



ORDINANCES OF GS UNIVERSITY

(Under Section 12 of the U.P. Private Universities Act, 2019)



GS UNIVERSITY ORDINANCES

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Ordinance 1

Common Terms and Definitions

1.0 **Short Title, Application and Commencement:**

- 1.1 The "Ordinances" shall mean the Ordinances of G.S. University, Pilkuwa, Hapur, Uttar Pradesh, framed under section 12 of the Uttar Pradesh Private State Universities Act, 2019.
- 1.2 They shall come into force with effect from the date of approval of the Executive Council.
- 1.3 Unless provided otherwise, the regulations, orders, memos, codes, procedures, policies, schemes etc., on the subjects covered under these Ordinances, shall cease to operate from the date of enactment of these Ordinances.
- 1.4 Any abbreviation or shortened form of a word shall represent and mean exactly that word as defined in the Act, the Statutes, these Ordinances, Manuals and such other documents of the University, as may be framed from time to time.

2.0 **Definitions**

- 2.1 **"Act"** means the Uttar Pradesh Private Universities Act, 2019.
- 2.2 **"Aggrieved Student"** means a student, who has any complaint in the matters relating to or connected with the grievances defined under these Ordinances.
- 2.3 **"BOS"** means Board of Studies of a Department/ School as prescribed by the Statutes.
- 2.4 **"Class"** means specific group of students meeting for specific instructional purposes that may include a lecture, tutorial, practical, studio, workshop session.
- 2.5 **"Clause"** means duly numbered Clauses of these Ordinances.
- 2.6 **"Commission"** means the University Grants Commission established under the UGC Act, 1956.
- 2.7 **"Continuing Student"** means a student who has completed at least one semester prior to the current semester.
- 2.8 **"Course detail"** means the detailed teaching scheme of a course.
- 2.9 **"Course"** means a component of a program. All courses need not carry the same weightage. The courses shall define learning objectives, learning outcomes, and evaluation scheme. A course shall be designed to comprise lectures/ tutorials.

laboratory work/ field work/ outreach activities/ project work/ vocational training/ viva/ seminars/ term papers/ assignments/ presentations/ self-study, etc. or a combination of some of these.

2.10 **"Credit"** determines the number of hours/ periods of instructions required per week. One credit is equivalent to one hour/ period of teaching (lecture or tutorial) or two hours/ periods of practical work/ field work per week.

2.11 **"Declared Admission Policy"** means such policy, including the process there under, for admission to a program of study as may be offered by the University by publication in the prospectus of the University.

2.12 **"Department"** means the Department of Studies and includes Centre of Studies and Research.

2.13 **"Disciplinary Probation"** refers to the status assigned to a student on committing an act of misconduct, academic or otherwise and once assigned, the student remains on disciplinary probation for the period decided by the Vice Chancellor.

2.14 **"Enrolment Number"** means a unique number allotted as System ID, to a student on his admission in the University. Enrolment number/ System ID remains unchanged throughout the duration of student's stay at the University.

2.15 **"Ex-Student"** means a student who has failed in a course(s) after appearing in final year/ semester examinations and who registers afresh to pass the said course(s) on payment of the prescribed fee.

2.16 **"Expulsion"** means the permanent removal of a student from the University rolls with the prohibition on future enrolment.

2.17 **"Faculty Board"** of each School of studies shall be constituted as per the provision of Section 25 of the Statutes.

2.18 **"Fresher"** means a student who is matriculated into a program *for the first time*.

2.19 **"Faculty or School"** means an institute or school established by the University in accordance with its Act and the Statutes.

2.20 **"Government"** means Government of Uttar Pradesh.

2.21 **"LTPC"** means hours of Lecture, Tutorial and Practical per week and "C" refers to the total credit of a course.

2.22 **"Matriculation"** means registration of provisionally admitted students in the concerned Department/ School.

2.23 **"Mentor"** means a faculty member who acts as counsellor, guide and motivator to a group of students (mentees) assigned to him. He also acts as career guide to his mentees and advises them on course specific and program specific information.

2.24 **"MEME"** means Multiple Entry and Multiple Exit.

2.25 **"Practical"** includes lab work/ project/ dissertation/ field work/ studio/ jury/ moot court/ clinical posting/ survey and similar hands-on activities related to previously learnt principles/ theory in the chosen field of learning under the supervision of an expert or qualified individual.

2.26 **"Pre-requisites"** means conditions that must be met before a student can register for a course.

