, whichever is earlier."

Two yrs.

For Statement of Objects and Reasons, see Punjab Government Gazette (Extraordinary) 1980, pages 695.

Price :

Rs. 0-20 P.

3. Notwithstanding anything contained in this Act,—

- (a) anything done or any action taken or purporting to have been done or taken by the Council as it existed immediately before the first day of August, 1975, or by the Director, Health and Family Welfare or any other officer authorised by him, during the period commencing from the first day of August, 1975, and ending on the commencement of this Act, under the provisions of the principal Act or the rules made thereunder including appointment of the Registrar and other staff of the Council and the registration of persons under the principal Act, shall be deemed to be as valid and effective as it would have been if a duly constituted Council had been in existence and all such things or actions had been done or taken by that Council during the aforesaid period and accordingly no such thing or action shall be called into question merely on the ground that no duly constituted Council had been in existence, or that any such thing or action was done or taken by the Director, Health and Family Welfare, or any other officer authorised by him, during the aforesaid period ; and
- (b) any appeal under section 15 of the principal Act which could be filed during the period referred to in clause (a) may be filed within a period of thirty days of the constitution of the Punjab Medical Council under section 5-A:

Provided that in counting the period of thirty days the time spent in obtaining a copy of the order appealed against shall be excluded.



Punjab Government Gazette

EXTRAORDINARY

Published by Authority

CHANDIGARH, TUESDAY, MAY 3, 1977
(VAISAKHA 13, 1899 SAKA)

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PART I

LEGISLATIVE DEPARTMENT

Notification

The 3rd May, 1977

No. 8-Leg./77.—The following Act of the Legislature of the State of Punjab received the assent of the Governor of Punjab on the 20th April, 1977, and is hereby published for general information :—

Punjab Act No. 6 of 1977.

THE PUNJAB MEDICAL COUNCIL, PUNJAB NURSES REGISTRATION COUNCIL, BOARD OF AYURVEDIC AND UNANI SYSTEMS OF MEDICINE, PUNJAB AND COUNCIL OF HOMOEOPATHIC SYSTEM OF MEDICINE, PUNJAB (MISCELLANEOUS PROVISIONS) ACT, 1977.

AN
ACT

to provide for the term of office of the Registrar and other employees, to fix the headquarters, and to provide for the emergency powers of the Chairman of the Punjab Medical Council, the Punjab Nurses Registration Council, the Board of Ayurvedic and Unani Systems of Medicine, Punjab and the Council of Homoeopathic System of Medicine, Punjab.

Enacted by the Legislature of the State of Punjab in the Twenty-eighth Year of the Republic of India as follows :—

1. (1) This Act may be called the Punjab Medical Council, Punjab Nurses Registration Council, Board of Ayurvedic and Unani Systems of Medicine, Punjab and Council of Homoeopathic System of Medicine, Punjab (Miscellaneous Provisions) Act, 1977. Short title and commencement.

(2) It shall be deemed to have come into force on the 5th January, 1977.

2. In this Act, unless there is anything repugnant in the subject or context,— Definitions.

- (a) "Board" means the Board of Ayurvedic and Unani Systems of Medicine, Punjab, established and constituted under the Punjab Ayurvedic and Unani Practitioners Act, 1963;
- (b) "Chairman" means the Chairman of the Board of Ayurvedic and Unani Systems of Medicine, Punjab, or the Chairman of the Council of Homoeopathic System of Medicine, Punjab and includes the President of the Punjab Medical Council or the President of the Punjab Nurses Registration Council ;
- (c) "Council" means the Punjab Medical Council established under the Punjab Medical Registration Act, 1916, the Punjab Nurses Registration Council established under the Punjab Nurses Registration Act, 1932, or the Council of Homoeopathic System of Medicine, Punjab, established and constituted under the Punjab Homoeopathic Practitioners Act, 1965 ; and

Term of office of the Registrar and other employees.

(d) "Registrar" means the Registrar of the Punjab Medical Council, the Punjab Nurses Registration Council, the Board of Ayurvedic and Unani Systems of Medicine or the Council of Homoeopathic System of Medicine, Punjab.

3. Save with the prior approval of the State Government, no Registrar or other employee of the Council or the Board, as the case may be, shall hold office after the last day of the month in which he attains the age of fifty-eight years or such age of superannuation as may, from time to time, be fixed by the State Government for its employees and every such Registrar or other employee holding office on the date of commencement of this Act shall cease to hold office on such commencement, if he has attained the age of fifty-eight years on or before such commencement.

Headquarters of the Council or the Board.

4. The headquarters of the Council or the Board shall be at Chandigarh or such other place as may be fixed in this behalf by the State Government in each case.

Emergency powers of the Chairman.

5. (1) In any emergency arising out of the business of the Council or the Board, as the case may be, which in the opinion of the Chairman, requires immediate action, the Chairman shall take such action as he deems necessary and shall, thereafter report the action to the Council or the Board, as the case may be, at its next meeting. Every such action shall, for all intents and purposes, be deemed to be the action taken by the Council or the Board, as the case may be.

(2) If any question arises whether or not a particular situation is of emergency warranting action under sub-section (1) the decision of the Chairman shall be final.

Overriding effect.

6. The provisions of this Act shall have effect notwithstanding anything contained in the Punjab Medical Registration Act, 1916, the Punjab Nurses Registration Act, 1932, the Punjab Ayurvedic and Unani Practitioners Act, 1963, and the Punjab Homoeopathic Practitioners Act, 1965, or any rule, regulation or bye-law framed under any of these Acts.

Repeal and Saving.

7. (1) The Punjab Medical Council, Punjab Nurses Registration Council, Board of Ayurvedic and Unani Systems of Medicine, Punjab and Council of Homoeopathic System of Medicine, Punjab (Miscellaneous Provisions) Ordinance, 1976 (Punjab Ordinance No. 1 of 1977) is hereby repealed.

(2) Notwithstanding such repeal, any thing done or any action taken under the principal Act as amended by the said Ordinance shall be deemed to have been done or taken under the principal Act as amended by this Act.

S. S. KALHA,
Secretary to Government, Punjab,
Legislative Department.

GOVERNMENT OF PUNJAB
DEPARTMENT OF MEDICAL EDUCATION & RESEARCH
(HEALTH - III BRANCH)

NOTIFICATION

No. 5/12/2008-3HB3/1180

Dated : 23.02.2010

SUBJECT: ADMISSIONS TO POST GRADUATE DEGREE / DIPLOMA COURSES SESSION-2008 ONWARDS ISSUED ON 17.03.2008 AND CORRIGENDUM / AMENDMENT ISSUED TIME TO TIME UPTO FEBRUARY, 2010.

1. The Governor of Punjab is pleased to notify admissions to Post Graduate Degree/ Diploma courses for the year 2008 onwards in the Health Sciences Educational Institutions (Medical and the Dental) in the State of Punjab.
2. The Governor of Punjab is further pleased to notify that all the institutions whether Government or private, aided or unaided except Christian Medical / Dental Colleges and Sri Guru Ram Dass Institute of Medical / Dental Sciences and Research, Amritsar shall be covered by this Notification with reference to SLP 7439 of 2008 Order dated 15-5-2008.
3. The Governor of Punjab is further pleased to authorize Baba Farid University of Health Sciences, Faridkot to conduct the Common Entrance Test- PGET 2008 onwards for admissions to post graduate courses as per procedure and criteria-laid-down-in or notified under The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act 2006.
4. Every question for the test shall be of objective type, with 4 multiple answer choices. Candidates shall use black ball pen in Common Entrance Test.
5. All candidates and invigilators shall be video graphed at the examination / testing centers
6. That decision regarding dates of entrance tests and counseling's should be left with the University. The University will prepare whole schedule for admission to PG Courses keeping in view the cut-off date i.e. 31st May of each year as prescribed by Hon'ble Supreme Court of India.
7. The choice(s) of courses/ institutions shall be exercised by the candidate at the time of Counseling/ interview. No waiting list shall be prepared.
8. Receipt of all categories of applications and Counseling for admission to all categories of seats shall be held as per procedure and criteria laid down in The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act 2006 by Baba Farid University of Health Sciences, Faridkot. The Admission Committee shall be as under:
 - i. Principal, Government Medical College, Amritsar.
 - ii. Principals of all Govt./Private Medical / Dental / other institutions as the case may be.

Chairman /
Chairman

Members

Director Research and Medical Education, Punjab will be appellate authority in case of any dispute for all institutions.

Note- No representative of Principal / Chairman / Registrar will be allowed.

9. A candidate while applying for Common Entrance Test - PGET shall submit four clear passport size color photographs, three of which must be signed by the candidate and attested on the front side by the Principal of the Medical College from where the candidate has qualified or from an Executive Magistrate. However in case of in service candidates the same should be attested by the controlling officer instead of Principal. The unsigned photograph shall be scanned by the University and printed on the roll number slip of the candidate.
10. One signed and attested photograph shall be provided to the Centre Superintendent and the other to the Chairman / Chairperson of the Admission Committee.
11. Male candidates shall affix their LTI and female candidates shall affix their RTI at the prescribed place on the Admission Form. The centre superintendent shall also obtain the thumb impression on a counterfoil of the Roll Number Slip/ Admit Card and also the attendance sheet as well as on the answer sheet and retain it for record. One thumb impression of the admitted candidate shall be taken by the Principal of the concerned institution.
12. Baba Farid University of Health Sciences may introduce any additional measure to ensure that the conduct of Common Entrance Test -PGET is fool-proof. Only candidates having Punjab residence certificate as per the Punjab Government instructions issued from time to time will be eligible for PGET-2010.
13. In the Government institutions, 50% of the total seats in every such institution shall be filled by the Government of India on all India basis through an all India Competitive Entrance Test. The remaining seats shall be filled through the Post Graduate Entrance Test- (PGET-2010.) Out of the remaining seats, 60% seats shall be filled up from amongst the eligible PCMS/ PCMS (Dental)/ PDES in service doctors and 40% shall be open to all eligible medical/ dental graduates. Bond Amount for 40% quota doctors will be Rs. 10 lac.

(a) For 60% Seats in Post Graduate Degree for PCMS/PCMS (Dental)/PDES.

i. **Eligibility-** The test shall be open to in service candidates of PCMS/PCMS(Dental)/Punjab Dental Education Service provided-

a. In the case of PCMS/PCMS (Dental)-Doctors who:-

- have cleared their probation period; and
- have completed a minimum of 3 years of rural services; and
- After completion of Post Graduate Course have minimum of 10 years service left; and

- 2
- iii Adhoc service rendered in respective category will be counted for purpose of computing the stipulated period of three years.
 - iv. **Applications-** The following documents shall be attached with the application submitted by the candidates for the Post Graduate Entrance Test (PGET).
 - a. In the case of PCMS/PCMS (Dental) doctors- A No Objection Certificate from the Director Health Services for appearing in the test and a Certificate regarding length of service, length of rural service and number of year of service left after completion of Post Graduate course and that no departmental/vigilance inquiries are pending against the candidate.
 - b. In the case of Punjab Dental Education Service- A Certificate from the Principals of Government Dental Colleges regarding the length of service as Punjab Dental Education Services.
 - v. Demonstrator (Dental) Serving in the Government Dental Colleges at Patiala / Amritsar are exempted from the condition of rural service.
 - vi The Registrar posted at Sri Guru Gobind Singh Medical College, Faridkot shall be allowed to do Post Graduate Course at Sri Guru Gobind Singh Medical College, Faridkot in the subject in which they are doing Registrarship subject to their getting admission on the basis of their merit in PGET and seat being available at GGS Medical College, Faridkot in the concerned specialty / Course. However, if they get admission at other college or other specialty they will have to get reverted to general cadre before admission.
 - vii One mark for each completed year of rural service over and above the three years minimum rural service (required for eligibility for admission under 60% quota) shall be given to PCMS / PCMS (Dental) doctors for admission to Post Graduate Courses. The incentive of additional marks would be available only to those PCMS candidates who have obtained the minimum qualifying marks at PGET prescribed for the concerned category. The maximum number of marks irrespective of the total length or rural service shall in no case exceed a total 5 (Five). The marks shall be counted under this category after deducting three years from total rural service as per law laid down by Hon'ble Punjab and Haryana High Court in CWP No. 12787 of 2006-Dr. Rachhpal Singh Ratol Vs. State of Punjab and others.
 - viii The completed years of rural service on the basis of which incentive is to given must have been rendered at places, which are at least 15 Km or more beyond the Municipal / City / Notified Area Committee limits. Certificate to this effect from the concerned Civil Surgeon / Medical Superintendent of ESI Hospitals / Principal Government Medical Colleges / Director, Health and Family Welfare, Punjab is required to be submitted at the time of application.
 - ix All PCMS / PCMS (Dental) / PDES who are selected for admission to Post Graduate Course shall have to produce-
 - a. In case of PCMS/PCMS (Dental)- A No Objection Certificate from the Government in the Department of Health and Family Welfare;
 - b. For Punjab Dental Education Service- A No Objection Certificate from Director, Research & Medical Education;

for joining the course in accordance with the instructions issued by the Department of Health & Family Welfare.

(c). Conditions Which Apply To Both 60% (PCMS) And 40% (Open) Category:

PGET examination will be held on 2nd Sunday of March each year MCI guidelines.

After filling up seats under 60% quota, including candidates against de-reserved seats in case of non availability of concerned category candidates, if any, the vacant seats shall be offered to the eligible candidates under 40% quota in the same sub-category, and if still left vacant will be offered to general category and vice-versa.

The seats left vacant from All India Quota and surrendered by the DGHS New Delhi shall be filled strictly on the basis of merit determined from the combined merit list of PGET-onward being the merit seats.

14. Admissions to Private Aided, Unaided and Minority Health Sciences Educational Institutions shall be made as per procedure and criteria laid down in or notified under The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act 2006.
15. A candidate who is already admitted to any Post-Graduate degree course shall not be eligible to appear in the Common Entrance Test.
16. One year Compulsory Rotatory Internship is an essential pre-qualification for acquiring eligibility for Common Entrance Test. The cut off date for completion of Internship shall be 31st March of corresponding year for Medical/ Dental Graduates. However, the candidates who have passed their BDS course before 1991 and are registered with the Punjab / **Any State Dental Council** will be eligible for appearing in the PGET, without having done compulsory internship.
17. Candidates securing at least 50% marks in the Common Entrance Test, shall be eligible for admission. However, for SC candidates, the minimum eligibility marks for admission to reserved seats for the concerned category, shall be 40% instead of 50% in PGET. The SC candidates having 40% marks or more but less than 50% marks, shall be considered only for seats reserved for SC / BC candidates.
18. There shall be separate merit list for in-service 60% quota candidates for Medical/ Dental Colleges and a separate merit list for those who are not covered under the category of in-service candidates. The merit list for open and reserve candidates shall be combined and reserve candidates will be eligible for open seats also, as per their merit, eligibility and option as the case may be except for SC candidates having 40% or more marks but less than 50% marks.
19. In case of a tie between two or more candidates having equal marks, the inter se ranking of such candidates shall be determined by the following factors in the order of preference:-
 - (a) Candidate with higher aggregate marks in MBBS/BDS examination.
 - (b) Candidate with higher marks in the final professional examinations (part I

21. If the candidate once admitted drops out or leaves the Post Graduation Degree course in between he/she shall be debarred for a period of three years for admission to any PG course in the State of Punjab. However, a student admitted to a Post Graduate Diploma Course shall not be debarred for admission to a Post Graduate Degree Course. The University shall display the list of the names and addresses etc. of such debarred persons.
22. In case there is a vacancy after the first round of admissions for any other reason, such seats shall be filled through the same process as that in the first counseling. However, no such subsequent process shall be undertaken after the prescribed last date of admission.
23. The schedule of admission process i.e. date of test dates of Counseling and commencement of classes latest by May 31st of corresponding year, shall be completed by the University.
24. Baba Farid University of Health Sciences may fix and charge Application fee for the Common Entrance Test- Post-Graduate Entrance Test and further, determine and charge the cost of the prospectus etc.
25. The application for Common Entrance Test-PGET, and Admissions, complete in all respects shall be submitted to the Baba Farid University of Health Sciences, Faridkot, Punjab.
26. Fee Structure for the Post Graduate Degree and Diploma Courses

In Government Health Sciences Educational Institutions fee shall be as already notified by the Government. In the case of Private Institutions under The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act 2006 the fee is as under:-

a) <u>Course/Subject</u>	<u>Fee in Rs. (per annum)</u>	<u>NRI Full Course</u>
1. Clinical /MD/MS	2, 99,000	55,000 \$
2. Basic /MD/MS	2, 01,250	20,000 \$
3. PG Diploma	2, 30,000	20,000 \$
4. Clinical MDS	2, 60,000	55,000 \$

However, there will be no change in fee structure so far as the seats under NRI quota are concerned, except MDS courses in which fee have been raised to Rs. 2,60,000. Hence equivalent amount in foreign exchange in US 55,000 shall be chargeable. But, left over seats of NRI quota will be filled up by the Government/ Private Institutions and the fee of these left over seats will not exceed the fee chargeable from the NRI seats, by the respective Government/ Private Institutions / Colleges.

(b) Hostel fee and security advance (Annual and provisional) for private institutions.

- (i) General Independent Room Rs. 15,000 per year (Maximum) for single bedroom.

(These charges are exclusive of electricity / water but inclusive of everything else.)

Note 1

These include all kinds of charges and nothing extra will be charged from the students under any circumstances on any account whatsoever.

Note 2

The fee will be payable on annual basis and the institutes shall not insist on the candidate to deposit fee of the entire course in advance. At the most candidates can be asked to furnish a bond/ bank guarantee that they will be liable to pay the balance fee for the whole course even if they leave the institute/course midway course.

Note 3

The fee shall be refunded / adjusted if candidate is shifted from one college to another in the subsequent counseling on operation of the waiting list.

27.

Reservations in Government Colleges shall be as follows:

(i)	Scheduled Caste	25%
(ii)	Backward Classes (Note: The Backward Class Certificate must be as per the latest instructions issued by the Government of Punjab)	5%
(iii)	Physically handicapped as per MCI guidelines (Disability 50% to 70% to be determined at the time of counseling by a duly constituted board of the specialty of Orthopaedics).	3%
(iv)	Sports Persons (Credit will be given for the sports achievements made during MBBS/BDS academic courses only and shall be graded by the Director Sports, Punjab)	2%
(v)	Wards of terrorism/riot affected persons (in order of preference to the exclusion of next category) (a) Whose bread winner has been killed? (b) Persons killed in terrorist action in Punjab or in 1984 Riots outside Punjab (c) Terrorism or Riot affected or displaced persons	2%
(vi)	Former Defence Personnel is to be included before Ward of Defence Personnel vide Hon'ble Punjab and Haryana High Court, Chandigarh Judgment in Civil Writ Petition NO. 7794 of 2008 dated 17.11.2008. Wards of Defence Personnel (in order of preference to the exclusion of next category). (a) Killed in action (b) Disabled in action to the extent of 50% or above & Boarded out of service (c) Died while in service & Death attributed to Military service (d) Disabled in service & Boarded out	2%

(vii)	Wards of Punjab Police Personnel, Punjab Armed Police, Punjab Home Guards, and Para-Military Forces (in order of preference to the exclusion of next category) (g) Killed in action (h) Disabled in action to the extent of 50% (i) Winners of President's Police Medal for Gallantry of Police Medal for Gallantry	2%
(viii)	Children/ Grand Children of freedom fighters.	1%

28. Reservations in Private Unaided Health Sciences Educational Institutions shall be made under The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006, for the following candidates :-

(i)	Schedule Caste	25%
(ii)	Backward Classes (Note: The Backward Class Certificate must be as per the latest instructions issued by the Government of Punjab)	5%
(iii)	Physically handicapped as per MCI guidelines (Disability 50% to 70% to be determined at the time of counseling by a duly constituted board of the specialty of Orthopaedics). Physically handicapped Orthopaedically Handicapped only (disability 50% to 70%), in case the candidates are not available then the candidates with disability of 40% to 50% may be considered to be determined at the time of counseling by a duly constituted board of the specialty of Orthopaedics	3%

29. **Explanation :** The following points shall be observed while granting above reservation both in government and private colleges, wherever applicable:

- (i) The candidate under handicapped category shall be admitted only if he/she has locomotors disability of lower limbs between 50% to 70% and with this disability he/she is otherwise found fit medically to pursue the course in the specialty concerned by the Medical Board duly constituted by the Government and consisting of Heads of the respective Departments of three Medical Colleges at Patiala, Amritsar and Faridkot of the specialty concerned. *Physically handicapped Orthopaedically Handicapped only (as per MCI guidelines) (disability 50% to 70%), in case the candidates are not available then the candidates with disability of 40% to 50% may be considered to be determined at the time of counseling by a duly constituted board of the specialty of Orthopaedics.*

- (iv) The Governor of Punjab is further pleased to reserve, by way of institutional preference upto 50% available seats for General Category Candidates who have passed their qualifying examination from Baba Farid University of Health Science, Faridkot/Guru Nanak Dev University, Amritsar/Punjabi University, Patiala, except Christian Medical/Dental Colleges, Ludhiana. The Selection of various P.G. seats will be purely on basis of marks obtained in PGET.

Reservation under category (v) of para-27.

- (a) **Shall be provided to those where bread winner has been killed.**

(i) For the claim of reservation in category 27 (vii) above a certificate to this effect issued by Inspector General Police (HQ), Punjab shall have to be produced while submitting other documents. In case of Paramilitary Forces this certificate shall be countersigned by IG Police (HQ) Punjab.

(vi) The above reservation will be made in each specialty / college separately subject to the availability of seat as per instruction issued by the Government of Punjab from time to time. The reservation in each institution shall not exceed 25% in case of SC and 30% in case of SC and BC combined together.

(vii) A hundred point roster shall be maintained category wise / subject wise / institution wise.

(viii) Students claiming benefits of reservation under SC/BC category will be required to produce a certificate from the competent authority as per instructions of the Department of Welfare NO. 1/41/96-RC 1/110001-17 dated 17/1/94 and NO. 1/41/93-RC 1/1597 dated 17-8-2005 (for BC).

1. Admission to minority institutions shall be made as per provisions of The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act 2006.

2. Candidates selected under 40% quota will get fixed emoluments/stipends as determined by the Government from time to time for the course period i.e. three years.

32. Candidates shall give a declaration that they have not abandoned the Post Graduate seats after opting for admission or after getting admitted in Post Graduate Courses in the State of Punjab in previous years.

33. Candidates will have to give an undertaking that they have not been admitted to any Post Graduate Course for the corresponding session and if admitted they have already left the same before counseling.

34. Even if the Candidate is having P.G. diploma, he / she should be allowed the choice of subject as per merit, irrespective of in which subject the diploma is.

35. Baba Farid University shall also conduct entrance test for admission to Super-Specialty Courses in the concerned institutions wherever applicable. The fee structure remaining as of last year. There shall be no reservations of any kind in superspecialty courses and the same shall be open on All India Basis. The

37. In private Colleges NRI Seats shall be 15% of the total seats in order of preference as under:-

Category I: NRIs who originally belonged to the State of Punjab.

Category II: NRIs who originally belonged to an Indian state other than Punjab.

- (a) If sufficient number of candidates under first category are eligible and available then they will be admitted first even if students under subsequent category are higher in merit.
- (b) The NRI students will have to give a bank guarantee / surety for the balance of fee, if they opt to pay the fee in installments as provided.
- (c) Any seats remaining vacant under NRI/Sports quota till last date of admission in State Colleges shall go to general pool and in the Private colleges shall go to the special management / minority quota.
- (d) It will be obligatory on the part of University to provide registration number to all candidates once duly admitted.
- (e) Merit should be the priority for NRI seats too and the counseling for NRI seats should not be more than twice in a session."

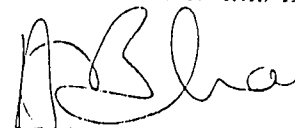
For any dispute arising out of this notification or of the admissions under this notification, the jurisdiction shall be Punjab and Chandigarh only.

Anjali Bhawra, IAS
Secretary to the Government of Punjab,
Department of Medical Education and Research

Endst. No. 5/12/2008-3HB3/1181

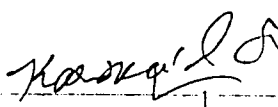
Dated : 23.02.2010

A copy along with one spare copy is forwarded to the Controller, Printing and Stationary Department, Punjab, Chandigarh for publication in the Punjab Government Gazette (Extraordinary) and supply two hundred copies without endorsements to this Department for official use.


Secretary, Medical Education and Research

Endst. No. 5/12/2008-3HB3/1182-83

Dated : 23.02.2010

 A copy is forwarded to the following for information and necessary action:

1. Vice-Chancellor, Baba Farid University of Health Sciences, Faridkot
- The Registrar, Baba Farid University of Health Sciences, Faridkot.

24/2/2010



Endst. No. 5/12/2008-3HB3/1184-1200

Dated : 23.02.2010

A copy is forwarded to the following for information and necessary action:-

1. The Secretary to the Government of India, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi.
2. The Secretary, Medical Council of India, Temple Lane, Kotla Road, New Delhi.
3. The Secretary, Dental Council of India, Temple Lane, Kotla Road, New Delhi.
4. Director General, Health Services, Ministry of Health and Family Welfare, New Delhi.
5. Director Research and Medical Education, Punjab, Chandigarh.
6. Director Health and Family Welfare, Punjab, Chandigarh.
7. Director, Sports, Punjab, Chandigarh.
8. Director, Welfare of Schedule Castes and Backward Classes, Punjab, Chandigarh.
9. The Secretary, Rajya Sainik Board, Punjab Chandigarh.
10. Government Medical College, Patiala/Amritsar/Faridkot
11. Principal, Government Dental College, Patiala/Amritsar
12. Principal, Government Ayurvedic College, Patiala.
13. Principal, Dayanand Medical College, Ludhiana
14. Principal, Sri Guru Ram Dass Institute of Medical / Dental Education & Research, Amritsar.
15. Principal, Christian Medical/ Dental College, Ludhiana.
16. Principals of all Ayurvedic Colleges.
17. Principals of all Homoeopathic Colleges.


Secretary, Medical Education and Research

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Government of Punjab
Department of Medical Education and Research
(Health -III Branch)

To
The Director,
Research and Medical Education, Punjab,
Chandigarh.

No. 11/40/06-4HBIII/917.
Dated, Chandigarh the 18/2/08.

Subject:- Policy regarding allotment of Shops/Booths/Space in complex of Medical/Dental Colleges/Ayurvedic Colleges & attached Hospital.

In supersession to previous Policy No. 11/40/06-4HBIII/2429-A, dated 12.05.2006 regarding allotment of Booth/Shop/Space etc. Governor of Punjab is pleased to formulate a fresh policy regarding allotment of Booths/Shop/Space in Medical/Dental/Ayurvedic Colleges and attached Hospitals as follow:-

1. Regarding Contract of Cycle /Scooter/Car Parking/Stand:

The specific defined area/ space for cycle-stand/Scooter Stand & Car parking required in the hospital complex will be rented out on three yearly basis after calling open tenders through proper advertisement.

2. Regarding Bank in the Premises:

The space for infrastructure of Bank should be provided to the Nationalized/ Commercial Banks for Nine years (9 years) in the first instance with term of increase in the rent as mutually agreed between the two parties.

3. Chemist Shops:

The space for One Chemist shops should be provided as per requirement in the Hospitals/complexes and these should be allotted in open auction on three years lease through the proper publication of the tenders, with the stipulation of increase of rent @ 5% every year, subject to the reservations to be given to various categories mentioned hereafter.

4. PCO/Juice Bars/Confectionary Shops:

The space for PCO/Juice Bars/Confectionary shops should be provided in the hospital complex as per requirement and there should be open auction on three yearly basis through publication of tender notice.

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5. **Hospital Canteen:**

The space for hospital canteen should be provided as per requirement on three years basis in open auction through the publication of tender notice:

- a. A Committee headed by Principal and comprising of Medical Superintendent and senior most Professor and A.C.(F & A) shall be the competent authority to auction the shops/booth/space/stand and award contracts..
- b. Lease money or rent should be fixed after keeping in view the prevailing market rent by the Committee headed by Director, Research & Medical Education, Punjab, Principal, Medical Superintendent and AC (F & A) of the concerned institution.
- c. The licensee will deposit six installments of license fee in advance as security performance.
- d. Licensee will execute agreement and submit Surety Bond as prescribed.
- e. License fee equal to one month rent should be paid every month in advance on or before 7th day of each month.
- f. The built up space should be provided by the institutions for the above said purpose.

6. The Shops/Booths/Space in the area of State Government Medical/Dental/Ayurvedic Colleges and attached Hospitals which have already been allotted to the private parties, that shops/Booths/Space shall be continued to be possessed by them on the terms of the policy dated 12.5.2006 which includes:-

- i) An increase of ten times of the present rent being paid by them should be made and agreement at the local level should be made with them with immediate effect.
- ii) A clause that there will be an increase of 15% in rent P.A. from 1st April of every year should be included in the new agreement.

7. One Shop/Booth/Space will be reserved for each of following categories:-


- (i) Widows/Children (and their descendents) of terrorists affected families.
- (ii) Riot affected/emergency suffers and
- (iii) Handicapped in each college and Hospitals.

- 7.A. One shop/booth will be earmarked for those widows/dependent children of deceased Government employees of Medical Education Department, who have declined the job offered to them by the Department on compassionate grounds.

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Only one shop/booth in each college/Hospital, as the case may be, at a particular station would be earmarked for such families.

8. No such concession shall be granted to any person who has been a defaulter of rent or adherence to any term of agreement.
9. Allotments under Para 6 and 7 above shall be liable to be cancelled without any notice in case such premises is held on benami basis or sub-let in any manner.
10. The electricity, water and other such charges should be borne by the allottees of the shops etc.
11. The Principal/Medical Superintendent of the respective college/Hospital will be permitted to increase the number/requirement of shops in the college/hospital, as the case may be after obtaining the approval of the Government.



Secretary to Government of Punjab
Department of Medical Education & Research.

Endst.No. 11/40/06-4HBIII/918-28.

Dated, Chandigarh the 18/2/08.

A copy is forwarded to the following for information and necessary action:-

- i) The Principal, Govt. Medical College, Amritsar/Patiala/Faridkot.
- ii) The Principal, Govt. Dental College & Hospital, Amritsar/Patiala.
- iii) The Medical Superintendent, Shri Guru Teg Bahadur Hospital, Amritsar.
- iv) The Medical Superintendent, Rajindera Hospital, Patiala.
- v) The Medical Superintendent, Guru Gobind Singh Hospital, Faridkot.
- vi) The Deputy Medical Superintendent, T.B. Hospital, Amritsar/Patiala.
- vii) The Principal, Govt. Ayurvedic College, Patiala.


Secretary to Government of Punjab
Department of Medical Education & Research.

(1)

[Published in the Punjab Government Gazette, Legislative
Supplement, dated the 17th June, 1977]

**PUNJAB GOVERNMENT
HEALTH AND FAMILY PLANNING DEPARTMENT**

Notification

The 13th June, 1977

No. G.S.R. 66/Const./Art 309/77.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the President of India is pleased to make the following rules regulating the recruitment and conditions of service of persons appointed to the Punjab Dental Education Service (Class I), namely :—

PART I

1. (1) These rules may be called the Punjab Dental Education Service (Class I) Rules, 1977. Short title
and com-
mencement.

(2) These shall come into force at once.

2. In these rules, unless the context otherwise requires,—

Definitions.

(a) "Appendix" means an appendix to these rules ;

(b) "Commission" means the Punjab Public Service Commission ;

(c) "direct appointment" means an appointment made otherwise than by promotion or by transfer of an official already in the service of the Government of India or of a State Government ;

(d) "Government" means the Government of the State of Punjab in the Health and Family Planning Department ;

(e) "Service" means the Punjab Dental Education Service (Class I) ;

(f) "recognised university" means :—

(i) any university incorporated by law in any of the States of India ; or

(ii) the Punjab, Sind or Dacca University in the case of Degree, Diploma or Certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or

(iii) any other university which is declared by the Government to be a recognised university for the purpose of these rules.

3. A service to be known as the "Punjab Dental Education Service (Class I)" comprising the posts specified in Appendix 'A' is hereby constituted ; of Service.

Provided that the persons holding the posts specified in Appendix 'A' immediately before commencement of these rules shall be deemed to be appointed to the Services in accordance with the provisions of these rules.

PART II

Appointment

Number
and character
of posts.

4. The service shall comprise the posts shown in Appendix 'A' to the rules :

Provided that nothing in these rules shall effect the inherent right of Government to add to or reduce the number of such posts or create new posts even with different designations and scale of pay, whether permanently or temporarily.

Appointing
authority.

5. Appointments to the post in the Service shall be made by the Government.

Nationality, domicile
and character
of candidates
appointed to
Service.

6. No candidate shall be appointed to the Service unless he is —

- (a) a citizen of India ; or
- (b) a subject of Nepal ; or
- (c) a subject of Bhutan ; or
- (d) a Tibetan refugee who came over to India before the 1st January, 1962, with the intention of permanently settling in India ; or
- (e) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka (formerly Ceylon) and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India :

Provided that a candidate belonging to categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India and if he belongs to category (c) the certificate of eligibility will be issued for a period of one year, after which such a candidate will be retained in service subject to his having acquired Indian Citizenship.

(ii) A candidate in whose case certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, College, school or institution last attended, if any and similar certificate from two responsible persons, not being his relatives, who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

Age.

7. No person shall be recruited to the Service by direct appointment if he is more than—

- (i) forty years of age in the case of Assistant Professor, and
- (ii) fifty years of age in the case of Professors, on the last date of receipt of application by the Commission :

(2)

Provided that—

(a) The Government may, for reasons to be recorded in writing, relax the upper age limit, and

(b) in case of members of Scheduled Castes, Scheduled Tribes and Backward Classes, the upper age limit shall be such as may be fixed by Government from time to time.

8. (1) No person shall be appointed to the Service unless he possesses the qualification and experience as shown in Appendix 'B'. Educational qualifications and experience.

(2) A person recruited by direct appointment, unless he has already passed an Examination in Punjabi Language up to Matric Standard, shall within a period of six months from the date of his joining the Service, shall have to pass the aforesaid examination or a test in Punjabi to be held by the Punjab Language Department. In case he fails to pass the aforesaid examination or test as the case may be within the stipulated period, his services shall be dispensed with.

Disqualification.

9. No person—

(a) who has entered into or contracted a marriage with a person having a spouse living ; or

(b) who, having a spouse living, has entered into or contracted a marriage with any person ;

shall be eligible for appointment to the Service:

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

✓ 10. (1) Recruitment to the posts in the Service shall be made in the following manner :— Method of recruitment.

(a) In the case of Assistant Professors—

(i) 75 per cent of vacancies by promotion from amongst the Senior Lecturers governed by the Punjab Dental Education Service (Class II) Rules, 1977 ;

(ii) 25 per cent of vacancies by direct appointment.

(b) In the case of Professors—

(i) 75 per cent of vacancies by promotion from amongst the Assistant Professors.

(ii) 25 per cent of vacancies by direct appointment.

(2)

Provided that—

(a) The Government may, for reasons to be recorded in writing, relax the upper age limit, and

(b) in case of members of Scheduled Castes, Scheduled Tribes and Backward Classes, the upper age limit shall be such as may be fixed by Government from time to time.

8. (1) No person shall be appointed to the Service unless he possesses the qualification and experience as shown in Appendix 'B'. Educational qualifications and experience.

(2) A person recruited by direct appointment, unless he has already passed an Examination in Punjabi Language up to Matric Standard, shall within a period of six months from the date of his joining the Service, shall have to pass the aforesaid examination or a test in Punjabi to be held by the Punjab Languages Department. In case he fails to pass the aforesaid examination or test as the case may be within the stipulated period, his services shall be dispensed with.

Disqualification.

9. No person—

(a) who has entered into or contracted a marriage with a person having a spouse living ; or

(b) who, having a spouse living, has entered into or contracted a marriage with any person ;

shall be eligible for appointment to the Service:

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

✓ 10. (1) Recruitment to the posts in the Service shall be made in the following manner :— Method of recruitment.

(a) In the case of Assistant Professors—

(i) 75 per cent of vacancies by promotion from amongst the Senior Lecturers governed by the Punjab Dental Education Service (Class II) Rules, 1977 ;

(ii) 25 per cent of vacancies by direct appointment.

(b) In the case of Professors—

(i) 75 per cent of vacancies by promotion from amongst the Assistant Professors.

(ii) 25 per cent of vacancies by direct appointment.

3. On the completion of the period of probation of a person, the appointing authority may,—

(a) if his work and conduct have, in its opinion been satisfactory :—

- (i) confirm such person from the date of his appointment, if appointed against a permanent vacancy, or
- (ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy, or
- (iii) declare that he has completed his probation satisfactorily if there is no permanent vacancy ; or

(b) if his work or conduct has not been, in its opinion satisfactory :—

- (i) dispense with his services, if appointed by direct appointment and if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment permit ; or
- (ii) extend his period of probation and thereafter pass such order as it could have passed on the expiry of the first period of probation ;

Provided that the total period of probation including extension, if any, shall not exceed three years in the case of direct recruitment and two years in the case of promotees.

12. The seniority *inter se* of the members of the Service holding the same class of posts shall be determined by the length of their continuous service on those posts in the Service : Seniority of members of the Service.

Provided that the seniority of the members of the Service determined immediately before the commencement of these rules shall not be disturbed :

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection :

Provided further that in case two or more members are appointed on the same date, their seniority shall be determined as follows :—

- (a) A member recruited by direct appointment shall be senior to a member recruited otherwise ;
- (b) A member recruited by promotion shall be senior to a member recruited by transfer ;
- (c) In the case of member appointed by promotion or transfer, seniority shall be determined according to the seniority of such members in the appointment from which they were promoted or transferred, and

- (d) In the case of members appointed by transfer from different cadre, their seniority shall be determined according to pay, preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same, an older member shall be senior to a younger member.

Note.—In the case of members whose period of probation is extended under rule 10, the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

Pay of members of Service. 13. Members of the Service shall be entitled to such scales of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of specified posts are given in Appendix 'B'.

Private Practice. 14. (1) The Government may by general or special order permit any member of the Service, to engage in private practice if such practice does not, in its opinion, in any way, interfere with the discharge of his official duties, on such terms and conditions, and subject to such restrictions and limitations, as may be specified in the order.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms on which it is granted without assigning any cause and without payment of compensation.

Discipline penalties and appeals. 15. In matters relating to discipline, penalties and appeals, members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970 as amended from time to time :

Provided that the authority empowered to impose penalties shall be the Government.

Liability of members of the Service to transfer. 16. A member of the Service may be transferred by Government to any post, whether included in any other Service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Service Rules, Volume I, Part 1.

Liability to Service. 17. A member of the Service shall be liable to serve at any place, within or outside the State of Punjab, on being ordered so to do by the appointing authority.

Leave, pension and other matters. 18. In respect of pay, leave, pension and all other matters, not expressly provided for in these rules, the members of the service shall be governed by such rules and regulations as may have been or may hereafter, be adopted or made by the competent authority under the Constitution of India or under any law for the time being in force made by the State Legislature and the rules made thereunder.

Liability to serve in Defence Forces. 19. Every person appointed to the Service shall, if so required, be liable to serve in any Defence Service or post connected with the Defence of India for a period of not less than four years including the period spent on training, if any :

7

Provided that such officer:—

- (a) shall not be required to serve as aforesaid after the expiry of 10 years from the date of his appointment to the Service ;
- (b) shall not ordinarily be required to serve as aforesaid after attaining the age of 45 years.

20. Every member of the Service, unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

Oath of
allegiance.

21. Where the Government is of the opinion that it is necessary or expedient so to do, it may by order for reasons to be recorded in writing, relax, any of the provisions of these rules excepting those relating to qualification and experience in respect of any class or category of persons.

Power of re-
laxation.

22. Every member of the Service shall get himself vaccinated or re-vaccinated when Government so directs by a special or general order.

Liability for
vaccination
and re-vac-
cination.

23. If any question arises as to the interpretation of these rules, the same shall be referred to the Chief Secretary to Government, Punjab, who shall decide the same.

APPENDIX 'A'

(See rule 3)

Statement showing the posts of various categories at the Punjab Government Dental College and Hospital, Amritsar and Dental Wing, Medical College, Patiala

Serial No.	Category of post	Posts sanctioned			Station
		Perma- nent	Tempo- rary	Total	
1	Professors	4	3	7	Amritsar
		3	..	3	Patiala
2	Assistant Professors	2	..	2	Amritsar
		..	3	3	Patiala

One of the persons amongst the professors shall be selected to act as Principal at Amritsar and shall get Rs 100 a month as special pay and rent-free accommodation.

APPENDIX 'B'

(See Rules 10 and 13)

Serial No.	Designation of the post	Scale of pay	Qualification and experience
1	Professor .. Professor who acts as Principal will get Rs 100 a month as special pay and rent-free accommodation	Rs 1,300—50—1,800	(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification. (ii) Post-graduate qualification viz. M.D.S. (iii) Teaching experience as Assistant Professor for a minimum period of five years in a Dental College or requisite Post-graduate qualifications (Dentistry).
2	Assistant Professor	Rs 800—50—1,000/ 50—1,200	(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification. (ii) Post-graduate qualification viz. M.D.S. (iii) At least three years' teaching experience as Senior Lecturer after Post-graduation (Dentistry).

(Sd.) . . . ,

Secretary to Government, Punjab,
Health and Family Planning Department.

the Punjab Government Gazette, Legislative Supplement, dated the 17th June, 1977]

PUNJAB GOVERNMENT

HEALTH AND FAMILY PLANNING DEPARTMENT

Notification

The 13th June, 1977

No. G.S.R. 67/Const./Art. 399/77.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the President of India is pleased to make the following rules regulating the recruitment and conditions of service of persons appointed to the Punjab Dental Education Service (Class II), namely:—

PART I

1. (1) These rules may be called the Punjab Dental Education Service (Class II) Rules, 1977.

Short title and commencement.

(2) These shall come into force at once.

2. In these rules, unless the context otherwise requires,—

Definitions.

- (a) "Appendix" means an appendix to these rules ;
- (b) "Commission" means the Punjab Public Service Commission ;
- (c) "direct appointment" means an appointment made otherwise than by promotion or by transfer of an official already in the service of the Government of India or of a State Government ;
- (d) "Government" means the Government of the State of Punjab in the Health and Family Planning Department ;
- (e) "Service" means the Punjab Dental Education Service (Class II) ;
- (f) "recognised University" means—
 - (i) any university incorporated by law in any of the States of India ; or
 - (ii) the Punjab, Sind or Dacca University in the case of Degree, Diploma or Certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or
 - (iii) any other university which is declared by the Government to be a recognised university for the purpose of these rules.

3. A Service to be known as the "Punjab Dental Education Service (Class II)" comprising the posts specified in Appendix 'A' is hereby constituted :

Constitution of Service.

Provided that the persons holding the posts specified in Appendix 'A' immediately before commencement of these rules shall be deemed to be appointed to the Service in accordance with the provisions of these rules.

PART II

Appointment

Number
and
character
of posts.

4. The Service shall comprise the posts shown in Appendix 'A' to these rules :

Provided that nothing in these rules shall affect the inherent right of Government to add to or reduce the number of such posts or create new posts even with different designations and scale of pay, whether permanently or temporarily.

Appointing
authority.

5. Appointments to the posts in the Service shall be made by the Government.

Nationality,
domicile
and
character
of candidates
appointed to
service.

6. (i) No candidate shall be appointed to the Service, unless he is—

- (a) a citizen of India ; or
- (b) a subject of Nepal ; or
- (c) a subject of Bhutan ; or
- (d) a Tibetan refugee who came over to India before the 1st January, 1962, with the intention of permanently settling in India ; or
- (e) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka (formerly Ceylon) and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India :

Provided that a candidate belonging to categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India and if he belongs to category (e) the certificate of eligibility will be issued for a period of one year, after which such a candidate will be retained in service subject to his having acquired Indian citizenship.

(ii) A candidate in whose case certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, college, school or institution last attended, if any, and similar certificates from two responsible persons, not being his relatives, who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

7. No person shall be recruited to the Service by direct appointment if he is more than thirty-five years of age on the last date of receipt of applications by the Commission : Age.

Provided that—

- (i) The Government may, for reasons to be recorded in writing, relax the upper age limit, and
- (ii) in case of members of Scheduled Castes, Scheduled Tribes and Backward Classes, the upper age limit shall be such as may be fixed by Government from time to time.

8. (1) No person shall be appointed to the Service unless he possesses the qualifications and experience as shown in Appendix 'B'. Educational qualifications and Experience.

(2) A person recruited by direct appointment, unless he has already passed an Examination of Punjabi Language up to matric standard, shall, within a period of six months from the date of his joining the Service, shall have to pass the aforesaid examination or a test in Punjabi to be held by the Punjab Languages Department. In case he fails to pass the aforesaid examination or test as the case may be within the stipulated period, his services shall be dispensed with.

9. No person—

Disqualification.

- (a) who has entered into or contracted a marriage with a person having a spouse living ; or
- (b) who having a spouse living, has entered into or contracted a marriage with any person ; shall be eligible for appointment to the Service :

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

10. (1) Recruitment to the posts in the Service shall be made in the following manner : Method of recruitment.

- (a) in the case of Demonstrators by direct appointment ;
- (b) In the case of Senior Lecturers—
 - (i) 75 per cent of vacancies by promotion from amongst the Demonstrators governed by these rules ;
 - (ii) 25 per cent of vacancies by direct appointment.
- (c) The Government may fill any vacancy by transfer or deputation of any official already in the service of Government of India or of a State Government and the person so recruited shall be adjusted in the quota of direct recruits.

(2) In case no suitable person possessing the qualifications and experience, as prescribed in Appendix 'B' is available for appointment to a post by promotion, that post may be filled in by direct appointment.

(3) All appointments to the posts in the Service by promotion shall be made on the basis of seniority-cum-merit, and no person shall have any right of promotion merely on the basis of seniority.

PART III

Conditions of Service

11. (1) Persons appointed to a post in the Service shall remain on probation for a period of two years, if recruited by direct appointment, and one year if appointed otherwise :

Probation of persons appointed to the Service.

Provided that—

- (a) any period, after such appointment, spent on deputation on a corresponding, or a higher post shall count towards the period of probation ;
- (b) in the case of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the service may, in the discretion of the appointing authority, be allowed to count towards the period of probation ; and
- (c) any period of officiating appointment to a post in the Service shall be reckoned as period spent on probation for that post, but no person who has so officiated shall, on the completion of the prescribed period of probation, be entitled to be confirmed, unless he is appointed against a permanent vacancy.

(2) If, in the opinion of the appointing authority, the work and conduct of a person during the period of probation is not satisfactory, it may :—

- (a) if such person is recruited by direct appointment, dispense with his service, and
- (b) if such person is appointed otherwise,—
 - (i) revert him to his former post ; or
 - (ii) deal with him in such other manner as the terms and conditions of his previous appointment permit.

(3) On the completion of the period of probation of a person, the appointing authority may,—

- (a) if his work and conduct have, in its opinion, been satisfactory :—
 - (i) confirm such person from the date of his appointment, if appointed against a permanent vacancy, or

- (ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy, or
- (li) declare that he has completed his probation satisfactorily if there is no permanent vacancy ; or

(b) if his work or conduct has not been, in its opinion satisfactory—

- (i) dispense with his services, if appointed by direct appointment and if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment permit ; or
- (ii) extend his period of probation and thereafter pass such order as it could have passed on the expiry of the first period of probation :

Provided that the total period of probation including extension, if any, shall not exceed three years in the case of direct recruitment and two years in the case of promotees.

12. The seniority *inter se* of the members of the Service holding the same class of posts shall be determined by the length of their continuous service on those posts in the Service : Seniority of members of the Service.

Provided that the seniority of the members of the Service determined immediately before the commencement of these rules shall not be disturbed :

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection :

Provided further that in case two or more members are appointed on the same date, their seniority shall be determined as follows:—

- (a) a member recruited by direct appointment shall be senior to a member recruited otherwise ;
- (b) a member recruited by promotion shall be senior to a member recruited by transfer ;
- (c) in the case of member appointed by promotion or transfer, seniority shall be determined according to the seniority of such members in the appointment from which they were promoted or transferred ; and
- (d) in the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay, preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same, an older member shall be senior to a younger member.

Note.—In the case of members whose period of probation is extended under rule 10, the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

Pay of
members
of Service.

13. Members of the Service shall be entitled to such scales of pay, including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of specified posts are given in Appendix 'B'.

Private
Practice.

14.(1) The Government may by general or special order permit any member of the Service, to engage in private practice if such practice does not, in its opinion, in any way, interfere with the discharge of his official duties, on such terms and conditions, and subject to such restrictions and limitations, as may be specified in the order.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms on which it is granted without assigning any cause and without payment of compensation.

Discipline,
penalties
and appeals.

15. In matters relating to discipline, penalties and appeals, members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970, as amended from time to time:

Provided that the authority empowered to impose penalties shall be the Government.

Liability
of
members
of service
to
transfer.
Liability
to
Service.

16. A member of the Service may be transferred by Government to any post, whether included in any other Service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Service Rules, Volume I, Part I.

17. A member of the Service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do by the appointing authority.

Leave,
pension
and
other
matters.

18. In respect of pay, leave, pension and all other matters, not expressly provided for in these rules, the members of the Service shall be governed by such rules and regulations as may have been or may hereafter, be adopted or made by the competent authority under the Constitution of India or under any law for the time being in force made by the State Legislature and the rules made thereunder.

Liability
to serve
in Defence
Forces.

19. Every person appointed to the Service shall, if so required, be liable to serve in any Defence Service or post connected with the Defence of India for a period of not less than four years including the period spent on training, if any:

Provided that such officer —

- (a) shall not be required to serve as aforesaid after the expiry of 10 years from the date of his appointment to the Service,
- (b) shall not ordinarily be required to serve as aforesaid after attaining the age of 45 years.

Oath of
allegiance.

20. Every member of the Service, unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

21. Where the Government is of the opinion that it is necessary or Power expedient so to do, it may by order for reasons to be recorded in writing, of relax, any of the provisions of these rules excepting those relating to quali- relaxation. fication and experience in respect of any class or category of persons.

22. Every member of the Service shall get himself vaccinated or re- Liability for vaccination and re-vaccination. vaccinated when Government so directs by a special or general order.

23. If any question arises as to the interpretation of these rules, the same shall be referred to the Chief Secretary to Government, Punjab, who shall decide the same.

APPENDIX 'A'

(See rule 3)

Statement showing the posts of various categories at the Punjab Government Dental College and Hospital, Amritsar and Dental Wing, Medical College, Patiala.

Serial No.	Category of post	Posts sanctioned			Station
		Perma- nent	Tempo- rary	Total	
1	Senior Lecturer	.. ..	2	2	Amritsar
2	Demonstrators	.. ..	6	6	Amritsar
			3	2	5 Patiala

APPENDIX 'B'

(See rule 13)

Serial No.	Designation of the post	Scale of Pay	Qualification and experience
1	Senior Lecturer ..	Rs 450—30—660/ 40—1,100	<p>(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification.</p> <p>(ii) Post-graduate qualification viz., M.D.S.</p> <p>(iii) Teaching experience as Demonstrator (Dental) for at least three years before or after post-graduation.</p>
2	Demonstrator ..	Rs 350—25—500/ 30—590/30—830/ 35—900	<p>(i) A recognised B.D.S. degree of a recognised University or an equivalent qualification.</p> <p>(ii) At least six months' experience as House Surgeon in a recognized Dental College and Hospital.</p> <p>(iii) Not more than two additional attempts in passing all the University Professional examinations during the B.D.S. course.</p> <p>(iv) At least 60% marks in the final B.D.S. examination.</p>

(Sd)
Secretary to Government, Punjab,
Health and Family Planning Department.

ਡਾਇਰੈਕਟੋਰੇਟ ਆਫ ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ।

ਸੇਵਾ ਵਿਖੇ,

ਪ੍ਰਿੰਸੀਪਲ,

ਸਰਕਾਰੀ ਡੈਂਟਲ ਕਾਲਜ ਅਤੇ ਹਸਪਤਾਲ, ਅੰਮ੍ਰਿਤਸਰ।

ਨੰ:ਜੇ.ਡੀ.ਆਰ.ਐਮ.ਈ-ਪੰ:-09/1188-4

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ:- 18/8/09

ਵਿਸ਼ਾ:- ਡੈਂਟਲ ਐਜੂਕੇਸ਼ਨ ਸਰਵਿਸ ਰੂਲਜ਼ ਨੂੰ ਡੈਂਟਲ ਕੌਂਸਲ ਆਫ ਇੰਡੀਆ ਦੇ ਰੈਗੂਲੇਸ਼ਨ ਵਿੱਚ ਇੱਕਸਾਰਤਾ ਲਿਆਉਣ ਬਾਰੇ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਤੇ ਆਪ ਦੇ ਪੱਤਰ ਨੰ: 2735/ਈ1 ਮਿਤੀ 29.06.2009 ਦੇ ਹਵਾਲੇ ਵਿੱਚ।

1. ਹਵਾਲਾ ਅਧੀਨ ਪੱਤਰ ਨਾਲ ਨੱਥੀ ਕੀਤੀ ਅਨੁਲੱਗ -ਓ ਅਨੁਸਾਰ, ਡੈਂਟਲ ਕੌਂਸਲ ਆਫ ਇੰਡੀਆ ਦੇ ਰੈਗੂਲੇਸ਼ਨ 2006 ਅਧੀਨ ਹੇਠ ਲਿਖੇ ਅਨੁਸਾਰ ਟੀਚਿੰਗ ਫੈਕਲਟੀ ਨਿਸ਼ਚਿਤ ਕੀਤੀ ਗਈ ਹੈ:-

ਪ੍ਰੋਫੈਸਰ	6
ਰੀਡਰ	11
ਲੈਕਚਰਾਰ/ਟਿਊਟਰ	30 #

(25% ਐਮ.ਡੀ.ਐਸ. 75% ਬੀ.ਡੀ.ਐਸ.)

ਇਸ ਅਨੈਸਚਰ ਵਿੱਚ ਲੜੀ ਨੰ: 10 ਅਤੇ 11 ਤੇ ਦਰਜ ਕੀਤੇ ਵਿਭਾਗਾਂ ਦੇ ਸਟਾਫ ਦਾ ਕੋਈ ਜਿਕਰ ਨਹੀਂ ਹੈ। ਸਟਾਫ ਤੋਂ ਬਿਨਾਂ ਵਿਭਾਗ ਦੀ ਹੋਂਦ ਕਿਵੇਂ ਹੋਵੇਗੀ। ਇਸ ਸਬੰਧੀ ਸਥਿਤੀ ਸਪੱਸ਼ਟ ਕੀਤੀ ਜਾਵੇ ਅਤੇ ਸਬੰਧਤ ਰੈਗੂਲੇਸ਼ਨ ਦੀ ਟੁੱਕ ਨਾਲ ਨੱਥੀ ਕੀਤੀ ਜਾਵੇ।

2. ਲੜੀ ਨੰ: 7, 8 ਅਤੇ 9 ਦੇ ਵਿਭਾਗਾਂ ਲਈ ਰੈਗੂਲੇਸ਼ਨ ਅਨੁਸਾਰ ਪ੍ਰੋਫੈਸਰ ਦੀ ਆਸਾਮੀ ਨਿਸ਼ਚਿਤ ਨਹੀਂ ਹੈ। ਇਸ ਲਈ ਕੇਵਲ ਰੀਡਰ ਦੇ ਰੱਖੇ ਜਾਣ ਦਾ ਪ੍ਰਵੀਜਨ ਕੀਤਾ ਹੈ। ਰੈਗੂਲੇਸ਼ਨ ਮੁਤਾਬਿਕ ਪੈਡਿਆਟ੍ਰਿਕ ਡੈਂਟਿਸਟਰੀ (ਲੜੀ ਨੰ:7) ਲਈ ਪ੍ਰੋਫੈਸਰ ਦੀ ਆਸਾਮੀ ਦੀ ਲੋੜ ਨਹੀਂ ਹੈ। ਰੀ-ਸਟਰਚਰਿੰਗ ਦੀ ਪ੍ਰਵਾਨਗੀ ਸਮੇਂ ਅਜਿਹਾ ਕੀਤਾ ਗਿਆ ਹੈ। ਇਸ ਸਬੰਧੀ ਵਿਸ਼ੇਸ਼ ਕਾਰਨ ਸਪੱਸ਼ਟ ਕੀਤੇ ਜਾਣ ਅਤੇ ਸਬੰਧਤ ਰੈਗੂਲੇਸ਼ਨ ਦੀ ਟੁੱਕ ਭੇਜੀ ਜਾਵੇ।

3. ਜੇਕਰ ਲੈਕਚਰਾਰ ਅਤੇ ਟਿਊਟਰ ਦੀਆਂ 30 ਪੋਸਟਾਂ ਨੂੰ ਰੈਗੂਲੇਸ਼ਨ ਵਿੱਚ ਦੱਸੀ ਨਿਸ਼ਚਿਤ ਪ੍ਰਤੀਸ਼ੱਤਤਾ ਨਾਲ ਵੰਡ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਤਾਂ ਲੈਕਚਰਾਰ ਦੀਆਂ 8 ਅਤੇ ਟਿਊਟਰ ਦੀਆਂ 22 ਆਸਾਮੀਆਂ ਬਣਦੀਆਂ ਹਨ। ਉਪਰੋਕਤ ਅਨੁਸਾਰ ਲੈਕਚਰਾਰ/ਡਿਮਾਂਸਟਰੇਟਰ ਨੂੰ ਵੱਖ-ਵੱਖ ਵਿਭਾਗਾਂ ਵਿੱਚ ਵੰਡ ਕੀਤੀ ਜਾਵੇ ਤਾਂ ਜੋ ਇਹ ਗੱਲ ਸਪੱਸ਼ਟ ਹੋਵੇ ਕਿ ਮਿਤੀ 11/07/05 ਦੇ ਨੋਟੀਫਿਕੇਸ਼ਨ ਅਤੇ ਰੈਗੂਲੇਸ਼ਨ ਵਿੱਚ ਕਿਹੜੇ-ਕਿਹੜੇ ਵਿਭਾਗਾਂ ਵਿੱਚ ਫਰਕ ਹੈ।

ਇਹ ਸੂਚਨਾਂ ਮਿਤੀ 20.08.2009 ਤੱਕ ਹਰ ਹਾਲਤ ਵਿੱਚ ਦਸਤੀ/ਫੈਕਸ ਰਾਹੀਂ ਭੇਜੀ ਜਾਵੇ।

ਨੱਥੀ:- ਅਨੁਲੱਗ-ਓ

ਸੰਯੁਕਤ ਡਾਇਰੈਕਟਰ,

21

ਵਾ: ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ।

ਪਿੱਠ ਅੰਕਣ ਨੰ:ਜੇ.ਡੀ.ਆਰ.ਐਮ.ਈ-ਪੰ:-09/1188-5

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ:- 18/8/09

ਉਤਾਰਾ ਪ੍ਰਿੰਸੀਪਲ, ਸਰਕਾਰੀ ਡੈਂਟਲ ਕਾਲਜ, ਅਤੇ ਹਸਪਤਾਲ, ਪਟਿਆਲਾ ਨੂੰ ਭੇਜਦੇ ਹੋਏ ਲਿਖਿਆ ਜਾਂਦਾ ਹੈ ਕਿ ਇਸ ਦਫਤਰ ਦੇ ਪੱਤਰ ਨੰ: ਜਡਖਮਸ-ਪੰ:-09/8129-30 ਮਿਤੀ 11.06.2009 ਰਾਹੀਂ ਮੰਗੀ ਗਈ ਸੂਚਨਾਂ ਇਸ ਦਫਤਰ ਨੂੰ ਨਹੀਂ ਭੇਜੀ ਗਈ ਹੈ। ਇਸ ਲਈ ਇਹ ਸੂਚਨਾਂ ਤੁਰੰਤ ਇਸ ਦਫਤਰ ਨੂੰ ਮਿਤੀ 20.08.2009 ਤੱਕ ਫੈਕਸ/ਹੱਥ ਦਸਤੀ ਭੇਜੀ ਜਾਵੇ।

ਨੱਥੀ:- ਅਨੁਲੱਗ-ਓ

ਸੰਖੇਪ ਕਾਨੂੰਨ 2 ਬਾਝਾਨ ਪਹਿਲਾ ਦਾ

ਪਹਿਲਾ ਸੰਘਰਸ਼ ਕੇਸੀਆਂ ਲਾਗੂਆਂ / ਰੀ.ਸੀ.ਆਈ 2 ਨਾਮ ਲਗਾਵ

ਕ੍ਰਮ	ਪੇਸ਼ਾ ਦਾ ਨਾਮ	ਰੀ.ਸੀ.ਆਈ ਨਾਮ	ਮੈਂਬਰ	ਕਮਿਸ਼ਨ	ਭਾਈ	ਭਾਟ	ਪੇਸ਼ਾ ਦਾ ਨਾਮ
1.	ਪੇਸ਼ਾ	6	5	5	6	1	
2.	ਸਥਾਨੀਕ ਪੇਸ਼ਾ ਕੁਲ ਕੇਸੀਆਂ ਪੇਸ਼ਾ	9 (ਰੀ.ਸੀ.)	7	5	2	2	
3.	ਸੀਨੀਅਰ ਪੇਸ਼ਾ ਕੁਲ ਸਥਾਨੀਕ ਪੇਸ਼ਾ	10	5	-	5	11	
4.	ਸੀਨੀਅਰ ਪੇਸ਼ਾ (ਪੇਸ਼ਾ)	-	5	5	-	-	
5.	ਸੀਨੀਅਰ ਪੇਸ਼ਾ (ਪੇਸ਼ਾ)	-	4	4	-	-	
6.	ਸੀਨੀਅਰ ਪੇਸ਼ਾ	-	2	1	1	-	

ਨੋਟ - ਪੇਸ਼ਾ ਕਾਨੂੰਨ ਰੀ.ਸੀ.ਆਈ 2 ਨਾਮ ਲਗਾਵ ਕਾਨੂੰਨ ਕਾਨੂੰਨ
ਕਮਿਸ਼ਨ ਕਮਿਸ਼ਨ, ਪੇਸ਼ਾ ਦਾ ਨਾਮ 2 ਕੁਲ ਪੇਸ਼ਾ
ਕਮਿਸ਼ਨ ਕਮਿਸ਼ਨ, ਪੇਸ਼ਾ 1

ਪ੍ਰਿਥਮ ਪਾਠ 2 ਰਸਮਵਾਦੀ ਪ੍ਰਤਿਬਿੰਬ

ਪ੍ਰਿਥਮ ਪਾਠੀ ਪ੍ਰਤਿਬਿੰਬ / ਪ੍ਰਿਥਮ ਪਾਠੀ ਦੇ ਪ੍ਰਤਿਬਿੰਬ

ਪ੍ਰਿਥਮ ਪਾਠ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ
ਪ੍ਰਿਥਮ ਪਾਠ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ
ਪ੍ਰਿਥਮ ਪਾਠ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ	ਪ੍ਰਿਥਮ ਪਾਠੀ

ਪ੍ਰਿਥਮ ਪਾਠ

ਪ੍ਰਿਥਮ ਪਾਠੀ ਪ੍ਰਤਿਬਿੰਬ

ਪ੍ਰਿਥਮ ਪਾਠੀ ਪ੍ਰਤਿਬਿੰਬ

ਪ੍ਰਿਥਮ ਪਾਠੀ

ਪ੍ਰਿਥਮ ਪਾਠੀ

ਪ੍ਰਿਥਮ ਪਾਠੀ

ਪ੍ਰਿਥਮ ਪਾਠੀ ਪ੍ਰਤਿਬਿੰਬ

ਪ੍ਰਿਥਮ ਪਾਠੀ ਪ੍ਰਤਿਬਿੰਬ

ਪ੍ਰਿਥਮ ਪਾਠੀ ਪ੍ਰਤਿਬਿੰਬ

ਪ੍ਰਿਥਮ ਪਾਠੀ ਪ੍ਰਤਿਬਿੰਬ

ਸਿਰ ਤਾਨ ਦੇ ਰਸਪਾਸ਼ਕ ਬੰਦਿਸਰ
 ਹੇਠਾਂ ਮਿਥੂਰ ਹੇਠਾਂ / ਭੀ.ਸੀ.ਫਾਈ ਦੇ ਤਾਰਮ ਬੁਝਾਰ

ਕਰਾ ਤਾਮ	ਭੀ.ਸੀ.ਫਾਈ ਤਾਰਮ	ਸੰਕਣ	ਕਰਮ	ਫਾਈ	ਫਾਟ	ਕਿਸੇ ਤਾਰ
ਮਿਸਰ	7	6	6	-	3	ਮਿਸਰੀਆਂ ਤਾਰਿਟੀ ਦੀ ਸਪੇਸ਼ੀ ਦਾ ਸਿਰ ਤਾਨ ਪਰਿਯਾਤਾ ਕਿਸੇ ਬਿਰਤ ਕਰ ਸਿੰ 2 ਖੇਡਾ ਮਿਸਰ ਰੀਝਾ ਤਾਰਿਟ ਤਾਰਾਟੀਝਾ 1) ਉਥਾ ਖੇਡਾਟੀ 2) ਫਾਰ ਮਿਸਰੀਆਂ 4 ਖੇਡਾ ਤਾਰਿਟ ਤਾਰਾਟੀਝਾ ਸਪੇਸ਼ੀ ਤਾਰਿਟ ਫਾ
ਮਿਸਰ ਹੁਣ	11 (ਗੀਝ)	7	1	6	4	
ਮਿਸਰ ਹੁਣ	13	6	-	6	7	7 ਖੇਡਾ ਤਾਰਿਟ ਤਾਰਾਟੀਝਾ ਸਪੇਸ਼ੀ ਤਾਰਿਟਾ :
ਮਿਸਰ ਹੁਣ	13	10	9	1	3	3 ਖੇਡਾ ਤਾਰਿਟ ਤਾਰਾਟੀਝਾ ਸਪੇਸ਼ੀ ਤਾਰਿਟਾ :

ਤਾਰਾਟੀ ਫਾਈ ਮਿਸਰ ਰਾਣੀ ਸਪੇਸ਼ੀ ਰਾਣੀਝਾ ਤਾਰਾ
 ਫਾਈਝਾ : ਕਿਉਂ ਇ ਫਾਈ ਦੇ ਕੁਝ ਕਿਸੇ ਤਾਰੀ
 ਫਾਈ ਹੇਠਾਂ

ਡਾਇਰੈਕਟਰ, ਖੇਤ ਅਤੇ ਮੈਡੀਕਲ ਸਿਖਿਆ ਪੰਜਾਬ।

ਸੇਵਾ ਵਿਖੇ

ਸਕੱਤਰ, ਪੰਜਾਬ ਸਰਕਾਰ,
ਖੇਤ ਅਤੇ ਮੈਡੀਕਲ ਸਿਖਿਆ ਵਿਭਾਗ,
ਚੰਡੀਗੜ੍ਹ।

ਮੀਮੋ ਨੰ: 2 ਐਮ. ਈ 1-ਪੰ: 09/
ਮਿਤੀ ਚੰਡੀਗੜ੍ਹ :

ਵਿਸ਼ਾ: - ਰੀ-ਸਟਰਕਚਰਿੰਗ ਆਫ ਦਾ ਐਗਜ਼ਿਸਟਿੰਗ ਕੈਡਰ ਆਫ ਟੀਚਿੰਗ ਫਕੈਲਟੀ
ਸਪੈਸ਼ਲਟੀ ਵਾਈਜ਼ ਇਨ ਦਾ ਸਟੇਟ ਡੈਂਟਲ ਕਾਲਜਿਜ਼।

ਉਪਰੋਕਤ ਵਿਖੇ ਦੇ ਸਬੰਧ ਵਿਚ ਲਿਖਿਆ ਜਾਂਦਾ ਹੈ ਕਿ ਸਰਕਾਰ ਵਲੋਂ
ਨੋਟੀਫੀਕੇਸ਼ਨ ਨੰ: 1/140/03-ਅਸ3 / 2669 ਮਿਤੀ 11-7-05 (ਕਾਪੀ ਨੰਬਰ) ਰਾਹੀਂ
30 ਨਵੀਆਂ ਆਸਾਮੀਆਂ ਦੀ ਰਚਨਾ ਕੀਤੀ ਗਈ ਸੀ ਅਤੇ ਸਰਕਾਰੀ ਡੈਂਟਲ ਕਾਲਜਾਂ ਵਿਖੇ
ਮੌਜੂਦਾ ਟੀਚਿੰਗ ਕਾਡਰ ਨੂੰ ਵੀ ਰੀ-ਸਟਰਕਚਰ ਕਰਨ ਦੇ ਹੁਕਮ ਜਾਰੀ ਕੀਤੇ ਗਏ ਸਨ।

ਇਥੇ ਇਹ ਸਪਸ਼ਟ ਕੀਤਾ ਜਾਂਦਾ ਹੈ ਕਿ ਪੰਜਾਬ ਡੈਂਟਲ ਐਜੂਕੇਸ਼ਨ ਸਰਵਿਸ
ਕਲਾਸ-1 ਅਤੇ ਕਲਾਸ-2 ਰੂਲ 1977 ਵਿਚ ਹਾਲੇ ਕੋਈ ਸੋਧ ਨਹੀਂ ਹੋਈ ਅਤੇ ਜਦੋਂ ਤੱਕ
ਇਨ੍ਹਾਂ ਰੂਲਾਂ ਵਿਚ ਕੋਈ ਸੋਧ ਨਹੀਂ ਹੋ ਜਾਂਦੀ ਤੱਕ ਤੱਕ ਕਰੀਏਟ ਹੋਈਆਂ 30 ਆਸਾਮੀਆਂ ਨੂੰ
ਭਰਿਆ ਨਹੀਂ ਜਾ ਸਕਦਾ। ਇਨ੍ਹਾਂ ਕਰੀਏਟ ਹੋਈਆਂ ਆਸਾਮੀਆਂ ਦੇ ਰੂਲਾਂ ਦੀ ਰਚਨਾ ਕਰਨ
ਅਤੇ 1977 ਦੇ ਰੂਲਾਂ ਵਿਚ ਆਸਾਮੀਆਂ ਨੂੰ ਸਬਜੈਕਟ ਵਾਈਜ਼ ਕਰਨ ਅਤੇ ਉਸ ਵਿਚ ਸੋਧ ਕਰਨ ਬਾਰੇ
ਉਪਰਾਏ ਕਮੇਟੀ ਗਠਿਤ ਕੀਤੀ ਗਈ ਹੈ।

ਕਿਸ ਲਈ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਪੰਜਾਬ ਡੈਂਟਲ ਐਜੂਕੇਸ਼ਨ ਸਰਵਿਸ
ਕਲਾਸ-1 ਅਤੇ ਕਲਾਸ-2 ਰੂਲ -1977 ਵਿਚ ਸੋਧ ਕਰਨ ਸਬੰਧੀ ਤਜਵੀਜ਼ਾਂ ਤਿਆਰ ਕਰਨ
ਦਾ ਕੰਮ ਉਨ੍ਹਾਂ ਨੂੰ ਸੌਂਪਿਆ ਜਾਵੇ, ਕਿਉਂਕਿ ਇਹ ਇਕ ਟੈਕਨੀਕਲ ਮਾਮਲਾ ਹੈ, ਜਿਸ ਵਿਚ
ਅਜਿਹਾ ਕਰਨਾ ਜ਼ਰੂਰੀ ਹੈ।

ਨੋਟ: - ਉਪਰੋਕਤ ਅਨੁਸਾਰ

ਡਾਇਰੈਕਟਰ, ਖੇਤ ਅਤੇ ਮੈਡੀਕਲ ਸਿਖਿਆ ਪੰਜਾਬ।

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GOVERNMENT OF PUNJAB
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
(HEALTH BRANCH III)

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9.4

NOTIFICATION

No.1/140/03-3HB3/2669

Dated Chandigarh the: 11-7-05

The Governor of Punjab is pleased to order restructure the existing cadre and to change the nomenclature of certain posts as a result of creation of 30 posts of teaching staff in Dental Colleges of the Government the details of which is annexed as Annexure A.

2. This approval is with the concurrence of Department of Finance (FE-II) with reference to their I.D. No. 5/1/04/4FE-2/3335 dated 12-02-2004 and as per decision taken by the Council of Ministers contained in communication No 1/1/2005-1Cabinet/448-45

Dated 10th February 2005..

Dated
Chandigarh 11-7-2005

Sarvesh Kaushal,
Secretary to Govt. of Punjab,
Deptt. of Medical Education & Research.

No.1/140/03-3HB3/

Dated Chandigarh the:

A copy with a spare copy is forwarded to the Controller Printing and Stationery Department Punjab/ UT to publish the notification in the gazette (extraordinary). It is also requested that 200 copies of the notification without endorsements may be sent to this department for office use.

Sel/-
Special Secretary to Govt. of Punjab,
Deptt. of Medical Education & Research.

No.1/140/03-3HB3/ 2672

Dated Chandigarh the: 11-7-05

A copy is forwarded to the

1. Accountant General, Punjab, Chandigarh
 - ✓ 2. Director, Research & Medical Education, Punjab
 3. Principal, Government Medical College, Amritsar/ Patiala/ Faridkot
- for information and necessary action.

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Dated 10th February 2005..

Dated :
Chandigarh 11.7.2005

No.1/140/03-3HB3/

A copy with a spare copy is forwarded to the Controller Printing and Stationery Department Punjab/ UT to publish the notification in the gazette (extra-ordinary). It is also requested that 200 copies of the notification without endorsements may be sent to this department for office use.

Special Secretary to Govt. of Punjab,
Deptt. of Medical Education & Research.

Sd/-

Dated Chandigarh the: 11-7-05

No.1/140/03-3HB3/2672

A copy is forwarded to the

1. Accountant General, Punjab, Chandigarh

2. Director, Research & Medical Education, Punjab

3. Principal, Government Medical College, Amritsar/ Patiala/ Faridkot

for information and necessary action.

Special Secretary to Govt. of Punjab,
Deptt. of Medical Education & Research

[Signature]

354
18/7/05

PROFESSOR

Name of the Post		Govt. Medical College Patiala	Govt. Medical College Amritsar
1	Professor of Oral Pathology	1	1
2	Professor of Orthodontia	1	1
3	Professor of Periodontia	1	1
4	Professor of Prosthetics	1	1
5	Professor of Conservative	1	1
6	Professor of Oral Surgery	1	1
7	Professor of Paedodontia	1	1

ASSISTANT PROFESSOR (Now Associate Professor)

Name of the Post		Govt. Medical College Patiala	Govt. Medical College Amritsar
1.	Assistant Professor of Oral Pathology	1	1
2.	Assistant Professor of Orthodontia	1	1
3.	Assistant Professor of Periodontia	1	1
4.	Assistant Professor of Prosthetics	1	1
5.	Assistant Professor of Conservative	1	1
6.	Assistant Professor of Oral Surgery	1	1
7.	Assistant Professor of Paedodontia	1	1
8.	Assistant Professor of Oral Medicine	1	1
9.	Assistant Professor of Community Dentistry	1	1

SENIOR LECTURER (Now Assistant Professor)

Name of the Post		Govt. Medical College Patiala	Govt. Medical College Amritsar
1	Community dentistry	1	1
2	Orthodontia	1	1
3	Periodontia	1	1
4	Oral Pathology	1	1
5	Conservative	1	1
6	Oral Medicine	1	1
7	Paedodontia	1	1
8	Prosthetic	1	1
9	Oral Surgery	1	1

LECTURER (Now Senior Lecturer)

Name of the Post		Govt. Medical College Patiala	Govt. Medical College Amritsar
1	Community dentistry	1	1
2	Orthodontia	1	1
3	Periodontia	1	1
4	Oral Pathology	1	1
5	Conservative	1	1
6	Oral Medicine	1	1
7	Paedodontia	1	1

2	Professor of Orthodontia	1	1
3	Professor of Periodontia	1	1
4	Professor of Prosthetics	1	1
5	Professor of Conservative	1	1
6	Professor of Oral Surgery	1	1
7	Professor of Paedodontia	1	1

ASSISTANT PROFESSOR (Now Associate Professor)

Name of the Post			
1.	Assistant Professor of Oral Pathology	1	1
2.	Assistant Professor of Orthodontia	1	1
3.	Assistant Professor of Periodontia	1	1
4.	Assistant Professor of Prosthetics	1	1
5.	Assistant Professor of Conservative	1	1
6.	Assistant Professor of Oral Surgery	1	1
7.	Assistant Professor of Paedodontia	1	1
8.	Assistant Professor of Oral Medicine	1	1
9.	Assistant Professor of Community Dentistry	1	1
Name of the Post			
Govt. Medical College Patiala		Govt. Medical College Amritsar	

SENIOR LECTURER (Now Assistant Professor)

Name of the Post			
1	Community dentistry	1	1
2	Orthodontia	1	1
3	Periodontia	1	1
4	Oral Pathology	1	1
5	Conservative	1	1
6	Oral Medicine	1	1
7	Paedodontia	1	1
8	Prosthetic	1	1
9	Oral Surgery	1	1
Name of the Post			
Govt. Medical College Patiala		Govt. Medical College Amritsar	

LECTURER (Now Senior Lecturer)

Name of the Post			
1	Community dentistry	1	1
2	Orthodontia	1	1
3	Periodontia	1	1
4	Oral Pathology	1	1
5	Conservative	1	1
6	Oral Medicine	1	1
7	Paedodontia	1	1
8	Prosthetic	1	1
9	Oral Surgery	1	1
Name of the Post			
Govt. Medical College Patiala		Govt. Medical College Amritsar	

Medical Officer (dental))

40

3

45

Name of the Post (in the Department of)		Govt. Medical College Patiala	Govt. Medical College Amritsar
1	Community dentistry	1	1
2	Orthodontia	1	1
3	Periodontia	1	1
4	Oral Pathology	1	1
5	Conservative	1	1
6	Oral Medicine	1	1
7	Paedodontia	1	1
8	Prosthetic	1	1
9	Oral Surgery	1	1

Assistant Professor (Anaesthesia)

45

45

Name of the Post		Govt. Medical College Patiala	Govt. Medical College Amritsar
1	Assistant Professor, Anaesthesia	1	1

(33) 16

GOVERNMENT OF PUNJAB
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
(HEALTH BRANCH III)

CORRIGENDUM

No.1/140/03-3HB3/ 4472

Dated Chandigarh the: 27/9/05

In partial modification to Punjab Government notification issued vide No.

1/140/03-3HB3/2669 dated 11-07-2005, in Annexure: A, wherever the term "Govt. Medical College" occurs be read as "Govt. Dental College & Hospital".

Dated Chandigarh the
17-09-2005

[Signature]
Secretary, Medical Education & Research.

No.1/140/03-3HB3/

Dated Chandigarh the:

A copy with a spare copy is forwarded to the Controller Printing and Stationery Department Punjab/ UT to publish the notification in the gazette (extraordinary). It is also requested that 200 copies of the notification without endorsements may be sent to this department for office use.

Dated Chandigarh the
17-09-2005

[Signature]
Secretary, Medical Education & Research.

No.1/140/03-3HB3/4476

Dated Chandigarh the: 23/9/05

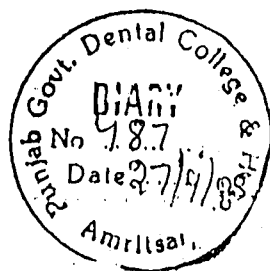
A copy is forwarded to the

1. Accountant General, Punjab, Chandigarh
 2. Director Research & Medical Education, Punjab
 3. Principal, Government Dental College & Hospital, Amritsar/ Patiala
- for information and necessary action.

Dated Chandigarh the
17-09-2005

[Signature]
Secretary, Medical Education & Research.

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No.11/105/98/4PPH/14420

GOVERNMENT OF PUNJAB
DEPARTMENT OF PERSONNEL
(Personnel Policies-II Branch)

Dated, Chandigarh, the 21 Nov. 2002.

To

All Heads of Departments,
Registrar, Punjab & Haryana High Court,
All Commissioners of Divisions,
All Deputy Commissioners, and
All Sub-Divisional Officers (Civil);
in the State of Punjab.

McH
2
P. S. Singh
+ c.c. 21/11

Subject: Scheme for compassionate appointments-2002-Grant of employment in the
State Services on compassionate grounds-Policy regarding.

Sir/ Madam,

I am directed to address you on the subject noted above and to say that at present, the policy regarding grant of employment in the State Services, Class-III and IV on compassionate grounds is mainly contained in circular letter No.11/27/94-2PPH/2364, dated 5.2.1996. This policy was framed on the basis of the judgement of the Hon'ble Supreme Court of India delivered in the case of 'Unesh Kumar Nagpal Versus State of Haryana and others (1994)4 S.C.cases (138)'. The Apex Court held that the object of compassionate appointments is to enable the penurious family of the deceased employee to tide over the sudden financial crisis and not to provide employment. It was further held that mere death of an employee does not entitle his family to compassionate appointment. The authority concerned must consider as to whether the family of the deceased employee is unable to meet the financial crisis resulting from the employee's death. The offering of compassionate appointments as a matter of course irrespective of the financial condition of the family of the deceased and making compassionate appointments in posts above Class-III and IV, is legally impermissible. The compassionate appointments can not be granted after a lapse of reasonable period, which must be specified in the rules. The consideration for such employment is not a vested right which can be exercised at any time in future. The object being to enable the family to get over the financial crisis which it faces at the time of death of the sole bread-winner, the compassionate employment can not be claimed and offered, whatever the lapse of time and after the crisis is over.

It has been considered appropriate that there is need to review the whole policy on compassionate appointments by taking a cue from the policy of Government of India and to impose strict conditions so that compassionate appointments are available only to very deserving cases. Most of the vacancies that are available or accrue in direct quota posts in various departments are consumed by these compassionate appointments considerably reducing vacancies for carrying out recruitments from the open market. This has a direct reflection on the efficiency and working of the departments as it restricts the Government for making selections from a wider choice of candidates. Imposition of a cap on compassionate appointments will also protect the legitimate right of young qualified

and has decided to review the policy to provide the benefit only to deserving persons as per directions of the Apex Court referred in Para-1 above.

Henceforth, the objective of the Scheme is limited to grant of appointment on compassionate grounds to persons who fall in the categories mentioned below:-

- (1) A dependent member of the family of a person (bread-winner) killed or 100% physically disabled in terrorist action or by security forces acting in aid of civil power, in the State;
- (2) A dependent member of the family of the deceased Government employee, who dies in harness;
- (3) Disabled Ex-Servicemen (fit for Civil Service);
- (4) A dependent member of the family of the Defence Services Personnel:
 - (i) Killed in service, while performing duties; or
 - (ii) Who are severely disabled and totally unfit for re-employment.

NOTE I

'Dependent Family Member' means:-

- (a) Spouse; or
- (b) Son (including adopted son); or
- (c) Un-married Daughter (including adopted Daughter); or
- (d) Un-married Brother or Un-married Sister in the case of un-married Government Servant

-- who was wholly dependent on the Government Servant/member of the Armed Forces at the time of his death in harness.

NOTE II

'Government Servant' for the purpose of these instructions means a Government Servant appointed on regular basis and not one working on daily wage or casual apprentice or adhoc or contract or re-employment or on 89 days basis.

NOTE III

'Confirmed Work-Charged Staff' will also be covered by the term 'Government Servant' mentioned in Note II above.

NOTE IV

'Service' means a period prior to the date of superannuation. It does not include extension in service or re-employment after attaining the normal age of retirement in a civil post.

NOTE V

'Re-employment' does not include employment of ex-servicemen before the normal age of retirement in a civil post.

AUTHORITY COMPETENT TO MAKE COMPASSIONATE APPOINTMENT

GROUPS TO BE
Group 'C' or Group
available at the time
employee. If no
Redeployment
the candidate
dies

POSTS TO WHICH SUCH APPOINTMENTS CAN BE MADE

Group 'C' or Group 'D' posts against the direct recruitment quota available at the time of appointment in the Department of the deceased employee. If no such post is available, the case may be referred to the Redeployment Cell in Department of Personnel for sponsoring the name of the candidate for appointment in other Departments against the available direct quota posts.

ELIGIBILITY

6.
 - (a) The family is indigent and deserves immediate assistance for relief from financial destitution. The authority concerned must consider as to whether the family of deceased employees is unable to meet the financial crisis resulting from employee's death.
 - (b) Applicant for compassionate appointment should be eligible and suitable for the post in all respects under the provisions of the relevant Recruitment Rules.

EXEMPTIONS

7.

Compassionate appointments are exempted from observance of the following requirements:-

 - (a) Recruitment procedure i.e. without the agency of the Punjab State Subordinate Services Selection Board or the Employment Exchange.
 - (b) Clearance from the Surplus Cell of the Department of Administrative Reforms.
 - (c) The ban orders of filling up of posts issued by the State Government from time to time.

RELAXATIONS

8.
 - (a) Upper age limit could be relaxed wherever found to be necessary. In case of reserved categories of SC/BC, Widows the age relaxation may be allowed as per policy instructions issued from time to time. The lower age limit should, however, in no case be relaxed below 18 years of age in case of Group 'C' and below 16 years in case of Group 'D'. However, the Administrative Department may relax upper age limit by 5 years in deserving cases.

NOTE

- (b) Age eligibility shall be determined with reference to the date of application and not the date of appointment.
- (b) No relaxation in educational qualification is permissible. However, for Group 'D' minimum 5th standard is necessary. For Group 'C' the appointing authority may temporarily relax the conditions for the passing of Punjabi Language for a period of six months. The person so appointed shall have to pass Punjabi Language equivalent to Matriculation.

- (c) Where a widow is appointed on compassionate Group 'D' post, she will be exempted from the requirement of possessing the educational qualifications prescribed in the relevant rules provided the duties of the post can be satisfactorily performed by her without possessing such educational qualification.

DETERMINATION/AVAILABILITY OF VACANCIES

- (a) Appointment on compassionate grounds should be made only on regular basis and that too only if regular vacancies meant for that purpose are available.
- (b) Compassionate appointments can be made upto a maximum of 5% of vacancies falling under direct recruitment quota in any Group 'C' or 'D' post. The appointing authority may hold back upto 5% of vacancies in the aforesaid categories to be filled by direct recruitment through Subordinate Services Selection Board or otherwise so as to fill such vacancies by appointment on compassionate grounds. A person selected for appointment on compassionate grounds should be adjusted in the recruitment roster against the appropriate category viz SC/ST/OBC/General depending upon the category to which he belongs. For example, if he belongs to SC category he will be adjusted against the SC reservation point, if he is ST/OBC he will be adjusted against ST/OBC point and if he belongs to General Category he will be adjusted against the vacancy point meant for General Category.
- (c) The ceiling of 5% of direct recruitment vacancies for making compassionate appointment should not be exceeded by utilising any other vacancy e.g. sports quota vacancy.
- (d) Employment under the scheme is not confined to the Department/office in which deceased Government servant had been working. Such an appointment can be given anywhere under the Government of Punjab depending upon the availability of a suitable vacancy meant for the purpose of compassionate appointment.
- (e) If sufficient vacancies are not available in any particular office to accommodate the person in the waiting list for compassionate appointment, it is open to the Administrative Department/office (through Administrative Department) to take up the matter with the Re-deployment Cell in the Department of Personnel to adjust the candidate in other Departments/offices of the Government of Punjab.

WIDOW APPOINTED ON COMPASSIONATE GROUNDS GETTING REMARRIED

A widow appointed on compassionate grounds will be allowed to continue in service even after re-marriage.

WHERE THERE IS AN EARNING MEMBER

- (a) In deserving cases even where there is already an earning member may be considered for compassionate appointment with prior approval of the Secretary of the Department concerned, who before approving such appointment will consult the Department of Personnel and satisfy himself that grant of compassionate appointment is justified having regard to number of dependents, assets and liabilities left by the Government servant, income of the earning member as also his liabilities including the fact that the earning member is residing with the family of the Government servant and whether he

Government s
economic disbe
that the facility o
and misused by p
already employed is
MISMANAGEMENT OF
Cases of missing Gov
compassionate appoin
requir
consider
Gov

Government servant, extreme caution has to be observed in ascertaining the economic distress of the members of the family of the Government servant so that the facility of appointment on compassionate ground is not circumvented and misused by putting forward the ground that the member of the family already employed is not supporting the family.

MISSING GOVERNMENT SERVANT

Cases of missing Government servants are also covered under the scheme for compassionate appointment subject to the following conditions:-

- (a) A request to grant the benefit of compassionate appointment can be considered only after a lapse of at least 7 years from the date from which the Government servant has been missing provided that:-

(i) an FIR to this effect has been lodged with the Police;

(ii) the missing person is not traceable; and

(iii) the competent authority feels that the case is genuine.

- (b) This benefit will not be applicable to the case of a Government servant:-

(i) who had less than 7 years to retire on the date from which he has been missing; or

(ii) who is suspected to have committed fraud or suspected to have joined any terrorist organisation or suspected to have gone abroad.

- (c) Compassionate appointment in the case of a missing Government servant also would not be a matter of right as in the case of others and it will be subject to fulfillment of all the conditions, including the availability of vacancy laid down for such appointment under the scheme;

- (d) While considering such a request, the results of the Police investigation should also be taken into account; and

- (e) A decision on any such request for compassionate appointment should be taken only at the level of the Secretary of the Department concerned in consultation with Department of Personnel.

PROCEDURE

- (a) The performance as in Annexure-I may be used by Departments/offices for ascertaining necessary information and processing the cases of compassionate appointment alongwith the documents as given in Annexure-II, and submitted to the Appointing Authority within a period of 6 months from the date of death or disability of a person/employee as the case may be. Appointment must be made within a period of one year within the Department and 2 years in other departments through Re-deployment Cell. Genuine belated requests with cogent reasons for compassionate appointment can be entertained only within a period of 5 years from the date of death or disability of the employee person with the special approval of the Personnel Department and Finance Department.

- (c) All applications for appointment on compassionate grounds should be considered in the light of these instructions and appointment be made by the Appointing Authority in all Departments. To solve the complicated cases a Committee of 3 officers - one Chairman and 2 Members in the rank of Deputy Secretary/Director be constituted in each Department. The Committee may meet during the 2nd week of every month to consider cases received during the previous month. The applicant may also be granted personal hearing by the Committee, if necessary, for better appreciation of the facts of the case.
- (d) Recommendations of the Committee should be placed before the competent authority for a decision. If the competent authority disagrees with the Committee's recommendations, the case may be referred to the next higher authority for a decision.
- (e) In case of non availability of posts in the Department, the matter may be taken up with the Re-deployment Cell in Personnel Department which will adjudge the eligibility and suitability of the candidates in the meeting of the Committee already constituted for the purpose and recommend the names of the candidates to different departments for compassionate appointment.

14.

UNDERTAKING

A person appointed on compassionate grounds under the Scheme should give an undertaking in writing (as in Annexures) that he/she will maintain properly the other family members who were dependent on the Government servant/members of the Armed Forces in question and in case it is proved subsequently (at any time) that the family members are being neglected or are not being maintained properly by him/her, appointment may be terminated forthwith.

15

REQUEST FOR CHANGE IN POST/PERSON

When a person has been appointed on compassionate grounds to a particular post, the set of circumstances, which led to such appointment, should be deemed to have ceased to exist. Therefore:-

- (a) he/she should strive in his/her career like his/her colleagues for future advancement and any request for appointment to any higher post on considerations of compassion should invariably be rejected.
- (b) an appointment made on compassionate grounds can not be transferred to any other person and any request for the same on consideration of compassion should invariably be rejected.

16.

SENIORITY

- (a) The interse seniority of persons appointed on compassionate grounds may be fixed with reference to their date of appointment. Their interpolation with the direct recruits/promotees may also be made with reference to their dates of appointment without disturbing the interse seniority of direct recruits/promotees.

It is not the intention of the Government to provide a family member of a deceased Group 'D' vacancy in Group 'C' posts for compassionate appointment on the ground that there is no compassionate appointment available to the person.

(c) Compassionate appointment made available to the person on the ground that there is no compassionate appointment available to the person.

(d) Requirement of compassionate appointment made available to the person on the ground that there is no compassionate appointment available to the person.

should be
by the

7

(7)

(4)

It is not the intention to restrict employment of a family member of the deceased Group 'D' Government servant to a Group 'D' post only. As such, a family member of such Group 'D' Government servant can be appointed to a Group 'C' post for which he/she is educationally qualified, provided a vacancy in Group 'C' post exists for this purpose.

- (c) Compassionate appointment should not be denied or delayed merely on the ground that there is reorganisation in the Department/office. It should be made available to the person concerned if there is a vacancy meant for compassionate appointment and he or she is found eligible under the Scheme.
- (d) Requests for compassionate appointment consequent on death of Group 'D' staff may be considered with greater sympathy by applying relaxed standards depending on the facts and circumstances of the case.
- (e) Compassionate appointment will have precedence over absorption of surplus employees and regularisation of daily wage/casual workers with/without temporary status.