2.27 **"Program"** means an educational program leading to the award of a Certificate, Diploma or Degree.

2.28 **"Program Detail"** means the year-wise well-structured teaching scheme of

programs which may include courses from major, minor, multidisciplinary, interdisciplinary, ability enhancement, skill enhancement, value-added, internship/ apprenticeship, capstone, community connect, project/ dissertation/ research-project, etc.

2.29 **"Prospectus"** means and includes a publication in the form of a booklet or brochure, whether in print or otherwise, for providing fair and transparent information to the general public (including to those seeking admission) by the University or any authority or person authorized by it to do so on its behalf.

2.30 **"Roll Number"** is the number issued to every student by the Controller of Examinations and shall remain valid for the total duration of the Program.

2.31 **"Rustication"** from the University means the withdrawal of right to access to the entire premises and facilities of the University campus for a specified period and/ or till the fulfillment of specified conditions.

2.32 **"Student Grievance Redressal Committee"** (SGRC) means committee(s) constituted under this Ordinance at the level of the University, for dealing with grievances of the students.

2.33 **"Semester"** shall consist of 15-18 weeks of academic work equivalent to 90 teaching days.

2.34 **"Student"** means a person enrolled or seeking to be enrolled in a program of the University.

2.35 **"Suspension"** from the University means withdrawal of the right to access to all or some of the facilities or premise of the University as an interim measure, pending further investigation.

2.36 **"Syllabi"** means details of the course and includes description of nature, duration, pedagogy, syllabus, eligibility and related details.

2.37 **"Tutorial"** means courses involving problem-solving and discussions relating to a field or discipline under the guidance of qualified personnel in a field of learning, work/ vocation, or professional practice.

2.38 **"TEE"** means Term End Examination.

2.39 **"University"** means the GS University established under Uttar Pradesh Private Universities Act, 2019.

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Ordinance 2

Procedure for Recognition of Constituent Colleges

All constituent colleges are an integral part of the University, and their approval by the University shall involve a process of recognition and oversight. This process ensures that the constituent college meets the standards and requirements set by the University in accordance with statutory regulations for the institution. The University shall examine the constituent college's infrastructure, faculty, curriculum, and other relevant aspects before approving. A detailed breakdown of the approval process is as follows:

1.0 Application and Assessment:

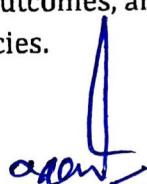
- The constituent college shall submit an application to the University, outlining its resources, programs, and adherence to University guidelines.
- The University shall conduct an assessment of the college, which may include an on-site visit and review of submitted documents.
- This assessment shall evaluate the college's academic standards, faculty qualifications, infrastructure, and overall capacity to offer quality education.

2.0 University's Decision:

- Based on the assessment, the University shall make a decision on whether to approve the constituent college.
- If approved, the University shall issue a notification or certificate recognizing the college as a constituent unit.
- While issuing the certificate recognizing the college as a constituent unit, the University shall seek an undertaking from the constituent college that it would abide by the regulations of the regulatory body governing its academic programs at all times.

3.0 Ongoing Oversight:

- Even after approval, the University will continue to monitor the constituent college's performance and adherence to regulations.
- This may involve regular inspections, review of academic outcomes, and evaluation of the college's compliance with University policies.


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4.0 Recognition by Statutory Bodies:

The pertinent statutory bodies such as NMC, NCISM, INC, State Medical Faculty, PCI, UGC, Higher Education Department State of Uttar Pradesh, may have their own process for recognizing institutions of higher education, and the constituent colleges will make sure that they abide by those regulations.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 2.



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Ordinance 3

Admission and Enrolment of Students

1.0 General Rules for Admission

- 1.1 GS University has two kinds of academic programs. One, those where the admission is based on the merit of National Entrance cum Eligibility Examination, commonly referred to as NEET-UG, which paves the way for admission to MBBS, and BAMS, and NEET-PG, which forms the basis for MD and MS programs; and two: those where the admission is based either on the merit of University Entrance Examination or the merit of the qualifying board examination. The admission to B.Sc. Nursing, B. Pharm, and D. Pharm programmes of the University is based on this methodology.
- 1.2 The admission process shall follow the cardinal principle of equal opportunity for all without any prejudice towards the gender, religion, caste, or creed of a candidate.
- 1.3 All candidates seeking admission to the university must meet the minimum eligibility criteria prescribed for the specific academic program.
- 1.4 The number of seats in each academic programme shall be in conformity with the seats sanctioned by the respective Statutory body.
- 1.5 The University permits lateral entry into the second year of B. Pharm for candidates who have passed D. Pharm.