These instructions shall come into force with immediate effect and may also be brought to the notice of all concerned.

Yours faithfully,

(S. C. HATTA)
Secretary Personnel.

A copy each alongwith its enclosures is forwarded to all the Financial Commissioner, Principal Secretaries and Administrative Secretaries, Punjab for information and necessary action.

(S.C. HATTA)
Deputy Secretary Personnel.

All the Financial Commissioners,
Principal Secretaries and
Administrative Secretaries to Govt. Punjab.

No.11/105/98-4PPII/14421

Dated, Chandigarh, the 21.11.2002.

No.11/105/98-4PPII/14422

Dated, Chandigarh, the 21.11.2002.

A copy is forwarded to the Department of Finance in Bureau of Public Enterprises with the request that abovesaid compassionate policy may be circulated and applicable in all Corporations/Boards/Autonomous Bodies under the administrative control of Punjab Government departments.

(S.C. HATTA)
Deputy Secretary Personnel.

ANNEXURE-II

ation/documents to be supplied by the candidates seeking
ment on compassionate grounds.

1. Category

Information/documents required

A dependent member
of family of bread-
winner killed or
100% physically
disabled in
terrorists violence/
by security forces
acting in aid of Civil
Power in the State.

- i) A certificate of death/100%
physical disability with the death
or 100% physical disability
occured certifying that it was as
a result of terrorists action/by
security forces acting in aid of
Civil Power to be issued by the
Deputy Commissioner in whose
territorial limits as the death
or 100% physical disability occurred
(to be supported by a certificate
of the Chief Medical Officer
concerned.)
- ii) An affidavit duly attested by
1st Class Magistrate to corroborate
the fact that the person being
employed is in fact a dependent
member of the family of the bread-
winner killed or 100% physically
disabled.
- iii) Names of all dependents, their
occupation and reasons in support
of the claim of the person being
appointed viz-a-viz other dependents
should be brought on the record.

2. A dependent member of
deceased government
employee.

- i) Name of the deceased Govt. employee
full particulars of rank, pay nature
of post pensionable or not held
by the deceased Govt. employee
from the department concerned.
- ii) Certificate of death and in case
of death due to terrorist violence;
certificate of death giving full
details of circumstances under which
the death occurred and also
certifying that it was as a result
of terrorist action to be obtained

42
6

iii) An affidavit duly attested to corroborate the fact that the person being employed is a member of the family of the deceased Govt. employee/officer and was dependent upon him/her.

iv) Names of all dependents, their occupation reasons in support of claim viz-a-viz other dependent should be brought on record.

v) An affidavit from the applicant and other dependents that none of them has already obtained appointment under this priority scheme.

3. Disabled Ex-servicemen. Proof from military authority of being disabled and not being unfit from Civil Service.

4. A dependent member of the family of the defence Services Personnel:

(a) Killed in service while performing duties,

(b) Who are severally disabled and are totally unfit for re-employment.

i) A certificate from the Military Authorities about the fact that the Defence Services Personnel concerned was killed in service while performing duties, or was severely disabled and is totally unfit for re-employment.

ii) An affidavit duly attested to corroborate the fact of being widow or dependent of a Defence Service Personnel concerned.

iii) If a candidate is a dependent of a Defence Service Personnel killed in service while performing duties or severally disabled in the Army then the following details may also be furnished.

iv) Names of all dependents, their age, their occupation, reasons in support of claim viz-a-viz other dependents;

v) An affidavit from the applicant and the other dependents that none of them have already obtained appointment under the priority scheme.

ANNEXURE-I

FORMA REGARDING EMPLOYMENT OF DEPENDENTS OF
GOVERNMENT SERVANTS WHO DIE WHILE IN SERVICE/RETIRED ON
INVALID PENSION

PART-A

- I (a) Name of the Government Servant (Deceased) _____
- (b) Designation of the Government Servant _____
- (c) Whether in Group 'D' or not _____
- (d) Date of birth of the Government Servant _____
- (e) Date of death _____
- (f) Total length of service rendered _____
- (g) Whether permanent or temporary _____
- (h) Whether belonging to SC/ST/OBC _____
- II (a) Name of the candidate for appointment _____
- (b) His/Her relationship with the Government servant. _____
- (c) Date of birth _____
- (d) Educational Qualifications _____
- (e) Whether any other dependent family member has been appointed on compassionate grounds. _____
- III Particulars of total assets left including amount of;
- (a) Family pension _____
- (b) D.C.R. Gratuity _____
- (c) G.P.F. Balance _____
- (d) Life Insurance Policies (including Postal Life Insurance) _____
- (e) Moveable and Immoveable properties and annual income earned therefrom by the family _____

(f) C.G.R. insurance amount

(g) Encashment of leave

(h) Any other assets

IV Brief particulars of liabilities, if any

V Particulars of all dependent family members
Of Government servant (if some are
employed, their income and whether they
are living together or separately)

Sr No	Name (s)	Relationship with the Government Servant.	Age	Address	Employed or not (if employed parti- culars of employ- ment and emoluments
-------	----------	---	-----	---------	---

1	2	3	4	5	6
1					
2					
3					
4					
5					

VI

DECLARATION/UNDERTAKING

I hereby declare that the facts given by me above are, to the best of my knowledge, correct. If any of the facts herein mentioned are found to be incorrect or false at a future date, my services may be terminated.

I hereby also declare that I shall maintain properly the other family members who were dependent on the Government servant/member of the Armed Forces mentioned against I(a) of this form and in case it is proved at any time that the said family members are being neglected or not being properly maintained by me, my appointment may be terminated.

Date: _____

Signature of the candidate
Name _____
Address _____

Mr/Ms./Smt./Km. _____ is known
and the facts mentioned by him/her are correct.

Date:-

Signature of permanent
Government servant.

Name _____

Address _____

I have verified that the facts mentioned above by the candidate
are correct.

Date _____

Signature of the officer
Incharge

Name _____

Address _____

GOVERNMENT OF PUNJAB

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Notification

The 11th June, 2007

No. G.S.R. 17/Const./Art.309/2007.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India, and all other powers enabling him in this behalf, the Governor of Punjab is pleased to make the following rules, regulating the recruitment and the conditions of Service of the persons appointed to the Punjab Health and Family Welfare Technical (Group 'C') Service, namely :—

RULES

1. Short title, commencement and application.—(1) These rules may be called the Punjab Health and Family Welfare Technical (Group 'C') Service Rules, 2007.

(2) They shall come into force on and with effect from the date of their publication in the Official Gazette.

(3) They shall apply to the posts specified in Appendix 'A'.

2. Definitions.—In these rules, unless the context otherwise requires,—

- (a) 'Appendix' means an Appendix appended to these rules ;
- (b) 'Director' means the Director of Health and Family Welfare, Punjab ; and includes an officer appointed to perform the functions and duties of the Director ;
- (c) 'Government' means the Government of the State of Punjab in the Department of Health and Family Welfare ; and
- (d) 'Services' means the Punjab Health and Family Welfare Technical (Group 'C') Service.

3. Number and character of posts.—The Service shall comprise the posts specified in Appendix 'A' :

Provided that nothing in these rules shall affect the inherent right of the Government to add to or reduce the number of posts or to create new posts with different designations and scales of pay, whether permanently or temporarily.

4. **Appointing authority.**—Appointment to the Service shall be made by the Director.

5. **Pay of members of the Service.**—The members of the Service shall be entitled to such scales of pay, as may be authorised by the Punjab Government from time to time. The scales of pay, at present in force in respect of the members of the Services, are given in Appendix 'A'.

6. **Method of appointment, qualifications and experience.**—(1) Appointment to the Service shall be made in the manner specified in Appendix 'B' :

Provided that if, no suitable candidate is available for appointment by promotion and by direct appointment, then appointment to the Service shall be made by transfer of a person holding a similar or an identical post under a State Government or Government of India.

(2) No person shall be appointed to a post in the Service, unless he possesses the qualifications and experience as specified against that post in Appendix 'B'.

(3) Appointment to the Service by promotion shall be made on the basis of seniority-cum-merit, but no person shall have any right to claim promotion on the basis of seniority alone.

7. **Discipline, punishment and appeal.**—(1) In the matters of discipline, punishment and appeal, the members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970, as amended from time to time.

(2) The authority empowered to impose penalties as specified in rule 5 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970, and the appellate authority thereunder in respect of the members of the Service, shall respectively be the Director and the Government.

8. **Application of the Punjab Civil Services (General and Common Conditions of Service) Rules, 1994.**—(1) In respect of the matters, which are not specifically provided in these rules, the members of the Service shall be governed by the Punjab Civil Services (General and Common Conditions of Service) Rules, 1994 as amended from time to time.

(2) The Punjab Civil Services (General and Common Conditions of Service) Rules, 1994, at present in force, are contained in Appendix 'C'.

9. **Interpretation.**—If any question arises as to the interpretation of these rules, the Government, in consultation with the Department of Personnel, shall decide the same.

APPENDIX 'A'

[See rules 1(3), 3 and 5]

Sr. No.	Designation of the Post	Number of Posts		Scale of Pay (in rupees)	Remarks
		Permanent	Temporary	Total	
1	2	3	4	5	6
1	Nursing Sister	410	-	410	5,800—9,200
2	Sister Tutor	50	-	50	5,800—9,200
3	Public Health Nurse (Teaching)	42	-	42	5,800—9,200
4	Assistant Superintendent Health School, Amritsar	1	-	1	5,800—9,200
5	Chief Pharmacist	255	-	255	5,800—9,200 Out of 255 posts of Chief Pharmacists, the senior most fifty five incumbants thereof will be placed in the pay scale of rupees 6,400—10,640.
6	Artist-cum-Photographer	17	-	17	5,800—9,200
7	Assistant Malaria Officer	12	-	12	5,800—9,200
8	Deputy Mass Media Education and Information Officer	42	-	42	5,800—9,200
9	Assistant Editor (Family Welfare)	1	-	1	5,800—9,200
10	Assistant Dietician	3	-	3	5,480—8,925

Sr. No.	Designation of the Post	Number of Posts			Scale of Pay (in rupees)	Remarks
		Permanent	Temporary	Total		
1	2	3	4	5	6	7
11	Clinical Psychologist	5	-	5	5,480—8,925	
12	Cold Chain Officer	1	-	1	5,480—8,925	
13	Assistant Editor (Health Side)	1	-	1	5,480—8,925	
14	Photographer	1	-	1	5,480—8,925	
15	Bio-Chemist	1	-	1	5,480—8,925	
16	Analyst	29	3	32	5,480—8,925	
17	Senior Para Medical Worker (Leprosy)	1	-	1	5,480—8,925	
18	Staff Nurse	2821	-	2821	5,000—8,100	
19	Technologist Mechanical	1	-	1	5,000—8,100	
20	Technologist Electrical	1	-	1	5,000—8,100	
21	Librarian	1	-	1	5,000—8,100	
22	Ophthalmic Officer	162	35	197	5,000—8,100	
23	Senior Analytical Assistant	3	-	3	5,000—8,100	
24	Senior Medical Laboratory Technician	57	-	57	5,000—8,100	
25	Non-Medical Supervisor (Leprosy)	5	-	5	5,000—8,100	
26	Assistant Unit Officer/Health Supervisor	25	8	33	5,000—8,100	
27	Publicity Supervisor	1	-	1	5,000—8,100	

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28	Manager Off-set Press	1	-	1	5,000—8,100	Out of 234 posts of Radiographers, the senior most forty incumbents thereof will be placed in the pay scale of rupees 5,480—8,925.
29	Technical Assistant	1	-	1	5,000—8,100	
30	Technical Officer (Audio Visual)	-	1	1	5,000—8,100	
31	Multipurpose Health Supervisor (Female)	750	-	750	4,550—7,220	
32	Radiographer	234	-	234	4,550—7,220	
33	Instrument Mechanic	1	-	1	4,550—7,220	(With a start of Rs. 4,700)
34	Foreman	7	-	7	4,550—7,220	
35	Home Science Assistant	1	-	1	4,550—7,220	
36	Pharmacist	2040	680	2720	4,550—7,220	
37	Junior Analytical Assistant	4	1	5	4,550—7,220	
38	Food Inspector	13	4	17	4,550—7,220	Rs. 4,700)
39	Urban Leprosy Worker	8	5	13	4,550—7,220	
40	Multipurpose Health Supervisor (Male)	832	-	832	4,550—7,220	
41	Extension Officer (Nutrition)	1	-	1	4,550—7,220	
42	Block Extension Educator	142	-	142	4,550—7,220	
43	Dental Mechanic	3	15	18	4,400—7,000	

Sr. No.	Designation of the Post	Number of Posts		Scale of Pay (in rupees)	Remarks
		Permanent	Temporary	Total	
1	2	3	4	5	7
44	Helio Operator	1	..	1	4,400—7,000
45	Assistant Dental Mechanic	8	..	8	4,020—6,200
46	Senior Operation Theatre Assistant	8	..	8	4,020—6,200
47	Dental Hygienist	21	..	21	4,020—6,200
48	Electro-Cardiographer	10	..	10	4,020—6,200
49	Tailor	3	..	3	4,020—6,200
50	Motor Mechanic	19	..	19	4,020—6,200
51	Medical Laboratory Technician	512	..	512	4,020—6,200
52	Grade-1 Multipurpose Health Worker (Female)	2372	..	2372	3,330—6,200
53	Operation Theatre Assistant	40	..	40	3,330—6,200
54	Driver	376	..	376	3,330—6,200
55	Medical Laboratory Technician Grade-2	445	..	445	3,330—6,200
56	Multipurpose Health Worker (Male)	2958	..	2958	3,330—6,200
57	Lady House Keeper	24	..	24	3,120—5,160
58	Dental Electrician	4	..	4	3,120—5,160
59	Electrician	21	..	21	3,120—5,160

60	Carpenter	21	..	21	21	3,120—5,160
61	Painter	3	..	3	3	3,120—5,160
62	Dark Room Assistant	21	..	21	21	3,120—5,160
63	Black Smith	2	..	2	2	3,120—5,160
64	Refrigerator Mechanic	16	..	16	16	3,120—5,160
65	Fitter	1	..	1	1	3,120—5,160
66	Welder	1	..	1	1	3,120—5,160
67	Turner	2	..	2	2	3,120—5,160
68	Plumber	8	..	8	8	3,120—5,160
69	Store Keeper	1	..	1	1	3,120—5,160
70	X-Ray Technician	1	..	1	1	3,120—5,160
71	Technician Electrical	1	..	1	1	3,120—5,160
72	Assistant Tailor	1	..	1	1	3,120—5,160
73	Auto Electrician	8	..	8	8	3,120—5,160
74	Dent Beater	2	..	2	2	3,120—5,160
75	Tuberculosis Health Visitor	29	3	29	32	3,120—5,160
76	Projectionist-cum-Mechanic	18	..	18	18	3,120—5,160
77	Developer	1	..	1	1	3,120—5,160
78	Compositor	2	..	2	2	3,120—5,160
79	Machine Operator	1	..	1	1	3,120—5,160
80	Tradel Machine Operator	1	..	1	1	3,120—5,160
81	Copy Holder	1	..	1	1	3,120—5,160

APPENDIX "B"

(See rule 6)

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
1	Nursing Sister	..	Hundred Per cent	..	From amongst the Staff Nurses, who have an experience of working as such for a minimum period of five years
2	Sister Tutor	Fifty Per cent	Fifty Per cent	(i) Should possess a degree of Bachelor of Science in Nursing from a recognised university or institution; and (ii) Should be registered with the Punjab Nurses Registration Council established under the Punjab Nurses Registration Act, 1932 (Punjab Act No. 1 of 1932)	From amongst the Staff Nurses, who have an experience of working as such for a minimum period of five years, and who possess the requisite qualification prescribed for direct appointment of Sister Tutor
3	Public Health Nurse (Teaching)	Fifty Per cent	Fifty Per cent	(i) Should possess a degree of Bachelor of Science in Nursing from a recognised university or institution; and	From amongst the Staff Nurses, who have an experience of working as such for a minimum period of five years and who

4	Assistant Superintendent, Health School, Amritsar	Hundred Per cent	(ii) Should be registered with the Punjab Nurses Registration Council established under the Punjab Nurses Regis- tration Act, 1932 (Punjab Act No. 1 of 1932)	possess the requisite qualifications prescribed for direct appointment of Public Health Nurse (Teaching)
			(i) Should possess a degree of Bachelor of Science in Nursing from a recognised university or institution; and	
			(ii) Should be registered with Punjab Nurses Registration Council established under the Punjab Nurses Regis- tration Act, 1932 (Punjab Act No. 1 of 1932)	From amongst the Pharmacists, who have an experience of working as such for a minimum period of ten years
5	Chief Pharmacist	Hundred Per cent		
6	Artist-cum- Photographer	Hundred Per cent	Should possess a degree of Bachelor of Fine Arts from a recognised university or institution	
7	Assistant Malaria Officer	Hundred Per cent		From amongst the Assistant Unit Officers/Health Supervisor, who have an experience of

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
8	Deputy Mass Media Education and Information Officer	..	Hundred Per cent	..	working on either or both of these posts for a minimum period of two years (i) Out of hundred posts, fifty per cent from amongst the Block Extension Educator, who have an experience of working as such for a minimum period of five years; and (ii) Fifty per cent from amongst the Multipurpose Health Supervisors (Female) who have an experience of working as such for minimum period of five years
9	Assistant Editor (Family Welfare)	..	Hundred Per cent	..	From the Assistant Editor (Health Side) who have an experience of working as such for a minimum period of two years

R

10 Assistant
Dietician

Hundred
Per cent

- (i) Should possess a degree of Bachelor of Science (Home Science) from a recognised university or institution; and
- (ii) Should possess a diploma in Dietetics and Public Health Nutrition from a recognised university or institution.

11 Clinical
Psychologist

Hundred
Per cent

- (i) Should possess a degree of master in Psychology from a recognised university or institution; or
- (ii) Should possess a diploma in a Medical and Social Psychology from a recognised university or institution; and
- (iii) Should have an experience of working as Clinical Psychologist for a minimum period of five years in a reputed firm or institution.

12 Cold Chain Officer

Hundred
Per cent

From the Technical Assistant, who have an experience of working as such for a minimum period of five years.

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
13	Assistant Editor (Health Side)	Hundred Per cent	..	(i) Should be a Graduate from a recognised university or institution; and (ii) Should possess a diploma in Journalism from a recognised university or institution.	..
14	Photographer	Hundred Per cent	..	(i) Should be a graduate from a recognised university or institution; and (ii) Should have an experience in Photography for a minimum period of three years in a reputed firm or institution.	..
15	Biochemist	Hundred Per cent	..	Should possess a degree of Bachelor of Science with Physics and Chemistry or with Biochemistry or Medical Technology Laboratory from	..

a recognised university or institution.

Note.—Preference will be given to those, who have an experience of working in the Water Analysis for a minimum period of one year in a reputed firm or institution.

From amongst the Senior Analytical Assistant, who have an experience of working as such for a minimum period of three years.

(i) Should possess a degree of Master of Science with Chemistry subject or Pharmacy from a recognised university or institution; and

(ii) Should have an experience in Food and Drugs for a minimum period of one year in a reputed firm or institution.

OR

(i) Should possess a degree of Bachelor of Science in first class with Chemistry or Bachelor of Pharmacy from a recognised university of institution; and

16 Analyst

Eighty Five
Per cent

Fifty
Per cent

Sr. Designation of No. the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
	Direct Appointment	Promotion	Direct appointment	Promotion	
1 2	3	4	5	6	
17 Senior Para Medical Worker (Leprosy)	Hundred Per cent		<p>(ii) Should have an experience in Food and Drugs for a minimum period of two years in a reputed firm or Institution.</p> <p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or Institution.</p> <p>(ii) Should have passed four months training as Para Medical Workers (Leprosy) from a reputed firm or Institution; and</p> <p>(iii) Should have an experience of working in Leprosy Control for a minimum period of two years in a Government Hospital or a reputed Private Hospital or Institution.</p>		

18	Staff Nurse	Seventy Five Per cent	Twenty Five Per cent	<p>(i) Should have passed Senior Secondary Part-II Examination or its equivalent from a recognised university or institution.</p> <p>(ii) Should possess a diploma in General Nursing and Midwifery from a recognised university or institution; and</p> <p>(iii) Should be registered with the Punjab Nursing Registration Council, established under the Punjab Nurses Registration Act, 1932</p>	<p>(i) From amongst the Multi-purpose Health Workers (Female) who have an experience of working as such for minimum period five years; and</p> <p>(ii) Should possess a diploma in General Nursing and Midwifery from a recognised university or institution.</p>
19	Technologist Mechanical	Hundred Per cent		<p>(i) Should possess a diploma in Mechanical Engineering from a recognised university or institution; and</p> <p>(ii) Should have an experience in Maintenance and repair of Hospital equipments for a minimum period of two years in a Government Hospital or a reputed Private Hospital or Institution.</p>	

15

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	
1	2	3	4	5	6	
20	Technologist Electrical	Hundred Per cent	..	(i) Should possess a diploma in a Electrical Engineering from a recognised university or institution ; and (ii) Should have an experience in the line of Electrical Engineering for a minimum period of two years in a Government Department or an Organization or a reputed private firm or institution.		
21	Librarian	Hundred Per cent	..	Should possess a degree in Library Science from a recognised university or institution.		
22	Ophthalmic Officer	Hundred Per cent	..	(i) Should have passed Senior Secondary Part-II Examination in Science with Biology as one of the subject or its equivalent from a recognised university or institution ; and		

(ii) Should possess a diploma of Ophthalmic Assistant from a recognised university or institution.	Hundred Per cent	From amongst the Junior Analytical Assistants, who have an experience of working as such for a minimum period of three years.
23 Senior Analytical Assistant	Hundred Per cent	From amongst the Medical Laboratory Technician Grade-I, who have an experience of working as such for a minimum period of five years.
24 Senior Medical Laboratory Technician	Hundred Per cent	From amongst the urban Leprosy Workers, who have an experience of working as such for a minimum period of five years.
25 Non-Medical Supervisor (Leprosy)	Hundred Per cent	From amongst the Multipurpose Health Supervisors (Male), who have an experience of working as such for a minimum period of five years.
26 Assistant Unit Officer/Health Supervisor	Hundred Per cent	(i) Should be a Graduate from a recognised university or institution ; and
27 Publicity Supervisor		

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Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
28	Manager Offset Press	Hundred Per cent	"	<p>(ii) Should possess a diploma in Journalism from a recognised university or institution.</p> <p>(i) Should be a Graduate from a recognised university or institution.</p> <p>(ii) Should possess a diploma in Printing Technology from a recognised university or institution ; and</p> <p>(iii) Should have an experience of working in Printing Technology for a minimum period of five years in a Government Press or in a reputed Private Press.</p>	From amongst the Refrigerator Mechanics, who have an experience of working as such for a minimum period of five years.
29	Technical Assistant	"	Hundred Per cent		

30	Technical Officer (Audio Visual)	Hundred Per cent	<p>(i) Should be a Graduate from recognised university or institution ; and</p> <p>(ii) Should possess a degree of Audio Visual Aids, from a recognised university or institution.</p>	<p>From amongst the Multipurpose Health Worker (Female), who have an experience of working as such for a minimum period of five years.</p>
31	Multipurpose Health Supervisor (Female)	Hundred Per cent		
32	Radiographer	Hundred Per cent	<p>(i) Should have passed the Senior Secondary Part-II Examination in Science or its equivalent from a recognised university or institution ; and</p> <p>(ii) Should possess a diploma in Radiography from a recognised university or institution.</p>	
33	Instrument Mechanic	Hundred Per cent	<p>(i) Should have passed Matriculation Examination with Science or its equivalent from recognised university or institution ;</p>	

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(ASADHA 8, 1929 SAKA)

Sr. Designation of No. the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
	Direct Appointment	Promotion	Direct appointment	Promotion	
1	3	4	5	6	
34. Foreman	Hundred Per cent	Hundred Per cent	(ii) Should possess Industrial Training Institute Certificate in Instrument Mechanic Trade from a recognised university or institution ; and (iii) Should have an experience of working in maintenance and repair of Operation Theatre Instruments, Blood Shuckers for a minimum period of two years in a Government Hospital or in a reputed firm or institution.	From amongst the Motor Mechanics, who have an experience of working as such for a minimum period of five years.	
35. Home Science Assistant	Hundred Per cent	Hundred Per cent	Should possess a degree of Bachelor in Home Science from a recognised university or institution.		

36	Pharmacist	Hundred Per cent	<p>(i) Should have passed Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution ;</p> <p>(ii) Should possess a diploma in Pharmacy from a recognised university or institution ;</p> <p>(iii) Should have passed of three months practical training in an institution approved by the Pharmacy Council of India set up under the Pharmacy Act, 1948 ; and</p> <p>(iv) Should be registered as Pharmacist with the Punjab Pharmacy Council set up under the Pharmacy Act, 1948.</p>
37	Junior Analytical Assistant	Hundred Per cent	<p>Should possess a degree of Bachelor of Science with Chemistry as one of the subject from a recognised university or institution.</p> <p><i>Note</i> : - Preference will be given to those, who have an experience in Food, Drugs and Excise analysis for a minimum period of two years in a reputed firm or institution.</p>

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	Promotion
1	2	3	4	5	6	6
38	Food Inspector	Hundred Per cent	.	(i) Should be a Graduate and Licentiate in medicine from a recognised university or institution ; and (ii) Should have passed one month training in Food Inspection and Sampling Work in an approved Laboratory.		
				OR		
				(i) Should possess a degree Bachelor of Science with Physics and Chemistry as one of the subject or Food Technology or Drug Technology from a recognised university or institution ; and (ii) Should have passed atleast ninety days training in Food Inspection and Sampling Work in an approved Laboratory.		
				OR		

39	Urban Leprosy Worker	Hundred Per cent	<p>(i) Should possess a degree of Bachelor of Pharmacy from a recognised university or institution ; and</p> <p>(ii) Should have passed atleast ninety days training in Food Inspection and Sampling Work in an approved Laboratory.</p>	<p>From amongst the Multipurpose Health Workers (Male), who have an experience of working in Leprosy Control for a minimum period of five years and who have passed four months training in Para Medical Leprosy from a recognised university or institution.</p>
40	Multipurpose Health Supervisor (Male)	Hundred Per cent	<p>(i) From amongst the Multipurpose Health Worker (Male), who have an experience of working as such for a minimum period of five years ; and</p>	<p>Note :- On promotion the persons shall have to undergo</p>

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
41	Extension Officer (Nutrition)	Hundred Per cent	-	(i) Should possess a degree of Bachelor of Home Science from a recognised university or institution ; and (ii) Should possess a diploma in Nutrition from a recognised university or institution.	and pass six months training of Multipurpose Health Supervisor (Male) in the Departmental Training School.
42	Block Extension Educator	Hundred Per cent	-	(i) Should be a Graduate from a recognised university or institution ; and (ii) Should possess a diploma in Journalism from a recognised university or institution.	-

From amongst the Assistant Dental Mechanics, who have an experience of working as such for minimum period of five years.

43	Dental Mechanic	Sixty Per cent	Forty Per cent	<p>(i) Should have passed Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution ;</p> <p>(ii) Should have passed Dental Mechanic Course from a institution recognised by the Dental Council of India ; and</p> <p>(iii) Should be registered as a Dental Mechanic with the Punjab Dental Council.</p>
44	Helio Operator	Hundred Per cent	..	<p>(i) Should have passed the Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution ; and</p> <p>(ii) Should have an experience of Operating Multicolour Printing Machine for a minimum period of three years in a reputed firm or institution.</p>
45	Assistant Dental Mechanic	Hundred Per cent	..	<p>(i) Should have passed the Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution ;</p>

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	
1	2	3	4	5	6	
46	Senior Operation Theatre Assistant	Hundred Per cent		(ii) Should possess a diploma in Dental Mechanic from a institution recognised by Dental Council of India; and (iii) Should be registered as a Dental Mechanic with the Punjab Dental Council		From amongst the Operation Theatre Assistants who have an experience of working as such for a minimum period of five years
47	Dental Hygienist	Hundred Per cent		(i) Should have passed the Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution; (ii) Should possess a diploma in Dental Hygienist from a recognised university or institution; and		

48	Electro Cardiographer	Hundred Per cent	<p>(iii) Should be registered as Dental Hygienist with the Punjab Dental Council</p> <p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution; and</p> <p>(ii) Should possess a diploma in Electro Cardiographer from a recognised university or institution</p>	From amongst the Assistant Tailor who has an experience of working as such for a minimum period of ten years
49	Tailor	Seventy Per cent	<p>(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution; and</p> <p>(ii) Should possess a diploma in Cutting and Tailoring from a recognised university or institution</p>	
50	Motor Mechanic	Seventy-five Per cent	<p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution</p>	From amongst the Cleaners/Helpers working under the control of Director and who have an experience on either or both of these posts for a minimum period of five years

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	
1	2	3	4	5	6	
51	Medical Laboratory Technician Grade-I		Hundred Per cent	(ii) Should possess a diploma in Automobile Trade from a recognised university or institution (iii) Should have an experience of working as Motor Mechanic for a minimum period of three years in a reputed organization or firm		From amongst the Medical Laboratory Technicians Grade-II who have an experience of working as such for a minimum period of three years
52	Multipurpose Health Worker (Female)	Hundred Per cent		(i) Should have passed the Matriculation Examination with Science or its equivalent from a recognised university or institution.		

53	Operation Theatre Assistant	Hundred Per cent	<p>(ii) Should possess a diploma in Multipurpose Health Worker (Female) from a recognised university or institution; and</p> <p>(iii) Should be registered as Multipurpose Health Worker (Female) with the Punjab Nurses Registration Council established under the Punjab Nurses Registration Act, 1932 (Punjab Act No. 1 of 1932)</p>
54	Driver	Hundred Per cent	<p>(i) Should have passed the Senior Secondary Part-II Examination with Science from a recognised university or institution; and</p> <p>(ii) Should possess a diploma in Operation Theatre Technique from a recognised university or institution</p> <p>(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution;</p>

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
55	Medical Laboratory Technician Grade-II	Seventy-five Per cent	Twenty-five Per cent	<p>(ii) Should possess a License for driving a Heavy Vehicle; and</p> <p>(iii) Should have experience of driving Heavy Transport Vehicles for a minimum period of five years</p> <p>(i) Should have passed the Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution; and</p> <p>(ii) Should possess a diploma in Medical Laboratory Technology from a recognised university of institution</p>	<p>From amongst the employees, working under the control of Director who have passed diploma in Medical Laboratory Technology from a recognised university or institution</p>

56	Multipurpose Health Worker (Male)	Hundred Per cent	<p>(i) Should have passed the Matriculation Examination with Science or its equivalent from a recognised university or institution ; and</p> <p>(ii) Should possess a diploma in Multipurpose Health Worker (Male) from a recognised university or institution.</p>
57	Lady House Keeper	Hundred Per cent	<p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution ; and</p> <p>(ii) Should possess a diploma in Home Science or House Hold Accounts from a recognised university or institution.</p>
58	Dental Electrician	Hundred Per cent	<p>(i) Should have passed Matriculation Examination or its equivalent from a recognised university or institution ;</p>

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
				(ii) Should possess an Industrial Training Institute certificate in Instrument Mechanic Trade from a recognised university or institution ; and	
				(iii) Should have an experience of working in repairing and maintenance of various types of dental equipment from a reputed firm of Dental Equipment or in a Dental College or Hospital for a minimum period of two years.	
59	Electrician	Hundred Per cent		(i) Should have passed the Matriculation Examination with Science or its equivalent from a recognised university or institution ; and	

60	Carpenter	Hundred Per cent	<p>(ii) Should possess an Industrial Training Institute certificate in Electrician Trade from a recognised university or institution.</p> <p>(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution ; and</p> <p>(ii) Should possess an Industrial Training Institute certificate in Carpenter Trade from a recognised university or institution.</p>
61	Painter	Hundred Per cent	<p>(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution.</p> <p>(ii) Should possess an Industrial Training Institute certificate in Painter Trade from a recognised university or institution ; and</p> <p>(iii) Should have an experience in Brush Painting and Spray Painting of Hospital equipments for a minimum period of two years in a reputed firm or institution.</p>

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	
1	2	3	4	5	6	.
62	Dark Room Assistant	Hundred Per cent	.	(i) Should have passed the Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution ; and (ii) Should have an experience of working as a Dark Room Assistant for a minimum period of two years in a reputed firm or institution.	-	-
63	Black Smith	Hundred Per cent	.	(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution ; and (ii) Should possess an Industrial Training Institute certificate in Black Smith Trade from a recognised university or institution.	-	-

64 Refrigerator
Mechanic

Hundred
Per cent

- (i) Should have passed the Matriculation Examination with Science or its equivalent from a recognised university or institution.
- (ii) Should possess an Industrial Training Institute Certificate in Refrigerator Mechanic Trade from a recognised university or institution ; and

- (iii) Should have an experience of working as Refrigerator Mechanic for a minimum period of two years in a reputed firm or institution.

65 Fitter

Hundred
Per cent

- (i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution.
- (ii) Should possess an Industrial Training Institute Certificate in Fitter Trade from a recognised university or institution ; and

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
66	Welder	Hundred Per cent		<p>(iii) Should have an experience of repairing of Sterilizers, Ovens, Blood Pressure equipments and other general mechanical equipments of the hospital in a reputed firm, hospital or institution for a minimum period of two years.</p> <p>(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution ;</p> <p>(ii) Should possess an Industrial Training Institute certificate in Welding Trade from a recognised university or institution ; and</p>	

(iii) Should have an experience of Welding of Sterilizers, Ovens, Blood Pressure apparatus and other general mechanical equipments for a minimum period of two years in a reputed firm, hospital or institution.

(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution.

(ii) Should possess an Industrial Training Institute certificate in Turner Trade from a recognised university or institution ; and

(iii) Should have an experience of repairing of Sterilizers, Ovens, Blood Pressure apparatus and other general mechanical equipments for a minimum period of two years in a reputed hospital or institution.

Hundred
Per cent

67 Turner

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	Promotion
1	2	3	4	5	6	6
68	Plumber	Hundred Per cent	-	(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution. (ii) Should possess an Industrial Training Institute certificate in Plumber Trade from a recognised university or institution ; and (iii) Should have an experience of repairing of pipe fittings and water taps for a minimum period of two years in a reputed firm, hospital or institution.	-	-
69	Store Keeper Per cent	Hundred	..	(i) Should have passed the Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution ;	-	-

(ii) Should have an experience in Keeping the Store inventory and maintaining the staff ledger cadre system for a minimum period of two years in a reputed firm, hospital or institution ;	Hundred Per cent	70 X-Ray Technician
(i) Should have passed the Senior Secondary Part-II Examination with Science or its equivalent from a recognised university or institution.		
(ii) Should possess a diploma in X-Ray Machine Technician from a recognised university or institution ; and		
(iii) Should have an experience of maintenance and repair of X-Ray plant or machines and other sophisticated equipments of hospitals for a minimum period of two years in a reputed firm or institution.		

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	Promotion
1	2	3	4	5	6	6
71	Technician Electrical	Hundred Per cent	..	(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution. (ii) Should possess an Industrial Training Institute Certificate in Electrical Trade from a recognised university or institution ; and (iii) Should have an experience of working in general electric repair and maintenance for a minimum period of two years in reputed firm, hospital or institution.	..	..
72	Assistant Tailor	Hundred Per cent	..	(i) Should have passed the Matriculation Examination or its equivalent from a recognised university or institution ; and	..	..

(ii) Should possess an Industrial Training Institute Certificate in Tailoring and Cutting Trade from a recognised university or institution.

(i) Should have passed Senior Secondary Part-II Examination or its equivalent from a recognised university or institution ; and

(ii) Should possess an Industrial Training Institute Certificate in Auto-Electrician Trade from a recognised university or institution.

(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution.

(ii) Should possess an Industrial Training Institute Certificate in Metal Sheet Trade from a recognised university or institution ; and

Hundred
Per cent

Hundred
Per cent

73 Auto-Electrician

74 Dent Beater

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by		
		Direct Appointment	Promotion	Direct appointment	Promotion	Promotion
1	2	3	4	5	6	6
75	Tuberculosis Health Visitor Per cent	Hundred	..	<p>(iii) Should have an experience of working as Dent Beater for a minimum period of two years in a reputed firm or institution.</p> <p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution.</p> <p>(ii) Should possess a diploma in Multipurpose Health Worker (Male or Female) from a recognised university or institution ; and</p> <p>(iii) Should have passed a training course as Tuberculosis Health Visitor from a recognised university or institution.</p>		

76	Projectionist-cum-Mechanic	Hundred Per cent	<p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution.</p> <p>(ii) Should possess a diploma in Projectionist-cum-Mechanic Trade from recognised university or institution.</p> <p>(iii) Should possess license of Cinematography operator from a recognised university or institution ; and</p> <p>(iv) Should have an experience in running of Thirty-Five MM and Sixteen MM Projects for minimum period of two years in a reputed firm or institution.</p>
77	Developer	Hundred Per cent	<p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution ; and</p>

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
78	Composer	Hundred Per cent		<p>(ii) Should have an experience of developing of films (cameras section) for a minimum period of two years in a reputed firm or institution.</p> <p>(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution.</p> <p>(ii) Should possess a diploma in Composing Trade from a recognised university or institution ; and</p> <p>(iii) Should have an experience in Composing for a minimum period of two years in a reputed press or institution.</p>	

79) Machine Operator Per cent	Hundred	<ul style="list-style-type: none">(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution.(ii) Should have an experience as Machine Man for a minimum period of three years in a reputed firm or institution ; and(iii) Should have knowledge to operate four colour Printing Machine.
80) Trade Machine Operator	Hundred Per cent	<ul style="list-style-type: none">(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution.(ii) Should have an experience as Trade Machine Operator for a minimum period of two years in a reputed firm or institution ; and(iii) Should have knowledge to operate four-colour Printing Machine.

Sr. No.	Designation of the Post	Percentage for appointment by		Method of appointment, Qualifications and Experience for appointment by	
		Direct Appointment	Promotion	Direct appointment	Promotion
1	2	3	4	5	6
81	Copy F.older	Hundred Per cent	-	(i) Should have passed the Senior Secondary Part-II Examination or its equivalent from a recognised university or institution (ii) Should possess a diploma in Composing Trade from a recognised university or institution ; and (iii) Should have passed one year apprenticeship in a reputed press	-

APPENDIX 'C'

(See rule 8)

GOVERNMENT OF PUNJAB

DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS

(PERSONNEL POLICIES BRANCH-I)

Notification

The 4th May, 1994

No. G.S.R. 33/Const./Art. 309/94.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, and all other powers enabling in this behalf, the Governor of Punjab is pleased to make the following rules regulating the recruitment and general and common conditions of service of persons appointed to Group 'A', Group 'B' and Group 'C' services in connection with the affairs of the State of Punjab, namely :—

1. **Short title, commencement and application.**—(1) These rules may be called the Punjab Civil Services (General and Common Conditions of Service) Rules, 1994.

(2) They shall come into force at once.

(3) They shall apply to all the posts in Group 'A', Group 'B' and Group 'C' services in connection with the affairs of the State of Punjab.

2. **Definitions.**—In these rules, unless the context otherwise requires,—

- (a) "appointing authority" means an appointing authority specified as such in the Service Rules made under Article 309 of the Constitution of India in respect of any service or post in connection with the affairs of the State of Punjab ;
- (b) "Board" means the Subordinate Service Selection Board, Punjab, or any other authority constituted to perform its functions ;
- (c) "Commission" means the Punjab Public Service Commission ;
- (d) "direct appointment" means an appointment made otherwise than by promotion or by transfer of a person already in the service of Government of India or of a State Government ;
- (e) "Government" means the Government of the State of Punjab in the Department of Personnel and Administrative Reforms ;

(f) "recognised university or institution" means,—

- (i) any university or institution incorporated by law in any of the State of India : or
- (ii) any other university or institution, which is declared by the Government to be recognised university or institution for the purposes of these rules ;

(g) "Service" means any Group 'A' Service, Group 'B' Service and Group 'C' Service, constituted in connection with the affairs of the State of Punjab as per scales given in the Appendix ;

(h) "Service Rules" means the service rules made under Article 309 of the Constitution of India regulating the recruitment and conditions of service other than the general and common conditions of service of persons appointed to any service or post in connection with the affairs of the State of Punjab ; and :—

(i) "War Hero" means a defence service personnel or a para military forces personnel, who is a *bona fide* resident of Punjab State and has been killed or discharged from service on account of disability suffered by him on or after 1st January, 1999, while fighting in a war declared so by Government of India, in operations in Kargil or any other sector in J and K in the on going conflict with Pakistan or in any other operations which may be notified by the State Government to have been undertaken for preserving the unity and integrity of the Country ; or

(ii) a defence services personnel or a para military forces personnel who was a *bona fide* resident of Punjab State and was posthumously decorated with Parmvir Chakra, Mahavir Chakra or Vir Chakra : provided that,—

(a) In exceptional instances, the cases of such War Heroes may also be covered, with the prior approval of the Department of Personnel who though not *bona fide* residents of Punjab State are yet closely connected to the State of Punjab ;

(b) In the case of War Heroes, falling in the category (ii) above, the benefits to be given by the State Government will be restricted only to first generation dependent members/next of the kin.

Note.— The Government reserves the right to include any other category of Awardees for the purpose of providing employment to the category of War Heroes, as may be notified.

3. **Nationality, domicile and character of person appointed to the Service.**—(1) No person shall be appointed to the Service unless he is,—

- (a) a Citizen of India ; or
- (b) a Citizen of Nepal ; or
- (c) a Subject of Bhutan ; or
- (d) a Tibetan refugee who came over to India before the 1st day of January, 1962 with the intention of permanently settling in India ; or
- (e) a person of Indian origin who has migrated from Pakistan, Burma, Sri Lanka and East African Countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar), Zambia, Malawi, Zaire, Ethiopia and Vietnam with the intention of permanently settling in India :

Provided that a person belonging to any of the categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of Punjab in the Department of Home Affairs and Justice.

(2) A person in whose case a certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or the Board, as the case may be, on his furnishing proof that he has applied for the certificate but he shall not be appointed to the Service unless the necessary certificate is given to him by the Government of Punjab in the Department of Home Affairs and Justice.

(3) No person shall be recruited to the Service by direct appointment, unless he produces,—

- (a) a certificate of character from the Principal Academic Officer of the university, college, school or institution last attended, if any, and similar certificates from two responsible persons not being his relatives who are well acquainted with him in his private life and are unconnected with him in his university, college, school or institution : and

- (b) An affidavit to the effect that he was never convicted for any criminal offence involving moral turpitude and that he was never dismissed or removed from service of any State Government or of Government of India, or of any Public Sector Undertaking.

4. Disqualification.—(1) No person,—

- (a) who has entered into or contracted a marriage with a person having a spouse living ; or
- (b) who, having a spouse living, has entered into or contracted a marriage with any person,

shall be eligible for appointment to the Service :

Provided that the Government, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

5. Age.—(1) No person shall be recruited to the Service by direct appointment, if he is less than eighteen years or is more than thirty years of age in the case of non-technical posts and thirty-three years in the case of technical posts on the 1st day of January of the year immediately preceding the last date fixed for submission of applications by the Commission or the Board, as the case may be, or unless he is within such range of minimum and maximum age limits as may be specifically fixed by the Government from time to time :

Provided that where different lower and upper age limits have been specifically prescribed for posts in the Service Rules, these limits shall be made applicable for appointment to such posts :

Provided further that the upper age limit may be relaxed up to forty-five years in the case of persons already in the employment of the Punjab Government, other State Government or the Government of India :

Provided further that in the case of candidates belonging to Scheduled Castes and other Backward Classes, the upper age limit shall be such as may be fixed by the Government from time to time.

(2) In the case of ex-servicemen, the upper age limit shall such be as has been prescribed in the Punjab Recruitment of Ex-servicemen Rules, 1982, as amended from time to time.

(3) In the case of appointment on compassionate grounds on priority basis, the upper age limit shall be such as may be specifically fixed by the Government from time to time.

(4) In the case of appointment of a War-hero, who has been discharged from defence services or para-military forces on account of disability suffered by him or his widow or dependent member of his family, the upper age limit shall be such as may be specifically fixed by the Government from time to time.

6. **Qualification etc.**—Subject to the provisions of these rules, the number and character of posts, method of recruitment and educational qualifications and experience for appointment to a post or posts in a Service and the departmental examination, if any, shall be such as may be specified in the Service Rules made for that Service :

Provided that where appointment of Group 'A' or Group 'B' non-technical post is offered to a War-hero, who has been discharged from defence services or para-military forces on account of disability suffered by him or his widow or dependent member of his family, under the instructions issued in this behalf by the Government, the educational qualification to be possessed by such person shall be graduation from a recognised university. Such person who is offered Group 'A' or Group 'B' or Group 'C' non-technical post, shall not, however, be required to possess experience of technical or non-technical post at the time of his initial appointment.

7. **Probation.**—(1) A person appointed to any post in the Service shall remain on probation for a period of two years, if recruited by direct appointment and one year if recruited otherwise :

Provided that,—

- (a) any period, after such appointment, spent on deputation on a corresponding or a higher post shall count towards the period of probation ;
- (b) in any case of an appointment by transfer, any period of work on an equivalent or higher rank, prior to appointment to the Service, may in the discretion of the appointing authority, be allowed to count towards the period of probation ;
- (c) any period of officiating appointment to the Service shall be reckoned as period spent on probation ; and
- (d) any kind of leave not exceeding six months, during or at the end of period of probation, shall be counted towards the period of probation.

(2) If, in the opinion of the appointing authority, the work or conduct of a person during the period of probation is not satisfactory or if he has failed to

pass the departmental examination, if any, prescribed in Service Rules within a period not exceeding two and a half years from the date of appointment, it may,—

- (a) if such person is recruited by direct appointment, dispense with his services, or revert him to a post on which he held lien prior to his appointment to the services by direct appointment ; and
- (b) if such person is appointed otherwise—
 - (i) revert him to his former post ; or
 - (ii) deal with him in such other manner as the terms and conditions of the previous appointment permit.

(3) On the completion of the period of probation of a person, the appointing authority may,—

- (a) if his work and conduct has in its opinion been satisfactory—
 - (i) confirm such person, from the date of his appointment or from the date he completes his period of probation satisfactorily, if he is not already confirmed ; or
 - (ii) declare that he has completed his probation satisfactorily, if he is already confirmed ; or
- (b) if his work or conduct has not been in its opinion, satisfactory or if he has failed to pass the departmental examination, if any, specified in the Service Rules—
 - (i) dispense with his services, if appointed by direct appointment or if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment may permit ;
 - (ii) extend his period of probation and thereafter pass such order as it could have passed on the expiry of the period of probation as specified in sub-rule (1) :

Provided that the total period of probation including extension, if any, shall not exceed three years.

8. **Seniority.**—The seniority *inter se* of persons appointed to posts in each cadre of a Service shall be determined by the length of continuous service on such post in that cadre of the Service :

Provided that in case of persons recruited by direct appointment who join within the period specified in the order of appointment or within such period

as may be extended from time to time by the appointing authority subject to a maximum of four months from the date of order of appointment, the order of merit determined by the Commission or the Board, as the case may be, shall not be disturbed :

Provided further that in case a person is permitted to join the post after the expiry of the said period of four months in consultation with the Commission or the Board, as the case may be, his seniority shall be determined from the date he joins the post :

Provided further that in case any person of the next selection has joined a post in the cadre of the concerned Service before the person referred to in the preceding proviso joins, the person so referred shall be placed below all the persons of the next selection who join within the time specified in the first proviso :

Provided further that in the case of two or more persons appointed on the same date, their seniority shall be determined as follows :—

- (a) a person appointed by direct appointment shall be senior to a person appointed otherwise ;
- (b) a person appointed by promotion shall be senior to a person appointed by transfer ;
- (c) in the case of persons appointed by promotion or transfer, the seniority shall be determined according to the seniority of such persons in the appointments from which they were promoted or transferred ; and
- (d) in the case of persons appointed by transfer from different cadres their seniority shall be determined according to pay, preference being given to a person who was drawing a higher rate of pay in his previous appointment ; and if the rates of pay drawn are also the same, then by their length of service in these appointments and if the length of service is also the same, an older person shall be senior to a younger person.

Note.—Seniority of persons appointed on purely provisional basis or on *ad hoc* basis shall be determined as and when they are regularly appointed keeping in view the dates of such regular appointment.

9. Liability of members of Service to transfer.—A member of a Service may be transferred to any post whether included in any other service or

not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Services Rules, Volume-I, Part-I.

10. **Liability to serve.**—A member of a Service shall be liable to serve at any place, whether within or out of the State of Punjab, on being ordered so to do by the appointing authority.

11. **Leave, pension and other matters.**—In respect of pay, leave, pension and all other matters not expressly provided for in these rules, a member of a Service shall be governed by such rules and regulations as may have been or may hereafter be adopted or made by the competent authority.

12. **Discipline, penalties and appeals.**—(1) In the matter of discipline, punishment and appeals, a member of a Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970 as amended from time to time.

(2) The authority empowered to impose penalties specified in rule 5 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970 and the appellate authority thereunder in respect of the Government employee shall be such as may be specified in the Service Rules.

13. **Liability for vaccination and re-vaccination.**—Every member of a Service shall get himself vaccinated or re-vaccinated when Punjab Government so directs by a special or general order.

14. **Oath of allegiance.**—Every member of a Service unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

15. **Minimum educational and other qualifications.**—(1) No person shall be appointed by direct appointment to the post of a Clerk under the Punjab Government unless he is Matriculate in Second Division or has passed Senior Secondary Part II Examination from a recognised university or institution.

(2) The person so appointed as Clerk in terms of sub-rule (1), shall have to qualify a test in Punjabi typewriting to be conducted by the Board or by the appointing authority at the speed of thirty words per minute within a period of one year from the date of his appointment.

(3) In case, the person fails to qualify the said test within the period specified in sub-rule (2) he shall be allowed annual increment only with effect from the date he qualifies such test, but he shall not be paid any arrears for the period, for which he could not qualify the said test :

Provided that where appointment of Group 'C' non-technical post is offered to a War Hero, who has been discharged from defence services or para-military forces on account of disability suffered by him or his widow or dependent member of his family, under the instructions issued in this behalf by the Government, the educational qualifications to be possessed by such person shall be Matriculate from a recognised university or institution. Such person will, however, be not required to qualify the test in Punjabi typewriting as specified in sub-rule (2).

16. Minimum educational and other qualifications for appointment to the post of Steno-typist Grade II or Junior Scale Stenographer Grade II.—No person shall be appointed by direct appointment to a post of a Steno-typist Grade II, or a Junior Scale Stenographer Grade II under the Punjab Government unless he—

- (a) is Matriculate in Second Division or has passed Senior Secondary Part II Examination from a recognised university or institution ; and
- (b) qualifies a test in Punjabi Stenography to be held by the Board or by the appointing authority at a speed to be specified by the Government from time to time.

17. Knowledge of Punjabi Language.—No person shall be appointed to any post in any service by direct appointment unless he has passed Matriculation examination with Punjabi as one of the compulsory or elective subjects or any other equivalent examination in Punjabi Language, which may be specified by the Government from time to time :

Provided that where a person is appointed on compassionate grounds on priority basis under the instructions issued in this behalf by the Government from time to time, the person so appointed shall have to pass an examination of Punjabi Language equivalent to Matriculation standard or he shall have to qualify a test conducted by the Language Wing of the Department of Education of Punjab Government within a period of six months from the date of his appointment :

Provided further that where educational qualifications for a post in any service are lower than the Matriculation standard, then the person so appointed shall have to pass an examination of Punjabi Language equivalent to Middle standard :

Provided further that where a War-hero, who has been discharged from defence services or para-military forces on account of disability suffered by him or his widow or dependent member of his family, is appointed under the

instructions issued in this behalf by the Government, the person so appointed will not be required to possess aforesaid knowledge of Punjabi Language :

Provided further that where a ward of Defence Service Personnel, who is a *bona fide* resident of Punjab State, is appointed by direct appointment, he shall have to pass an examination of Punjabi Language equivalent to Matriculation Standard or he shall have to qualify a test conducted by the Language Wing of the Department of Education of Punjab Government within a period of two years from the date of his appointment.

18. Promotion to Group 'A' and Group 'B' Services.—(1) (a) For promotion to the post as Head of Department would be decided strictly on the basis of merit-cum-seniority as per the instructions issued by the Government from time to time. The minimum benchmark for promotion for such post would be 'Very Good'. The officer who is graded as 'Outstanding' would supersede the officer graded as 'Very Good'.

(b) For Promotion to post falling in Group 'A' other than Head of Department, the minimum benchmark will be 'Very Good' as per the instructions issued by the Government from time to time. There shall be no supersession on the basis of merit.

(c) For promotion to post falling in Group 'B', the minimum benchmark will be 'Good' and there shall be no supersession on the basis of merit.

(2) Debarring for consideration for promotion of a Government employee who refuses to accept promotion.—In the event of refusal to accept promotion by a member of a service, he shall be debarred by the appointing authority from consideration for promotion for all the consecutive chances which may occur in future within a period of two years from the date of such refusal to accept promotion :

Provided that in a case where the appointing authority is satisfied that a member of a service has refused to accept promotion under the circumstances beyond his control, it may exempt such a member for reasons to be recorded, therefor in writing from the operation of this rule.

19. Power to relax.—Where the Government is of the opinion that it is necessary or expedient so to do, it may by order, for reasons to be recorded in writing, relax any of the provisions of these rules with respect to any class or category of persons :

Provided that the provisions relating to educational qualifications and experience, if any, shall not be relaxed.

20. Over riding effect.—The provisions of these rules shall have effect notwithstanding anything contrary contained in any rules for the time being in force for regulating the recruitment and conditions of service for appointment to public service and posts in connection with the affairs of the State.

21. Interpretation.—If any, question arises as to the interpretation of these rules, the Government shall decide the same.

“APPENDIX”

(See rule 2)

Group ‘A’ Posts in initial entry revised scales of pay having a maximum of Rs. 11,660 or more :

Provided that all existing Class I posts irrespective of the monetary limits of the pay scales shall be placed in Group ‘A’.

Group ‘B’ Posts in initial entry revised scales of pay with maximum ranging between Rs. 10,640 to 11,659 ;

Group ‘C’ Posts in initial entry revised scales of pay with maximum ranging between Rs. 5,160 to Rs. 10,639.

A. S. CHATTHA,

Chief Secretary to Government of Punjab.

VIJAY KAIN,

Principal Secretary to Government of Punjab,
Department of Health and Family Welfare.

PUNJAB GOVERNMENT
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Notification

The 23rd October, 1979

No. G.S.R.148/Const/Art.309/79.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India, the Governor of Punjab is pleased to make the following rules regulating the recruitment, and the conditions of service of persons appointed to the Punjab Medical Education State Service (Class II), namely :—

1. *Short title, commencement and application.*—(1) These rules may be called the Punjab Medical Education State Service (Class II) Rules, 1979.

(2) They shall come into force at once.

(3) They shall apply to all the posts specified in Appendix 'B' to these rules.

2. *Definitions.*—In these rules, unless the context otherwise requires.—

(a) "Appendix" means an appendix appended to these rules ;

(b) "Commission" means the Punjab Public Service Commission;

(c) "Department" means the speciality as listed in Appendix 'A' to these rules

(d) "direct appointment" means an appointment made otherwise than by promotion or by transfer of a person already in the service of the Government of India or of a State Government;

(e) "Government" means the Government of Punjab in the Department of Health and Family Welfare ;

(f) "recognised university or institution" means :

(i) any university or institution incorporated by law in any of the States of India

(ii) the Punjab, Sind or Dacca university ; in the case of degree, diploma or certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or

(iii) any other university or institution which is declared by the Government to be a recognised university or institution for the purposes of these rules.

(g) "Service" means the Punjab Medical Education State Service (Class II).

3. *Constitution of Service.*—There shall be constituted a Service to be known as the 'Punjab Medical Education Service (Class II)' consisting of persons recruited to the Service under rule 10 after the commencement of these rules :

Provided that the persons holding the posts specified in Appendix 'B' immediately before such commencement shall be deemed to be appointed to the Service in accordance with the provisions of these rules on the designation, grade and pay scale laid down in Appendix 'D' or the grade and pay scale for which they duly exercised their option.

4. *Number and character of posts.*—The Service shall comprise the posts shown in Appendix 'B' :

Provided that nothing in these rules shall affect the inherent right of Government to add to or reduce the number of such posts or create new posts with different designations and scales of pay, whether permanently or temporarily.

5. *Appointing authority.*—All appointments to the Service shall be made by the Government .

6. *Nationality, domicile and character of candidates appointed to the Service.*—(i) No candidate shall be appointed to the Service unless he is—

- (a) a citizen of India, or
- (b) a citizen of Nepal, or
- (c) a subject of Bhutan , or
- (d) a Tibetan refugee who came over to India before the 1st January, 1962 with the intention of permanently settling in India, or
- (e) a person of Indian origin who has migrated from Pakistan, Burma, Ceylon and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar), Zambia, Malawi, Zaire, Ethiopia and Vietnam with the intention of permanently settling in India :

Provided that a candidate belonging to categories (b), (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India.

(ii) A candidate in whose case certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority of the Government and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, college, school or institution last attended, if any, and similar certificates from two responsible persons not being his relatives who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

7. *Age.*—(1) No person shall be recruited to the Service by direct appointment, if he is less than seventeen years of age or is more than thirty-five years of age or unless he is within such other range of minimum and maximum age as may be specifically fixed by the Government from time to time:

Provided that the Government may in special circumstances to be recorded in writing relax the upper age limit. For the purpose of this rule the age shall be computed from the 1st January immediately preceding the last date fixed for submission of applications to the Commission:

Provided that the condition of upper age limit may be relaxed upto forty-five years in the case of persons already in employment of Punjab Government, other State Government or the Government of India:

Provided further that in the case of candidates belonging to Scheduled Castes and other Backward Classes the upper age limit shall be such as may be fixed by Government from time to time.

(2) In the case of Demobilised Armed Forces Personnel, his age at the time of joining Military Service or training prior to the Commission as the case may be should not exceed the upper age limit prescribed for direct appointment to such posts.

8. *Disqualifications.*—No person—

- (a) who has entered into or contracted a marriage with a person having a spouse living; or
- (b) who having a spouse living, has entered into or contracted a marriage with any person;

shall be eligible for appointment to the Service:

Provided that the Government, may if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

9. *Qualifications.*—(1) No person shall be recruited to the Service by direct appointment or by promotion unless he possesses the qualifications and teaching experience specified in Appendix 'C'.

(2) A member of the Service recruited by direct appointment shall not be retained in service unless he acquires knowledge of Punjabi language of matriculation standard within a period of six months from the date of his appointment to the Service.

10. *Method of appointment.*—(1) Appointment to the Service shall be made in the following manner, namely:—

(a) In the case of Senior Lecturers:

- (i) Seventy-five per cent of the posts shall be filled in by promotion from amongst the members of the Punjab Civil Medical (Class II) Service possessing the qualifications and teaching experience as shown in Appendix 'C'.

- (ii) Twenty-five per cent of the posts by direct appointment.

(b) In the case of Lecturers :—

(i) seventy-five per cent of the posts shall be filled in by transfer from amongst the members of the Punjab Civil Medical (Class II) Service possessing the qualifications and teaching experience as shown in Appendix 'C'.

(ii) twenty-five per cent of the posts by direct appointment.

(c) In the case of all other posts, by direct appointment.

(2) In case no suitable person is available for promotion to any post in the Service, the same shall be filled up by direct appointment.

(3) All appointments to the Service by promotion shall be made by selection on the basis of seniority-cum-merit and seniority alone shall not give any right of appointment.

11. *Probation of persons appointed to Service.*—(1) Persons appointed to the Service shall remain on probation for a period of two years, if recruited by direct appointment and one year if appointed otherwise :

Provided that :—

(a) any period, after such appointment, spent on deputation on a corresponding or a higher post shall count towards the period of probation ;

(b) in the case of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the Service may, in the discretion of the appointing authority, be allowed to count towards the period of probation ; and

(c) any period of officiating appointment to the Service shall be reckoned as period spent on probation, but no person who has so officiated shall, on the completion of the prescribed period of probation be entitled to be confirmed, unless he is appointed against a permanent vacancy.

(2) If, in the opinion of the appointing authority, the work or conduct of a person during the period of probation is not satisfactory, it may :—

(a) if, such person is recruited by direct appointment, dispense with his services, or revert him to a post on which he held lien prior to his appointment to the Service by direct appointment ; and

(b) if such person is recruited otherwise :—

(i) revert him to his former post, or

(ii) deal with him in such other manner as the terms and conditions of the previous appointment permit.

(3) On the completion of the period of probation of a person the appointing authority may,—

- (a) if his work or conduct, has in its opinion, been satisfactory—
 - (i) confirm such person from the date of his appointment, if appointed against a permanent vacancy ; or
 - (ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy ; or
 - (iii) declare that he has completed his probation satisfactorily, if there is no permanent vacancy ; or
- (b) if his work or conduct has not been in its opinion, satisfactory—
 - (i) dispense with his services, if appointed by direct appointment or if appointed otherwise revert him to his former post or deal with him in such other manner, as the terms and conditions of his previous appointment permit ; or
 - (ii) extend his period of probation and thereafter pass such orders as it could have passed on the expiry of the first period of probation :

Provided that the total period of probation including extension, if any, shall not exceed three years.

12. Seniority of members of Service.—The seniority *inter se* of members of the Service shall be determined separately for each category of members in each department of the Service on the basis of their continuous appointment in that category :

Provided that the seniority of the members of the Service determined immediately before the commencement of these rules shall not be disturbed ;

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed in fixing the seniority and persons appointed as a result of an earlier selection shall be senior to those appointed as a result of subsequent selection :

Provided further that in case two or more members are appointed on the same date their seniority shall be determined as follows :—

- (a) a member recruited by direct appointment shall be senior to a member recruited otherwise ;
- (b) a member appointed by promotion shall be senior to a member appointed by transfer ;
- (c) in the case of member appointed by promotion or transfer seniority shall be determined according to the seniority of such members in the appointments from which they were promoted or transferred ; and

- (d) in the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay, preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same then by their length of service in those appointments; and if the length of such service is also the same, an older member shall be senior to a younger member.

Note (1).—In the case of members whose period of probation is extended under rule (11) the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

Note (2).—Seniority of members appointed on purely provisional basis, shall be determined as and when they are regularly appointed keeping in view the date of such regular appointment.

13. Pay of members of Service.—Members of the Service shall be entitled to such scale of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of sanctioned posts are given in Appendix 'D'.

14. Private Practice.—(1) The Government may by general or special order permit any member or members of the Service with medical qualification to engage in private practice on such terms and conditions and subject to such restrictions and limitations as may be specified in the order; if such practice does not in any way interfere with the discharge of his or their official duties.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms and conditions on which it is granted without cause assigned. In case of complete withdrawal of the permission, compensation considered adequate by the Government will be paid in the form of non-practicing allowance.

15. Discipline, penalties and appeals.—(1) In matters relating to discipline, punishment and appeals, members of the Service shall be governed by the Punjab Civil Services (Punishment and Appeal) Rules, 1970, as amended from time to time.

(2) The authority competent to impose penalties specified in rule 5 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970, in respect of the members of the Service shall be the Government.

(3) The authority competent to pass an order specified in rule 15 of the Punjab Civil Services (Punishment and Appeal) Rules, 1970, other than an order imposing any of the penalties mentioned in rule 5 of the aforesaid rules shall be the Government.

16. Liability of members of Service to transfer.—A member of the Service may be transferred by the Government to any post, whether included in any other Service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Services Rules, Volume I, Part I.

17. **Liability to serve.**—A member of the service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do, by the appointing authority.

18. **Leave, pension and other matters.**—In respect of pay, leave, pension and all other matters not expressly provided for in these rules, the members of the Service shall be governed by such law and rules as may have been or may hereafter be adopted or made by the competent authority.

19. **Liability to serve in defence forces :**—Every person appointed to the Service shall, if so required, be liable to serve in any Defence Service or post connected with the Defence of India for a period of not less than four years including the period spent on training, if any.

20. **Liability for vaccination and re-vaccination.**—Every member of the Service shall get himself vaccinated or re-vaccinated when Government so directs by a special or general order.

21. **Oath of Allegiance.**—Every member of the Service, unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

22. **Power of relaxation.**—When the Government is of opinion that it is necessary or expedient so to do, it may, by order, for reasons to be recorded in writing, relax any of the provisions of these rules except the educational qualifications and experience with respect to any class or category of persons.

23. **Interpretation of rules.**—If any question arises as to the interpretation of the rules, the Government shall decide the same.

APPENDIX 'A'

[See Rule 2(c)]

1. Anatomy
2. Physiology
3. Bio-Chemistry
4. Pharmacology
5. Pathology including Blood Bank
6. Clinical Pathology
7. Microbiology
8. Social and Preventive Medicine
9. Forensic Medicine
10. Medicine
11. Paediatrics
12. Tuberculosis and Chest Diseases
13. Skin and Venereal Diseases
14. Psychiatry.
15. Surgery
16. Plastic Surgery
17. Urology
18. Paediatric Surgery
19. Gastroenterology
20. Orthopaedics
21. Ear, Nose and Throat
22. Ophthalmology
23. Obstetrics and Gynaecology
24. Radiology
25. Anaesthesia
26. Pharmacy

APPENDIX 'B'

[See Rules 1(3) 3 and 4]

Serial No.	Name of Department	Name of Category	No. of sanctioned posts		
			Pt.	Ty.	Total
1.	Anatomy	Lecturer	6	3	9
2.	Physiology	Lecturer	3	11	14
3.	Biochemistry	Lecturer	1	5	6
4.	Pharmacology	Lecturer	5	2	7
5.	Pathology	Lecturer	3	5	8
6.	Blood Bank	Lecturer	3	1	4
7.	Microbiology	Lecturer	..	7	7
✓ 8.	Social and Preventive Medicine	Senior Lecturer	2	1	3
✓ 9.	Forensic Medicine	Senior Lecturer	..	5	5
✓ 10.	Medicine	Senior Lecturer	8	4	12
✓ 11.	Paediatric	Senior Lecturer	4	1	5
✓ 12.	T.B.	Senior Lecturer	1	2	3
✓ 13.	Skin and V.D.	Senior Lecturer	2	2	4
✓ 14.	Psychiatry	Senior Lecturer	2	..	2
✓ 15.	Surgery	Senior Lecturer	8	5	13
✓ 16.	Plastic Surgery	Senior Lecturer	..	1	1
✓ 17.	Urology	Senior Lecturer	..	1	1
✓ 18.	Orthopaedics	Senior Lecturer	..	2	2
✓ 19.	E.N.T.	Senior Lecturer	..	..	..
✓ 20.	Ophthalmology	Senior Lecturer	4	..	4
✓ 21.	Obst. and Gynae.	Senior Lecturer	2	6	8
✓ 22.	Radiology	Senior Lecturer	3	..	3

Serial No.	Name of Department	Name of Category	No. of sanctioned posts		
			Pt.	Ty.	Total
23.	Anaesthesia ..	Senior Lecturer	4	2	6
24.	Paediatric Surgery ..	Senior Lecturer	..	1	1
25.	Clinical Pathology ..	Lecturer	..	..	..
26.	Pharmacy ..	Lecturer	6	2	8
	Miscellaneous posts—				
	(i) Pharmacist		2	..	2
	(ii) Social Medical Officer		1	..	1
	(iii) Biochemist		3	1	4
	(iv) Chemist		2	..	2
	(v) Physicist		1	1	2
	(vi) Clinical Psychologist		..	2	2
	(vii) Lecturer Biophysics		..	2	2
	(viii) Demonstrator Pharmacy		6	2	8
	(ix) Pharmacognosist (Pharmacy)		1	..	1
	(x) Dietician		1	1	2

APPENDIX 'C'
(See Rule 9)

1. Senior Lecturers:

(i) Basic University Medical Qualification included in the First or Second Schedule or Part II of the Third Schedule to the Indian Medical Council Act, 1956, with good academic career.

(ii) Post-Graduate qualification in the particular speciality viz. M.S., F.R.C.S., M.D., M.R.C.P., D.P.H., D.T.D., and

(iii) Must possess at least 3 years teaching experience in the particular speciality as Lecturer Registrar or Research Assistant in a teaching institution.

Note.—Experience upto the extent of one year in obstetrics and Gynaecology, E.N.T. and Ophthalmology, and in the basic subjects of Anatomy, Physiology, Pharmacology, Pathology and Microbiology would be countable for the post of Senior Lecturer in the Surgery and its specialities. Similarly benefit of experience upto the extent of one year in the basic subjects of Pathology, Microbiology, Anatomy, Pharmacology and Physiology would be countable for posts in the speciality of General Medicine. Experience in Anaesthesia and Radiology would be countable for Surgery and its specialities and General Medicine. However experience in the allied subjects as Registrar or Demonstrator would be given preference over experience in the same subject as Assistant Registrar or Assistant Demonstrator and the experience in the latter would be counted as half of teaching experience in the former. Teaching experience as Assistant Registrar or Assistant Demonstrator in the main speciality would be countable as full. Credit upto the extent of one year would also be given for rural service. However, experience of the allied subjects and rural service put together, should not exceed one year as two years experience in the main speciality is essential.

2. Lecturers:

(i) Basic University Medical Qualification included in the First or the Second Schedule or part II of the Third schedule to the Indian Medical Council Act, 1956 with good academic career except in the case of Bio-Chemistry where it is preferential.

(ii) Must be registered under the State or Central Medical Registration Act, except in the case of non-medical men.

(iii) Must possess at least two years teaching experience as Demonstrator, Registrar or Research Assistant in a teaching institution.

Note 1.—Benefit upto the extent of one year in allied basic or clinical subject and for rural service shall be admissible.

Note 2.—Experience on the post of Assistant Demonstrator or Assistant Registrar will be counted as half as compared to experience on the posts of Demonstrator or Registrar.

Note 3.—(i) In the Departments of Anatomy, Physiology, Pharmacology and Microbiology, in the event of non-availability of suitable qualified medical men for teaching these subjects, non-medical scientists possessing M.Sc. qualification in the subject concerned preferably possessing doctorate qualifications and possessing requisite experience as laid down in the rules in respective subjects may be appointed upto a maximum of 30 per cent of the total strength of the teaching staff of the concerned department.

(ii) In the Department of Bio-Chemistry, in the event of non-availability of suitable qualified medical men for teaching this subject, non-medical Scientists possessing M.Sc. qualification in the subject preferably possessing doctorate qualifications and possessing the requisite experience as laid down in the rules in this subject may be appointed upto a maximum of 50 per cent total number of posts of teaching staff in the Department :

Provided further that Bio-chemists working in the Medical Colleges will be considered for appointment as Lecturer Bio-Chemistry provided they fulfil the conditions of qualification and experience as laid down in the rules.

<i>Name of the post</i>	<i>Qualifications</i>
1. Lecturer in Chemistry ..	M. Pharm (Pharm. Chemistry) or M. Pharm or M.Sc. (Chemistry)
2. Lecturer in Pharmacognosy ..	M. Pharm (Pharmacognosy)
3. Lecturer in Pharmacy ..	M. Pharm (Pharmaceutics).
4. Social Medical Officer ..	<i>Essential—</i> <ul style="list-style-type: none"> (i) M. A. (Sociology) or M.A. (Social work) from a recognised University or M. A. or B. A. with Diploma of Sociology of 2 years duration from an approved institution. (ii) Should be trained in Social work in relation to Medicine. (iii) Knowledge of Punjabi of Matriculation or its equivalent standard. <i>Preferential—</i> <ul style="list-style-type: none"> (i) Should have worked in a hospital/ preferably teaching for two years. (ii) Experience as Social Medical Officer in a hospital.
5. Bio-Chemist. ..	<i>Essential—</i> <ul style="list-style-type: none"> (i) M.Sc. or Ph.D. in Bio-Chemistry. (ii) Knowledge of Punjabi of Matriculation or its equivalent standard. <i>Preferential—</i> <ul style="list-style-type: none"> (i) M.B.B.S. (ii) Thorough training of routine clinical biochemical investigations.

- (iii) three years experience in Bio-chemistry work in a hospital attached to a training institution or in a Bio-Chemistry Department of Medical College or three years experience of teaching Human Bio-chemistry in a Medical College.
6. Demonstrator Pharmacy : (i) B. Pharmacy.
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
7. Demonstrator Chemistry/Physics. (i) M.Sc. Chemistry/Physics/M. Pharm.
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
8. Pharmacist (i) M. Pharm.
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
9. Chemist. (i) M.Sc. (Organic Chemistry) /M. Pharm. (Pharmaceutical Chemistry).
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
10. Pharmacognist (i) M. Pharm. (Pharmacognosy).
(ii) *Preferential*—
Research/teaching experience for two years in the subject.
- ✓ 11. Physicist (i) M.Sc. (Physics) at least 2nd Class preference to M.Sc. 1st Class.
(ii) Teaching experience of Medical Radiology for one year or two years teaching experience in the Department of Physics in a degree college.
12. Clinical Psychologist (i) M.A. Psychology.
(ii) Diploma in Clinical Psychology or Diploma in Medical and Social Psychology or equivalent.
Experience—
3 years experience of working in the department of psychiatry or a teaching institution or a Mental Hospital.
13. Lecturer Bio-Physics. (i) M.Sc. Bio-physics from a recognised institution.
(ii) Three years teaching experience as Demonstrator/Tutor in the said subject.
14. Dietician .. Science Graduates with Diploma in Dietetics.

APPENDIX-'D'
(See Rule 13)

<i>Designation of Post</i>	<i>Scales of Pay</i> Rs
1. Senior Lecturer	450—30—660/40—1,100
2. Lecturer	400—30—580/30—700/40—1,100
3. Lecturer Pharmacy	400—25—500/30—800
4. Psychologist	450—30—660/40—1,100
5. Social Medical Officer	300—25—600
6. Biochemist	350—25—500/30—590/30—830/35—900
7. Demonstrator—Pharmacy	300—25—600
8. Demonstrator—Chemistry	300—25—600
9. Pharmacist	300—25—600
10. Chemist	300—25—600
11. Pharmacognosist	300—25—600
12. Physicist	350—25—500/30—590/30—830/35—900
13. Lecturer Biophysics	400—30—580/30—700/40—1,100
14. Dietician	300—25—550/30—700

G. BALAKRISHNAN,
Secretary to Government, Punjab,
Department of Health and Family Welfare.

GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH AND FAMILY WELFARE

Notification

The 10th May, 1991

No. G.S.R.39/Const./Art. 309/Amd.(3)/91.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the President of India is pleased to make the following rules further to amend the Punjab Medical Education State Service (Class-II) Rules, 1979, namely :—

RULES

1. These rules may be called the Punjab Medical Education State Service (Class-II) (First Amendment) Rules, 1991.

2. In the Punjab Medical Education State Service (Class-II) Rules, 1979 (hereinafter referred to as the said rules), in Appendix 'A' for serial No. 24, and the entries relating thereto, the following shall be substituted, namely :—

“24. Radio Diagnosis
24-A. Radio Therapy”.

3. In the said rules, in Appendix 'B',—

(i) for serial No. 22 and the entries relating thereto, the following shall be substituted, namely :—

“22.	Radio	Senior Lecturer	2	3	5
	Diagnosis				
22-A	Radio-	Senior Lecturer	1	1	2” ; and
	Therapy				

(ii) for serial No. 26 (v) and the entries relating thereto, the following shall be substituted, namely :—

“26 (v) Physicist
(Departments of
Radio Therapy
Radio Diagnosis”

4. In the said rules, in Appendix 'C', under columns “Name of the Post and Qualifications”, for Serial No. 11 and the entries relating thereto, the following shall be substituted, namely :—

“11.	Physicist (Department of Radio Therapy Radio Diagnosis)	(i) M.Sc. Physics First Class or Second Class ; and
		(ii) One year post Graduate Training in Hospital in Physics and Radiological Physics conducted by the Bhaba Atomic Research Centre.”

5. In the said rules, for Appendix 'D', the following shall be substituted, namely :—

Designation of Post	"D"	Scale of Pay (In Rupees)
1. Senior Lecturer	3,000—100— NPA.	3,500—125—5,000 <i>Plus</i>
2. Lecturer (Non Post Graduate)	2,200—75—	2,800—100—3,900.
3. Lecturer (Post Graduate)	2,200—75— NPA.	2,800—100—4,000 <i>Plus</i>
4. Lecturer Pharmacy	2,200—75—	2,800—100—4,000.
5. Psychologist	2,200—75—	2,800—100—4,000.
6. Social Medical Officer	2,200—75—	2,800—100—4,000.
7. Bio-Chemist	2,200—75—	2,800—100—4,000.
8. Demonstrator Pharmacy	2,200—75—	2,800—100—4,000.
9. Pharmacist	2,200—75—	2,800—100—4,000.
10. Demonstrator Chemistry	2,200—75—	2,800—100—4,000.
11. Chemist	2,200—75—	2,800—100—4,000.
12. Pharmacognosist	2,200—75—	2,800—100—4,000.
13. Physicist C Department of Radio-diagnosis/ Radio-Therapy)	2,200—75—	2,800—100—4,000.
14. Lecturer Biophysics.	2,200—75—	2,800—100—4,000.
15. Dietician	1,640—2,925."	

A.K. KUNDRA,

Secretary to Government of Punjab.

Department of Health and Family Welfare.

PART III
GOVERNMENT OF PUNJAB

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Notification

The 20th September, 1985.

No. G.S.R.61/Const./Art.309/Amd.(4)/85.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India, and all other powers enabling him to this behalf, the President of India is pleased to make the following rules further to amend the Punjab Medical Education Service (Class I) Rules, 1978, namely:—

1. (i) These rules may be called the Punjab Medical Education Service (Class I) (First Amendment) Rules, 1985.

(ii) They shall come into force on and with effect from the date of publication of this notification in the Official Gazette.

2. In the Punjab Medical Education Service (Class I) Rules, 1978 (hereinafter referred to as the said rules), in rule 9, in sub-rule (1),—

(i) clause (c) shall be omitted ; and

(ii) in clause (d), for sub-clause (i), the following sub-clause shall be substituted, namely :—

“(i) Seventy-five per cent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available, from amongst the Assistant Professors, or by transfer of an official already in the service of the Government of India, or of a State Government.”.

3. In the said rules, in rule 11, for the second proviso, the following proviso shall be substituted, namely :—

“Provided further that a Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor.”.

4. In the said rules, in Appendix ‘A’ for item 24, the following items shall be substituted, namely:—

(i) “24. Radio Diagnosis.

24-A. Radio Therapy.”;

(ii) after item 26, the following items shall be added, namely :—

“27. Cardiology.

28. Cardio-Therasic Surgery.

29. Neurology.

30. Nephrology.”.

5. In the said rules, for Appendix ‘B’, the following Appendix shall be substituted, namely:—

Pharmacology ..	Professor	..	1	1	2	1	1	1	2	..	1	1
	Associate Professor	..	1	..	1	..	..	..	..	..	1	1
	Assistant Professor	..	1	..	1	1	..	..	1	..	1	1
Pathology ..	Professor	..	1	1	2	1	..	..	1	..	1	1
	Associate Professor	..	1	..	1	1	..	..	1	..	1	1
	Assistant Professor	..	2	..	2	2	..	..	2	..	1	1
Clinical Pathology	Professor	..	..	..	..	..	..	1	1	..	..	..
	Assistant Professor	..	..	1	1	1	..	..	1	..	..	..
Blood Bank ..	Assistant Professor	..	..	..	..	..	..	1	1	..	..	..
Microbiology ..	Professor	..	1	1	2	1	1	1	2	..	1	1
	Associate Professor	..	..	..	..	..	..	..	..	..	1	1
	Assistant Professor	..	..	1	1	1	..	1	1	..	1	1
Social and Pre-ventive Medicine	Professor	..	2	..	2	1	1	1	2	..	1	1
	Assistant Professor	..	1	..	1	1	..	..	1	..	1	1
Forensic Medicine	Professor	..	..	1	1	1	1	..	1	..	1	1
	Associate Professor	..	1	..	1	..	..	..	..	..	1	1
	Assistant Professor	..	..	1	1	..	1	1	1	..	..	..

1	2	3	4	5	6	7	8	9	10	11
Medicine ..	Professor	..	3	2	5	3	6	..	2	2
	Assistant Professor	..	4	1	5	2	4	..	2	2
Paediatrics ..	Professor	..	2	..	2	1	1	..	1	1
	Assistant Professor	..	..	2	2	2	..	..	1	1
T. B. and Chest Diseases	Professor	..	1	..	1	1	..	..	1	1
	Assistant Professor	..	1	..	1	..	1	..	1	1
Psychiatry ..	Professor	..	1	..	1	1	..	..	1	1
	Assistant Professor	..	1	..	1	..	1	..	1	1
Skin and V. D.	Professor	..	1	..	1	1	..	..	1	1
	Assistant Professor	..	1	..	1	1	..	..	1	1
Surgery ..	Professor	..	3	2	5	4	2	..	2	2
	Assistant Professor	..	3	2	5	3	3	..	2	2
Plastic Surgery..	Professor	..	..	1	1	1	..	..	..	..
	Assistant Professor	..	..	1	1	..	1	..	..	..
Neurology ..	Assistant Professor	..	..	1	1	..	1	..	..	..
Urology ..	Professor	..	..	..	..	..	1	..	..	..
	Assistant Professor	..	1	..	1	..	1	..	..	..

1	2	3	4	5	6	7	8	9	10	11
Pharmacy	..	..	1	1	..	1	1	..	..	..
	Associate Professor	..	..	..	..	..	..	..	..	..
	Assistant Professor	..	..	1	1	..	1	..	1	1
Cardiology	..	..	1	1	..	..	..	..	..	..
	Assistant Professor	..	1	1	..	..	..	..	..	..
Cardio-Tharsic Surgery	Professor	..	1	1	..	..	..	..	..	..
	Assistant Professor	..	1	1	..	..	..	..	..	..

PART II

1. Principal Rs. 2,500 *plus* Rs. 150 as special pay.
2. Professor Rs. 1,500—60—1,800/100—2,000/125/2—2,500
3. Associate Professor Rs. 1,200—50—1,300—60—1,540/60—1,900
4. Assistant Professor Rs. 1,200—50—1,300—60—1,540/60—1,900
5. Assistant Professor, Pharmacy Rs. 1,200—50—1,300—60—1,540/60—1,900

6. In the said rules, for Appendix 'C', the following Appendix shall be substituted, namely:—

"APPENDIX 'C'"

[See rule 7(2)]

Name of Post	Qualifications	Teaching experience required
(1) Professor of—	M.D. M.S., Ph. D.,	Should have teaching ex-
(i) Anatomy, Physiology, Pathology, including Clinical Pathology; Pharmacology, Bio-chemistry, Microbiology, Social and Preventive Medicine, Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Tuberculosis, Psychiatry, Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat, Ophthalmology, Pharmacy;	D.Sc., F.R.C.S., M.R.C.P., in the speciality concerned	perience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite Post-graduate qualifications.
(ii) Cardiology, Neurology, Nephrology, Gastro-Enterology, Endocrinology, Clinical Haematology;	D.M.	Should have teaching experience as Assistant Professor in the speciality concerned for minimum period of five years in a Medical College, after requisite Post-graduate qualifications.

Name of Post	Qualifications	Teaching experience required
(iii) Paediatric Surgery, Urology, Cardiothoracic, Surgery, Neuro Surgery, Plastic Surgery;	M.Ch.	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(iv) Radio-Diagnosis;	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College, after the requisite post-graduate qualifications.
(v) Radio-Therapy;	M.D. (Radiology) Or M.D. (Radio-Therapy)	Should have teaching experience as Assistant Professor in the speciality concerned for minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(vi) Forensic Medicine ;	M.D. (Forensic Medicines)	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite Post-graduate qualification:— Provided that the persons having post-graduate qualifications in the subject of Medicine, Pathology, Anatomy or Surgery having teaching experience in Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in Forensic Medicine.

Name of post	Qualifications	Teaching experience required
(2) Associate Professor	M.D., M.S., Ph.D., D.Sc., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience as Assistant Professor in the speciality concerned for a minimum period of five years in a Medical College after the requisite post-graduate qualifications.
(3) Assistant Professor of—	M.D., M.S., Ph.D., F.R.C.S., M.R.C.P. in the speciality concerned	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in Medical College.
(i) Surgery, Medicine, Obstetrics and Gynaecology, Paediatrics, T.B., Skin and V.D., Orthopaedics, Anaesthesia, Ear, Nose and Throat ;		
(ii) Cardiology, Neurology, Nephrology, Gastro-Enterology, Endocrinology and Clinical Haematology ;	D.M.	Should have teaching experience for a minimum period of three years in speciality concerned as Senior Lecturer or Lecturer after post-graduation in the Medical College.
(iii) Paediatric Surgery, Urology, Cardio Thoracic Surgery, Neuro-Surgery, Plastic Surgery ;	M. Ch.	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after Post-graduation in a Medical College.
(iv) Radio Diagnosis	M.D. (Radiology) or M.D. (Radio Diagnosis)	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College ;
(v) Radio Therapy	M.D. (Radiology) or M.D. (Radio-Therapy)	Should have teaching experience for a minimum period of three years in the speciality concerned as Senior Lecturer or Lecturer after post-graduation in a Medical College.

Name of post	Qualifications	Teaching experience required
(b) Assistant Professor—	M.D., M.S.,	Should have teaching
(i) Anatomy, Physiology, Pathology, including Clinical Pathology, Pharmacology, Biochemistry, Microbiology, Social and Preventive Medicine;	Ph.D., F.R.C.S., P.M.R.C.P. etc.	experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto.
(ii) Forensic Medicine;	M.D., Forensic Medicine	Should have teaching experience as Senior Lecturer or Lecturer for a minimum period of three years in the speciality concerned whether prior to post-graduation or subsequent thereto
		Provided that the persons having post-graduate qualifications in the subjects of Medicines, Pathology, Anatomy, Surgery and having teaching experience in the Forensic Medicine for a minimum period of five years shall also be recognised as teachers in Forensic Medicine even though they may not have any post-graduate qualifications in the Forensic Medicine.
(c) Assistant Professor of Pharmacy	Ph.D. (Pharmacy) in any of the allied subject of Pharmacy Or M. Pharmacy	Should have teaching experience as Lecturer in pharmacy for a minimum period of three years; Or Should have teaching experience as Lecturer in Pharmacy for period of five years.

Note.—Preference will be given to the candidates having qualifications of Ph. D. (Pharmacy).

RAVNEET KAUR,

Secretary to Government of Punjab,
Department of Health and Family Welfare,
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PUNJAB GOVERNMENT
HEALTH (MEDICAL EDUCATION) DEPARTMENT

Notification

The 28th July, 1978

No. G.S.R. 75/Const./Art. 309/78.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the Governor of Punjab is pleased to make the following rules regulating the recruitment and conditions of service of persons appointed to the Punjab Medical Education Service (Class I), namely :—

PART I

1. *Short title and commencement.*—(1) These rules may be called the Punjab Medical Education Service (Class I) Rules, 1978.

(2) They shall come into force at once.

2. *Definition.*—In these rules, unless the context otherwise requires:—

- (a) "Commission" means the Punjab Public Service Commission ;
- (b) "Direct appointment" means an appointment made otherwise than by promotion or by transfer of an official already in Service of the Government of India or of a State Government.
- (c) "Government " means the Punjab Government in the Health Department ;
- (d) "Service" means the Punjab Medical Education Service (Class I) ;
- (e) "Department" means the speciality as listed in Appendix 'A' ;
- (f) "Recognised University" means—
 - (i) any university incorporated by law in any of the States of India ;
 - or
 - (ii) the Punjab, Sind or Dacca University in case of Degree, Diploma or Certificate obtained as a result of examination held by these universities before the 15th August, 1947 ; or
 - (iii) any other university which is declared by the Government to be recognised university for the purposes of these rules.

3. *Constitution of Service.*—There shall be constituted a service to be known as the "Punjab Medical Education Service (Class I)" consisting of persons recruited to the Service under rule 9 after the commencement of these rules :

Provided that the persons holding the posts specified in Appendix 'B' to these rules immediately before such commencement shall be deemed to be appointed to the service in accordance with the provisions of these rules on the designation, grade and any scale laid down in Appendix 'B' to these rules or the grade and pay scale for which they duly exercised their option.

PART II

Appointments

4. *Number and Character of Posts.*—The Service shall comprise the posts shown in appendix 'B' to these rules :

Provided that nothing in these rules shall affect the inherent right of Government to add to or reduce the number of such posts or create new posts with different designation and scale of pay, whether permanently or temporarily.

5. *Appointment to Service.*—All appointments to the posts in the Service shall be made by the Government.

6. *Nationality, Domicile and Character of Candidates appointed to the Service.*—No candidate shall be appointed to the Service, unless he is—

- (a) a citizen of India ; or
- (b) a subject of Sikkim ; or
- (c) a subject of Nepal ; or
- (d) a subject of Bhutan ; or
- (e) a Tibetan refugee who came over to India before the 1st January, 1962, with the intention of permanently settling in India ; or
- (f) a person of Indian origin who has migrated from Pakistan, Burma, Ceylon and East African countries of Kenya, Uganda and United Republic of Tanzania (formerly Tanganyika and Zanzibar) with the intention of permanently settling in India :

Provided that a candidate belonging to categories (c), (d) and (e) shall be a person in whose favour a certificate of eligibility has been given by the Government of India and if he belongs to category (f) the certificate of eligibility will be issued for a period of one year, after which such a candidate will be retained in service subject to his having acquired Indian citizenship.

(ii) A candidate in whose case a certificate of eligibility is necessary may be admitted to an examination or interview conducted by the Commission or other recruiting authority and he may also provisionally be appointed subject to the necessary certificate being given to him by the Government of India.

(iii) No person shall be recruited to the Service by direct appointment unless he produces a certificate of character from the principal academic officer of the university, college, school, or institution last attended, if any and similar certificate from two responsible persons, not being his relatives, who are well acquainted with him in his private life and are unconnected with his university, college, school or institution.

7. *Age and qualifications.*—(1) No person shall be recruited to the Service by direct appointment unless he is less than 40 years of age in the case of Assistant Professor, Additional Professor or Professor ; provided that the Government may in special circumstances to be recorded in writing relax the upper age limit. For the purpose of this rule, the age will be as on the last date of receipt of applications by the Commission.

*Substituted
vide amendment
dt. 30.7.79.*

(2) No person shall be recruited to the Service by direct appointment, promotion or by transfer unless he possesses the qualifications and teaching experience as is specified in Appendix 'C'.

(3) A member of the service recruited by direct appointment shall not be retained in Service unless he acquires knowledge of Punjabi language of matriculation standard within a period of 6 months from the date of appointment to the Service.

8. *Disqualifications.*—No person—

- (a) who has entered into or contracted a marriage with a person having a spouse living ; or
 - (b) who having a spouse living, has entered into or contracted a marriage with any person ;
- shall be eligible for appointment to the Service :

Provided that the Government may, if satisfied that such marriage is permissible under the personal law applicable to such person and the other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

9. *Method of appointment.*—(1) Appointment to the posts in the service shall be made in the following manner :—

(a) In the case of Assistant Professors—

- (i) 75 per cent Posts by promotion from amongst the Lecturers and Senior Lecturers or by transfer of officials already in service of Government ;
- (ii) 25 per cent Posts by direct appointment.

(b) In the case of Associate Professors—

- (i) all the posts will be filled up by promotion from amongst the Assistant Professors.

(c) In the case of Additional Professors —

- (i) 75 per cent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available, from amongst the Assistant Professors or by transfer of officials already in the service of the Government of India, or of a State Government.
- (ii) 25 per cent posts by direct recruitment.

(d) In the case of Professors—

- (i) 75 per cent posts by promotion from amongst the Additional Professors, or, where Additional Professors are not available, from amongst the Associate Professors, or, where Associate Professors are not available, from amongst the Assistant Professors, or by transfer of official already in the Service of the Government of India, or the State Government ;
 - (ii) 25 percent posts by direct recruitment ;
- (e) In the case of Principals it will be made by Selection from amongst the Professors .
- (2) In case no suitable person possessing the qualifications and experience as prescribed in rule 7(i) and (ii) is available for promotion to any post in the Service that post shall be filled up by direct recruitment.
- (3) All appointments to the posts in the Service by promotion shall be made by selection on merit and no person shall be entitled to claim a right of promotion to such posts on the basis of seniority.