2.0 Eligibility Criteria for Admission

2.1 MBBS Programme

- 2.1.1 To be eligible for admission to MBBS programme in India, a candidate must be at least 17 years of age by December 31st of the admission year, and must have completed 10+2 (or equivalent) with Physics, Chemistry, Biology/Biotechnology, and English as core subjects, securing a minimum of 50% aggregate in PCB if s/he is a general category candidate; minimum of 40% aggregate in PCB if s/he is a SC/ST/OBC candidate, and a minimum of 45% aggregate in PCB if s/he is a general category differently-able candidate; and must have qualified the NEET-UG.

2.1.2 The counselling for admission and allocation of MBBS seats in the State of Uttar

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Pradesh is conducted by the Office of the Director General, Lucknow, Govt. of Uttar Pradesh on the basis of the merit of NEET UG.

2.2 BAMS Programme

- 2.2.1 The candidate must have passed 10+2 or its equivalent examination from a recognized Board with Physics, Chemistry, Biology and should have obtained minimum of 50% marks taken together in Physics, Chemistry and Biology in the case of general category and 40% marks in the case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes. Provided that in respect of persons with disability candidate specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the minimum qualifying marks in the said examinations shall be 45% in the case of general category and 40% in the case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes.
- 2.2.2 No candidate shall be admitted to B.A.M.S Programme unless the candidate attains the age of seventeen years on or before the 31st December of the year of admission in the first year of the Programme and not more than twenty-five years on the 31st December of the year of admission in the first year of the Programme. Provided that, the upper age-limit may be relaxed by five years in the case of Scheduled Castes, Scheduled Tribes, Other Backward Classes and disabled candidates.
- 2.2.3 Candidate must qualify the National Eligibility cum Entrance Test – Undergraduate (NEET UG).
- 2.2.4 The Counselling for Admission and Allocation of BAMS Seats in the State of Uttar Pradesh shall be conducted by the Office of the Director General, Ayush, Govt. of Uttar Pradesh on the basis of the merit of NEET UG.

2.3 B.Sc. Nursing Programme

- 2.3.1 Candidate must have passed the 10+2 (or equivalent) examination from a recognized board. The core subjects should include Physics, Chemistry, and Biology (PCB). English is also a compulsory subject at the 10+2 level.
- 2.3.2 A general category candidate must have obtained a minimum of 45% aggregate in Physics, Chemistry, and Biology. In case of SC/ST/OBC candidates, the minimum aggregate marks in Physics, Chemistry, and Biology must be at least 40%.
- 2.3.3 The minimum age for admission is 17 years as of December 31st of the year in which admission is sought.
- 2.3.4 Candidates must be medically fit to pursue the B.Sc. Nursing Programme and the practical training.
- 2.3.5 Candidate must qualify the GS Nursing Entrance Test (GSNET).

2.4 GNM Programme

- 2.4.1 The minimum age is 17 years and the maximum is 35 years as of December 31st of the year of admission.
- 2.4.2 Candidates who have passed 10+2 (or equivalent) examination with Science (Physics, Chemistry, Biology) stream with English, and minimum aggregate marks

of 40% would be preferred.

- 2.4.3 Candidates who have passed 10+2 (or equivalent) examination in Arts (with subjects like Mathematics, Economics, Political Science, History, Geography, Business Studies, Accountancy, Home Science, Sociology, Psychology, Philosophy) or Vocational stream (Healthcare Science) with English Core/Elective would also be eligible.
- 2.4.4 The candidate must have a minimum of 40% marks in the 10+2 examination, including English.
- 2.4.5 The 10+2 qualification must be from a recognized board, such as CBSE, ICSE, or State Open Schools recognized by the government.

2.5 B. Pharm Programme

The candidate must be at least 17 years of age by December 31st of the admission year, should have completed 10+2 (or equivalent) with Science Stream (PCB or PCM) with a minimum aggregate score of 45%.

2.6 D. Pharm Programme

The candidate must be at least 17 years of age by December 31st of the admission year, should have completed 10+2 (or equivalent) with Science Stream (PCB or PCM) with a minimum aggregate score of 45%.