PART III

CONDITIONS OF SERVICE

10. *Probation of persons appointed to Service.*—(1) Persons appointed to a post in Service shall remain on probation for a period of two years, if required by direct appointment and one year if appointed, otherwise :

Provided that—

- (a) any period, after such appointment, spent on deputation on a corresponding or a higher post shall count towards the period of probation ;
 - (b) in the case of of an appointment by transfer, any period of work in equivalent or higher rank, prior to appointment to the service may, in the discretion of the Government be allowed to count towards the period of probation ; and
 - (c) any period of officiating appointment to the service shall be reckoned as period spent on probation, but no person who has so officiated shall on the completion of the prescribed period of probation be entitled to be confirmed, unless he is appointed against a permanent vacancy.
- (2) If, in the opinion of the Government, the work or conduct of a person during the period of probation is not satisfactory, it may—
- (a) if such person is recruited by direct appointment, dispense with his services ; and
 - (b) if such person is appointed otherwise :

Recruited
Recruited

- (i) revert him to his former post; or
 - (ii) deal with him in such other manner as the terms and conditions of the previous appointment permit.
- (3) On the completion of the period of probation of a person, the Government may,—

(a) if his work or conduct has, in its opinion, been satisfactory;—

- (i) confirm such person from the date of his appointment, if appointed against a permanent vacancy; or
- (ii) confirm such person from the date from which a permanent vacancy occurs, if appointed against a temporary vacancy; or
- (iii) declare that he has completed his probation period satisfactorily, if there is no permanent vacancy; or

(b) If his work or conduct has not been, in its opinion satisfactory;—

- (i) dispense with his service, if appointed by direct appointment and if appointed otherwise revert him to his former post, or deal with him in such other manner as the terms and conditions of his previous appointment permit; or
- (ii) extend his period of probation and thereafter pass such orders as it could have passed on the expiry of the first period of probation :

Provided that the total period of probation including extension, if any, shall not exceed three years.

11. *Seniority of members of Service.*—The seniority *inter se* of the members of the service shall be determined separately for each category of members in each department of service, as shown in Appendix 'A' to these rules on the basis of their continuous appointment in that category:

Provided that the *inter se* seniority of Professors belonging to different departments shall be determined on the basis of their continuous service as Professors: —

Provided further that a Professor shall be senior to an Additional Professor, an Additional Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor:

Provided further that the seniority of the members of the Service prevailing immediately before the commencement of these rules shall not be disturbed:

(1) 75 percent posts by promotion from amongst the Associate Professors, or where Associate Professors are not available amongst the Assistant Professors or by transfer of officials in the service of the Government of India, or the State Government.

(f) In the case of DME, Punjab, it will be made by selection from amongst the Principals on seniority (as Principals) cum merit basis and in case no suitable candidate is available among Principals it shall be made from amongst the Professors on (as per their inter se seniority) cum-merit basis.

11. *Seniority of members of Service.*—The seniority *inter se* of the members of the service shall be determined separately for each category of members in each department of service, as shown in Appendix 'A' to these rules on the basis of their continuous appointment in that category:

Provided that the *inter se* seniority of Professors belonging to different departments shall be determined on the basis of their continuous service as Professors:

Provided further that a Professor shall be senior to an Additional Professor, an Additional Professor shall be senior to an Associate Professor and an Associate Professor shall be senior to an Assistant Professor:

Provided further that the seniority of the members of the Service prevailing immediately before the commencement of these rules shall not be disturbed:

Provided further that in the case of members recruited by direct appointment, the order of merit determined by the Commission shall not be disturbed and persons appointed as a result of an earlier selection shall be senior to these appointed as a result of subsequent selection:

those

Provided further that in case two or more members are appointed on the same date their seniority shall be determined as follows:—

- (a) A member recruited by direct appointment shall be senior to a member recruited otherwise;
- (b) A member recruited by promotion shall be senior to a member recruited by transfer;
- (c) In the case of members appointed by promotion or transfer, seniority shall be determined according to the seniority of such members in the appointment from which they were promoted or transferred; and
- (d) in the case of members appointed by transfer from different cadres, their seniority shall be determined according to pay preference being given to a member who was drawing a higher rate of pay in his previous appointment and if the rates of pay drawn are also the same then by their length of service. If that is also the same, an older member shall be senior to a younger member.

Note.—In the case of members whose period of probation is extended under rule 10 the date of appointment for the purpose of this rule shall be deemed to have been deferred to the extent the period of probation is extended.

12. *Pay of members of Service.*—Members of the Service shall be entitled to such scales of pay including special pay, if any, as may be authorised by the Government from time to time. The scales of pay at present in force in respect of specified posts are given in Appendix 'B' to these rules.

13. *Private practice.*—(1) The Government may by general or special order permit any member or members of the Service to engage in private practice on such terms and conditions, and subject to such restrictions and limitations as may be specified in the order;

Provided that such practices does not in any way interfere with the discharge of his or their official duties.

(2) Nothing herein contained shall be construed to limit or abridge the power of the Government at any time to withdraw such permission or to modify the terms on which it is granted without cause assigned. In case of complete withdrawal of the permission, compensation considered adequate by the Government will be paid in the form of non-Practising Allowance

14. **Discipline, penalties and appeals.**—In matters relating to discipline, punishment and appeals, members of the service shall be governed by the Punjab Civil Service (Punishment and Appeal) Rules, 1970, as amended from time to time :

Provided that the authority empowered to impose penalties shall be the Government.

15. **Liability of members of service to transfer.**—A member of the service may be transferred by Government to any post, whether included in any other service or not, on the same terms and conditions as are specified in rule 3.17 of the Punjab Civil Services Rules, Volume 1, Part 1.

16. **Liability to serve.**—A member of the Service shall be liable to serve at any place, whether within or outside the State of Punjab, on being ordered so to do by the Government.

17. **Leave, pension and other matters.**—In respect of pay, leave, pension and all other matters not expressly provided for in these rules the members of the Service shall be governed by such rules and regulations as may have been or may hereafter be adopted or made by the competent authority under the Constitution of India or under any law for time being in force made by the State Legislature and the rules made thereunder.

18. **Liability for vaccination and re-vaccination.**—Every member of the Service shall ^{get} ~~get~~ himself vaccinated or re-vaccinated when Government so directs by special or general order.

19. **Liability to serve in Defence Forces.**—Every person appointed to the service shall, if so required be liable to serve in any defence service or post connected with the defence of India for a period of not less than four years including the period spent on training, if any :

Provided that such an officer—

(a) shall not be required to serve as aforesaid after the expiry of 10 years from the date of appointment to the service, or

(b) shall not ordinarily be required to serve as aforesaid after attaining the age of 45 years.

20. **Oath of allegiance.**—Every member of the Service unless he has already done so, shall be required to take oath of allegiance to India and to the Constitution of India as by law established.

21. **Power of relaxation.**—Where the Government is of opinion that it is necessary or expedient so to do, it may by order for reasons to be recorded in writing, relax any of the provisions of these rules with respect to any class or category of persons.

22. **Interpretation.**—If any question arises as to the interpretation of rules, the Chief Secretary shall decide the same.

APPENDIX 'A'

1. Anatomy.
2. Physiology.
3. Bio-Chemistry.
4. Pharmacology.
5. Pathology including Blood Bank.
6. Clinical Pathology.
7. Microbiology.
8. Social and Preventive Medicine.
9. Forensic Medicine.
10. Medicine.
11. Paediatrics.
12. T.B. and Chest Diseases.
13. Skin and V.D.
14. Psychiatry.
15. Surgery.
16. Plastic Surgery.
17. Urology.
18. Paediatric Surgery.
19. Gastroenterology.
20. Orthopaedics.
21. E.N.T.
22. Ophthalmology.
23. Obst. and Gynae.
24. Radiology.
25. Anaesthesia.
26. Pharmacy.

APPENDIX 'B'
(See Rule 3, 4, 12 and 13)

Name of Department	No. of posts sanctioned as on 1st September, 1974							
	Professors		Additional Professor		Associate Professor		Assistant Professor	
	P	T	P	T	P	T	P	T
Anatomy ..	2	2	..	..	1	1	2	3
Physiology ..	2	..	..	..	..	2	3	1
Bio-Chemistry ..	..	2	..	..	..	..	1	3
Pharmacology ..	2	2	..	..	1	1	..	2
Pathology including Blood Bank	2	..	..	..	..	2	3	1
Clinical Pathology ..	..	..	..	..	..	..	1	1
Microbiology ..	..	2	..	..	..	2	..	2
Social and Preventive Medicine	2	..	..	..	..	..	1	1
Forensic Medicine	1	..	..	..	1	..	..	..
Medicine ..	4	2	..	..	..	..	5	1
Paediatrics ..	2	..	..	1	..	..	..	3
T.B. and Chest Diseases	1	1	..	..	..	..	1	1
Skin and V.D. ..	1	1	..	..	..	..	..	2
Psychiatry ..	1	..	..	..	1	..	1	..
Surgery ..	5	3	..	..	..	..	3	9
Plastic Surgery ..	..	1	..	..	..	..	..	2
Urology ..	..	..	..	..	..	..	..	1
Paediatric Surgery ..	..	..	..	..	..	..	..	1
Gastroenterology ..	..	..	..	..	..	..	..	1
Orthopaedic ..	2	..	..	2	..	..	..	2
E.N.T. ..	1	1	..	..	..	..	..	4
Ophthalmology ..	3	1	..	..	..	..	2	2
Obst and Gynae ..	2	2	..	..	..	..	..	6
Radiology ..	1	1	..	..	..	..	..	4
Anaesthesia ..	2	2	..	..	..	..	..	6
Pharmacy ..	..	..	..	..	..	..	..	2
Total ..	36	23	..	3	4	8	23	61

APPENDIX 'B'

1. Principal	..	Rs. 1,300—50—1,800 + Rs. 100 P.M. as special pay.
2. Professor	..	Rs. 1,300—50—1,800
3. Additional Professor	..	Rs. 1,300—50—1,800.
4. Associate Professor	..	Rs. 850—50—1,000/50—1,250 Rs. 100 P.M. as special pay.
5. Assistant Professor	..	850—50—1,000/50—1,250.
6. Assistant Professor Pharmacy		700—40—1,100

APPENDIX 'C'

Professor or Additional Professor

Post-graduate degrees in the speciality concerned, M.D., M.S., Ph.D., M.Sc., D.Sc., F. R.C.S., M.R. C.P.

Teaching experience as Assistant Professor in the speciality concerned for five years in a Medical College after requisite post-graduate qualifications.

Associate Professor

As above.

Assistant Professor (Clinical) viz., Medicine, Surgery, Obstetrics, and Gynaecology, Paediatrics, T. B. Psychiatry, Skin and VLD. Cardiology, Neurology, Gastro-Entrology, Orthopaedics, Anaesthesia, Radiology, Ear, Nose and Throat (Qte-Rhino-Laryn gology) Ophthalmology, Thoracic Surgery, Neuro Surgery, Plastic Surgery, Genite Urinary Surgery, Paediatric Surgery.

Post-graduate degree in the Speciality concerned, M.D, M.S., Ph.D, M.Sc, F.R.C.S, Mr. C.P. etc., Must possess 3 years teaching experience in the speciality after post-graduate in a medical college as Senior Lecturer, Lecturer/Registrar, Research Officer. Out of this 3 years experience however 2 years experience in main speciality is essential, remaining 1 year may be in a subject allied to general medicine/ Surgery. 11 ✓

Assistant Professor (Non-Clinical) Viz. Anatomy, Physiology, Pathology, Forensic Medicine, ~~Pharmacology~~, Bio-Chemistry, Microbiology Social and Preventive Medicine.

Post-graduate degree in the speciality concerned ; M.D., M.S. , Ph.D., M.Sc., F. R. C. P., M. R. C.P. etc.

Three years teaching experience whether it is prior to post-graduation or subsequent thereto. #

Note. The teaching experience as Assistant Registrar ^{or} Assistant Demonstrator would not be countable.

Assistant Professor Pharmacy

1. Ph. D. in any of allied subject of Pharmacy.
2. 3 years teaching experience as Demonstrator or Lecturer in Pharmacy.

G. BALAKRISHNAN,

Secretary to Government, Punjab,
Health and Family Welfare Department.

GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH AND FAMILY WELFARE
(MEDICAL EDUCATION WING)

Notification

The 25th April, 1979

No. G.S.R. 51/Const/Art. 309/Amd. (1)/79.—In exercise of the powers conferred by the proviso to article 309 of the Constitution of India and all other powers enabling him in this behalf, the Governor of Punjab is pleased to make the following rules further to amend the Punjab Medical Education Service (Class I) Rules, 1978, namely :—

1. These rules may be called the Punjab Medical Education Service (Class I) (First Amendment) Rules, 1979.
2. In the Punjab Medical Education Service (Class I) Rules, 1978 in Appendix 'C' ;
 - (i) under the heading "Assistant Professor (Non Clinical)", the word "Pharmacology" shall be omitted ;
 - (ii) after the heading Assistant Professor (Non-Clinical) and entries relating thereto, the following shall be inserted, namely :—

"Assistant Professor Pharmacology

 1. Post-graduate degree in Pharmacology, viz. M.D., M.S., Ph. D., M. Sc., F.R.C.P. or M.R.C.P.
 2. Three years teaching experience whether it is prior to post-graduation or subsequent thereto.

Note.—The teaching experience as Assistant Registrar or Assistant Demonstrator would not be countable.

OR

1. Master's degree in Pharmaceutics/organic Chemistry based on synthesis of compounds of medicinal interest.
2. Ph. D. based on synthesis of compounds of medicinal interest.
3. Experience of teaching M.B.B.S. Classes as Lecturer Chemical Pharmacology in the Department of Pharmacology for a minimum period of three years."

G. BALAKRISHNAN,

Secretary to Government of Punjab,
Department of Health and Family Welfare.

GOVERNMENT OF PUNJAB
DEPARTMENT OF HEALTH AND FAMILY WELFARE
(MEDICAL EDUCATION WING)

Notification

The 30th July, 1979

No. G.S.R.109/Const./Art. 309/Amd. (2)/79.—In exercise of the powers conferred by the proviso to Article 309 of the Constitution of India and all other powers enabling him in this behalf, the Governor of Punjab is pleased to make the following rules further to amend the Punjab Medical Education Service (Class I) Rules, 1978, namely :—

1. (1) These rules may be called the Punjab Medical Education Service (Class I) (Second Amendment) Rules, 1979.

(2) They shall come into force at once.

2. In the Punjab Medical Education Service (Class I) Rules, 1978, in rule 7, for sub-rule (1), the following sub-rule shall be substituted, namely :—

“(1) No person shall be recruited to the Service by direct appointment unless he is less than forty years of age, or in the case of employees of the Punjab Government, other State Governments or the Government of India unless he is less than fifty years of age, on the first day of January of the year immediately preceding the last date fixed for submission of applications to the Commission for recruitment to the Service :

Provided that the appointing authority may for reasons to be recorded in writing, relax the upper age limit for a category or class of persons :

Provided further that in the case of candidate belonging to the Scheduled Castes and the Backward Classes, the upper age limit shall be such as may be fixed by Government from time to time by a general or specific order :

Provided further that in the case of a Demobilized Armed Forces person his age at the time of joining military service or training prior to the commission as the case may be, does not exceed, the upper age limit prescribed for direct recruitment to such posts.”

G. BALAKRISHNAN,

Secretary to Government of Punjab,
Department of Health and Family Welfare.

PART I
DEPARTMENT OF LEGAL AND LEGISLATIVE AFFAIRS
PUNJAB
Notification

The 5th October, 2006

No. 33-Leg./2006 -The following Act of the Legislation of the State of Punjab received the assent of the Governor of Punjab on the 4th October, 2006 and is hereby published for general information :

THE PUNJAB SCHEDULED CASTE AND BACKWARD CLASSES
(RESERVATION IN SERVICES) ACT, 2006
AN
ACT

To provide for reservation in services for the members of Scheduled Castes and Backward Classes and for the matters connected therewith or incidental thereto.

Be it enacted by the Legislation of the State of Punjab in the Fifty seventh year of the republic of the India as follows :-

1. (1) This Act may be called the Punjab Scheduled Castes and Backward Classes (Reservation in Services) Act, 2006
(2) It shall come into force at once
2. In this Act, unless the context otherwise requires, -
 - a) "appointment" means an appointment made by direct recruitment by promotion or by transfer of a person already in service of the Government of India or a State Government ;
 - b) "Backward Class" means a Backward Class, declared as such by the State Government by notification in the Official Gazette from time to time ;
 - c) "establishment" means any office of the State Government, a local authority or a statutory authority constituted under any State Law for the time being in force, or a Board or Corporation in which not less than fifty one percent of the paid up share capital is held by the Government of the State of Punjab and includes a University or College affiliated to the University, primary and secondary schools and other educational institutions, which are owned by the State Government and also includes an establishment in public sector ;
 - d) "establishment on public sector" means any industry trade, business or occupation owned, controlled or managed by,
 - i) the State Government ; and
 - ii) Government Company as defined in Section 617 of the Companies Act, 1956, in which not less than fifty one percent of the paid up share capital is held by the Government of the State of Punjab ;
 - e) "prescribed" means prescribed by the rules made under this Act ;
 - f) "Scheduled Castes" means Scheduled Castes, notified by the President of India under Article 341 of the Constitution of India by the Constitution (Scheduled Castes) order, 1950, as amended from time to time ;

- g) "section" means Section of this Act, and
- h) "State Government" means Government of the State of Punjab in the Department of Welfare of Scheduled Castes and Backward Classes.
3. The Act shall not apply to :
- any employment under the Central Government ;
 - any employment in private sector ; and
 - any employment in domestic services
4. (1). While making appointments in services by any of the methods, provided under any Service Rules, reservation shall be made for the members of the Scheduled Castes and Backward Classes in the services under all the establishments.
- (2). The percentage of reservation for filling up the vacancies by direct recruitment in Group 'A', Group 'B', Group 'C' and Group 'D' services, shall be twenty-five percent for Scheduled Castes and twelve percent for Backward Classes.
- (3). The percentage of reservation for filling up the vacancies by promotion by Scheduled Castes in Group 'A' and Group 'B' services shall be fourteen percent.
- (4). The percentage of reservation for filling up the vacancies by promotion by Scheduled Castes in Group 'C' and Group 'D' services shall be twenty percent.
- (5). Fifty percent of the vacancies of the quota reserved for Scheduled Castes in direct recruitment, shall be offered to Balmikis and Mazbhi Sikhs, if available, as a first preference from amongst the Scheduled Castes.
- (6). Reservation shall be implemented by reserving vacancies by means of a running roster, as may be prescribed till the percentages of reservation, as specified in sub-sections (2), (3), are completed
- (7). Reservation shall be applicable to vacancies to be filled on adhoc basis, short term vacancies, work charged establishment, daily wages staff and the staff engaged on contract basis
- (8). Reservation shall also be applicable to proforma promotion and appointment by transfer
5. (1). A candidate, who claims to be a member of Scheduled Castes, shall support his candidature as such by a certificate of caste identification, issued under the Constitution (Scheduled Castes) Order, 1950, notified by the President of India for the State of Punjab
- (2). A candidate, who claims to be a member of Backward Castes, shall support his candidature as such by a certificate of caste identification as per the notification, issued by the State Government in this regard from time to time
6. (1). The backlog or carry forward reserved vacancies for Scheduled Castes shall be treated as a separate class of vacancies and ceiling of fifty percent on filling up these reserved vacancies in succeeding year or years shall apply to such class of vacancies.
- (2). The vacancies, referred to in sub-section (1), shall be considered together with the vacancies of the year in which they are being filled up for determining the ceiling of fifty percent reservation on total number of vacancies of that year.

(3). The backlog or carried forward reserved vacancies for Scheduled Castes, shall be calculated keeping in view the total number of vacancies filled up in each cadre or service.

7. (1). There shall be no de-reservation of any reserved vacancy by any appointing authority in any establishment, which is to be filled up by direct recruitment or by promotion. In case, a qualified or eligible Scheduled Castes or Backward Classes candidate, as the case may be, is not available to fill up such vacancy, in that situation, such vacancy shall remain unfilled

(2). Notwithstanding anything contained in sub-section (1), if, in the public interest, it is deemed necessary to fill up any vacancy referred to in that sub-section, the appointing authority shall refer the vacancy to the Department of Welfare of Scheduled Castes and Backward Classes may, if it is satisfied that it is necessary or expedient so to do, by order in writing, de-reserve the vacancy, subject to the condition that the vacancy so de-reserved, shall be carried forward against a subsequent unreserved vacancy

Penalty

8. If any officer or official is found guilty of committing any omission or commission in contravening the provisions of this Act, he shall be punished under the provisions of the Punjab Civil Services (Punishment and Appeal) Rules, 1970 or any other Relevant Service Rules.

Protection of action taken in Good Faith

9. No suit, prosecution or any other legal proceeding shall be against the State Government for anything which is in good faith done or intended to be done in pursuance of any of the provisions of this Act and the rules made there under.

Power to remove difficulties

10. (1). If any difficulty arises in giving effect to the provisions of this Act, the State Government may, by order published in the Official Gazette make such provisions not inconsistent with the provisions of this Act, as may appear to it, to be necessary for removing the difficulty :

Provided that no order shall be made under this section after the expiry of a period of two years from the commencement of this Act.

(2). Every order made under this section, shall be laid as soon as may be, after it is made, before the House of the State Legislature

11. (1). Every establishment shall maintain such records, roster register or documents in respect of reservation in appointment and promotions, and in such forms, as may be prescribed, and shall furnish to the State Government in the prescribed manner an annual report on the appointments and promotions made by it during the previous year reckoned according to the English Calendar

(2). Any officer, authorized by the State Government in this behalf, may inspect any records or documents, which are maintained in relation to the appointments and promotions made by any establishment

(3). It shall be the duty of the Establishment Branch In-charge to produce such records or documents for inspection by the officer authorized under sub-section (2), and furnish such information or afford such assistance, as may be necessary for him to carry out his functions under this Act.

12. (1). The State Government may, by notification in the Official Gazette make rules for carrying out the purposes of this Act

(2). In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters namely :-

- a) to prescribe the form of running roster under sub-section (6) of section 4 ;
- b) to prescribe the form in which records, roster register or documents are to be maintained under sub-section (1) of section 11 by every establishment ;
- c) to prescribe the manner in which annual report on the appointments and promotions made by every establishment is to be maintained and furnished under sub-section (1) of section 11 ; and
- d) any other matter, which is required to be or may be prescribed
13. Notwithstanding anything to the contrary contained in any other law for the time being in force, or any judgment, decree, order or decision of any court or any authority, the provisions of this Act or the rules made thereunder shall have effect
14. Notwithstanding anything done or any action taken in pursuance of any instructions, issued before the commencement of this Act to implement the reservation policy by the State Government, shall be deemed to have been done or taken under the corresponding provisions of this Act and the rules made thereunder.

Department of Legal and Legislative Aff.

MOHINDER PAL
Secretary to Government of Punjab

GOVERNMENT OF PUNJAB

DEPARTMENT OF LEGAL AND LEGISLATIVE AFFAIRS

THE PUNJAB PRIVATE HEALTH SCIENCES EDUCATIONAL INSTITUTIONS (REGULATION OF ADMISSION, FIXATION OF FEE AND MAKING OF RESERVATION) ACT, 2006

(Punjab Act No. 6 of 2006)

(As amended up to 28th February, 2007)



2007

Printed at :

The Controller, Printing & Stationery (U.T.), Chandigarh

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THE PUNJAB PRIVATE HEALTH SCIENCES EDUCATIONAL
INSTITUTIONS (REGULATION OF ADMISSION,
FIXATION OF FEE AND MAKING OF
RESERVATION) ACT, 2006

(Punjab Act No. 6 of 2006)

[Received the assent of the Governor of Punjab on the 24th March, 2006, and was first published for general information in the *Punjab Government Gazette (Extraordinary)*, Legislative Supplement, dated the 27th March, 2006.]

1	2	3	4
Year	No.	Short title	Whether repealed or otherwise effected by Legislation
2006	6	The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006	² Amd. by Punjab Act No. 24 of 2006

to provide for the regulation of admission, fixation of fee and making of reservation in private health sciences educational institutions in the State of Punjab and for the matters connected therewith or incidental thereto.

BE it enacted by the Legislature of the State of Punjab in the Fifty-seventh Year of the Republic of India as follows :—

1. (1) This Act may be called the Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006. Short title and commencement.

(2) It shall come into force at once.

2. In this Act, unless the context otherwise requires,—

Definitions.

(a) “Aided Institution” means a private health sciences educational institution including a minority institution, receiving recurring financial aid or assistance in whole or in part from the Central Government or State Government or from any local body ;

¹For Statement of Objects and Reasons, see *Punjab Government Gazette (Extraordinary)*, dated the 17th March, 2006, page 554.

²For Statement of Objects and Reasons, see *Punjab Government Gazette (Extraordinary)*, dated the 13th September, 2006, pages 1806-07.

(b) "Common Entrance Test" means an entrance test, conducted by the State Government or any other authority, authorized by it ;

¹[(bb) "Council" means a professional council pertaining to any health sciences discipline, constituted under any State Act or Central Act ;]

(c) "Fee" means a charge received by a private health sciences educational institution from a student in any manner or under any nomenclature as a condition for studying in that institution.

Explanation.—It is made clear that the term "Fee" in addition to the tuition fee, shall also include all other expenses relating to studies ;

(d) "Foreign Indian Student" means a student declared as such by the State Government by notification ;

²[(e) "Management Category" means a category comprising such seats out of the sanctioned intake of a private health sciences educational institution, as may be allocated to the management of such institution by the State Government by notification in the Official Gazette, for filling up those seats by that institution in a fair and transparent manner on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination, in the presence of the representative of the authority conducting the Common Entrance Test ;]

(f) "Minority" means a community declared as such by the State Government by notification ;

(g) "Minority Institution" means an institution imparting health sciences education, established and administered by a minority for the purpose of welfare of the minority ;

(h) "Open Merit Category" means a category of seats comprising such seats out of the sanctioned intake of an institution, as may be allocated by the State Government by notification in the Official Gazette, for filling up those seats in a fair and transparent manner through a centralised receipt of applications and centralised counselling on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination, but excluding the seats of the management category or minority category ;

¹Clause (bb) inserted by Punjab Act No. 24 of 2006, section 2(i).

²Substituted by Punjab Act No. 24 of 2006, section 2(ii).

- (i) "private health sciences educational institution" means an institution, not established and administered by the Central or State Government or a local body and it includes an aided or unaided or minority institution also ;
- (j) "Qualifying Examination" means an examination, the passing of which enables a student to get admission to various courses of study in private health sciences educational institutions ;
- (k) "sanctioned intake" means the total number of seats, sanctioned and notified by the State Government in the Official Gazette for admitting students in each course of study in a private health sciences educational institution ;
- (l) "State Government" means the Government of State of Punjab in the Department of Medical Education and Research ; and
- (m) "Unaided Institution" means a private health sciences educational institution, not being an aided institution.

3. (1) The State Government shall regulate admission, fix fee and make reservation for different categories in admissions to private health sciences educational institutions.

Regulation of admission, fixation of fee and making of reservation.

(2) For the purpose of determining the fee, the State Government may require any private health sciences educational institution to furnish such information, as it may deem appropriate.

1/(3) The State Government shall ensure that admission in a private health sciences educational institution is made in a fair and transparent manner on the basis of the inter-se merit, determined by the Common Entrance Test or Qualifying Examination, as the case may be, in accordance with the procedure, notified by the State Government in the Official Gazette :

Provided that the State Government may, by notification in the Official Gazette, exclude the diploma or certificate courses, offered by the private health sciences educational institutions from the purview of the provisions of this sub-section.

(4) Notwithstanding anything contained in sub-section (3), the State Government may, exempt minority institutions from the purview of that sub-section.

(5) Consequent upon the exemption granted under sub-section (4), a common authority of the respective minority institutions, shall conduct a separate test in a fair, transparent and non-exploitive manner for admission of students in minority institutions in accordance with the merit, determined by the said authority.

(6) In case, it is found that the aforesaid separate test has not been conducted in a fair, transparent and non-exploitive manner, the State Government shall have the power to cancel the same and direct the concerned authority to re-conduct the test.]

Eligibility criteria
for admission.

4. (1) The eligibility criteria for admission to a private health sciences educational institution shall be such, as may be determined and notified by the State Government from time to time.

[(2) The State Government or any other authority, authorised by it, shall conduct the Common Entrance Test for making admissions to all private health sciences educational institutions in the State of Punjab, except for those, which are specifically exempted from such test.

(3) Admission in all private health sciences educational institutions, except in those, which are specifically exempted under this Act, and in the case of Foreign Indian Students, shall be made on the basis of the *inter se* merit of the candidates, determined in accordance with the Common Entrance Test.]

Allocation of
seats.

5. (1) An aided minority private health sciences educational institution may reserve for itself, up to the maximum of thirty three per cent seats of the total sanctioned intake as a management category quota of seats.

(2) An aided private health sciences educational institution, other than a minority institution, may reserve up to the maximum of fifteen per cent seats of the total sanctioned intake as a management category quota of seats.

²[(3) (* * * * *)]

(4) An unaided private health sciences educational institution, other than a minority institution, may reserve up to fifty per cent seats of the total sanctioned intake as a management category quota of seats.

¹Substituted by Punjab Act No. 24 of 2006, section 4.

²Sub-section (3) omitted by Punjab Act No. 24 of 2006, section 5(i).

¹[(5) In the case of admission of Foreign Indian Students,—

- (a) a private health sciences educational institution may admit such students in undergraduate courses against such number of seats and such courses, as may be notified by the State Government, after recording reasons therefor in writing :

Provided that the total number of seats for the Foreign Indian Students shall not exceed fifteen per cent of the total sanctioned intake ;

- (b) admission shall be made, against the seats, notified as management category ; and
- (c) admission shall be made as per the procedure, notified by the State Government in a fair and transparent manner in the presence of the representative of the University to which it is affiliated, in accordance with the *inter se* merit, determined on the basis of the Qualifying Examination or its equivalent as may be notified by the State Government.]

²[(6) (* * * * *)]

6. All private health sciences educational institutions shall reserve seats for admission in open merit category and management category, for advancement of socially and educationally backward classes of citizens or for the Scheduled Castes or Scheduled Tribes to such extent, as may be notified by the State Government in the Official Gazette from time to time :

Reservation of
seats.

Provided that such reservation shall not apply to the minority category seats in minority private health sciences educational institutions.

³[7. (1) The State Government shall determine or cause to be

Fixation of
Fee.

determined the fee to be charged by the private health sciences educational institutions, having regard to the minimum norms of infrastructure and facilities as laid down by the concerned Council.

(2) Notwithstanding anything contained in sub-section (1), the State Government may, in public interest, determine a provisional fee :

Provided that the State Government shall determine fee in accordance with the provisions of sub-section (1) within a period of ninety days from the date of fixation of such provisional fee.]

¹Substituted by Punjab Act No. 24 of 2006, section 5(ii).

²Sub-section (6) omitted by Punjab Act No. 24 of 2006, Section 5(iii).

³Substituted by Punjab Act No. 24 of 2006, section 6.

¹[8. (1) The State Government shall, by notification in the Official Gazette, constitute an authority to be known as nodal authority consisting of such members, as may be specified by it for entertaining complaints with regard to the violations of the provisions of this Act or any direction or notification issued thereunder :

Mechanism for
dealing with
violations.

Provided that the State Government may, by notification, fix the terms and conditions of appointment, qualifications and conditions of service of the members of the nodal authority.

(2) The State Government or the nodal authority, as the case may be, may also take a *suo moto* notice of the violations of the provisions of this Act or any direction or notification issued thereunder.

(3) The State Government or the nodal authority, as the case may be, may cause an enquiry to be made by appointing an Inquiry Officer into the allegations levelled by the complainant or at its *suo moto* initiative, and take the following actions, namely :—

- (a) file the complaint, if in its opinion, it is a vexatious, anonymous or pseudonymous complaint ; or
- (b) direct the complainant to furnish additional information or an affidavit in support of his allegations ; or
- (c) take such actions, as it may deem appropriate, keeping in view the facts and circumstances of the case.

(4) For making an enquiry under sub-section (3), a summary procedure shall be followed and the enquiry shall be completed within a period of sixty days.

(5) The nodal authority constituted under sub-section (1) or the Inquiry Officer, appointed under sub-section (3), shall have the powers of a civil court to access, obtain and scrutinize the records of the private health sciences educational institutions as well as summoning of any person or any relevant official record, which he may deem necessary. The nodal authority shall forward its report to the State Government and may recommend any of the actions as mentioned in sub-section (1) of section 9 of this Act.]

Penalties.

²[9. (1) The State Government may, *suo motu* or on the report of the nodal authority, if satisfied that a private health sciences educational institution has violated any of the provisions of this Act or any direction or notification issued thereunder, it may take any or all of the following actions, namely :—

- (a) direct the private health sciences educational institution to redress the grievance of the concerned party ;

¹Substituted by Punjab Act No. 24 of 2006, section 6.

²Substituted by Punjab Act No. 24 of 2006, section 7.

- (b) cause the withdrawal of affiliation or recognition of such private health sciences educational institution from the concerned university or council or any other authority or body to which such private health sciences educational institution is affiliated, to be made ;
- (c) impose fine on such private health sciences educational institution, and such a fine shall be recoverable as arrears of land revenue ;
- (d) direct the private health sciences educational institution to cancel the admission or direct the concerned university or council to cancel the registration of the student, who has been admitted to private health sciences educational institution in violation of the provisions of this Act or any direction or notification issued thereunder ; or
- (e) direct the private health sciences educational institution to admit any student to whom admission has been wrongly denied.]

(2) Before taking any action under sub-section (1), a reasonable opportunity of being heard shall be provided to such institution by the State Government.

10. The State Government may, from time to time, issue to the private health sciences educational institutions such directions, as in its opinion, are necessary or expedient for carrying out the purposes of this Act and the notifications issued thereunder and such institutions shall comply with the directions so issued.

Powers of the State Government to issue directions.

11. (1) If any difficulty arises in giving effect to any of the provisions of this Act, the State Government may, by an order published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as may appear to it to be necessary for removing the difficulty :

Power to remove difficulties.

Provided that no such order shall be made after the expiry of a period of two years from the date of commencement of this Act.

(2) Every order made under this section, shall be laid, as soon as may be, after it is made, before the Punjab State Legislature.

12. No suit, prosecution or other legal proceedings shall lie against the State Government or any officer or employee of the State Government or any other person or authority, authorised by the State Government for anything, which is done or intended to be done in good faith under this Act or the notification issued thereunder.

Protection of actions taken in good faith.

POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH, CHANDIGARH

DETAILED INFORMATION SHEET CONTAINING SELECTION PROCEDURE QUALIFICATIONS, EXPERIENCE, AGE LIMIT, SCALE OF PAY ETC. IN RESPECT OF THE POSTS OF SENIOR RESIDENTS/JR./SR. DEMONSTRATORS/ SMO ADVERTISED VIDE ADVT. NO. /4/2009 (ESTT-I) -SR FOR WHICH LAST DATE FOR RECEIPT OF APPLICATION IS 10.12.2009.

Applications on prescribed forms are invited from the Indian Citizens for the following posts. Age limit for all posts is : 33 years (relaxable by 5 years for SC/ST and 3 years for OBC) as on 10.12.2009

1. SENIOR RESIDENTS: 114 (One hundred fourteen)

Sr. No.	Name of the Deptt./Spec.	Number of Vacancies			
		Total	UR	SC	ST OBC
1	Anaesthesia	29	11	5	4 9
2	Biochemistry	1	1	-	-
3	Community Medicine	1	-	-	1
4	Dentistry (Pedodontics & Preventive)	1	-	-	1
5	Dentistry (Oral Surgery)	1	-	1	-
6	Dermatology	2	1	1	-
7	Forensic Medicine	1	-	-	1
8	Gastroenterology	1	-	1	-
9	Gastroenterology (Paediatrics)	1	1	-	-
10	Gen. Surgery	4	2	-	2
11	Internal Med.	18	6	4	2 6
12	Microbiology	4	1	1	- 2
13	Nuclear Med. (2 for PET)	5	3	1	- 1
14	Obst. & Gynaecology	4	2	-	2
15	Orthopaedics	4	2	-	1 1
16	Paediatrics	11	5	1	1 4
17	Pharmacology	2	1	-	- 1
18	Pathology	6	2	3	- 1
19	Psychiatry	4	2	1	- 1
20	Physical Rehabilitation	1	1	-	-

21.	Radiodiagnosis	3	2	1	-	-
22.	Radiotherapy	1	-	-	-	1
23.	Renal Trans.Surg.	4	2	-	-	2
24.	Transfusion Medicine	1	-	-	-	1
	Total	114	47	22	8	37

ESSENTIAL QUALIFICATIONS (FOR ALL POSTS EXCEPT DENTISTRY):

a) A medical qualification included in the first or second schedule or Part-II of the third schedule to the Indian Medical Council Act, 1956 (person possessing qualifications included in Part-II of the third schedule should also fulfill the conditions specified in Section 13 (3) of the Act).

b) Must be registered with the Central/State Medical Council.

c) A Postgraduate degree in the specialty concerned or its equivalent except for the following posts for which required postgraduate degree will be as under or its equivalent:

Transfusion Medicine	: M.D. (Pathology)
Renal Transplant Surgery	: M.S.(Gen.Surgery)
Nuclear Medicine	: M.D. (Nuclear Medicine OR M.D.(Medicine/Radiotherapy/ Radiodiagnosis)
Forensic Medicine	: M.D.(Forensic Medicine) OR M.D.(Pathology) OR MD/MS(Anatomy) OR M.S. (General Surgery)
Physical & Rehabilitation Med	:M.D. (Physical Medicine & Rehabilitation or diplomate of Physical Medicine & Rehabilitation of National Board of Examination of an Indian University or qualifications recognized equivalent thereto.

For Dentistry :-

a) A recognized Dental Qualification included in the Part - I or Part - III of the Schedule to the Dentist Act, 1948 (person possessing qualifications included in Part -I or specified in the sub-section (1) and (2) or (4) of Section 10 of the Dentist Act.1948).

b) Must be registered with Dental Council of India.

c) A Postgraduate qualification viz MDS in the speciality concerned.

II. JR./SENIOR DEMONSTRATORS (NON MEDICAL) 14 (Fourteen)

25.Anatomy	1	1	-	-	-
26.Biochemistry	2	1	-	-	1
27.Biophysics	1	-	-	-	1
28..Community Medicine					
a) Sr. Demonstrator (Health Economics)	1	1	-	-	-

b) Sr. Demonstrator (Environmental Health)	1	1	-	-	-
c) Sr. Demonstrator (Nutrition)	1	1	-	-	-
29 Exp. Medicine & Biotech.	5	3	-	1	1
30. Pharmacology	2	1	-	-	1
Total	14	9	-	1	4

For the post of Sr. Demonstrator in Biochemistry, both Medical & Non Medical personnel are eligible.

ESSENTIAL QUALIFICATION :-

For Sr.Demonstrator.

- M.Sc. in the subject concerned.
- Ph.D. in the subject concerned/allied subject

For Jr. Demonstrator

- M.Sc in the subject concerned

For Biochemistry (Medical) : MD (Biochemistry)

For Community Medicine

Senior Demonstrator (Health Economics) M.A./M.Sc. in Health Economics or MPH and PhD.

Senior Demonstrator (Environmental Health) M.A. or M.Sc. in Environment Sciences / MPH and Ph.D

Senior Demonstrator (Nutrition) M.A./M.Sc. in Nutrition or Applied Nutrition/ MPH and PhD

VI SENIOR MEDICAL OFFICER : 5 (Five)

31. For Casualty/Emergency	5	3	-	1	1
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ESSENTIAL QUALIFICATIONS:-

- and b) same as for the post of Sr. Resident.
- Postgraduate qualification is MD/MS (Medicine/Surgery)

PAY SCALES FOR THE VARIOUS POSTS :

For Sr. No. 1-24 Sr. Resident - Rs.15600-39100+ Grade Pay of Rs.6600/- plus NPA

For Sr. No. 25-30
Sr. Demonstrator for Biochemistry (Medical) - Rs.15600-39100+ Grade Pay of Rs.6600/- plus NPA
Sr. Demonstrator (Non Medical) - Rs.15600-39100+ Grade Pay of Rs.5400/-
Jr. Demonstrator - Rs.9300-34800+ Grade Pay 4200

For Sr. No. 31
Sr. Medical Officer (Casualty)- Rs.15600-39100+ Grade Pay of Rs.6600/- plus NPA

METHODS OF SELECTION

The written examination of 60 marks of the eligible candidates possessing the prescribed qualification (recognized by M.C.I.) etc. for the above posts and within the age limit will be conducted on specified days i.e. 21.12.2009, 22.12.2009 & 23.12.2009 at 9.00 A.M. at P. N. Chuttani Block (Research Block B), PGIMER, Chandigarh. The result of written examination shall be declared on the same day. The candidates who clear the written examination will be assessed by a Departmental Committee. The number of candidates called for departmental assessment will be 3 times the number of seats available in that department. The departmental assessment would consist of 25 marks and is based upon clinical evaluation/laboratory testing/ detailed structured viva. The departmental assessment of the candidate will be done on 22.12.2009, 23.12.2009 & 24.12.2009. The candidates will be required to appear for interview which consists of 15 marks before the Selection Committee on 23.12.2009, 24.12.2009 & 25.12.2009. There will be no negative marking in the written examination. Total minimum marks required for selection would be 40% marks for General candidates and 35% for SC/ST/OBC category candidates.

- For Senior Resident in the specialties from Sr. No.1- 14

Written Examination	:	21.12.2009
Departmental Assessment	:	22.12.2009
Interview by Selection Committee	:	23.12.2009

- For Senior Resident in the specialties from Sr. No.15-20

Written Examination	:	22.12.2009
Departmental Assessment	:	23.12.2009
Interview by Selection Committee	:	24.12.2009

- For Jr./Sr. Demonstrator/Sr. Medical Officer in the specialties from Sr. No. 21-31

Written Examination	:	23.12.2009
Departmental Assessment	:	24.12.2009
Interview by Selection Committee	:	25.12.2009

NOTE

1. A candidate applying for more than one post, is required to submit separate application, complete in all respect.
2. Original application must be accompanied with copies of certificates, attested by a Gazetted Officer in support of age, qualification, experience, character, caste (if belong to SC/ST/OBC), NOC from the employer, if employed, prescribed application fee and one latest passport size photograph.
3. Maximum age limit is 33 years (relaxable by 5 years for the post reserved for SC/ST and 3 years for post reserved for OBC) as on the last date for receipt of application i.e. 10.12.2009. Overage candidates need not to apply.
4. The candidate appearing in MD/MS/MDS examination during December, 2009 can also apply for the post of Senior Residents. However, their candidature will be considered only, if they supply their MD / MS / MDS examination pass certificate from the concerned recognized Institution /University at least a day before the interview.

5. The posts of Senior Residents, Sr./Jr. Demonstrator & Sr. Medical Officer(Casualty) in Emergency are for three years tenure to be renewed every year subject to satisfactory work and conduct.
6. The eligible candidates are requested to bring all the certificates/ testimonials in original, in support of their qualifications, experience and date of birth etc. and also "NO OBJECTION CERTIFICATE" from present employer, if working in Govt. / Semi Govt./Corporate Body/ Undertaking of the Central / State Govt. and in absence of which it may not be possible to allow them to appear for interview.
7. No TA will be paid for attending the interview.
8. The candidates are required to submit three extra photostat copies of Application alongwith original Application Form.
9. Application incomplete in any respect and received after the due date will not be entertained (PGI will not be responsible for any postal delay).
10. No separate letter for written test and interview will be sent.
11. The number of the posts can be increased/decreased at any time by the orders of the competent authority. These posts includes backlog vacancies also. Physically handicapped persons may also apply, their cases will be considered as per Govt. of India's instructions in this regard.

NOTE

Sr. Administrative Officer.

Post Graduate Degree i.e. MD/MS/MDS possessed by the candidate must be recognized by the Medical Council of India (MCI).

GOVERNMENT OF PUNJAB

DEPARTMENT OF LEGAL AND LEGISLATIVE AFFAIRS

THE PUNJAB PRIVATE HEALTH SCIENCES EDUCATIONAL INSTITUTIONS (REGULATION OF ADMISSION, FIXATION OF FEE AND MAKING OF RESERVATION) ACT, 2006

(Punjab Act No. 6 of 2006)

(As amended up to 28th February, 2007)



2007

Printed at :

The Controller, Printing & Stationery (U.T.), Chandigarh

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THE PUNJAB PRIVATE HEALTH SCIENCES EDUCATIONAL
INSTITUTIONS (REGULATION OF ADMISSION,
FIXATION OF FEE AND MAKING OF
RESERVATION) ACT, 2006

(Punjab Act No. 6 of 2006)

[Received the assent of the Governor of Punjab on the 24th March, 2006, and was first published for general information in the *Punjab Government Gazette (Extraordinary)*, Legislative Supplement, dated the 27th March, 2006.]

1	2	3	4
Year	No.	Short title	Whether repealed or otherwise effected by Legislation
2006	6	The Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006	² Amd. by Punjab Act No. 24 of 2006

to provide for the regulation of admission, fixation of fee and making of reservation in private health sciences educational institutions in the State of Punjab and for the matters connected therewith or incidental thereto.

BE it enacted by the Legislature of the State of Punjab in the Fifty-seventh Year of the Republic of India as follows :—

1. (1) This Act may be called the Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006. Short title and commencement.

(2) It shall come into force at once.

2. In this Act, unless the context otherwise requires,—

Definitions.

(a) “Aided Institution” means a private health sciences educational institution including a minority institution, receiving recurring financial aid or assistance in whole or in part from the Central Government or State Government or from any local body ;

¹For Statement of Objects and Reasons, see *Punjab Government Gazette (Extraordinary)*, dated the 17th March, 2006, page 554.

²For Statement of Objects and Reasons, see *Punjab Government Gazette (Extraordinary)*, dated the 13th September, 2006, pages 1806-07.

(b) "Common Entrance Test" means an entrance test, conducted by the State Government or any other authority, authorized by it;

¹[(bb) "Council" means a professional council pertaining to any health sciences discipline, constituted under any State Act or Central Act ;]

(c) "Fee" means a charge received by a private health sciences educational institution from a student in any manner or under any nomenclature as a condition for studying in that institution.

Explanation.—It is made clear that the term "Fee" in addition to the tuition fee, shall also include all other expenses relating to studies ;

(d) "Foreign Indian Student" means a student declared as such by the State Government by notification ;

²[(e) "Management Category" means a category comprising such seats out of the sanctioned intake of a private health sciences educational institution, as may be allocated to the management of such institution by the State Government by notification in the Official Gazette, for filling up those seats by that institution in a fair and transparent manner on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination, in the presence of the representative of the authority conducting the Common Entrance Test ;]

(f) "Minority" means a community declared as such by the State Government by notification ;

(g) "Minority Institution" means an institution imparting health sciences education, established and administered by a minority for the purpose of welfare of the minority ;

(h) "Open Merit Category" means a category of seats comprising such seats out of the sanctioned intake of an institution, as may be allocated by the State Government by notification in the Official Gazette, for filling up those seats in a fair and transparent manner through a centralised receipt of applications and centralised counselling on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination, but excluding the seats of the management category or minority category ;

¹Clause (bb) inserted by Punjab Act No. 24 of 2006, section 2(i).

²Substituted by Punjab Act No. 24 of 2006, section 2(ii).

- (i) "private health sciences educational institution" means an institution, not established and administered by the Central or State Government or a local body and it includes an aided or unaided or minority institution also ;
- (j) "Qualifying Examination" means an examination, the passing of which enables a student to get admission to various courses of study in private health sciences educational institutions ;
- (k) "sanctioned intake" means the total number of seats, sanctioned and notified by the State Government in the Official Gazette for admitting students in each course of study in a private health sciences educational institution ;
- (l) "State Government" means the Government of State of Punjab in the Department of Medical Education and Research ; and
- (m) "Unaided Institution" means a private health sciences educational institution, not being an aided institution.

3. (1) The State Government shall regulate admission, fix fee and make reservation for different categories in admissions to private health sciences educational institutions.

Regulation of admission, fixation of fee and making of reservation.

(2) For the purpose of determining the fee, the State Government may require any private health sciences educational institution to furnish such information, as it may deem appropriate.

1/(3) The State Government shall ensure that admission in a private health sciences educational institution is made in a fair and transparent manner on the basis of the inter-se merit, determined by the Common Entrance Test or Qualifying Examination, as the case may be, in accordance with the procedure, notified by the State Government in the Official Gazette :

Provided that the State Government may, by notification in the Official Gazette, exclude the diploma or certificate courses, offered by the private health sciences educational institutions from the purview of the provisions of this sub-section.

(4) Notwithstanding anything contained in sub-section (3), the State Government may, exempt minority institutions from the purview of that sub-section.

(5) Consequent upon the exemption granted under sub-section (4), a common authority of the respective minority institutions, shall conduct a separate test in a fair, transparent and non-exploitive manner for admission of students in minority institutions in accordance with the merit, determined by the said authority.

(6) In case, it is found that the aforesaid separate test has not been conducted in a fair, transparent and non-exploitive manner, the State Government shall have the power to cancel the same and direct the concerned authority to re-conduct the test.]

Eligibility criteria
for admission.

4. (1) The eligibility criteria for admission to a private health sciences educational institution shall be such, as may be determined and notified by the State Government from time to time.

[(2) The State Government or any other authority, authorised by it, shall conduct the Common Entrance Test for making admissions to all private health sciences educational institutions in the State of Punjab, except for those, which are specifically exempted from such test.

(3) Admission in all private health sciences educational institutions, except in those, which are specifically exempted under this Act, and in the case of Foreign Indian Students, shall be made on the basis of the *inter se* merit of the candidates, determined in accordance with the Common Entrance Test.]

Allocation of
seats.

5. (1) An aided minority private health sciences educational institution may reserve for itself, up to the maximum of thirty three per cent seats of the total sanctioned intake as a management category quota of seats.

(2) An aided private health sciences educational institution, other than a minority institution, may reserve up to the maximum of fifteen per cent seats of the total sanctioned intake as a management category quota of seats.

²[(3) (* * * * *)]

(4) An unaided private health sciences educational institution, other than a minority institution, may reserve up to fifty per cent seats of the total sanctioned intake as a management category quota of seats.

¹Substituted by Punjab Act No. 24 of 2006, section 4.

²Sub-section (3) omitted by Punjab Act No. 24 of 2006, section 5(i).

¹[(5) In the case of admission of Foreign Indian Students,—

- (a) a private health sciences educational institution may admit such students in undergraduate courses against such number of seats and such courses, as may be notified by the State Government, after recording reasons therefor in writing :

Provided that the total number of seats for the Foreign Indian Students shall not exceed fifteen per cent of the total sanctioned intake ;

- (b) admission shall be made, against the seats, notified as management category ; and
- (c) admission shall be made as per the procedure, notified by the State Government in a fair and transparent manner in the presence of the representative of the University to which it is affiliated, in accordance with the *inter se* merit, determined on the basis of the Qualifying Examination or its equivalent as may be notified by the State Government.]

²[(6) (* * * * *)]

6. All private health sciences educational institutions shall reserve seats for admission in open merit category and management category, for advancement of socially and educationally backward classes of citizens or for the Scheduled Castes or Scheduled Tribes to such extent, as may be notified by the State Government in the Official Gazette from time to time :

Reservation of
seats.

Provided that such reservation shall not apply to the minority category seats in minority private health sciences educational institutions.

³[7. (1) The State Government shall determine or cause to be

Fixation of
Fee.

determined the fee to be charged by the private health sciences educational institutions, having regard to the minimum norms of infrastructure and facilities as laid down by the concerned Council.

(2) Notwithstanding anything contained in sub-section (1), the State Government may, in public interest, determine a provisional fee :

Provided that the State Government shall determine fee in accordance with the provisions of sub-section (1) within a period of ninety days from the date of fixation of such provisional fee.]

¹Substituted by Punjab Act No. 24 of 2006, section 5(ii).

²Sub-section (6) omitted by Punjab Act No. 24 of 2006, Section 5(iii).

³Substituted by Punjab Act No. 24 of 2006, section 6.

¹[8. (1) The State Government shall, by notification in the Official Gazette, constitute an authority to be known as nodal authority consisting of such members, as may be specified by it for entertaining complaints with regard to the violations of the provisions of this Act or any direction or notification issued thereunder :

Mechanism for
dealing with
violations.

Provided that the State Government may, by notification, fix the terms and conditions of appointment, qualifications and conditions of service of the members of the nodal authority.

(2) The State Government or the nodal authority, as the case may be, may also take a *suo moto* notice of the violations of the provisions of this Act or any direction or notification issued thereunder.

(3) The State Government or the nodal authority, as the case may be, may cause an enquiry to be made by appointing an Inquiry Officer into the allegations levelled by the complainant or at its *suo moto* initiative, and take the following actions, namely :—

- (a) file the complaint, if in its opinion, it is a vexatious, anonymous or pseudonymous complaint ; or
- (b) direct the complainant to furnish additional information or an affidavit in support of his allegations ; or
- (c) take such actions, as it may deem appropriate, keeping in view the facts and circumstances of the case.

(4) For making an enquiry under sub-section (3), a summary procedure shall be followed and the enquiry shall be completed within a period of sixty days.

(5) The nodal authority constituted under sub-section (1) or the Inquiry Officer, appointed under sub-section (3), shall have the powers of a civil court to access, obtain and scrutinize the records of the private health sciences educational institutions as well as summoning of any person or any relevant official record, which he may deem necessary. The nodal authority shall forward its report to the State Government and may recommend any of the actions as mentioned in sub-section (1) of section 9 of this Act.]

Penalties.

²[9. (1) The State Government may, *suo motu* or on the report of the nodal authority, if satisfied that a private health sciences educational institution has violated any of the provisions of this Act or any direction or notification issued thereunder, it may take any or all of the following actions, namely :—

- (a) direct the private health sciences educational institution to redress the grievance of the concerned party ;

¹Substituted by Punjab Act No. 24 of 2006, section 6.

²Substituted by Punjab Act No. 24 of 2006, section 7.

- (b) cause the withdrawal of affiliation or recognition of such private health sciences educational institution from the concerned university or council or any other authority or body to which such private health sciences educational institution is affiliated, to be made ;
- (c) impose fine on such private health sciences educational institution, and such a fine shall be recoverable as arrears of land revenue ;
- (d) direct the private health sciences educational institution to cancel the admission or direct the concerned university or council to cancel the registration of the student, who has been admitted to private health sciences educational institution in violation of the provisions of this Act or any direction or notification issued thereunder ; or
- (e) direct the private health sciences educational institution to admit any student to whom admission has been wrongly denied.]

(2) Before taking any action under sub-section (1), a reasonable opportunity of being heard shall be provided to such institution by the State Government.

10. The State Government may, from time to time, issue to the private health sciences educational institutions such directions, as in its opinion, are necessary or expedient for carrying out the purposes of this Act and the notifications issued thereunder and such institutions shall comply with the directions so issued.

Powers of the State Government to issue directions.

11. (1) If any difficulty arises in giving effect to any of the provisions of this Act, the State Government may, by an order published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as may appear to it to be necessary for removing the difficulty :

Power to remove difficulties.

Provided that no such order shall be made after the expiry of a period of two years from the date of commencement of this Act.

(2) Every order made under this section, shall be laid, as soon as may be, after it is made, before the Punjab State Legislature.

12. No suit, prosecution or other legal proceedings shall lie against the State Government or any officer or employee of the State Government or any other person or authority, authorised by the State Government for anything, which is done or intended to be done in good faith under this Act or the notification issued thereunder.

Protection of actions taken in good faith.



Punjab Government Gazette

EXTRAORDINARY

Published by Authority

CHANDIGARH, MONDAY, MARCH 27, 2006
(CHAITRA 6, 1928 SAKA)

LEGISLATIVE SUPPLEMENT

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Price : Rs. 2.70 Paise

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PART I

DEPARTMENT OF LEGAL AND LEGISLATIVE AFFAIRS, PUNJAB

Notification

The 27th March, 2006

No. 6-Leg./2006.—The following Act of the Legislature of the State of Punjab received the assent of the Governor of Punjab on the 24th March, 2006, and is hereby published for general information :—

THE PUNJAB PRIVATE HEALTH SCIENCES EDUCATIONAL
INSTITUTIONS (REGULATION OF ADMISSION,
FIXATION OF FEE AND MAKING OF
RESERVATION) ACT, 2006

(Punjab Act No. 6 of 2006)

AN

ACT

to provide for the regulation of admission, fixation of fee and making of reservation in private health sciences educational institutions in the State of Punjab and for the matters connected therewith or incidental thereto.

Be it enacted by the Legislature of the State of Punjab in the Fifty-seventh Year of the Republic of India as follows :—

1. (1) This Act may be called the Punjab Private Health Sciences Educational Institutions (Regulation of Admission, Fixation of Fee and Making of Reservation) Act, 2006. Short title and commencement.

(2) It shall come into force at once.

2. In this Act, unless the context otherwise requires,—

Definitions.

(a) "Aided Institution" means a private health sciences educational institution including a minority institution, receiving recurring financial aid or assistance in whole or in part from the Central Government or State Government or from any local body ;

(b) "Common Entrance Test" means an entrance test, conducted by the State Government or any other authority, authorized by it ;

(c) "Fee" means a charge received by a private health sciences educational institution from a student in any manner or under any nomenclature as a condition for studying in that institution.

Explanation.—It is made clear that the term "Fee" in addition to the tuition fee, shall also include all other expenses relating to studies ;

(d) "Foreign Indian Student" means a student declared as such by the State Government by notification ;

- (e) "Management Category" means a category comprising such seats out of the sanctioned intake of an institution, as may be allocated to the management of an institution by the State Government by notification in the Official Gazette, for filling up those seats in a fair and transparent manner through a centralised receipt of applications and centralised counselling on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination ;
- (f) "Minority" means a community declared as such by the State Government by notification ;
- (g) "Minority Institution" means an institution imparting health sciences education, established and administered by a minority for the purpose of welfare of the minority ;
- (h) "Open Merit Category" means a category of seats comprising such seats out of the sanctioned intake of an institution, as may be allocated by the State Government by notification in the Official Gazette, for filling up those seats in a fair and transparent manner through a centralised receipt of applications and centralised counselling on the basis of the *inter se* merit, determined by a Common Entrance Test or Qualifying Examination, but excluding the seats of the management category or minority category ;
- (i) "private health sciences educational institution" means an institution, not established and administered by the Central or State Government or a local body and it includes an aided or unaided or minority institution also ;
- (j) "Qualifying Examination" means an examination, the passing of which enables a student to get admission to various courses of study in private health sciences educational institutions ;
- (k) "sanctioned intake" means the total number of seats, sanctioned and notified by the State Government in the Official Gazette for admitting students in each course of study in a private health sciences educational institution ;
- (l) "State Government" means the Government of State of Punjab in the Department of Medical Education and Research ; and
- (m) "Unaided Institution" means a private health sciences educational institution, not being an aided institution.

3. (1) The State Government shall regulate admission, fix fee and make reservation for different categories in admissions to private health sciences educational institutions.

Regulation of admission, fixation of fee and making of reservation.

(2) For the purpose of determining the fee, the State Government may require any private health sciences educational institution to furnish such information, as it may deem appropriate.

(3) The State Government shall ensure that admission under the management category in a private health sciences educational institution is made in a fair and transparent manner on the basis of the *inter se* merit determined by the Common Entrance Test through the centralised receipt of applications and centralised counselling as per procedure, notified by the State Government in the Official Gazette.

4. (1) The eligibility criteria for admission to a private health sciences educational institution shall be such, as may be determined and notified by the State Government from time to time.

Eligibility criteria for admission.

(2) The State Government or any other authority, authorised by it, shall conduct the Common Entrance Test for making admissions to all the private health sciences educational institutions in the State of Punjab.

(3) Admission to all the categories of seats in private health sciences educational institutions, except in the case of Foreign Indian Students, shall be made on the basis of the *inter se* merit of the candidates obtained in the Common Entrance Test.

5. (1) An aided minority private health sciences educational institution may reserve for itself, up to the maximum of thirty three per cent seats of the total sanctioned intake as a management category quota of seats.

Allocation of seats.

(2) An aided private health sciences educational institution, other than a minority institution, may reserve up to the maximum of fifteen per cent seats of the total sanctioned intake as a management category quota of seats.

(3) An unaided minority private health sciences educational institution may reserve, not more than fifty per cent seats of the total sanctioned intake as a management category quota of seats.

(4) An unaided private health sciences educational institution, other than a minority institution, may reserve up to fifty per cent seats of the total sanctioned intake as a management category quota of seats.

(5) In the case of admission of Foreign Indian Students,—

- (a) a private health sciences educational institution may admit such students against such number of seats, as may be notified by the State Government :

Provided that the total number of seats for the Foreign Indian Students, shall not exceed fifteen per cent of the total sanctioned intake of the management category ;

- (b) while making admission, first preference shall be given to the Foreign Indian Students, who have ancestral background of the State of Punjab ;
- (c) admission shall be made against the seats, notified as management category ;
- (d) admission shall be made on the basis of centralised receipt of applications, by making centralised counselling of such students in a fair and transparent manner in accordance with the *inter se* merit, determined on the basis of Qualifying Examination or its equivalent, as may be notified by the State Government.

(6) For filling up the minority category seats, the criteria and procedure for making admission to management category seats, shall be *ipso facto* followed, except that the candidates belonging to the concerned minority community, shall be given preference over the candidates of other communities in admission against the seats meant for the minority community only.

Reservation of
seats.

6. All private health sciences educational institutions shall reserve seats for admission in open merit category and management category, for advancement of socially and educationally backward classes of citizens or for the Scheduled Castes or Scheduled Tribes to such extent, as may be notified by the State Government in the Official Gazette from time to time :

Provided that such reservation shall not apply to the minority category seats in minority private health sciences educational institutions.

Fixation of Fee.

7. (1) The State Government shall determine fee, to be charged by a private health sciences educational institution, located in the State, having regard to the following factors, namely :—

- (a) the location of the institution ;
- (b) the nature of the curriculum ;
- (c) the cost of land and building ;
- (d) the available infrastructure and equipment ;
- (e) the expenditure incurred or being incurred on faculty, administration and maintenance ;

- (f) the reasonable profit, required for the growth and development of the institution ; and
- (g) any other relevant factor, which the State Government deems just and appropriate for the determination of fee.

(2) Before determining fee under sub-section (1), the State Government shall give the concerned private health sciences educational institutions and the representatives of the students already studying in such institutions and the representatives of the students, who intend to seek admission in those institutions, a reasonable opportunity to express their view points in writing with respect to the fee determination.

(3) Notwithstanding anything contained in sub-sections (1) and (2), the State Government may in public interest, determine a provisional fee :

Provided that the State Government shall fix fee in accordance with the provisions of sub-section (1) and sub-section (2) within a period of ninety days from the fixation of such provisional fee.

8. (1) The State Government shall, by notification in the Official Gazette, appoint a nodal officer, not below the rank of a Joint Secretary to the State Government for entertaining complaints with regard to the violations of the provisions of this Act or any notification issued thereunder.

Mechanism for
dealing with
violations.

(2) The State Government may also take a *suo moto* notice of the violation of the provisions of this Act or any notification issued thereunder.

(3) The State Government may cause an enquiry to be made into the allegations levelled by the complainant or at its *suo moto* initiative and take the following actions, namely :—

- (a) file the complaint, if in its opinion, it is a vexatious, anonymous or pseudonymous complaint ; or
- (b) direct the complainant to furnish additional information or an affidavit in support of his allegations ; or
- (c) take such actions, as it may deem appropriate, keeping in view the facts and circumstances of the case.

(4) For conducting an enquiry under sub-section (3), a summary procedure shall be followed and the enquiry shall be completed within a period of sixty days.

(5) The nodal officer shall have the powers of a civil court to access, obtain and scrutinize the records of the private health sciences educational institutions as well as summoning of any person or any relevant official record, which he may deem necessary.

Penalties.

9. (1) The State Government may, if it is satisfied that a private health sciences educational institution has violated any provisions of this Act or any notification issued thereunder, it may take any or all of the following actions, namely:—

- (a) cause the withdrawal of affiliation or recognition of such institution from the university or any other authority or body to which such institution is affiliated to be made;
- (b) impose a fine on such institution, which may extend to fifteen times of the excess fee charged and such a fine shall be recovered as arrear of land revenue;
- (c) direct such institution to cancel the admission or registration of a student, who has been admitted to such institution in violation of the provisions of this Act or the notification issued thereunder; or
- (d) direct such institution to admit any student to whom admission has been wrongly denied.

(2) Before taking any action under sub-section (1), a reasonable opportunity of being heard shall be provided to such institution by the State Government.

Powers of the State Government to issue directions.

10. The State Government may, from time to time, issue to the private health sciences educational institutions such directions, as in its opinion, are necessary or expedient for carrying out the purposes of this Act and the notifications issued thereunder and such institutions shall comply with the directions so issued.

Power to remove difficulties.

11. (1) If any difficulty arises in giving effect to any of the provisions of this Act, the State Government may, by an order published in the Official Gazette, make such provisions, not inconsistent with the provisions of this Act, as may appear to it to be necessary for removing the difficulty:

Provided that no such order shall be made after the expiry of a period of two years from the date of commencement of this Act.

(2) Every order made under this section, shall be laid, as soon as may be, after it is made, before the Punjab State Legislature.

Protection of actions taken in good faith.

12. No suit, prosecution or other legal proceedings shall lie against the State Government or any officer or employee of the State Government or any other person or authority, authorised by the State Government for anything, which is done or intended to be done in good faith under this Act or the notification issued thereunder.

H. S. BHALLA,

Secretary to Government of Punjab,
Department of Legal and Legislative Affairs.

①

MINISTRY OF HEALTH AND FAMILY WELFARE

(Department of Health and Family Welfare)

NOTIFICATION

New Delhi, the 31st July, 2008

G.S.R. 571(E).— In exercise of the powers conferred by sub-section (1) of section 24 of the Transplantation of Human Organs Act, 1994 (42 of 1994), the Central Government hereby makes the following amendments to the Transplantation of Human Organs Rules, 1995, namely:-

1. Short title and Commencement

(1) These rules may be called the Transplantation of Human Organs (Amendment) Rules, 2008.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. In the Transplantation of Human Organs (Amendment) Rules, 2008 (hereinafter referred to as the said rules), - (i) clause (d) shall be renumbered as clause (f), thereof and before clause (f) as so renumbered the following clauses shall be inserted, after clause (c), namely:

(i). after sub-rule (c) of Rule 2, the following shall be inserted:

"(d) "National Accreditation Board for Laboratories" (NABL) means a Board set up by the Quality Council of India (set up by the Government of India) for undertaking assessment and accreditation of testing and calibration of laboratories in accordance with the international standard ISO / IEC 17025 and ISO 15189;

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(ii) (e) the Registered Medical Practitioner, as defined in clause (n) of section 2 of Transplantation of Human Organs Act, 1994 includes an allopathic doctor with MBBS or equivalent degree under the Medical Council of India Act.

3. In the said rules, in rule 3, for the words and figure "Form.1" the words, figures and letters "Forms 1(A), 1(B) and 1(C) shall be substituted:

4. In the said rules, - (i) in rule 4 for sub-rule(1) the following sub-rule shall be substituted, namely:-

"(i) Duties of the Medical Practitioner:

(1) A registered medical practitioner shall, before removing a human organ from the body of a donor before his death, satisfy himself -

(a) that the donor has given his authorization in appropriate Form 1(A) or 1(B) or 1(C).

(b) that the donor is in proper state of health and is fit to donate the organ, and the registered medical practitioner shall sign a certificate as specified in Form 2.

(c) that the donor is a near relative of the recipient, as certified in Form 3, who has signed Form 1(A) or 1(B) as applicable to the donor and that the donor has submitted an application in Form 10 jointly with the recipient and that the proposed donation has been approved by the concerned competent authority and that the necessary documents as prescribed and medical tests, if required, to determine the factum of near relationship, have been examined to the satisfaction of the Registered Medical Practitioner i.e. Incharge of transplant centre.

(d) that in case the recipient is spouse of the donor, the donor has given a statement to the effect that they are so related by signing a certificate in Form 1(B) and has submitted an application in Form 10 jointly with the recipient and that the proposed donation has been approved by the concerned competent authority under provisions of sub-rule(2) of rule 4A.

(e) In case of a donor who is other than a near relative and has signed Form 1(C) and submitted an application in Form 10 jointly with the recipient, the permission from the Authorisation Committee for the said donation has been obtained.

(ii) In rule 4 in sub-rule(2) for clause (b) the following clause shall be substituted, namely:-

"(b) that then person lawfully in possession of the dead body has signed a certificate as specified in Form 6."

(iii) the existing Form 7 shall be omitted.

5. In the said rules, after rule 4 the following rule shall be inserted, namely:-

*4-A. (1) The medical practitioner who will be part of the organ transplantation team for carrying out transplantation operation shall not be a member of the Authorisation Committee constituted under the provisions of clauses (a) and (b) of sub-section(4) of section 9 of the Act.

- “6. The donor and the recipient shall make jointly an application to grant approval for removal and transplantation of a human organ, to the concerned competent authority or Authorisation Committee as specified in Form 10. The Authorisation Committee shall take a decision on such application in accordance with the guidelines in rule 6-A.”

(ii) after rule 6, the following rule shall be inserted, namely:-

“6A. Composition of Authorisation Committees:

1. There shall be one State level Authorisation Committee.
2. Additional authorisation committees may be set up at various levels as per norms given below, namely:-

- (i) no member from transplant team of the institution should be a member of the respective Authorisation Committee. All Foreign Nationals (related and unrelated) should go to 'Authorisation Committee' as abundant precaution needs to be taken in such cases;
- (ii) Authorisation Committee should be Hospital based in Metro and big cities if the number of transplants exceed 25 in a year at the respective transplantation centres. In smaller towns, there are State or District level Committees if transplants are less than 25 in a year in the respective districts.

(A) Composition of Hospital Based Authorisation Committees: (To be constituted by the State Government and in case of Union territory by the Central Government).

- (a) the senior most person officiating as Medical Director or Medical Superintendent of the Hospital;
- (b) two senior medical practitioners from the same hospital who are not part of the transplant team;
- (c) two members being persons of high integrity, social standing and credibility, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants and doctors (of Indian Medical Association) etc.; and
- (d) Secretary (Health) or nominee and Director Health Services or nominee.

(B) Composition of State or District Level Authorisation Committees: (To be constituted by the State Government and in case of Union territory by the Central Government).

- (a) a Medical Practitioner officiating as Chief Medical Officer or any other equivalent post in the main/major Government Hospital of the District.
- (b) two senior medical practitioners to be chosen from the pool of such medical practitioners who are residing in the concerned District and who are not part of any transplant team.
- (c) two senior citizens, non-medical background (one lady) of high reputation and integrity to be chosen from the pool of such citizens residing in the same district, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants and doctors (of Indian Medical Association) etc.; and
- (d) Secretary (Health) or nominee and Director Health Services or nominee.

(Note: Effort should be made to have most of the members' ex-officio so that the need to change the composition of committee is less frequent.)

- 6B. The State level committees shall be formed for the purpose of providing approval or no objection certificate to the respective donor and recipient to establish the legal and residential status as a domicile state. It is mandatory that if donor, recipient and place of transplantation are from different states, then the approval or 'no objection certificate' from the respective domicile State Government should be necessary. The institution where the transplant is to be undertaken in such case the approval of Authorisation Committee is mandatory.
- 6C. The quorum of the Authorisation Committee should be minimum four. However, quorum ought not to be considered as complete without the participation of the Chairman. The presence of Secretary (Health) or nominee and Director of Health Services or nominee is mandatory.
- 6D. The format of the Authorisation Committee approval should be uniform in all the institutions in a State. The format may be notified by respective State Government.
- 6E. Secretariat of the Committee shall circulate copies of all applications received from the proposed donors to all members of the Committee. Such applications should be circulated along with all annexures, which may have been filed along with the applications. At the time of the meeting, the Authorisation Committee should take note of all relevant contents and documents in the course of its decision making process and in the event any document or information is found to be inadequate or doubtful, explanation should be sought from the applicant and if it is considered

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necessary that any fact or information requires to be verified in order to confirm its veracity or correctness, the same be ascertained through the concerned officer(s) of the State/ Union territory Government.

6F. The Authorisation Committee shall focus its attention on the following, namely:-

(a) Where the proposed transplant is between persons related genetically, Mother, Father, Brother, Sister, Son or Daughter above the age of 18 years).

the concerned competent authority shall evaluate:-

- (i) results of tissue typing and other basic tests;
- (ii) documentary evidence of relationship e.g. relevant birth certificates and marriage certificate, certificate from Sub-divisional magistrate/ Metropolitan Magistrate/or Sarpanch of the Panchayat;
- (iii) documentary evidence of identity and residence of the proposed donor e.g. Ration Card or Voters Identity Card or Passport or Driving License or PAN Card or Bank Account and family photograph depicting the proposed donor and the proposed recipient along with another near relative;
- (iv) If in its opinion, the relationship is not conclusively established after evaluating the above evidence, it may in its discretion direct further medical tests as prescribed as below:
 - (a) the tests for Human Leukocyte Antigen (HLA), Human Leukocyte Antigen-B alleles to be performed by the serological and/or Polymerase chain reaction (PCR) based Deoxyribonucleic acid (DNA) methods.
 - (b) test for Human Leukocyte Antigen-DR beta genes to be performed using the Polymerase chain reaction (PCR) based Deoxyribonucleic acid (DNA) methods.
 - (c) the tests referred to in sub-rules (i) and (ii) shall be got done from a laboratory accredited with National Accreditation Board for Laboratories (NABL)."
 - (d) where the tests referred to in (i) to (iii) above do not establish a genetic relationship between the donor and the recipient, the same tests to be performed on both or at least one parent, preferably both parents. If parents are not available, same tests to be performed on such relatives of donor and recipient as are available and are willing to be tested failing which, genetic relationship between the donor and the recipient will be deemed to have not been established.

- (b) The papers for approval of transplantation would be processed by the registered medical practitioner and administrative division of the Institution for transplantation, while the approval will be granted by the Authorisation Committee.
- (c) Where the proposed transplant is between a married couple (except foreigners, whose cases should be dealt by Authorisation Committee):

The concerned competent authority or authorisation committee as the case may be must evaluate all available evidence to establish the factum and duration of marriage and ensure that documents such as marriage certificate, marriage photograph is placed before the committee along with the information on the number and age of children and a family photograph depicting the entire immediate family, birth certificate of children containing the particulars of parents.

- (d) Where the proposed transplant is between individuals who are not "near relatives". The authorization committee shall evaluate:-

- (i) that there is no commercial transaction between the recipient and the donor. That no payment of money or moneys worth as referred to in the sections of the Act, has been made to the donor or promised to be made to the donor or any other person. In this connection the Authorisation Committee shall take into consideration:-
- (a) an explanation of the link between them and the circumstances which led to the offer being made;
 - (b) documentary evidence of the link e.g. proof that they have lived together etc.;
 - (c) reasons why the donor wishes to donate; and
 - (d) old photographs showing the donor and the recipient together.
- (ii) that there is no middleman/tout involved;
- (iii) that financial status of the donor and the recipient is probed by asking them to give appropriate evidence of their vocation and income for the previous three financial years. Any gross disparity between the status of the two, must be evaluated in the backdrop of the objective of preventing commercial dealing;
- (iv) that the donor is not a drug addict or a known person with criminal record;
- (v) that the next of kin of the proposed unrelated donor is interviewed regarding awareness about his/her intention to donate an organ, the authenticity of the link between the donor and the recipient and the reasons for donation. Any strong views or disagreement or objection of such kin may also be recorded and taken note of; and

- (e) When the proposed donor or the recipient or both are foreigners:-
- (i) a senior Embassy official of the country of origin has to certify the relationship between the donor and the recipient.
 - (ii) Authorisation Committee shall examine the cases of Indian donors consenting to donate organs to a foreign national (who is a near relative), including a foreign national of Indian origin, with greater caution. Such cases should be considered rarely on case to case basis.
- (f) In the course, of determining eligibility of the applicant to donate, the applicant should be personally interviewed by the Authorisation Committee and minutes of the interview should be recorded. Such interviews with the donors should be videographed.
- (g) In case where the donor is a woman greater precautions ought to be taken. Her identity and independent consent should be confirmed by a person other than the recipient. Any document with regard to the proof of residence or domicile and particulars of parentage should be relatable to the photo identity of the applicant in order to ensure that the documents pertain to the same person, who is the proposed donor and in the event of any inadequate or doubtful information to this effect, the Authorisation Committee may in its discretion seek such other information or evidence as may be expedient and desirable in the peculiar facts of the case.
- (h) The Authorisation Committee should state in writing its reason for rejecting/ approving the application of the proposed donor and all approvals should be subject to the following conditions:-
- (i) that the approved proposed donor would be subjected to all such medical tests as required at the relevant stages to determine his biological capacity and compatibility to donate the organ in question.
 - (ii) further that the psychiatrist clearance would also be mandatory to certify his mental condition, awareness, absence of any overt or latent psychiatric disease and ability to give free consent.
 - (iii) all prescribed forms have been and would be filled up by all relevant persons involved in the process of transplantation.
 - (iv) all interviews to be video recorded.
- (i) The authorisation committee shall expedite its decision making process and use its discretion judiciously and pragmatically in all such cases where, the patient requires immediate transplantation.

(1) Every authorised transplantation centre must have its own website. The Authorisation Committee is required to take final decision within 24 hours of holding the meeting for grant of permission or rejection for transplant. The decision of the Authorisation Committee should be displayed on the notice board of the hospital or Institution immediately and should reflect on the website of the hospital or Institution within 24 hours of taking the decision. Apart from this, the website of the hospital or Institution must update its website regularly in respect of the total number of the transplantations done in that hospital or Institution along with the details of each transplantation. The same data should be accessible for compilation, analysis and further use by respective State Governments and Central Government.

7. In the said rules, in rule 7, after clause(2) the following clause shall be inserted, namely:-

"7(3) before a hospital is registered under the provisions of this rule, it shall be mandatory for the hospital to nominate a transplant coordinator."

8. In the said rules, for rule 9 the following rule shall be substituted, namely:-

"9. Conditions for grant of Certificate of Registration:

No hospital shall be granted a certificate of registration under this Act unless it fulfils the following requirement of manpower, equipment, specialized services and facilities as laid down below:-

A General Manpower Requirement Specialised Services and Facilities:

- (1) 24 hours availability of medical and surgical, (senior and junior) staff.
- (2) 24 hours availability of nursing staff, (general and speciality trained).
- (3) 24 hours availability of Intensive Care Units with adequate equipments, staff and support system, including specialists in anaesthesiology, intensive care.
- (4) 24 hours availability of laboratory with multiple discipline testing facilities including but not limited to Microbiology, Bio-Chemistry, Pathology and Hematology and Radiology departments with trained staff.
- (5) 24 hours availability of Operation Theater facilities (OT facilities) for planned and emergency procedures with adequate staff, support system and equipments.
- (6) 24 hours availability of communication system, with power backup, including but not limited to multiple line telephones, public telephone systems, fax, computers and paper photo-imaging machine.
- (7) Experts (Other than the experts required for the relevant transplantation) of relevant and associated specialties including but not limited to and depending upon the requirements, the experts in internal medicine, diabetology,

gastroenterology, nephrology, neurology, paediatrics, gynaecology immunology and cardiology etc. should be available to the transplantation centre.

B Equipments:

Equipments as per current and expected scientific requirements specific to organ or organs being transplanted. The transplant centre should ensure the availability of the accessories, spare-parts and back-up/maintenance/service support system in relation to all relevant equipments.

C Experts and their qualifications:-

(A) Kidney Transplantation:

M.S. (Gen.) Surgery or equivalent qualification with three years post M.S. training in a recognised center in India or abroad and having attended to adequate number of renal transplantation as an active member of team.

(B) Transplantation of liver and other abdominal organs

M.S. (Gen.) Surgery or equivalent qualification with adequate post M.S. training in an established center with a reasonable experience of performing liver transplantation as an active member of team.

(C) Cardiac, Pulmonary, Cardio-Pulmonary Transplantation:

M.Ch. Cardio-thoracic and vascular surgery or equivalent qualification in India or abroad with at least 3 years experience as an active member of the team performing an adequate number of open heart operations per year and well-versed with Coronary by-pass surgery and Heart-valve surgery.

(D) Cornea Transplantation:

M.D./M.S. ophthalmology or equivalent qualification with one year post M.D./M.S training in a recognised hospital carrying out Corneal transplant operations.

[F. No. S-12011/12/2007-MS]

VINEET CHAUDHRY, Jt. Secy.

Note:— The principal rules were published in the Gazette of India *vide* notification No. S-12011/2/1994-MS, dated the 4th February, 1995, Extraordinary, under G.S.R. No. 51(E).

FORM 1(A)

(Page 1 of 2)

(To be completed by the prospective related donor)

(See Rule 3)

My full name is

and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

My permanent home address is

.....

.....Tel:

My present home address is

.....

.....Tel:

Date of birth(day/month/year)

- Ration/Consumer Card number and Date of issue & place:.....
(Photocopy attached)
- and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)
- and/or
- Passport number and country of issue.....
(Photocopy attached)
- and/or
- Driving Licence number, Date of issue, licensing authority.....
(Photocopy attached)
- and/or
- PAN.....
- and/or
- Other proof of identity and address

I hereby authorize removal for therapeutic purposes/consent to donate my
(state which organ) to my relative (specify son/daughter/father/mother/
brother/sister), whose name is and
who was born on(day/month/year) and whose particulars are as
follows:

Photograph of the Recipient
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

FORM 1(A) [Page- 2]

- Ration/Consumer Card number and Date of issue & place:.....
(Photocopy attached) and/ or
- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached) and/or
- Passport number and country of issue.....
(Photocopy attached) and/ or
- Driving Licence number, Date of issue, licensing authority.....
(photocopy attached) and/or
- PAN..... and/or
- Other proof of identity and address

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that:

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my
(organ) of my own free will without any undue pressure, inducement, influence or allurements.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ).
That explanation was given by (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.

FORM 1(B)
(Page 1 of 2)

(To be completed by the prospective spousal donor)
(see Rule 3)

My full name is
and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

My permanent home address is

.....
..... Tel:

My present home address is

..... Tel:

Date of birth(day/month/year)

I authorize to remove for therapeutic purposes/consent to donate my
..... (state which organ) to my husband/wife.....
whose full name is and
who was born on (day/month/year) and whose particulars are as
follows:

Photograph of the Recipient
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

- Ration/Consumer Card number and Date of issue & place:.....
(Photocopy attached) and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached) and/or
- Passport number and country of issue.....
(Photocopy attached) and/or
- Driving Licence number, Date of issue, licensing authority.....
(Photocopy attached) and/or
- PAN..... and/or
- Other proof of identity and address

FORM 1(B) [Page-2]

I submit the following as evidence of being married to the recipient:-

- (a) A certified copy of a marriage certificate

OR

- (b) An affidavit of a 'near relative' confirming the status of marriage to be sworn before Class-I Magistrate/Notary Public.
- (c) Family photographs
- (d) Letter from member of Gram Panchayat / Tehsildar / Block Development Officer/ MLA/ MP certifying factum and status of marriage.

OR

- (e) Other credible evidence

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the Sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ). That explanation was given by (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.

FORM 1(C)

(Page 1 of 2)

(To be completed by the prospective un-related donor)

(See Rule 3)

My full name is
and this is my photograph

Photograph of the Donor
(Attested by Notary Public)

To be affixed
and attested by
Notary Public
after it is affixed.

My permanent home address is

..... Tel:

My present home address is

..... Tel:

Date of birth (day/month/year)

- Ration/Consumer Card number and Date of Issue & place:.....
(Photocopy attached)

and/or

- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)

and/or

- Passport number and country of issue.....
(Photocopy attached)

and/or

- Driving Licence number, Date of issue, licensing authority.....
(Photocopy attached)

and/or

- PAN.....

and/or

- Other proof of identity and address

Details of last three years income and vocation of donor

.....

I hereby authorize to remove for therapeutic purposes/consent to donate my
..... (state which organ) to a person whose full name is
..... and who was born on
(day/month/year) and whose particulars are as follows:

Photograph of the Recipient
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

FORM 1(C) [Page-2]

- Ration/Consumer Card number and Date of issue & place:.....
(Photocopy attached)
and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)
and/or
- Passport number and country of issue.....
(Photocopy attached)
and/or
- Driving Licence number, Date of issue, licensing authority.....
(Photocopy attached)
and/or
- PAN.....
and/or
- Other proof of identity and address

I solemnly affirm and declare that:

Sections 2, 9 and 19 of The Transplantation of Human Organs Act 1994 have been explained to me and I confirm that

1. I understand the nature of criminal offences referred to in the Sections.
2. No payment of money or money's worth as referred to in the Sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my
(organ) of my own free will without any undue pressure, inducement, influence or allurements.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my (organ).
That explanation was given by (name of registered medical practitioner).
5. I understand the nature of that medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date

Note: To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register, as well.

- ✓ wherever applicable.

FORM 2

[See rule 4(1) (b)]

(To be completed by the concerned Medical Practitioner)

I, Dr. possessing qualification of
registered as medical practitioner at serial no. by the
..... Medical Council, certify that I have examined
Shri/ Smt./ Km. S/o, D/o, W/o Shri
aged who has given informed consent about donation of the organ, namely (name
of the organ) to Shri/Smt./Km
who is a 'near relative' of the donor/other than near relative of the donor, who had been
approved by the Authorisation Committee/ Registered Medical Practitioner i.e. Incharge of
transplant centre (as the case may be) and that the said donor is in proper state of health
and is medically fit to be subjected to the procedure of organ removal.

Place:

Date:

Signature of Doctor
Seal

To be affixed
(pasted) and
attested by the
doctor concerned.

The signatures and
seal should partially
appear on
photograph and
document without
disfiguring the face
in photograph.

Photograph of the Donor
(Attested by doctor)

To be affixed
(pasted) and
attested by the
doctor concerned.

The signatures and
seal should partially
appear on
photograph and
document without
disfiguring the face
in photograph.

Photograph of the recipient
(Attested by the doctor)

FORM 3

[See Rule 4(1)(c)]

I, Dr./Mr./Mrs. working as
at and possessing qualification of certify
that Shri/ Smt./ Km. S/o, D/o, W/o
Shri/ Smt. aged the donor
and Shri/ Smt. S/o, D/o, W/o
Shri/Smt. aged the proposed recipient of the organ to
be donated by the said donor are related to each other as
brother/sister/mother/father/son/daughter as per their statement and the fact of this
relationship has been established / not established by the results of the tests for Antigenic
Products of the Human Major Histocompatibility Complex. The results of the tests are
attached.

Place

Date

Signature
(To be signed by the Head of the Laboratory)

Seal

2945 GI/08-5

FORM 10
(Page 1 of 2)**APPLICATION FOR APPROVAL FOR TRANSPLANTATION (LIVE DONOR)**
(To be completed by the proposed recipient and the proposed donor)
[See Rule 4 (1) (c)(d)(e)]

To be self
attested across
the affixed
photograph

To be self
attested across
the affixed
photograph

Photograph of the Donor
(Self-attested)

Photograph of the recipient
(Self-attested)

Whereas I S/o, D/o, W/o,
Shri/Smt. aged residing at
..... have been
advised by my doctor that I am suffering from
..... and may be benefited by transplantation
of into my body.

And whereas I S/o, D/o, W/o,
Shri/Smt. aged residing at
..... by the following reason(s):-

- a) by virtue of being a near relative i.e.
b) by reason of affection/attachment/other special reason as explained below :-

I would therefore like to donate my (name of the organ) to
Shri/Smt.

We and
(Donor) (Recipient)

hereby apply to Authorization Committee for permission for such transplantation to be
carried out.

We solemnly affirm that the above decision has been taken without any undue
pressure, inducement, influence or allurement and that all possible consequences and
options of organ transplantation have been explained to us.

FORM 10 [Page 2]**Instructions for the applicants:-**

1. Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1(C) as may be applicable.
2. The applicable Form i.e. Form 1(A) or Form 1(B) or Form 1(C) as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 3 to be submitted along with the laboratory report.
4. The doctor's advice recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income tax returns, keeping in view that the applicant(s) in a given case may not be filing income tax returns.
6. The application shall be accepted for consideration by the Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. As per the Supreme Court's judgement dated 31.03.2005, the approval/ No Objection Certificate from the concerned State/ Union Territory Government or Authorisation Committees is mandatory from the domicile State/ Union Territory of donor as well as recipient. It is understood that final approval for transplantation should be granted by the Authorisation Committee/ Registered Medical Practitioner i.e. Incharge of transplant centre (as the case may be) where transplantation should be done.

We have read and understood the above instructions.

Signature of the Prospective Donor

Date :

Place :

Signature of Prospective Recipient

Date :

Place :

- (2) Where the proposed transplantation is between a married couple, the Registered Medical Practitioner i.e. Incharge of transplant centre must evaluate the factum and duration of marriage and ensure that documents such as marriage certificate, marriage photograph etc. are kept for records along with the information on the number and age of children and family photograph depicting the entire immediate family, birth certificate of children containing particulars of parents.
- (3) When the proposed donor or recipient or both are not Indian Nationals/citizens whether 'near relatives' or otherwise, Authorisation Committees shall consider all such requests.
- (4) when the proposed donor and the recipient are not 'near relatives', as defined under clause(i) of section 2 of the Act, the Authorisation Committee shall evaluate that,-

- (i) there is no commercial transaction between the recipient and the donor and that no payment or money or moneys worth as referred to the Act, has been made to the donor or promised to be made to the donor, or any other person;
- (ii) the following shall specifically be assessed by the Authorisation Committee:-
 - (a) an explanation of the link between them and the circumstances which led to the offer being made;
 - (b) reasons why the donor wishes to donate;
 - (c) documentary evidence of the link, e.g. proof that they have lived together, etc.;
 - (d) old photographs showing the donor and the recipient together;
- (iii) that there is no middleman or tout involved;
- (iv) that financial status of the donor and the recipient is probed by asking them to give appropriate evidence of their vocation and income for the previous three financial years. Any gross disparity between the status of the two must be evaluated in the backdrop of the objective of preventing commercial dealing;
- (v) that the donor is not a drug addict or known person with criminal record;
- (vi) that the next of the kin of the proposed unrelated donor is interviewed regarding awareness about his or her intention to donate an organ, the authenticity of the link between the donor and the recipient and the reasons for donation. Any strong views or disagreement or objection of such kin shall also be recorded and taken note of.

6. In the said rules:-

- (i) For rule 6 the following rules shall be substituted, namely:-

ਪੰਜਾਬ ਸਰਕਾਰ
ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ
(ਸਿਹਤ-3 ਸਾਖਾ)

ਵੱਲ,

- ✓ 1) ਪ੍ਰਿੰਸੀਪਲ,
ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ।
- 2) ਪ੍ਰਿੰਸੀਪਲ,
ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਅੰਮ੍ਰਿਤਸਰ।
- 3) ਪ੍ਰਿੰਸੀਪਲ,
ਸ੍ਰੀ ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਮੈਡੀਕਲ ਕਾਲਜ, ਫਰੀਦਕੋਟ।
- 4) ਪੁਨਰਜੋਤ ਆਈ ਬੈਂਕ,
ਲੁਧਿਆਣਾ।

ਮੀਮੋ.ਨੰ: 11/111/2007-5ਸਸ3/7189,
ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ 15/9/08.

ਵਿਸ਼ਾ:- Regarding allocation of districts for eyes collection to various Registered Eyes Banks in the State of Punjab.

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਹਵਾਲੇ ਵਿੱਚ।

2. ਵਿਸ਼ਾ ਅੰਕਤ ਮਾਮਲੇ ਸਬੰਧੀ ਮਿਤੀ 5.9.2008 ਨੂੰ ਹੋਈ ਮੀਟਿੰਗ ਦੀ ਪ੍ਰੋਸੀਡਿੰਗ ਦੀ ਕਾਪੀ ਆਪ ਨੂੰ ਲੋੜੀਂਦੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜੀ ਜਾਂਦੀ ਹੈ।

ਪ੍ਰਿੰਸੀਪਲ
ਸੁਪਰਡੈਂਟ

ਪਿੱਠ ਅੰਕਣ ਨੰ: 11/111/2007-5ਸਸ3/

ਮਿਤੀ, ਚੰਡੀਗੜ੍ਹ

ਉਪਰੋਕਤ ਦਾ ਇਕ ਉਤਾਰਾ ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਸੂਚਨਾ ਤੇ ਲੋੜੀਂਦੀ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।

ਮਾਤਾ
ਸੁਪਰਡੈਂਟ

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ag of the Meeting held on 5.9.2008 at 11.00 A.M. under the Chairmanship of
nal Secretary, Medical Education & Research regarding Eye-Bank.

The meeting was attended by the following officers:-

1. Dr. J.S. Dalal,
Director, Research and Medical Education, Punjab.
2. Dr. Dharamvir Chalia,
Professor, Ophthalmology,
Govt. Medical College, Patiala.
3. Dr. N.R. Gupta,
Associate Professor, Ophthalmology,
Govt. Medical College, Amritsar.
4. Sh. Prem Singh Aulakh,
Superintendent, Health-3 Branch.