2.7 MD and MS Programmes

- 2.7.1 The Candidate must hold a Bachelor of Medicine, Bachelor of Surgery (MBBS) degree from a medical college recognized by the National Medical Commission (NMC).
- 2.7.2 Completion of a one-year compulsory rotating internship after MBBS degree is mandatory. This internship must be completed before the start of the academic year of the MS Programme, or as per specific institutional guidelines.
- 2.7.3 Admission to MS Programmes is primarily through the National Eligibility cum Entrance Test for Post-Graduation (NEET-PG). Candidates must have a NEET-PG score/ rank, to be admitted in one of the MS specialisations in the University.
- 2.7.4 A general category candidate must have a minimum of 55% aggregate marks in MBBS, whereas those in the SC/ST or OBC categories must have a minimum of 50% marks in MBBS.

3.0 Enrolment

Enrolment is the formal act of registering for a specific programme at the University. It signifies the completion of the admission process, wherein a student is recognized as a part of GS University for a specific programme, with corresponding rights and obligations.

3.1 General Guidelines

- 3.1.1 Each student will be given a unique and permanent enrolment number of the University. S/he will be issued an identity card bearing the unique enrolment

number (i.e. system ID). The student must quote this in all communications with the University.

- 3.1.2 The Office of Registrar and Internal Quality Assurance Cell will maintain a record of the students enrolled in various colleges of GS University.
- 3.1.3 No student shall be admitted for any examination of GS University, unless s/he has been duly enrolled as a student with the University.
- 3.1.4 If a student was enrolled in any other University in the past, s/he must submit a Migration Certificate from the last attended University before seeking admission to GS University.

4.0 Procedure for Change in Name

A student applying for change of her/his name in the University records must submit her/his application with the prescribed fee to the Registrar. The application must be accompanied by:

- (i) a notarized affidavit relating to her/his previous and present name; and
- (ii) a public announcement in a newspaper which carries details of change in name.
- (iii) a female student wishing for a change in her family name following her marriage may not, however, publish a public announcement in a newspaper; instead, she may submit her marriage certificate as a valid proof.

5.0 Migration

If a student wishes to migrate to any other University, s/he may be granted a Migration Certificate provided s/he applies in the prescribed format submitting the requisite fee and prescribed documents.

6.0 Procedure for Withdrawal of Admission

A student may withdraw her/his admission from the University on or before the final date of withdrawal. In such cases, the University shall refund the fees as prescribed.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 3.


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Ordinance 4

Anti-Ragging Measures

1.0 Definition of Ragging

- 1.1 Ragging refers to all such actions that disrespect a student's dignity.
- 1.2 It often masquerades as a welcome for newcomers, illustrating the extent to which individuals may stoop to assert dominance.
- 1.3 It encompasses any behavior that:
 - causes a student to feel shame, distress, or embarrassment, adversely impacting their physical or mental well-being.
 - influences the mental health and self-esteem of a student.
 - disrupts or interferes with the regular academic pursuits of any student.
 - involves financial coercion or the imposition of unwanted expenses on other students by their peers.
 - includes physical violence, sexual harassment, same-sex assaults, forced indecent actions, or causing bodily harm or endangering someone's health or safety.
- 1.4 Anti-ragging initiatives begin with a thorough explanation of the actions that qualify as ragging, covering harassment, teasing, rudeness, and any conduct that could or does lead to annoyance, distress, or psychological harm to newcomers or junior students.
- 1.5 The GS University will enforce multiple policies and procedures to outlaw ragging, which will include awareness initiatives, reporting systems, and training programs.
- 1.6 The University maintains a strict zero-tolerance stance regarding ragging and will establish comprehensive guidelines in accordance with UGC policies and the directives from the Honorable Supreme Court as they arise.
- 1.7 In line with the UGC Regulation dated June 9, 2009, aimed at "Curbing the Menace of Ragging in Higher Educational Institutions," all Deans, Directors, Principals, Heads of Departments, Chief Proctors, Deans of Student Welfare, and Directors in charge (for both

Boys' and Girls' Hostels) will create a supportive atmosphere for students and adhere to a zero-tolerance approach against incidents of ragging on the GS University Campus.

- 1.8 The Anti-Ragging Committee will operate in accordance with the stipulations of the mentioned UGC Regulation and will investigate reported incidents, advising appropriate disciplinary measures for those found guilty of ragging, which could range from class suspension to expulsion from the University, and even legal repercussions.
- 1.9 Any student who experiences ragging in any form must promptly reach out to the GS University Anti-Ragging Committee without delay.