A meeting ^{is} held under the Chairmanship of Additional Secretary, Medical
Education & Research regarding Eye-Bank. The following decisions are considered and
decided:-

It is unanimously decided that to streamline the distribution of Eyes to
various Eye-Banks in the Punjab State. These Eye-Banks are regulated under the Human
Organ Transplantation Act 1994.

The various organizations working for Eye donation and have to send the
Eyes to various Eye-Banks in Punjab as follow:-

- 1) Eye Bank, Govt. Medical College, Patiala.
- 2) Eye Bank, Govt. Medical College, Amritsar.
- 3) Eye Bank, Guru Gobind Singh Medical College, Faridkot.
- 4) Puner Jyot, Eye Bank, Ludhiana.

The district attached with above Eye-Banks are as under:-

- i) **Eye Bank, Govt. Medical College, Patiala.**
Patiala, Sangrur, Fatehgarh Sahib, Mohali, Ropar, Mansa, Barnala.
- ii) **Eye Bank, Govt. Medical College, Amritsar.**
Amritsar, Gurdaspur, Hoshiarpur, Tarn Taran, Jalandhar, Nawanshar and
Kapurthala.
- iii) **Eye Bank, Guru Gobind Singh Medical College, Faridkot.**
Faridkot, Muktsar, Moga, Ferozepur, Bathinda.
- iv) **Puner Jyot, Eye Bank, Ludhiana.**
Ludhiana

In case of non availability of case of Corneal Transplantation case, these three
Govt. Eye Banks will co-ordinate and exchange the eyes with one and other if need be. The
concerned Chairman, District Blindness Control Society/Deputy Commissioner will ensure
that enucleated eyes are sent to proper Eye Banks as per rules/guidelines.

The Committee also decided that no new Eye Bank should be opened. Only
eye collection centers may be opened under the already existing Eye Banks.

Meeting ended with thanks to the chair.

From

Dr. Sukhdev Singh
Director Health Services
Punjab.

To

All the Civil Surgeons.
Punjab.

Sub: - **Setting up of Eye Bank of Corneal Transplantation centers under Human Organ Transplantation Act 1994 in state of Punjab.**

As already discussed in the Civil Surgeons Conference in DHS Office Dated on 17.01.08 about the law of eye banking and corneal transplantation center in detail, Dr. Dharamvir Chalia Medical Director Eye Bank Rajindra Hospital, Patiala briefed the Offences & penalties under this act. So all of you hereby directed to issue instructions to all NGO'S working for Eye Banking & Eye Donation in your district to send the Eyes only to these three registered Eye banks by the appropriate authority i.e. DRME State of Punjab.

The Three Eye Bank & Corneal Transplantation Center in Eye Department.

1. Govt. Medical College - Amritsar.
2. Govt. Medical College - Patiala.
3. Govt. Medical College - Faridkot

You are hereby also directed to issue instructions to all the Eye Specialist in your district about the implementation of this act & advice them to send the Eyes for Corneal Transplantation to the above three Medical Colleges only.

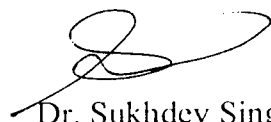
As you know offences & penalties under this act of chapter VI is as below:-

1. Any person who renders his services to or at any hospital and who, for purposes of Transplantation, conducts associates with or helps in any manner in, the removal of any human organ without authority shall be punishable with imprisonment for a term which may extend to five years and with fine which may extend to ten thousand rupees.
2. Where any person convicted under sub-section (1) is a registered medical practioners. His name shall be reported by the appropriate authority to the respective State Medical Council for taking necessary action including the removal of the Council for a period of two years for the firs offence and permanently for the subsequent offence.

As this is very serious Constitutional matter under Human organ Transplantation Act. 1994. So this should be implemented as early as possible.

Thanking you,

Yours Sincerely,



Dr. Sukhdev Singh
Director Health Services
Punjab

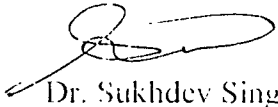
No. B8(2)-PE-08/186-187

Dated Chandigarh 12-2-08

23

Copy forwarded to :

1. Director, Research and Medical Education, Punjab, Chandigarh
2. ✓ Dr. Dharamvir Chalia Medical Director Eye Bank Rajindra Hospital, Patiala
for information and necessary action please.


Dr. Sukhdev Singh
Director Health Services
Punjab

**GOVERNMENT OF PUNJAB
DEPARTMENT OF MEDICAL EDUCATION AND RESEARCH
(HEALTH-III BRANCH)**

NOTIFICATION

**AUTHORISATION COMMITTEES UNDER THE TRANSPLANTATION OF HUMAN
ORGANS ACT, 1994**

No. 11/51/09-SHB-III/ 2914.

Dated Chandigarh the : 17/6/09.

1. District Level Authorisation Committees (DLAC) were last constituted vide Government Notification No. 11/235/02-1HBIII/2268-2284 dated 10/6/2005 under Section 9 (4) (b) of The Transplantation of Human Organs Act, 1994. The Committees were headed by Deputy Commissioners and comprised of Senior Superintendents of Police, Civil Surgeons, Medical Specialists and Non-Governmental Organizations. The Transplantation of Human Organs Rules, 1995 were amended by the Ministry of Health and Family Welfare, Government of India vide Notification dated 31/7/2008. The amended rules -- The Transplantation of Human Organs (Amendment Rules, 2008) provide for fresh constitution of the State Level Authorisation Committee, District Level Authorisation Committee and Hospital Based Authorisation Committee.

2. The Governor of Punjab is therefore pleased to reconstitute for the State of Punjab, the following Authorisation Committees --

(A) STATE LEVEL AUTHORISATION COMMITTEE
[Rule 6A (B)]

- | | |
|---|----------|
| 1. Director, Research and Medical Education | Chairman |
| 2. Principal, Government Medical College, Patiala | Member |
| 3. Head of Department Medicine, Government Medical College, Patiala | Member |
| 4. Sh. Som Parkash, IAS (Retd.)
Kothi No. 22, Sector 71, Mohali | Member |
| 5. Dr. Prem Lata Sood, M.D., Retired Civil Surgeon
Kothi No. 14, Street No. 2, Baba Ram Lal Nagar,
Mallwal Road, Ferozepur City | Member |

d)

DISTRICT LEVEL AUTHORISATION COMMITTEE
[Rule 6A (B)]

- | | |
|---|----------|
| 1. Principal Government Medical College, Amritsar
(for the districts of Amritsar, Tam Taran, Gurdaspur,
Jalandhar, Hoshiarpur and Kapurthala) | Chairman |
|---|----------|

Principal Government Medical College, Patiala
(for the districts of Sangrur, Barnala, Patiala, Fatehgarh Sahib,
Ludhiana, Mohali, Ropar & Nawanshehar)

Principal Guru Gobind Singh Government Medical College,
Faridkot
(for the districts of Mansa, Barnala, Mukatsar, Faridkot, Moga &
Ferozepur)

- | | |
|--|--------|
| 2. Civil Surgeon of the concerned district | Member |
| 3. Medical Superintendent / Senior Medical Officer of the
Concerned District Hospital | Member |
| 4. Deputy Commissioner or his representative | Member |
| 5. Senior Superintendent of Police or his representative | Member |
| 6. Professor, Department of Medicine of concerned
Medical College | Member |
| 7. One more member to be nominated separately | |

(C)

HOSPITAL BASED AUTHORISATION COMMITTEE
DAYA NAND MEDICAL COLLEGE AND HOSPITAL, LUDHIANA
[Rule 6A (A)]

- | | |
|--|----------|
| 1. Director Principal, DMC Ludhiana | Chairman |
| 2. Medical Superintendent (I), DMCH, Ludhiana | Member |
| 3. Medical Superintendent (II), DMCH, Ludhiana | Member |
| 4. Deputy Commissioner, Ludhiana or his representative | Member |
| 5. Senior Superintendent of Police, Ludhiana or his representative | Member |
| 6. Civil Surgeon, Ludhiana | Member |
| 7. Medical Superintendent, Civil Hospital Ludhiana | Member |

8093 - 10/7/09

Endst. No. 11/51/09-5HB-III/ 2915.

Dated Chandigarh the 17/6/09.

A copy along-with one spare copy is forwarded to the Controller Printing and Stationery Department, Punjab, Chandigarh for publication in the Punjab Government Gazette (Ordinary) and supply two hundred copies to this department for official use.

Daljit Arora
Secretary Medical Education & Research

Endst. No. 11/51/09-5HB-III/ 2916.

Dated Chandigarh the 17/6/09.

A copy is forwarded to all the Deputy Commissioners in the Punjab State for information & necessary action

Daljit Arora
Secretary Medical Education & Research

Endst. No. 11/51/09-5HB-III/ 2917-31.

Dated Chandigarh the 17/6/09.

A copy is forwarded to the following for information & necessary action in continuation of this department endorsement No. 11/235/02-1HBIII/2270-2283 dated 10/6/2005:-

1. Secretary to Govt. of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
2. Director General fo Health Services, Nirman Bhawan, New Delhi.
3. Principal Secretary to Govt. of Punjab, Department of Home Affair and Justice.
4. Director, Health Services and Family Welfare, Punjab, Chandigarh.
5. Secretary, Punjab Vidhan Sabha, Chandigarh.
6. Director, ESI, Punjab, Chandigarh.
7. Director, Research and Medical Education, Punjab, Chandigarh.
8. Principals, Cristian Medical College, Ludhiana and Dayanand Medical College, Ludhiana.
9. Managing Director, Punjab Health System Corporation, Sector 34, Chandigarh.
10. All Civil Surgeon in the State of Punjab.
11. All the Senior Superintendent of Police in the State of Punjab.
12. The Chairman, Authorization Committee-cum-Principal, Govt. Medical College, Amritsar and Patiala.
13. Principal, Guru Gobind Singh Medical College, Faridkot.
14. Sh. Som Parkash, IAS (Retd.), S/o Sh. Hajara Ram, Kothi NMo. 22, Sector 71, Mohali, Phone No. 98761-00022.
15. Dr. Prem Lata Sood, M.D., Retired Civil Surgeon, Street No. 2, Kothi No. 14, Mallwal Road, Ferozepur City, Phon No. 98157-06252, (R) 01632-228214.

Daljit Arora
Secretary Medical Education & Research

*Copy made
sent to all
concerned heads
of departments*

ਡਾਇਰੈਕਟੋਰੇਟ ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ

ਸੇਵਾ ਵਿਖੇ,

ਸਕੱਤਰ ਪੰਜਾਬ ਸਰਕਾਰ,
ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ,
ਚੰਡੀਗੜ੍ਹ।

ਨੰ.: 3ਐਮਈ3-ਪੰ:-09/ 23056
ਮਿਤੀ ਚੰਡੀਗੜ੍ਹ: 31-12-09

ਵਿਸ਼ਾ: Constitution of authorization committee under the transplantation of human organs Act, 1994.

ਆਥੋਰਾਈਜੇਸ਼ਨ ਕਮੇਟੀ ਅੰਡਰ ਦੀ ਟਰਾਂਸਪਲਾਂਟੇਸ਼ਨ ਆਫ ਹਿਊਮਨ ਆਰਗਨਜ਼ ਐਕਟ 1994 ਦੀ ਨੋਟੀਫੀਕੇਸ਼ਨ ਨੰ.: 11/51/09-5ਐਚਬੀ-3/ 2914, ਮਿਤੀ 17-6-2009 ਦੇ ਰੂਲ 6 ਏ.ਬੀ. ਅਧੀਨ ਡਿਸਟ੍ਰਿਕਟ ਲੈਵਲ ਦੀਆਂ ਆਥੋਰਾਈਜੇਸ਼ਨ ਕਮੇਟੀਆਂ ਦੀ ਰਚਨਾ ਕੀਤੀ ਗਈ ਸੀ ਜਿਸ ਵਿੱਚ ਬਰਨਾਲਾ ਜ਼ਿਲ੍ਹਾ ਪ੍ਰਿੰਸੀਪਲ ਮੈਡੀਕਲ ਕਾਲਜ ਪਟਿਆਲਾ ਅਤੇ ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਮੈਡੀਕਲ ਕਾਲਜ ਫਰੀਦਕੋਟ ਦੋਹਾਂ ਥਾਵਾਂ ਤੇ ਵਿਖਾਇਆ ਗਿਆ ਹੈ ਅਤੇ ਬਠਿੰਡਾ ਜ਼ਿਲ੍ਹਾ ਕਿਤੇ ਵੀ ਸ਼ਾਮਲ ਨਹੀਂ ਕੀਤਾ ਗਿਆ। ਇਸ ਲਈ ਬੇਨਤੀ ਕਰਦਾ ਹਾਂ ਕਿ ਉਪਰੋਕਤ ਨੋਟੀਫੀਕੇਸ਼ਨ ਵਿੱਚ ਪ੍ਰਿੰਸੀਪਲ ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਮੈਡੀਕਲ ਫਰੀਦਕੋਟ ਦੀ ਲਿਸਟ ਵਿੱਚੋਂ ਬਰਨਾਲਾ ਕੱਟ ਕੇ ਬਠਿੰਡਾ ਕਰਨ ਦੀ ਕਿਰਪਾਲਤਾ ਕੀਤੀ ਜਾਵੇ ਜੀ। ਬਠਿੰਡਾ ਜ਼ਿਲ੍ਹੇ ਦਾ ਨਾਮ ਕਿਸੇ ਵੀ ਡਿਸਟ੍ਰਿਕਟ ਵਿੱਚ ਨਾ ਹੋਣ ਕਰਕੇ ਬਠਿੰਡਾ ਜ਼ਿਲ੍ਹੇ ਦੇ ਮਰੀਜ਼ਾਂ ਨੂੰ ਕਿਡਨੀ ਟਰਾਂਸਪਲਾਂਟੇਸ਼ਨ ਦੇ ਆਥੋਰਾਈਜੇਸ਼ਨ ਸਰਟੀਫੀਕੇਟ ਨਹੀਂ ਜਾਰੀ ਕੀਤੇ ਜਾ ਸਕਦੇ।

ਇਸਨੂੰ ਪਰਮ ਅਗੇਤਤਾ ਦਿੱਤੀ ਜਾਵੇ ਜੀ।

ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਪੰਜਾਬ।

ਪਿ.ਅੰ. ਨੰ.: 3ਐਮਈ3-ਪੰ:-09/ 23057

ਮਿਤੀ ਚੰਡੀਗੜ੍ਹ: 31-12-09

ਉਤਾਰਾ ਪ੍ਰਿੰਸੀਪਲ, ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਮੈਡੀਕਲ ਕਾਲਜ, ਫਰੀਦਕੋਟ ਨੂੰ ਉਨ੍ਹਾਂ ਦੇ ਪਿ.ਅੰ.ਨੰ.: ਜੀਏ/2009/24295, ਮਿਤੀ 23-12-2009 ਦੇ ਹਵਾਲੇ ਵਿੱਚ ਸੂਚਨਾ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ ਜੀ।

ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ ਪੰਜਾਬ।

ਵੱਲੋਂ

28

ਪ੍ਰਿੰਸੀਪਲ,
ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਮੈਡੀਕਲ ਕਾਲਜ,
ਫਰੀਦਕੋਟ।

ਸੇਵਾ ਵਿਖੇ

ਸਕੱਤਰ ਪੰਜਾਬ ਸਰਕਾਰ,
ਡਾਕਟਰੀ ਸਿੱਖਿਆ ਅਤੇ ਖੋਜ ਵਿਭਾਗ,
ਚੰਡੀਗੜ੍ਹ।

ME3
31/12/09

ਨੰ: ਜੀਏ/2009/

ਮਿਤੀ:

ਵਿਸ਼ਾ: Constitution of authorization committee under the transplantation of human organs Act. 1994.

ਪੰਜਾਬ ਸਰਕਾਰ ਵੱਲੋਂ ਜਾਰੀ ਨੋਟੀਫਿਕੇਸ਼ਨ ਨੰ: 11/51/09-5ਐਚ.ਬੀ.-3/2914 ਮਿਤੀ 17-6-2009 (ਨਕਲ ਨੱਥੀ ਹੈ ਜੀ) ਰਾਹੀਂ ਟਰਾਂਸਪਲਾਂਟੇਸ਼ਨ ਆਫ ਹਿਊਮਨ ਆਰਗਨ ਐਕਟ 1994 ਅਧੀਨ ਸਟੇਟ ਲੈਵਲ, ਜ਼ਿਲ੍ਹਾ ਲੈਵਲ ਅਤੇ ਹਸਪਤਾਲ ਲੈਵਲ ਦੀਆਂ ਆਥੋਰਾਈਜ਼ੇਸ਼ਨ ਕਮੇਟੀਆਂ ਦਾ ਗਠਨ ਕੀਤਾ ਗਿਆ ਹੈ।

ਜ਼ਿਲ੍ਹਾ ਲੈਵਲ ਦੀ ਕਮੇਟੀਆਂ ਵਿੱਚ ਪ੍ਰਿੰਸੀਪਲ, ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਮੈਡੀਕਲ ਕਾਲਜ, ਫਰੀਦਕੋਟ ਜ਼ਿਲ੍ਹਾ, ਫਰੀਦਕੋਟ, ਫਿਰੋਜ਼ਪੁਰ, ਮੁਕਤਸਰ, ਮੋਗਾ, ਮਾਨਾਸਾ ਅਤੇ ਬਰਨਾਲਾ ਦੇ ਜ਼ਿਲ੍ਹਿਆਂ ਲਈ ਆਥੋਰਾਈਜ਼ੇਸ਼ਨ ਕਮੇਟੀ ਦਾ ਚੇਅਰਮੈਨ ਨਿਯੁਕਤ ਕੀਤਾ ਗਿਆ ਹੈ।

ਜ਼ਿਲ੍ਹਾ ਲੈਵਲ ਦੀਆਂ ਕਮੇਟੀਆਂ ਘੋਖਣ ਤੋਂ ਪਤਾ ਲੱਗਦਾ ਹੈ ਕਿ ਜ਼ਿਲ੍ਹਾ ਬਰਨਾਲਾ ਨੂੰ ਨੋਟੀਫਿਕੇਸ਼ਨ ਵਿੱਚ ਦੋ ਵਾਰ, ਇਕ ਵਾਰ ਪ੍ਰਿੰਸੀਪਲ, ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਪਟਿਆਲਾ ਦੀ ਚੇਅਰਮੈਨਸ਼ਿਪ ਅਧੀਨ ਕਮੇਟੀ ਵਿੱਚ ਅਤੇ ਫਿਰ ਪ੍ਰਿੰਸੀਪਲ, ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ, ਮੈਡੀਕਲ ਕਾਲਜ, ਫਰੀਦਕੋਟ ਅਧੀਨ ਗਠਿਤ ਕਮੇਟੀ ਵਿੱਚ ਸ਼ਾਮਲ ਕੀਤਾ ਗਿਆ ਹੈ ਜਦੋਂ ਕਿ ਜ਼ਿਲ੍ਹਾ ਬਠਿੰਡਾ ਨੂੰ ਕਿਸੇ ਕਮੇਟੀ ਵਿੱਚ ਸ਼ਾਮਲ ਨਹੀਂ ਕੀਤਾ ਗਿਆ। ਇਸ ਦਫਤਰ ਦੇ ਵਿਚਾਰ ਅਨੁਸਾਰ ਇਸ ਮੈਡੀਕਲ ਕਾਲਜ ਅਧੀਨ ਕਮੇਟੀ ਵਿੱਚ ਜ਼ਿਲ੍ਹਾ ਬਰਨਾਲਾ ਦੀ ਥਾਂ ਜ਼ਿਲ੍ਹਾ ਬਠਿੰਡਾ ਨੂੰ ਸ਼ਾਮਲ ਕੀਤਾ ਜਾਣਾ ਸੀ।

ਇਸ ਦਫਤਰ ਵਿੱਚ ਜ਼ਿਲ੍ਹਾ ਬਠਿੰਡਾ ਨਾਲ ਸਬੰਧਤ ਕਿਡਨੀ ਟਰਾਂਸਪਲਾਂਟੇਸ਼ਨ ਦੇ ਦੋ ਕੇਸ ਸ੍ਰੀ ਸੁਖਮੰਦਰ ਸਿੰਘ ਪੁੱਤਰ ਸ੍ਰੀ ਜੰਗ ਸਿੰਘ ਵਾਸੀ ਚੱਕ ਹੀਰਾ ਸਿੰਘ ਵਾਲਾ ਅਤੇ ਸ੍ਰੀ ਜਸਪ੍ਰੀਤ ਸਿੰਘ ਪੁੱਤਰ ਸ੍ਰੀ ਇਕਬਾਲ ਸਿੰਘ ਵਾਸੀ ਪਿੰਡ ਅਬੱਲੂ ਵਿਚਾਰਨ ਯੋਗ ਪੇਡਿੰਗ ਹਨ ਪਰੰਤੂ ਨਿਮਨਹਸਤਾਖਰ ਦੀ ਚੇਅਰਮੈਨਸ਼ਿਪ ਅਧੀਨ ਗਠਿਤ ਜ਼ਿਲ੍ਹਾ ਲੈਵਲ ਦੀ ਕਮੇਟੀ ਵਿੱਚ ਜ਼ਿਲ੍ਹਾ ਬਠਿੰਡਾ ਸ਼ਾਮਲ ਨਾ ਹੋਣ ਕਰਨ ਅਤੇ ਕੀਤੀ ਜਾਣ ਵਾਲੀ ਸੋਧ ਦੀ ਉਡੀਕ ਵਿੱਚ ਉਕਤ ਦੋਨੋਂ ਕੇਸ ਵਿਚਾਰਨ ਲਈ ਆਥੋਰਾਈਜ਼ੇਸ਼ਨ ਕਮੇਟੀ ਦੀ ਮੀਟਿੰਗ ਫਿਕਸ ਨਹੀਂ ਕੀਤੀ ਜਾ ਸਕੀ।

ਇਸ ਸਬੰਧ ਵਿੱਚ ਪਹਿਲਾਂ ਵੀ ਡਾਇਰੈਕਟਰ, ਖੋਜ ਅਤੇ ਮੈਡੀਕਲ ਸਿੱਖਿਆ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਨੂੰ ਇਸ ਦਫਤਰ ਵੱਲੋਂ ਕਈ ਵਾਰ ਸਰਕਾਰ ਦੀ ਪੱਧਰ ਤੇ ਕਰਨ ਯੋਗ ਸੋਧ ਕਰਵਾਉਣ ਲਈ ਬੇਨਤੀ ਕੀਤੀ ਗਈ ਹੈ ਪਰੰਤੂ ਅੱਜ ਤੱਕ ਇਸ ਸੋਧ ਸਬੰਧੀ ਇਸ ਦਫਤਰ ਵਿੱਚ ਕੋਈ ਸੂਚਨਾ ਪ੍ਰਾਪਤ ਨਹੀਂ ਹੋਈ। ਉਕਤ ਦੋਨੋਂ ਕੇਸਾਂ ਨੂੰ ਵਿਚਾਰਨ ਵਿੱਚ ਹੋ ਰਹੀ ਦੇਰੀ ਕਾਰਨ ਦੋਹਾਂ ਕੇਸਾਂ ਦੇ ਵਾਰਸਾਂ ਵੱਲੋਂ ਇਸ ਦਫਤਰ ਤੇ ਜਲਦੀ ਕਾਰਵਾਈ ਕਰਨ ਲਈ ਜ਼ੋਰ ਪਾਇਆ ਜਾ ਰਿਹਾ ਹੈ। ਵਾਰਸਾਂ ਅਨੁਸਾਰ ਜਿਥੇ ਦੇਰੀ ਕਾਰਨ ਮਰੀਜ਼ਾਂ ਦੀ ਹਾਲਤ ਵਿਗੜ ਰਹੀ ਹੈ, ਉਥੇ ਦੋਹਾਂ ਮਰੀਜ਼ਾਂ ਦੇ ਵਾਰ ਵਾਰ ਡੈਲਿਸਿਸ ਕਰਾਉਣ ਉੱਪਰ ਕਾਫੀ ਪੈਸਾ ਵੀ ਖਰਚ ਹੋ ਰਿਹਾ ਹੈ।

ਆਪ ਜੀ ਨੂੰ ਬੇਨਤੀ ਕੀਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਨੋਟੀਫਿਕੇਸ਼ਨ ਵਿੱਚ ਸਰਕਾਰ ਦੀ ਪੱਧਰ ਤੇ ਕੀਤੀ ਜਾਣ ਵਾਲੀ ਸੋਧ

The Transplantation of Human Organs Act, 1994

(42 of 1994)

along with

**The Transplantation of Human Organs Rules, 1995
*as amended in 2008***

with

SHORT NOTES

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THE TRANSPLANTATION OF HUMAN ORGANS ACT, 1994

INTRODUCTION

At present, there is no comprehensive legislation to regulate the removal of organs from living as well as deceased persons and transplantation of such organs. Some States and Union Territories have enacted some laws which regulate the removal and transplantation of certain organs. Thus a need for a comprehensive legislation for regulating the removal of organs from cadavers and living persons and prohibiting commercial dealings in human organs, was felt as the matter has been agitated by the parliamentarians as well as by various national bodies, medical, legal and social experts. On the other hand, in the absence of any law the removal of organs from persons suffering brain-stem death has not been possible. Transplantation of organs like liver and heart for which latest technology is available in the country, had been impeded. In order to reach a broad consensus of opinion in this regard, a series of seminars were held. A report was also prepared by a Committee of Medical and Legal Experts. Against this background it was considered necessary to enact a comprehensive law on the subject. Accordingly the Transplantation of Human Organs Bill was introduced in the Parliament.

STATEMENT OF OBJECTS AND REASONS

At present, there is no comprehensive legislation to regulate the removal of organs from living as well as deceased persons and transplantation of such organs. In the Union territory of Delhi, there are two enactments in force, namely, the Eyes (Authority for use for Therapeutic Purposes) Act, 1982 and the Ear Drums and Ear Bones (Authority for Use for Therapeutic Purposes) Act, 1982 which regulate the removal and transplantation of cornea, ear drum and ear bones. In Maharashtra, the Maharashtra Kidney Transplantation Act, 1982 and the Bombay Corneal Grafting Act, 1957 regulate the transplantation of kidneys and corneas respectively. Thus, there is a need for a comprehensive legislation for regulating the removal of organs from cadavers and living persons and prohibiting commercial dealings in human organs.

2. There has been a persistent demand for such a legislation in Parliament, and from various national bodies, medical, legal and social experts, particularly when reports about the commercial dealing in human organs, especially kidneys, have increased. There has been persistent demand for prohibiting this unethical practice. On the other hand, in the absence of any legal sanction the removal of organs from persons suffering brain-stem death has not been possible. It has impeded transplantation of organs like liver and heart for which the necessary technology is available in the country. In order to reach a broad consensus of opinion in this regard, a series of seminars were held in the four metropolitan cities of the country. A report was also prepared by a Committee of medical and legal experts headed by Dr. L.M. Singhvi.

3. Against this background, it is considered necessary to enact a comprehensive law for regulating the removal and transplantation of human

The Transplantation of Human Organs Act, 1994

organs and for preventing commercial dealings in organs by providing punishment for such dealings.

4. The Bill seeks to achieve the above objects.

ACT 42 OF 1994

The Transplantation of Human Organs Bill having been passed by both the Houses of Parliament received the assent of President on 8th July, 1994. It came on the Statute Book as THE TRANSPLANTATION OF HUMAN ORGANS ACT, 1994 (42 of 1994).

THE TRANSPLANTATION OF HUMAN ORGANS ACT, 1994

(42 of 1994)

[8th July, 1994]

An Act to provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs and for matters connected therewith or incidental thereto.

WHEREAS it is expedient to provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs;

AND WHEREAS Parliament has no power to make laws for the States with respect to any of the matters aforesaid except as provided in Articles 249 and 250 of the Constitution;

AND WHEREAS in pursuance of clause (1) of Article 252 of the Constitution, resolutions have been passed by all the Houses of the Legislatures of the States of Goa, Himachal Pradesh and Maharashtra to the effect that the matters aforesaid should be regulated in those States by Parliament by law;

BE it enacted by Parliament in the Forty-fifth Year of the Republic of India as follows :—

CHAPTER I PRELIMINARY

1. Short title, application and commencement.—(1) This Act may be called the Transplantation of Human Organs Act, 1994.

(2) It applies, in the first instance, to the whole of the States of Goa, Himachal Pradesh and Maharashtra and to all the Union territories and it shall also apply to such other State which adopts this Act by resolution passed in that behalf under clause (1) of Article 252 of the Constitution.

(3) It shall come into force in the States of Goa, Himachal Pradesh and Maharashtra and in all the Union territories on such date¹ as the Central Government may, by notification, appoint and in any other State which adopts this Act under clause (1) of article 252 of the Constitution, on the date of such adoption; and any reference in this Act to the commencement of this Act shall, in relation to any State or Union territory, means the date on which this Act comes into force in such State or Union territory.

2. Definitions.—In this Act, unless the context otherwise requires,—

- (a) "advertisement" includes any form of advertising whether to the public generally or to any section of the public or individually to selected persons;
- (b) "Appropriate Authority" means the Appropriate Authority appointed under section 13;

1. Came into force in the State of Goa, Himachal Pradesh and Maharashtra and in all Union Territories on 4-2-1995, vide S.O. 80(E), dated 4th February, 1995.

- (c) "Authorisation Committee" means the committee constituted under clause (a) or clause (b) of sub-section (4) of section 9;
- (d) "brain-stem death" means the stage at which all functions of the brain-stem have permanently and irreversibly ceased and is so certified under sub-section (6) of section 3;
- (e) "deceased person" means a person in whom permanent disappearance of all evidence of life occurs, by reason of brain-stem death or in a cardio-pulmonary sense, at any time after live birth has taken place;
- (f) "donor" means any person, not less than eighteen years of age, who voluntarily authorises the removal of any of his human organs for therapeutic purposes under sub-section (1) or sub-section (2) of section 3;
- (g) "hospital" includes a nursing home, clinic, medical centre, medical or teaching institution for therapeutic purposes and other like institution;
- (h) "human organ" means any part of a human body consisting of a structured arrangement of tissues which, if wholly removed, cannot be replicated by the body;
- (i) "near relative" means spouse, son, daughter, father, mother, brother or sister;
- (j) "notification" means a notification published in the Official Gazette;
- (k) "payment" means payment in money or money's worth but does not include any payment for defraying or reimbursing—
 - (i) the cost of removing, transporting or preserving the human organ to be supplied; or
 - (ii) any expenses or loss of earnings incurred by a person so far as reasonably and directly attributable to his supplying any human organ from his body;
- (l) "prescribed" means prescribed by rules made under this Act;
- (m) "recipient" means a person into whom any human organ is, or is proposed to be, transplanted;
- (n) "registered medical practitioner" means a medical practitioner who possesses any recognised medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956 (102 of 1956), and who is enrolled on a State Medical Register as defined in clause (k) of that section;
- (o) "therapeutic purposes" means systematic treatment of any disease or the measures to improve health according to any particular method or modality; and
- (p) "transplantation" means the grafting of any human organ from any living person or deceased person to some other living person for therapeutic purposes.

COMMENTS

The definition requires to be interpreted broadly so as to give effect to the legislative intention envisaged under the Act; *Rajeev Metal Works v. The Mineral and Metal Trading Corporation of India Ltd.*, 1996(1) Supreme 140.

CHAPTER II

AUTHORITY FOR THE REMOVAL OF HUMAN ORGANS

3. Authority for removal of human organs.—(1) Any donor may, in such manner and subject to such conditions as may be prescribed, authorise the removal, before his death, of any human organ of his body for therapeutic purposes.

(2) If any donor had, in writing and in the presence of two or more witnesses (at least one of whom is a near relative of such person), unequivocally authorised at any time before his death, the removal of any human organ of his body, after his death, for therapeutic purposes, the person lawfully in possession of the dead body of the donor shall, unless he has any reason to believe that the donor had subsequently revoked the authority aforesaid, grant to a registered medical practitioner all reasonable facilities for the removal, for therapeutic purposes, of that human organ from the dead body of the donor.

(3) Where no such authority as is referred to in sub-section (2), was made by any person before his death but no objection was also expressed by such person to any of his human organs being used after his death for therapeutic purposes, the person lawfully in possession of the dead body of such person may, unless he has reason to believe that any near relative of the deceased person has objection to any of the deceased person's human organs being used for therapeutic purposes, authorise the removal of any human organ of the deceased person for its use for therapeutic purposes.

(4) The authority given under sub-section (1) or sub-section (2) or, as the case may be, sub-section (3) shall be sufficient warrant for the removal, for therapeutic purposes, of the human organ; but no such removal shall be made by any person other than the registered medical practitioner.

(5) Where any human organ is to be removed from the body of a deceased person, the registered medical practitioner shall satisfy himself, before such removal, by a personal examination of the body from which any human organ is to be removed, that life is extinct in such body or, where it appears to be a case of brain-stem death, that such death has been certified under sub-section (6).

(6) Where any human organ is to be removed from the body of a person in the event of his brain-stem death, no such removal shall be undertaken unless such death is certified, in such form and in such manner and on satisfaction of such conditions and requirements as may be prescribed, by a Board of medical experts consisting of the following, namely:—

- (i) the registered medical practitioner, in charge of the hospital in which brain-stem death has occurred;
- (ii) an independent registered medical practitioner, being a specialist, to be nominated by the registered medical practitioner specified in clause (i), from the panel of names approved by the Appropriate Authority;

- 5
- (iii) a neurologist or a neurosurgeon to be nominated by the registered medical practitioner specified in clause (i), from the panel of names approved by the Appropriate Authority; and
 - (iv) the registered medical practitioner treating the person whose brain-stem death has occurred.

(7) Notwithstanding anything contained in sub-section (3), where brain-stem death of any person, less than eighteen years of age, occurs and is certified under sub-section (6), any of the parents of the deceased person may give authority, in such form and in such manner as may be prescribed, for the removal of any human organ from the body of the deceased person.

4. Removal of human organs not to be authorised in certain cases.—(1) No facilities shall be granted under sub-section (2) of section 3 and no authority shall be given under sub-section (3) of that section for the removal of any human organ from the body of a deceased person, if the person required to grant such facilities, or empowered to give such authority, has reason to believe that an inquest may be required to be held in relation to such body in pursuance of the provisions of any law for the time being in force.

(2) No authority for the removal of any human organ from the body of a deceased person shall be given by a person to whom such body has been entrusted solely for the purpose of interment, cremation or other disposal.

5. Authority for removal of human organs in case of unclaimed bodies in hospital or prison.—(1) In the case of a dead body lying in a hospital or prison and not claimed by any of the near relatives of the deceased person within forty-eight hours from the time of the death of the concerned person, the authority for the removal of any human organ from the dead body which so remains unclaimed may be given, in the prescribed form, by the person in charge, for the time being, of the management or control of the hospital or prison, or by an employee of such hospital or prison authorised in this behalf by the person in charge of the management or control thereof.

(2) No authority shall be given under sub-section (1) if the person empowered to give such authority has reason to believe that any near relative of the deceased person is likely to claim the dead body even though such near relative has not come forward to claim the body of the deceased person within the time specified in sub-section (1).

6. Authority for removal of human organs from bodies sent for post-mortem examination for medico-legal or pathological purposes.—Where the body of a person has been sent for post-mortem examination—

- (a) for medico-legal purposes by reason of the death of such person having been caused by accident or any other unnatural cause; or
- (b) for pathological purposes,

the person competent under this Act to give authority for the removal of any human organ from such dead body may, if he has reason to believe that such human organ will not be required for the purpose for which such body has been sent for post-mortem examination, authorise the removal, for therapeutic purposes, of that human organ of the deceased person provided that he is satisfied that the deceased person had not expressed, before his death, any

objection to any of his human organs being used, for therapeutic purposes after his death or, where he had granted an authority for the use of any of his human organs for therapeutic purposes after his death, such authority had not been revoked by him before his death.

7. Preservation of human organs.—After the removal of any human organ from the body of any person, the registered medical practitioner shall take such steps for the preservation of the human organ so removed as may be prescribed.

8. Savings.—(1) Nothing in the foregoing provisions of this Act shall be construed as rendering unlawful any dealing with the body or with any part of the body of a deceased person if such dealing would have been lawful if this Act had not been passed.

(2) Neither the grant of any facility or authority for the removal of any human organ from the body of a deceased person in accordance with the provisions of this Act nor the removal of any human organ from the body of a deceased person in pursuance of such authority shall be deemed to be an offence punishable under section 297 of the Indian Penal Code (45 of 1860).

9. Restrictions on removal and transplantation of human organs.—(1) Save as otherwise provided in sub-section (3), no human organ removed from the body of a donor before his death shall be transplanted into a recipient unless the donor is a near relative of the recipient.

(2) Where any donor authorises the removal of any of his human organs after his death under sub-section (2) of section 3 or any person competent or empowered to give authority for the removal of any human organ from the body of any deceased person authorises such removal, the human organ may be removed and transplanted into the body of any recipient who may be in need of such human organ.

(3) If any donor authorises the removal of any of his human organs before his death under sub-section (1) of section 3 for transplantation into the body of such recipient, not being a near relative, as is specified by the donor by reason of affection or attachment towards the recipient or for any other special reasons, such human organ shall not be removed and transplanted without the prior approval of the Authorisation Committee.

(4)(a) The Central Government shall constitute, by notification, one or more Authorisation Committees consisting of such members as may be nominated by the Central Government on such terms and conditions as may be specified in the notification for each of the Union territories for the purposes of this section.

(b) The State Government shall constitute, by notification, one or more Authorisation Committees consisting of such members as may be nominated by the State Government on such terms and conditions as may be specified in the notification for the purposes of this section.

(5) On an application jointly made, in such form and in such manner as may be prescribed, by the donor and the recipient, the Authorisation Committee shall, after holding an inquiry and after satisfying itself that the applicants have complied with all the requirements of this Act and the rules made thereunder, grant to the applicants approval for the removal and transplantation of the human organ.

(6) If, after the inquiry and after giving an opportunity to the applicants of being heard, the Authorisation Committee is satisfied that the applicants have not complied with the requirements of this Act and the rules made thereunder, it shall, for reasons to be recorded in writing, reject the application for approval.

CHAPTER III

REGULATION OF HOSPITALS

10. Regulation of hospitals conducting the removal, storage or transplantation of human organs.—(1) On and from the commencement of this Act,—

- (a) no hospital, unless registered under this Act, shall conduct, or associate with, or help in, the removal, storage or transplantation of any human organ;
- (b) no medical practitioner or any other person shall conduct, or cause to be conducted, or aid in conducting by himself or through any other person, any activity relating to the removal, storage or transplantation of any human organ at a place other than a place registered under this Act; and
- (c) no place including a hospital registered under sub-section (1) of section 15 shall be used or cause to be used by any person for the removal, storage or transplantation of any human organ except for therapeutic purposes.

(2) Notwithstanding anything contained in sub-section (1), the eyes or the ears may be removed at any place from the dead body of any donor, for therapeutic purposes, by a registered medical practitioner.

Explanation.—For the purposes of this sub-section, “ears” includes ear drums and ear bones.

11. Prohibition of removal or transplantation of human organs for any purpose other than therapeutic purposes.—No donor and no person empowered to give authority for the removal of any human organ shall authorise the removal of any human organ for any purpose other than therapeutic purposes.

12. Explaining effects, etc., to donor and recipient.—No registered medical practitioner shall undertake the removal or transplantation of any human organ unless he has explained, in such manner as may be prescribed, all possible effects, complications and hazards connected with the removal and transplantation to the donor and the recipient respectively.

CHAPTER IV

APPROPRIATE AUTHORITY

13. Appropriate Authority.—(1) The Central Government shall appoint, by notification, one or more officers as Appropriate Authorities for each of the Union territories for the purposes of this Act.

(2) The State Government shall appoint, by notification, one or more officers as Appropriate Authorities for the purposes of this Act.

(3) The Appropriate Authority shall perform the following functions, namely:—

- (i) to grant registration under sub-section (1) of section 15 or renew registration under sub-section (3) of that section;
- (ii) to suspend or cancel registration under sub-section (2) of section 16;
- (iii) to enforce such standards, as may be prescribed, for hospitals engaged in the removal, storage or transplantation of any human organ;
- (iv) to investigate any complaint of breach of any of the provisions of this Act or any of the rules made thereunder and take appropriate action;
- (v) to inspect hospitals periodically for examination of the quality of transplantation and the follow-up medical care to persons who have undergone transplantation and persons from whom organs are removed; and
- (vi) to undertake such other measures as may be prescribed.

CHAPTER V

REGISTRATION OF HOSPITALS

14. Registration of hospitals engaged in removal, storage or transplantation of human organs.—(1) No hospital shall commence any activity relating to the removal, storage or transplantation of any human organ for therapeutic purposes after the commencement of this Act unless such hospital is duly registered under this Act:

Provided that every hospital engaged, either partly or exclusively, in any activity relating to the removal, storage or transplantation of any human organ for therapeutic purposes immediately before the commencement of this Act, shall apply for registration within sixty days from the date of such commencement:

Provided further that every hospital engaged in any activity relating to the removal, storage or transplantation of any human organ shall cease to engage in any such activity on the expiry of three months from the date of commencement of this Act unless such hospital has applied for registration and is so registered or till such application is disposed of, whichever is earlier.

(2) Every application for registration under sub-section (1) shall be made to the Appropriate Authority in such form and in such manner and shall be accompanied by such fees as may be prescribed.

(3) No hospital shall be registered under this Act unless the Appropriate Authority is satisfied that such hospital is in a position to provide such specialised services and facilities, possess such skilled manpower and equipments and maintain such standards as may be prescribed.

15. Certificate of registration.—(1) The Appropriate Authority shall, after holding an inquiry and after satisfying itself that the applicant has complied with all the requirements of this Act and the rules made thereunder, grant to the hospital a certificate of registration in such form, for such period and subject to such conditions as may be prescribed.

(2) If, after the inquiry and after giving an opportunity to the applicant of being heard, the Appropriate Authority is satisfied that the applicant has not complied with the requirements of this Act and the rules made thereunder, it shall, for reasons to be recorded in writing, reject the application for registration.

(3) Every certificate of registration shall be renewed in such manner and on payment of such fees as may be prescribed.

16. Suspension or cancellation of registration.—(1) The Appropriate Authority may, *suo moto* or on complaint, issue a notice to any hospital to show cause why its registration under this Act should not be suspended or cancelled for the reasons mentioned in the notice.

(2) If, after giving a reasonable opportunity of being heard to the hospital, the Appropriate Authority is satisfied that there has been a breach of any of the provisions of this Act or the rules made thereunder, it may, without prejudice to any criminal action that it may take against such hospital, suspend its registration for such period as it may think fit or cancel its registration:

Provided that where the Appropriate Authority is of the opinion that it is necessary or expedient so to do in the public interest, it may, for reasons to be recorded in writing, suspend the registration of any hospital without issuing any notice.

17. Appeals.—Any person aggrieved by an order of the Authorisation Committee rejecting an application for approval under sub-section (6) of section 9, or any hospital aggrieved by an order of the Appropriate Authority rejecting an application for registration under sub-section (2) of section 15 or an order of suspension or cancellation of registration under sub-section (2) of section 16, may, within thirty days from the date of the receipt of the order, prefer an appeal, in such manner as may be prescribed, against such order to—

- (i) the Central Government where the appeal is against the order of the Authorisation Committee constituted under clause (a) of sub-section (4) of section 9 or against the order of the Appropriate Authority appointed under sub-section (1) of section 13; or
- (ii) the State Government, where the appeal is against the order of the Authorisation Committee constituted under clause (b) of sub-section (4) of section 9 or against the order of the Appropriate Authority appointed under sub-section (2) of section 13.

CHAPTER VI

OFFENCES AND PENALTIES

18. Punishment for removal of human organ without authority.—(1) Any person who renders his services to or at any hospital and who, for purposes of transplantation, conducts, associates with, or helps in any manner in, the removal of any human organ without authority, shall be punishable with imprisonment for a term which may extend to five years and with fine which may extend to ten thousand rupees.

(2) Where any person convicted under sub-section (1) is a registered medical practitioner, his name shall be reported by the Appropriate Authority to the respective State Medical Council for taking necessary action including the

removal of his name from the register of the Council for a period of two years for the first offence and permanently for the subsequent offence.

19. Punishment for commercial dealings in human organs.—Whoever—

- (a) makes or receives any payment for the supply of, or for an offer to supply, any human organ;
- (b) seeks to find a person willing to supply for payment any human organ;
- (c) offers to supply any human organ for payment;
- (d) initiates or negotiates any arrangement involving the making of any payment for the supply of, or for an offer to supply, any human organ;
- (e) takes part in the management or control of a body of persons, whether a society, firm or company, whose activities consist of or include the initiation or negotiation of any arrangement referred to in clause (d); or
- (f) publishes or distributes or causes to be published or distributed any advertisement,—
 - (a) inviting persons to supply for payment of any human organ;
 - (b) offering to supply any human organ for payment; or
 - (c) indicating that the advertiser is willing to initiate or negotiate any arrangement referred to in clause (d),

shall be punishable with imprisonment for a term which shall not be less than two years but which may extend to seven years and shall be liable to fine which shall not be less than ten thousand rupees but may extend to twenty thousand rupees:

Provided that the court may, for any adequate and special reason to be mentioned in the judgment, impose a sentence of imprisonment for a term of less than two years and a fine less than ten thousand rupees.

COMMENTS

Moral conviction must be replaced by legal conviction; *State of West Bengal v. Bhola Devi*, (1996) 1 Crimes 427 (Cal DB).

20. Punishment for contravention of any other provision of this Act.—Whoever contravenes any provision of this Act or any rule made, or any condition of the registration granted, thereunder for which no punishment is separately provided in this Act, shall be punishable with imprisonment for a term which may extend to three years or with fine which may extend to five thousand rupees.

21. Offences by companies.—(1) Where any offence punishable under this Act has been committed by a company, every person who, at the time the offence was committed was in charge of, and was responsible to, the company for the conduct of the business of the company, as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly:

Provided that nothing contained in this sub-section shall render any such person liable to any punishment, if he proves that the offence was committed without his knowledge or that he had exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where any offence punishable under this Act has been committed by a company and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purposes of this section,—

(a) “company” means any body corporate and includes a firm or other association of individuals; and

(b) “director”, in relation to a firm, means a partner in the firm.

22. Cognizance of offence.—(1) No court shall take cognizance of an offence under this Act except on a complaint made by—

(a) the Appropriate Authority concerned, or any officer authorised in this behalf by the Central Government or the State Government or, as the case may be, the Appropriate Authority; or

(b) a person who has given notice of not less than sixty days, in such manner as may be prescribed, to the Appropriate Authority concerned, of the alleged offence and of his intention to make a complaint to the court.

(2) No court other than that of a Metropolitan Magistrate or a Judicial Magistrate of the first class shall try any offence punishable under this Act.

(3) Where a complaint has been made under clause (b) of sub-section (1), the court may, on demand by such person, direct the Appropriate Authority to make available copies of the relevant records in its possession to such person.

CHAPTER VII MISCELLANEOUS

23. Protection of action taken in good faith.—(1) No suit, prosecution or other legal proceeding shall lie against any person for anything which is in good faith done or intended to be done in pursuance of the provisions of this Act.

(2) No suit or other legal proceeding shall lie against the Central Government or the State Government for any damage caused or likely to be caused for anything which is in good faith done or intended to be done in pursuance of the provisions of this Act.

24. Power to make rules.—(1) The Central Government may, by notification, make rules for carrying out the purposes of this Act.

(2) In particular, and without prejudice to the generality of the foregoing power, such rules may provide for all or any of the following matters, namely:—

(a) the manner in which and the conditions subject to which any donor may authorise removal, before his death, of any human organ of his body under sub-section (1) of section 3;

- (b) the form and the manner in which a brain-stem death is to be certified and the conditions and requirements which are to be satisfied for that purpose under sub-section (6) of section 3;
- (c) the form and the manner in which any of the parents may give authority, in the case of brain-stem death of a minor, for the removal of any human organ under sub-section (7) of section 3;
- (d) the form in which authority for the removal of any human organ from an unclaimed dead body may be given by the person in charge of the management or control of the hospital or prison under sub-section (1) of section 5;
- (e) the steps to be taken for the preservation of the human organ removed from the body of any person under section 7;
- (f) the form and the manner in which an application may be jointly made by the donor and the recipient under sub-section (5) of section 9;
- (g) the manner in which all possible effects, complications and hazards connected with the removal and transplantation is to be explained by the registered medical practitioner to the donor and the recipient under section 12;
- (h) the standards as are to be enforced by the Appropriate Authority for hospitals engaged in the removal, storage or transplantation of any human organ under clause (iii) of sub-section (3) of section 13;
- (i) the other measures as the Appropriate Authority shall undertake in performing its functions under clause (vi) of sub-section (3) of section 13;
- (j) the form and the manner in which an application for registration shall be made and the fee which shall be accompanied, under sub-section (2) of section 14;
- (k) the specialised services and the facilities to be provided, skilled manpower and the equipments to be possessed and the standards to be maintained by a hospital for registration, under sub-section (3) of section 14;
- (l) the form in which, the period for which and the conditions subject to which certificate of registration is to be granted to a hospital, under sub-section (1) of section 15;
- (m) the manner in which and the fee on payment of which certificate of registration is to be renewed under sub-section (3) of section 15;
- (n) the manner in which an appeal may be preferred under section 17;
- (o) the manner in which a person is required to give notice to the Appropriate Authority of the alleged offence and of his intention to make a complaint to the court, under clause (b) of sub-section (1) of section 22; and
- (p) any other matter which is required to be, or may be, prescribed.

(3) Every rule made under this Act shall be laid, as soon as may be after it is made, before each House of Parliament, while it is in session, for a total period

of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

25. Repeal and saving.—(1) The Ear Drums and Ear Bones (Authority for Use for Therapeutic Purposes) Act, 1982 (28 of 1982) and the Eyes (Authority for Use for Therapeutic Purposes) Act, 1982 (29 of 1982) are hereby repealed.

(2) The repeal shall, however, not affect the previous operation of the Acts so repealed or anything duly done or suffered thereunder.

THE TRANSPLANTATION OF HUMAN ORGANS RULES, 1995¹

In exercise of the powers conferred by sub-section (1) of section 24 of the Transplantation of Human Organs Act, 1994 (42 of 1994), the Central Government hereby makes the following rules, namely:—

1. Short title and commencement.—(1) These rules may be called the Transplantation of Human Organs Rules, 1995.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions.—(a) “Act” means the Transplantation of Human Organs Act, 1994 (42 of 1994);

(b) “Form” means a Form annexed to these Rules;

(c) “section” means a section of the Act;

²[(d) “National Accreditation Board for Laboratories” (NABL) means a Board set up by the Quality Council of India (set up by the Government of India) for undertaking assessment and accreditation of testing and calibration of laboratories in accordance with the international standard ISO/IEC 17025 and ISO 15189;]

²[(e) the Registered Medical Practitioner, as defined in clause (n) of section 2 of Transplantation of Human Organs Act, 1994 includes an allopathic doctor with MBBS or equivalent degree under the Medical Council of India Act;]

³[(f)] words and expressions used and not defined in these Rules, but defined in the Act, shall have the same meanings respectively assigned to them in the Act.

3. Authority for Removal of Human Organ.—Any donor may authorise the removal, before his death, of any human organ of his body for therapeutic purposes in the manner and on such conditions as specified in ⁴[Forms (1A), (1B) and (1C)].

4. Duties of the Medical Practitioner.—⁴[(1) A registered medical practitioner shall, before removing a human organ from the body of a donor before his death, satisfy himself—

(a) that the donor has given his authorization in appropriate Form 1(A) or 1(B) or 1(C);

(b) that the donor is in proper state of health and is fit to donate the organ, and the registered medical practitioner shall sign a certificate as specified in Form 2;

(c) that the donor is a near relative of the recipient, as certified in Form 3, who has signed Form 1(A) or 1(B) as applicable to the donor

1. Vide G.S.R. No. 51(E), dated 4th February, 1995, published in the Gazette of India, Extra., Pt. II, Sec. 3(i), dated 4th February, 1995.

2. Ins. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

3. Clause (d) renumbered as clause (f) thereof by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

4. Subs. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

and that the donor has submitted an application in Form 10 jointly with the recipient and that the proposed donation has been approved by the concerned competent authority and that the necessary documents as prescribed and medical tests, if required, to determine the factum of near relationship, have been examined to the satisfaction of the registered medical practitioner, *i.e.*, Incharge of transplant centre;

- (d) that in case the recipient is spouse of the donor, the donor has given a statement to the effect that they are so related by signing a certificate in Form 1(B) and has submitted an application in Form 10 jointly with the recipient and that the proposed donation has been approved by the concerned competent authority under provisions of sub-rule (2) of rule 4A;
- (e) in case of a donor who is other than a near relative and has signed Form 1(C) and submitted an application in Form 10 jointly with the recipient, the permission from the Authorisation Committee for the said donation has been obtained.]

(2) A registered medical practitioner shall, before removing a human organ from the body of a person after his death, satisfy himself—

- (a) that the donor had, in the presence of two or more witnesses (at least one of whom is a near relative of such person), unequivocally authorised as specified in Form 5 before his death, the removal of the human organ of his body, after his death, for therapeutic purposes and there is no reason to believe that the donor had subsequently revoked the authority aforesaid;
- ¹[(b) that the person lawfully in possession of the dead body has signed a certificate as specified in Form 6.]

(3) A registered medical practitioner shall, before removing a human organ from the body of a person in the event of his brain-stem death, satisfy himself—

- (a) that a certificate as specified in Form 8 has been signed by all the members of the Board of medical experts referred to in sub-section (6) of section 3 of the Act;
- (b) that in the case of brain-stem death of a person of less than eighteen years of age, a certificate specified in Form 8 has been signed by all the members of the Board of medical experts referred to in sub-section (6) of section 3 of the Act and an authority as specified in Form 9 has been signed by either of the parents of such person.

²[4A. **Authorisation Committee.**—(1) The medical practitioner who will be part of the organ transplantation team for carrying out transplantation operation shall not be a member of the Authorisation Committee constituted under the provisions of clauses (a) and (b) of sub-section (4) of section 9 of the Act.

(2) Where the proposed transplantation is between a married couple, the Registered Medical Practitioner, *i.e.*, Incharge of transplant centre must evaluate the factum and duration of marriage and ensure that documents such as

1. Subs. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

2. Ins. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

marriage certificate, marriage photograph, etc., are kept for records along with the information on the number and age of children and family photograph depicting the entire immediate family, birth certificates of children containing particulars of parents.

(3) When the proposed donor or recipient or both are not Indian Nationals/ citizens whether "near relatives" or otherwise, Authorisation Committees shall consider all such requests.

(4) When the proposed donor and the recipient are not "near relatives", as defined under clause (i) of section 2 of the Act, the Authorisation Committee shall evaluate that,—

- (i) there is no commercial transaction between the recipient and the donor and that no payment or money or moneys worth as referred to in the Act, has been made to the donor or promised to be made to the donor or any other person;
- (ii) the following shall specifically be assessed by the Authorisation Committee:—
 - (a) an explanation of the link between them and the circumstances which led to the offer being made;
 - (b) reasons why the donor wishes to donate;
 - (c) documentary evidence of the link, e.g., proof that they have lived together, etc.;
 - (d) old photographs showing the donor and the recipient together;
- (iii) that there is no middleman or tout involved;
- (iv) that financial status of the donor and the recipient is probed by asking them to give appropriate evidence of their vocation and income for the previous three financial years. Any gross disparity between the status of the two must be evaluated in the backdrop of the objective of preventing commercial dealing;
- (v) that the donor is not a drug addict or known person with criminal record;
- (vi) that the next of the kin of the proposed unrelated donor is interviewed regarding awareness about his or her intention to donate an organ, the authenticity of the link between the donor and the recipient and the reasons for donation. Any strong views or disagreement or objection of such kin shall also be recorded and taken note of.]

5. Preservation of Organs.—The organ removed shall be preserved according to current and accepted scientific methods in order to ensure viability for the purpose of transplantation.

¹[Provided that the eye ball removed shall be preserved in the following three steps, namely:—

- (i) short-term preservation;
- (ii) medium-term preservation;
- (iii) long-term preservation,

and suitable media shall be used for preservation.]

1. Ins. by G.S.R. 266(E), dated 8th April, 2002 (w.e.f. 9-4-2002).

¹[6. The donor and the recipient shall make jointly an application to grant approval for removal and transplantation of a human organ, to the concerned competent authority or Authorisation Committee as specified in Form 10. The Authorisation Committee shall take a decision on such application in accordance with the guidelines in the rule 6A.]

²[6A. Composition of Authorisation Committees.—(1) There shall be one State level Authorisation Committee.

(2) Additional authorisation committees may be set up at various levels as per norms given below, namely:—

- (i) no member from transplant team of the institution should be a member of the respective Authorisation Committee. All Foreign Nationals (related and unrelated) should go to "Authorisation Committee" as abundant precaution needs to be taken in such cases;
 - (ii) Authorisation Committee should be Hospital based in Metro and big cities if the number of transplants exceed 25 in a year at the respective transplantation centres. In smaller towns, there are State or District level Committees if transplants are less than 25 in a year in the respective districts.
- (A) Composition of Hospital Based Authorisation Committees: (To be constituted by the State Government and in case of Union territory by the Central Government).
- (a) the senior most person officiating as Medical Director or Medical Superintendent of the Hospital;
 - (b) two senior medical practitioners from the same hospital who are not part of the transplant team;
 - (c) two members being persons of high integrity, social standing and credibility, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants and doctors (of Indian Medical Association), etc.; and
 - (d) Secretary (Health) or nominee and Director Health Services or nominee.
- (B) Composition of State or District Level Authorisation Committees: (To be constituted by the State Government and in case of Union territory by the Central Government).
- (a) a Medical Practitioner officiating as Chief Medical Officer or any other equivalent post in the main/major Government Hospital of the District;
 - (b) two senior medical practitioners to be chosen from the pool of such medical practitioners who are residing in the concerned District and who are not part of any transplant team;

1. Subs. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

2. Ins. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

- (c) two senior citizens, non-medical background (one lady) of high reputation and integrity to be chosen from the pool of such citizens residing in the same district, who have served in high ranking Government positions, such as in higher judiciary, senior cadre of police service or who have served as a reader or professor in University Grants Commission approved University or are self-employed professionals of repute such as lawyers, chartered accountants and doctors (of Indian Medical Association), etc.; and
- (d) Secretary (Health) or nominee and Director Health Services or nominee;

(Note.—Effort should be made to have most of the members' *ex-officio* so that the need to change the composition of committee is less frequent.)

¹[6B. The State level committees shall be formed for the purpose of providing approval or no objection certificate to the respective donor and recipient to establish the legal and residential status as a domicile State. It is mandatory that if donor, recipient and place of transplantation are from different States, then the approval or "no-objection Certificate" from the respective domicile State Government should be necessary. The institution where the transplant is to be undertaken in such case the approval of Authorisation Committee is mandatory.]

¹[6C. The quorum of the Authorisation Committee should be minimum four. However, quorum ought not to be considered as complete without the participation of the Chairman. The presence of Secretary (Health) or nominee and Director of Health Services or nominee is mandatory.]

¹[6D. The format of the Authorisation Committee approval should be uniform in all the institutions in a State. The format may be notified by respective State Government.]

¹[6E. Secretariat of the Committee shall circulate copies of all applications received from the proposed donors to all members of the Committee. Such applications should be circulated along with all annexures, which may have been filed along with the applications. At the time of the meeting, the Authorisation Committee should take note of all relevant contents and documents in the course of its decision making process and in the event any document or information is found to be inadequate or doubtful, explanation should be sought from the applicant and if it is considered necessary that any fact or information requires to be verified in order to confirm its veracity or correctness, the same be ascertained through the concerned officer(s) of the State/Union Territory Government.]

¹[6F. The Authorisation Committee shall focus its attention on the following, namely:—

- (a) Where the proposed transplant is between persons related genetically, Mother, Father, (Brother, Sister, Son or Daughter above the age of 18 years) the concerned competent authority shall evaluate—

- (i) results of tissue typing and other basic tests;
- (ii) documentary evidence of relationship, *e.g.*, relevant birth certificates and marriage certificate, certificate from Sub-Divisional Magistrate/Metropolitan Magistrate/or Sarpanch of the Panchayat;
- (iii) documentary evidence of identity and residence of the proposed donor, *e.g.*, Ration Card or Voters Identity Card or Passport or Driving Licence or PAN Card or Bank Account and family photograph depicting the proposed donor and the proposed recipient along with another near relative;
- (iv) if in its opinion, the relationship is not conclusively established after evaluating the above evidence, it may in its discretion direct further medical tests as prescribed below:
 - (a) the tests for Human Leukocyte Antigen (HLA), Human Leukocyte Antigen-B alleles to be performed by the serological and/or Polymerase Chain Reaction (PCR) based Deoxyribonucleic Acid (DNA) methods.
 - (b) test for Human Leukocyte Antigen-DR beta genes to be performed using the Polymerase Chain Reaction (PCR) based Deoxyribonucleic Acid (DNA), methods.
 - (c) the tests referred to in sub-rules (i) and (ii) shall be got done from a laboratory accredited with National Accreditation Board for Laboratories (NABL).
 - (d) where the tests referred to in sub-rules (i) to (iii) above do not establish a genetic relationship between the donor and the recipient, the same tests to be performed on both or at least one parent, preferably both parents. If parents are not available, same tests to be performed on such relatives of donor and recipient as are available and are willing to be tested failing which, genetic relationship between the donor and the recipient will be deemed to have not been established.
- (b) The papers for approval of transplantation would be processed by the registered medical practitioner and administrative division of the Institution for transplantation, while the approval will be granted by the Authorisation Committee.
- (c) Where the proposed transplant is between a married couple (except foreigners, whose cases should be dealt by Authorisation Committee):

The concerned competent authority or Authorisation Committee, as the case may be, must evaluate all available evidence to establish the factum and duration of marriage and ensure that documents such as marriage certificate, marriage photograph is placed before the Committee along with the information on the number and age of children and a family photograph depicting the entire immediate family, birth certificates of children containing the particulars of parents.

- (d) Where the proposed transplant is between individuals who are not "near relatives", the Authorisation Committee shall evaluate)—
- (i) that there is no commercial transaction between the recipient and the donor. That no payment of money or moneys worth as referred to in the Act, has been made to the donor or promised to be made to the donor or any other person. In this connection the Authorisation Committee shall take into consideration—
 - (a) an explanation of the link between them and the circumstances which led to the offer being made;
 - (b) documentary evidence of the link, e.g., proof that they have lived together, etc.;
 - (c) reasons why the donor wishes to donate; and
 - (d) old photographs showing the donor and the recipient together.
 - (ii) that there is no middleman or tout involved;
 - (iii) that financial status of the donor and the recipient is probed by asking them to give appropriate evidence of their vocation and income for the previous three financial years. Any gross disparity between the status of the two, must be evaluated in the backdrop of the objective of preventing commercial dealing;
 - (iv) that the donor is not a drug addict or a known person with criminal record;
 - (v) that the next of kin of the proposed unrelated donor is interviewed regarding awareness about his/her intention to donate an organ, the authenticity of the link between the donor and the recipient and the reasons for donation. Any strong views or disagreement or objection of such kin may also be recorded and taken note of; and
- (e) When the proposed donor or the recipient or both are foreigners—
- (i) a senior Embassy official of the country of origin has to certify the relationship between the donor and the recipient;
 - (ii) Authorisation Committee shall examine the cases of Indian donors consenting to donate organs to a foreign national (who is a near relative), including a foreign national of Indian origin, with greater caution. Such cases should be considered rarely on case to case basis.
- (f) In the course, of determining eligibility of the applicant to donate, the applicant should be personally interviewed by the Authorisation Committee and minutes of the interview should be recorded. Such interviews with the donors should be videographed.
- (g) In case where the donor is a woman greater precautions ought to be taken. Her identity and independent consent should be confirmed by a person other than the recipient. Any document with regard to the proof of residence or domicile and particulars of parentage should be relatable to the photo identity of the applicant in order to ensure that

the documents pertain to the same person, who is the proposed donor and in the event of any inadequate or doubtful information to this effect, the Authorisation Committee may in its discretion seek such other information or evidence as may be expedient and desirable in the peculiar facts of the case.

- (h) The Authorisation Committee should state in writing its reason for rejecting/approving the application of the proposed donor and all approvals should be subject to the following conditions:—
 - (i) that the approved proposed donor would be subjected to all such medical tests as required at the relevant stages to determine his biological capacity and compatibility to donate the organ in question.
 - (ii) further that the psychiatrist clearance would also be mandatory to certify his mental condition, awareness, absence of any overt or latent psychiatric disease and ability to give free consent.
 - (iii) all prescribed forms have been and would be filled up by all relevant persons involved in the process of transplantation.
 - (iv) all interviews to be video recorded.
- (i) The Authorisation Committee shall expedite its decision making process and use its discretion judiciously and pragmatically in all such cases where the patient requires immediate transplantation.
- (j) Every authorised transplantation centre must have its own website. The Authorisation Committee is required to take final decision within 24 hours of holding the meeting for grant of permission or rejection for transplant. The decision of the Authorisation Committee should be displayed on the notice board of the hospital or institution immediately and should reflect on the website of the hospital or institution within 24 hours of taking the decision. Apart from this, the website of the hospital or institution must update its website regularly in respect of the total number of the transplantations done in that hospital or institution along with the details of each transplantation. The same data should be accessible for compilation, analysis and further use by respective State Governments and Central Government.]

7. Registration of Hospital.—(1) An application for registration shall be made to the Appropriate Authority as specified in Form 11. The application shall be accompanied by a fee of rupees one thousand payable to the Appropriate Authority by means of a bank draft or postal order.

(2) The Appropriate Authority shall, after holding an inquiry and after satisfying itself that the applicant has complied with all the requirements, grant a certificate of registration as specified in Form 12 and shall be valid for a period of five years from the date of its issue and shall be renewable.

¹[(3) Before a hospital is registered under the provisions of this rule, it shall be mandatory for the hospital to nominate a transplant coordinator.]

8. Renewal of Registration.—(1) An application for the renewal of a certificate of registration shall be made to the Appropriate Authority within a period of three months prior to the date of expiry of the original certificate of registration and shall be accompanied by a fee of rupees five hundred payable to the Appropriate Authority by means of a bank draft or postal order.

(2) A renewal certificate of registration shall be as specified in Form 13 and shall be valid for a period of five years.

(3) If, after an inquiry including inspection of the hospital and scrutiny of its past performance and after giving an opportunity to the applicant, the Appropriate Authority is satisfied that the applicant, since grant of certificate of registration under sub-rule (2) of Rule 7 has not complied with the requirements of this Act and the Rules made thereunder and conditions subject to which the certificate of registration has been granted, shall, for reasons to be recorded in writing, refuse to grant renewal of the certificate of registration.

¹[9. Conditions for grant of Certificate of Registration.—No hospital shall be granted a certificate of registration under this Act unless it fulfils the following requirement of manpower, equipment, specialized services and facilities:—

A. General Manpower Requirement Specialised Services and Facilities:

- (1) 24 hours availability of medical and surgical (senior and junior) staff.
- (2) 24 hours availability of nursing staff (general and speciality trained).
- (3) 24 hours availability of Intensive Care Units with adequate equipments, staff and support system, including specialists in anesthesiology, intensive care.
- (4) 24 hours availability of laboratory with multiple discipline testing facilities including but not limited to Microbiology, Bio-Chemistry, Pathology and Hematology and Radiology departments with trained staff.
- (5) 24 hours availability of Operation Theater facilities (OT facilities) for planned and emergency procedures with adequate staff, support system and equipments.
- (6) 24 hours availability of communication system, with power back-up, including but not limited to multiple line telephones, public telephone systems, fax, computers and paper photo-imaging machine.
- (7) Experts (Other than the experts required for the relevant transplantation) of relevant and associated specialties including but not limited to and depending upon the requirements, the experts in internal medicine, diabetology, gastroenterology, nephrology, neurology, paediatrics, gynaecology, immunology and cardiology, etc., should be available to the transplantation centre.

B. Equipments:

Equipments as per current and expected scientific requirements specific to organ or organs being transplanted. The transplant centre

1. Subs. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

should ensure the availability of the accessories, spare-parts and back-up/maintenance/service support system in relation to all relevant equipments.

C. Experts and their qualifications:

(A) Kidney Transplantation:

M.S. (Gen.) Surgery or equivalent qualification with three years post M.S. training in a recognised center in India or abroad and having attended to adequate number of renal transplantation as an active member of team.

(B) Transplantation of liver and other abdominal organs:

M.S. (Gen.) Surgery or equivalent, qualification with adequate post M.S. training in an established center with a reasonable experience of performing liver transplantation as an active member of team.

(C) Cardiac, Pulmonary, Cardio-Pulmonary Transplantation:

M.Ch. Cardio-thoracic and vascular surgery or equivalent qualification in India or abroad with at least 3 years experience as an active member of the team performing an adequate number of open heart operations per year and well-versed with Coronary by-pass surgery and Heart-valve surgery.

(D) Cornea Transplantation:

M.D./M.S. ophthalmology or equivalent qualification with one year post M.D./M.S training in a recognised hospital carrying out Corneal transplant operations.]

10. Appeal.—(1) Any person aggrieved by an order of the Authorisation Committee under sub-section (6) of section 9, or by an order of the Appropriate Authority under sub-section (2) of section 15 and section 16 of the Act, may, within thirty days from the date of receipt of the order, prefer an appeal to the Central Government.

(2) Every appeal shall be in writing and shall be accompanied by a copy of the order appealed against.

¹[FORM 1(A)

(To be completed by the prospective related donor)

(See rule 3)

My full name is.....and
this is my photograph.

Photograph of the Donor
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

My permanent home address is.....

Tel:.....

My present home address is.....

Tel:.....

Date of birth,(day/month/year)

- Ration/Consumer Card number and date of issue and place:.....
(Photocopy attached)
and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)
and/or
- Passport number and country of issue.....
(Photocopy attached)
and/or
- Driving Licence number, date of issue, licensing authority.....
(Photocopy attached)
and/or
- PAN.....
and/or
- Other proof of identity and address.....

I hereby authorise removal for therapeutic purposes/consent to donate my.....
(state which organ) to my relative.....(specify son/daughter/father/mother/
brother/sister), whose name is.....and
who was born on.....(day/month/year) and whose particulars are as
follows:

Photograph of the Recipient
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

- Ration/Consumer Card number and date of issue and place:.....
(Photocopy attached)
and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)
and/or
- Passport number and country of issue.....
(Photocopy attached)
and/or
- Driving Licence number, date of issue, licensing authority.....
(Photocopy attached)
and/or
- PAN.....
and/or
- Other proof of identity and address.....

I solemnly affirm and declare that sections 2, 9 and 19 of the Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that—

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my.....(organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my.....(organ).
That explanation was given by.....(name of registered medical practitioner).
5. I understand the nature of the medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date.

Note.—To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) sign(s) on the Notary Register as well.

• ✓wherever applicable.]

¹[FORM 1(B)]

(To be completed by the prospective spousal donor)

[See rule 3]

My full name is.....and
this is my photograph.

Photograph of the Donor
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

My permanent home address is.....

.....Tel:.....

My present home address is.....

.....Tel:.....

Date of birth ,.....(day/month/year)

I authorise to remove for therapeutic purposes/consent to donate my.....
(state which organ) to my husband/wife.....
whose full name is.....and who
was born on(day/month/year) and whose particulars are as
follows:—

1. Subs. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

Photograph of the Recipient
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

- Ration/Consumer Card number and date of issue and place:.....
(Photocopy attached)
and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)
and/or
- Passport number and country of issue.....
(Photocopy attached)
and/or
- Driving Licence number, date of issue, licensing authority.....
(Photocopy attached)
and/or
- PAN.....
and/or
- Other proof of identity and address.....

I submit the following as evidence of being married to the recipient:—

- (a) A certified copy of a marriage certificate

OR

- (b) An affidavit of a "near relative" confirming the status of marriage to be sworn before Class I Magistrate/Notary Public.
- (c) Family photographs.
- (d) Letter from member of Gram Panchayat/Tehsildar/Block Development Officer/MLA/MP certifying factum and status of marriage.

OR

- (e) Other credible evidence.

I solemnly affirm and declare that sections 2, 9 and 19 of the Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that—

1. I understand the nature of criminal offences referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my.....
(organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my.....
(organ).

That explanation was given by.....(name of registered medical practitioner).

5. I understand the nature of the medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.
7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date.

Note.—To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) sign(s) on the Notary Register as well.

- ✓ wherever applicable.]

¹[FORM 1(C)]

(To be completed by the prospective un-related donor)

(See rule 3)

My full name is.....and
this is my photograph.

Photograph of the Donor
(Attested by Notary Public)

To be affixed and
attested by Notary
Public after it is
affixed.

My permanent home address is.....

.....Tel:.....

My present home address is.....

.....Tel:.....

Date of birth ,.....(day/month/year)

- Ration/Consumer Card number and date of issue and place:.....
(Photocopy attached)

and/or

- Voter's I-Card number, date of issue, Assembly constituency.....
(Photocopy attached)

and/or

- Passport number and country of issue.....
(Photocopy attached)

and/or

- Driving Licence number, date of issue, licensing authority.....
(Photocopy attached)

and/or

- PAN.....

and/or

- Other proof of identity and address.....

1. Subs. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

Details of last three years income and vocation of donor.....

I hereby authorise to remove for therapeutic purposes/consent to donate my.....
(state which organ) to a person whose full name is.....
 and who was born on(day/month/
 year) and whose particulars are as follows:

Photograph of the Recipient
 (Attested by Notary Public)

To be affixed and
 attested by Notary
 Public after it is
 affixed.

- Ration/Consumer Card number and date of issue and place:.....
 (Photocopy attached)
 and/or
- Voter's I-Card number, date of issue, Assembly constituency.....
 (Photocopy attached)
 and/or
- Passport number and country of issue.....
 (Photocopy attached)
 and/or
- Driving Licence number, date of issue, licensing authority.....
 (Photocopy attached)
 and/or
- PAN.....
 and/or
- Other proof of identity and address.....

I solemnly affirm and declare that sections 2, 9 and 19 of the Transplantation of Human Organs Act, 1994 have been explained to me and I confirm that—

1. I understand the nature of criminal offences referred to in the sections.
2. No payment of money or money's worth as referred to in the sections of the Act has been made to me or will be made to me or any other person.
3. I am giving the consent and authorisation to remove my.....
 (organ) of my own free will without any undue pressure, inducement, influence or allurement.
4. I have been given a full explanation of the nature of the medical procedure involved and the risks involved for me in the removal of my.....
 (organ).
 That explanation was given by.....(name of
 registered medical practitioner).
5. I understand the nature of the medical procedure and of the risks to me as explained by that practitioner.
6. I understand that I may withdraw my consent to the removal of that organ at any time before the operation takes place.

7. I state that particulars filled by me in the form are true and correct to my knowledge and nothing material has been concealed by me.

.....
Signature of the prospective donor

.....
Date.

Note.—To be sworn before Notary Public, who while attesting shall ensure that the person/persons swearing the affidavit(s) signs(s) on the Notary Register as well.

- ✓ wherever applicable.]

¹[FORM 2

[See rule 4(1)(b)]

(To be completed by the concerned Medical Practitioner)

I, Dr....., possessing qualification of.....
registered as medical practitioner at serial No.by the.....
.....Medical Council, certify that I have examined Shri/
Smt./Km.....S/o, D/o, W/o Shri.....
aged.....who has given informed consent about donation of the organ, namely
(name of the organ).....to Shri/Smt./Km.....who is a
near relative of the donor/other than near relative of the donor, who had been approved
by the Authorisation Committee/Registered Medical Practitioner, i.e., Incharge of
transplant centre (as the case may be) and that the said donor is in proper state of health
and is medically fit to be subjected to the procedure of organ removal.

Place.....

Date.....

.....
Signature of Doctor
Seal

To be affixed
(pasted) and
attested by the
doctor concerned.
The signatures and
seal should partially
appear on
photograph and
document without
disfiguring the face
in photograph.

Photograph of the Donor
(Attested by doctor)

To be affixed
(pasted) and
attested by the
doctor concerned.
The signatures and
seal should partially
appear on
photograph and
document without
disfiguring the face
in photograph.

Photograph of the recipient
(Attested by the doctor)]

¹[FORM 3

[See rule 4(1)(c)]

I, Dr./Mr./Mrs.....working as.....
at.....and possessing qualification of.....certify
that Shri/Smt./Km.....S/o, D/o,
W/o/Shri/Smt.....aged.....the donor
and Shri/Smt.....S/o, D/o,
W/o Shri/Smt.....aged.....the proposed recipient of
the organ to be donated by the said donor are related to each other as brother/sister/

mother/father/son/daughter as per their statement and the fact of this relationship has been established/not established by the results of the tests for Antigenic Products of the Human Major Histocompatibility Complex. The results of the tests are attached.

Place.....

Signature

(To be signed by the Head of the Laboratory)

Seal.]

Date.....

1[***]

FORM 5

[See rule 4(2)(a)]

I,.....S/o, D/o, W/o Shri
agedresident of in
the presence of persons mentioned below hereby unequivocally authorise the removal of
my organ/organs, namely, from my body after my death
for therapeutic purposes.

Signature of the Donor

Dated.....

Signature of witnesses

1. Shri/Smt./Km.
S/o, D/o, W/o Shri.
aged.....
resident of

(Signature)

1. Shri/Smt./Km. Shri
S/o, D/o, W/o Shri.
aged.....
resident of
is a near relative to the donor as

Dated

FORM 6

[See rule 4(2)(b)]

I,....., S/o, D/o, W/o Shri..... aged
..... resident of having lawful
possession of the dead body of Shri/Smt./Km. S/o, D/o,
w/o Shri. agedresident of
.....having known that the deceased has not
expressed any objection to his/her organ /organs being removed for therapeutic
purposes after his/her death and also having reasons to believe that no near relative of
the said deceased person has objection to any of his/her organs being used for
therapeutic purposes, authorise removal of his/her body organs, namely,

Dated.....

Signature

Place.....

Person in lawful possession of the dead body

Address.....

1. Ed. FORM 4 which was related to rule 4(1)(d) stands deleted as the said rule 4(1)(d) has been amended vide G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

1[***]

FORM 8

[See rule 4(3)(a) and (b)]

We, the following members of the Board of medical experts after careful personal examination, hereby certify that Shri/Smt./Km. aged about S/o, D/o, W/o, Shri. resident of is dead on account of permanent and irreversible cessation of all functions of the brain-stem. The tests carried out by us and the findings therein are recorded in the Brain-Stem Death Certificate annexed hereto.

Dated

Signature.....

- | | |
|--|---|
| 1. R.M.P., Incharge of the Hospital in which brain-stem death has occurred. | 2. R.M.P., nominated from the panel of names approved by the Appropriate Authority. |
| 3. Neurologist/Neuro-Surgeon nominated from the panel of names approved by the Appropriate Authority | 4. R.M.P., treating the aforesaid deceased person. |

BRAIN-STEM DEATH CERTIFICATE**(A) Patient Details:**

1. Name of the patient Shri/Smt./Km.
 S/o, D/o, W/o Shri
 Sex Age
2. Home Address
3. Hospital Number
4. Name and Address of next of kin or person responsible for the patient (if none exists, this must be specified)
5. Has the patient or next of kin agreed to any transplant?
6. Is this a Police Case? Yes No

(B) Pre-conditions:

1. Diagnosis : Did the patient suffer from any illness or accident that led to irreversible brain damage? Specify details

Date and time of accident/onset of illness

Date and onset of non-responsible coma

2. Findings of Board of Medical Experts:

- (1) The following reversible causes of coma have been excluded:—

Intoxication (Alcohol)

Depressant Drugs

Relaxants (Neuromuscular blocking agents)

First Medical
Examination

Second Medical
Examination

1st

2nd

1st

2nd

Primary hypothermia

Hypovolaemic shock

Metabolic or endocrine disorders

Tests for absence of brain-stem functions

- (2) Coma

- (3) Cessation of spontaneous breathing

- (4) Pupillary size

- (5) Pupillary light reflexes

- (6) Doll's head eye movements

- (7) Corneal reflexes (Both sizes)

- (8) Motor response in any cranial nerve
distribution, any responses to
stimulation of face, limb or trunk

- (9) Gag reflex

- (10) Cough (Tracheal)

- (11) Eye movements on coloric testing bilaterally

- (12) Apnoea tests as specified

- (13) Were any respiratory movements seen ?

Date and time of first testing

Date and time of second testing

This is to certify that the patient has been carefully examined twice after an interval of about six hours and on the basis of findings recorded above, Shri./Smt./Km. is declared brain-stem dead.

Signature.....

1. Medical Administrator Incharge of the hospital

2. Authorised Specialist.

3. Neurologist/Neuro-Surgeon

4. Medical Officer treating the patient.

NB. I. The minimum time interval between the first testing and second testing will be six hours.

II. No. 2 and No. 3 will be co-opted by the Administrator Incharge of the hospital from the Panel of experts approved by the appropriate authority.

FORM 9

[See rule 4(3)(b)]

I, Shri/Smt., S/o, W/o Shri
 resident of hereby authorise removal of the organ/organs, namely,
 for therapeutic purpose from the deadbody of my son/
 daughter Shri/Km. aged whose
 brain-stem death has been duly certified in accordance with the law.

Signature

Name

Place.....

Date.....

¹[FORM 10

APPLICATION FOR APPROVAL FOR TRANSPLANTATION (LIVE DONOR)

(To be completed by the proposed recipient and the proposed donor)

[See rule 4(1)(c)(d)(e)]

To be self
 attested across
 the affixed
 photograph

Photograph of the Donor
 (Self-attested)

To be self
 attested across
 the affixed
 photograph

Photograph of the recipient
 (Self-attested)

Whereas, I S/o, D/o, W/o,
 Shri/Smt. aged
 residing at have been
 advised by my doctor. that I am suffering from
 and may be benefited by transplantation
 of into my body.

And whereas I S/o, D/o, W/o,
 Shri/Smt. aged residing
 at by the following reason(s):—

(a) by virtue of being a near relative, i.e.,

(b) by reason of affection/attachment/other special reason as explained below:

.....

I would therefore like to donate my (name of the organ) to
 Shri/Smt.

We and

(Donor)

(Recipient)

hereby apply to Authorisation Committee for permission for such transplantation to be
 carried out.

We solemnly affirm that the above decision has been taken without any undue
 pressure, inducement, influence or allurement and that all possible consequences and
 options of organ transplantation have been explained to us.

1. Subs. by G.S.R. 571(E), dated 31st July, 2008 (w.e.f. 4-8-2008).

Instructions for the applicants—

1. Form 10 must be submitted along with the completed Form 1(A), or Form 1(B) or Form 1(C) as may be applicable.
2. The applicable Form *i.e.*, Form 1(A) or Form 1(B) or Form 1(C), as the case may be, should be accompanied with all documents mentioned in the applicable form and all relevant queries set out in the applicable form must be adequately answered.
3. Completed Form 3 to be submitted along with the laboratory report.
4. The doctor's advice recommending transplantation must be enclosed with the application.
5. In addition to above, in case the proposed transplant is between unrelated persons, appropriate evidence of vocation and income of the donor as well as the recipient for the last three years must be enclosed with this application. It is clarified that the evidence of income does not necessarily mean the proof of income-tax returns, keeping in view that the applicant(s) in a given case may not be filing income-tax returns.
6. The application shall be accepted for consideration by the Authorisation Committee only if it is complete in all respects and any omission of the documents or the information required in the forms mentioned above, shall render the application incomplete.
7. As per the Supreme Court's judgment dated 31-3-2005, the approval/No-Objection Certificate from the concerned State/Union Territory Government or Authorisation Committees is mandatory from the domicile State/Union Territory of donor as well as recipient. It is understood that final approval for transplantation should be granted by the Authorisation Committee/Registered Medical Practitioner, *i.e.*, Incharge of transplant centre (as the case may be) where transplantation should be done.

We have read and understood the above instructions.

Signature of the Prospective Donor

Signature of Prospective Recipient

Date.....

Date.....

Place.....

Place.....]

FORM 11

**APPLICATION FOR REGISTRATION OF HOSPITAL TO CARRY
OUT ORGAN TRANSPLANTATION**

To

The Appropriate Authority for organ transplantation.....

(State or Union Territory)

We hereby apply to be recognised as an institution to carry out organ transplantation. The required data about the facilities available in the hospital are as follows:—

(A) Hospital

1. Name
2. Location
3. Govt./Pvt.
4. Teaching/Non-teaching

5. Approached by:

Road :	Yes	No
Rail :	Yes	No
Air :	Yes	No

6. Total bed strength:
7. Name of the disciplines in the hospital
8. Annual budget
9. Patient turnover/year

(B) Surgical Team

1. No. of beds
2. No. of permanent staff members with their designations
3. No. of temporary staff with their designations
4. No. of operations done per year
5. Trained persons available for transplantation (Please specify organ for transplantation)

(C) Medical Team:

1. No. of beds
2. No. of permanent staff members with their designation
3. No of temporary staff members with their designation
4. Patient turnover per year
5. No. of potential transplant candidates admitted per year

(D) Anaesthesiology:

1. No. of permanent staff members with their designations
2. No. of temporary staff members with their designations
3. Name and No. of operations performed
4. Name and No. of equipments available
5. Total no. of operation theatres in the hospital

6. No. of emergency operation-theatres
7. No. of separate transplant operation theatre

(E) I.C.U./H.D.U. Facilities:

1. ICU/HDU facilities: Present.....Not present.....
2. No of ICU beds
3. Trained
Nurses
- Technicians
4. Name and number of equipments in ICU

(F) Other Supportive Facilities:

Data about facilities available in the hospital.

(G) Laboratory Facilities:

1. No. of permanent staff with their designations.
2. No. of temporary staff with their designations.
3. Names of the investigations carried out in the Deptt.
4. Name and No. of equipments available.

(H) Imaging Services:

1. No. of permanent staff with their designations.
2. No. of temporary staff with their designations.
3. Names of the investigations carried out in the Deptt.
4. Name and No. of equipments available.

(I) Haematology Services:

1. No. of permanent staff with their designations.
2. No. of temporary staff with their designations.
3. Names of the investigations carried out in the Deptt.
4. Name and No. of equipments available.

(J) Blood Bank Facilities: Yes No

(K) Dialysis Facilities: Yes No

(L) Other Personnel:

1. Nephrologist Yes/No
2. Neurologist Yes/No
3. Neuro-Surgeon Yes/No
4. Urologist Yes/No
5. G.I. Surgeon Yes/No
6. Paediatrician Yes/No
7. Physiotherapist Yes/No
8. Social Worker Yes/No
9. Immunologists Yes/No
10. Cardiologist Yes/No

The above said information is true to the best of my knowledge and I have no objection to any scrutiny of our facility by authorised personnel. A Bank Draft/Cheque of Rs. 1,000 is being enclosed.

Head of the Institution

FORM 12

CERTIFICATE OF REGISTRATION

This is to certify that.....Hospital located at has been inspected by the Appropriate Authority and certificate of registration is granted for performing the organ transplantation of the following organs:—

1.
2.
3.
4.

This certificate of registration is valid for a period of five years from the date of issue.

Signature

Signature

FORM 13

[See rule 8(2)]

OFFICE OF THE APPROPRIATE AUTHORITY

This is with reference to the application, dated from (Name of the hospital) for renewal of certificate of registration for performing organ transplantation, under the Act.

After having considered the facilities and standards of the above said hospital, the Appropriate Authority hereby renews the certificate of registration of the said hospital for the purpose of performing organ transplantation for a period of five years.

Place.....

Appropriate Authority

Date.....

List of Latest Universal's Bare Acts & Rules

• Latest • Accurate • Up-to-date • Reasonably Priced

CIVIL, CRIMINAL, COMMERCIAL, LABOUR & SERVICES

A	
A-17. Actuaries Act, 2006	40.00
A-1. Administration of Evacuee Property Act, 1950 with Rules, 1950	70.00
A-2. Administrative Tribunals Act, 1985 along with CAT (Procedure) Rules, 1987; CAT Rules of Practice, 1993 and Contempt of Courts (C.A.T.) Rules, 1992	110.00
A-3. Advocates Act, 1961	40.00
A-4. Advocates' Welfare Fund Act, 2001	25.00
A-5. Aircraft Act, 1934 along with allied Rules	150.00
A-6. Air Force Act, 1950 along with Rules, 1969	130.00
A-7. Air (Prevention and Control of Pollution) Act, 1981 along with Rules, 1982	55.00
A-15. Airport Authority of India Act, 1994 along with Rules and Regulations	45.00
A-8. Ancient Monuments and Archaeological Sites and Remains Act, 1958 along with allied Acts & Rules	75.00
A-9. Antiquities and Art Treasures Act, 1972 along with Rules, 1973	35.00
A-10. Apprentices Act, 1961 along with allied Act and Rules	85.00
A-11. Arbitration and Conciliation Act, 1996 along with Scheme, 1996	30.00
A-12. Armed Forces (Special Power) Act, 1958 along with Armed Forces (Emergency Duties) Act, 1947	25.00
A-13. Arms Act, 1959 along with Rules, 1962	95.00
A-14. Army Act, 1950 with Rules, 1954	170.00
A-16. Atomic Energy Act, 1962	25.00
B	
B-1. Bankers' Books Evidence Act, 1891	25.00
B-2. Banking Companies (Acquisition and Transfer of Undertakings) Act, 1980	30.00
B-3. Banking Regulation Act, 1949 along with allied Rules	110.00
B-4. Bar Council of India Rules along with allied Rules and Advocates Act, 1961	110.00
B-5. Beedi and Cigar Workers (Conditions of Employment) Act, 1966 along with Welfare Cess and Welfare Fund Act and Rules	60.00
B-6. Benami Transactions (Prohibition) Act, 1988	25.00
B-7. Biological Diversity Act, 2002 along with Rules, 2004	70.00
B-8. Boilers Act, 1923	40.00
B-9. Bonded Labour System (Abolition) Act, 1976 along with Rules, 1976	25.00
B-10. Border Security Force Act, 1968 along with Rules, 1969	90.00
B-11. Building and Other Construction Workers (Regulation of Employment and Conditions of Service) Act, 1996 along with Rules, 1998 with Cess Act and Rules	125.00

B-12. Bureau of Indian Standards Act, 1986 along with Rules and Regulations	70.00
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C	
C-1. Cable Television Networks (Regulation) Act, 1995 along with allied Rules	40.00
C-2. Cantonments Act, 2006	110.00
C-4. Carriage by Air Act, 1972 <i>see</i> Carriers Laws (Land, Sea, Air)	60.00
C-44. Carriage by Road Act, 2007	25.00
C-4. Carriage of Goods by Sea Act, 1925 <i>see</i> Carriers Laws (Land, Sea, Air)	60.00
C-3. Carriers Act, 1865	20.00
C-4. Carrier Laws (• Land • Sea • Air)	60.00
C-5. Cattle Trespass Act, 1871	30.00
C-43. Central Educational Institutions (Reservation in Admission) Act, 2006	30.00
C-6. Central Excise Act, 1944 as amended by Finance Act, 2008	90.00
C-7. Central Industrial Security Force Act, 1968 along with Rules	60.00
C-8. Central Reserve Police Force Act, 1949 along with Rules, 1955	75.00
C-9. Central Sales Tax Act, 1956 as amended up to date, along with Rules, 1957	55.00
C-10. Central Vigilance Commission Act, 2003 along with related Acts	50.00
C-11. Charitable and Religious Trusts Act, 1920 along with Charitable Endowments Act, 1890 and Religious Endowments Act, 1863	40.00
C-11. Charitable Endowments Act, 1890 <i>see</i> Charitable and Religious Trusts Act, 1920	40.00
C-42. Chemical Weapons Convention Act, 2000 along with Rules, 2005	110.00
C-12. Child Labour (Prohibition and Regulation) Act, 1986 along with Rules, 1988 and Children (Pledging of Labour) Act, 1933	25.00
C-13. Child Marriage Restraint Act, 1929	25.00
C-14. Chit Funds Act, 1982	40.00
C-15. Christian Marriage Act, 1872	35.00
C-16. Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 along with allied Rules	30.00
C-17. Cine-Workers and Cinema Theatre Workers (Regulation of Employment) Act, 1981 along with Rules, 1984, Welfare Cess Act, 1981 along with Rules, 1984, Welfare Fund Act, 1981 and Rules, 1984	65.00
C-18. Cinematograph Act, 1952 along with Cinematograph (Certification) Rules, 1983	60.00
C-19. Citizenship Act, 1955 along with Rules, 1956	80.00
C-20. Civil Defence Act, 1968 along with Rules and Regulations	35.00
C-21. Code of Civil Procedure, 1908 (Hb)	195.00