2.0 Constitution/composition of Anti Ragging Committee

- Head of the Institution (Vice Chancellor of the University)
- Representative of Civil & Police Administration
- Representative of Local Media
- Representative of NGO
- Faculty Members
- Parents
- Students
- Non-Teaching Staff

3.0 Punishment

A student found guilty by the Anti-Ragging Committee will attract one or more of the following punishments that the Committee may decide to impose:

- (a) Suspension from attending classes and academic privileges;
- (b) Withholding/withdrawing scholarship/fellowship and other benefits;
- (c) Debarring from appearing in any test/examination or other evaluation process;
- (d) Withholding of results;
- (e) Debarring from undertaking any collaborative work or attending national or international conferences/symposia/meeting to present his/her research work;
- (f) Suspension/expulsion from the hostels and mess;
- (g) Cancellation of admission;
- (h) Expulsion from the University and consequent debarring from admission to any Other institution for a specified period;
- (i) In cases where the persons committing or abetting the act of ragging are not identified, the University may resort to collective punishment;
- (j) If need be, in view of the intensity of the act of ragging committed, a First Information Report (FIR) shall be filed by the University with the local police. The Anti-Ragging Committee of the University shall take appropriate decision, including imposition of punishment, depending on the facts and circumstances of each incident of ragging and its gravity.

4.0 Appeal

A student found guilty and awarded a punishment by the Anti-Ragging Committee may appeal before the Vice-Chancellor. However, the decision taken by the Vice-Chancellor shall be binding on the student found guilty.

5.0 Anti-Ragging Squad

To render assistance an Anti-Ragging Squad, is a smaller body, may also be constituted consisting of certain members drawn from the campus community. The said Squad shall keep a vigil on ragging incidents, if any, taking place on the campus. The Squad is empowered to inspect places of potential ragging, and also to make surprise raids in hostels and other hotspots. It may also investigate incidents of ragging and make recommendations to the Anti-Ragging Committee and shall work under its overall guidance of the Anti-Ragging Committee.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act,2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 4.



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Ordinance 5

Prevention of Sexual Harassment

1.0 **Definition of Sexual Harassment**

"Sexual harassment" includes any unwelcome sexually inclined behaviour, whether directly or indirectly, such as:

- (a) Physical contact and advances
- (b) A demand or request for sexual favours
- (c) Making sexually coloured remarks (including jokes)
- (d) Showing pornography (books, photographs, paintings, films, pamphlets, packages, etc. containing 'indecent representation of women')
- (e) Any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

2.0 **Under the UGC Act and Regulation 2015, the following also count as sexual harassment:**

- (a) Implied or explicit promise of preferential treatment in employment.
- (b) Implied or explicit threat of detrimental treatment in employment
- (c) Implied or explicit threat about present or future employment status
- (d) Interference with work or creating an intimidating or offensive work environment
- (e) Humiliating treatment likely to affect health or safety
- (f) Any act or behaviour that is sexual, based on sex or on sexual orientation, towards a person, that has the aim or effect of compromising that person's right to dignity, equality in employment, and to working conditions that are respectful of that person's dignity, their moral or physical integrity, their right to receive ordinary services offered to the public in full equality.
- (g) The act or behaviour can notably take the form of: pressure (pressions), insults, remarks, jokes based on sex, touching, assault, all sexual exhibitionism, all unwelcome implicit or explicit sexual solicitations, all threats or all sexual blackmail.

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- (h) Any pressure, constraint of sexual nature carried out through words, gestures, threats, promises, writing, drawings, sending of objects, all sexually discriminatory remarks, targeting a person during a hire or while conducting his professional activity.
- (i) Any behaviour is unacceptable if:
 - such a conduct is unwarranted, unreasonable and offensive to the recipient.
 - a person's rejection of, or submission to, such conduct on the part of employer or worker (including superiors or colleagues) is used explicitly or implicitly as a basis for a decision which affects that person's access to vocational training, access to employment, continued employment, promotion, salary or any other employment decisions;
- (j) Act or conduct creating sexually hostile and intimidating environment.
- (k) Sexual harassment also includes: -
 - Loaded comments having sexually offensive connotations;
 - Remarks or jokes having sexually offensive connotations;
 - Obscene, e-mails or phone calls having sexually offensive connotations;
 - Sexual physical gestures, lewd stares;
 - Physical contact having sexually offensive connotations and stalking;
 - Exhibition of pornography;
 - Making of sounds having sexually offensive connotations;
 - Playing of music or songs having sexually offensive connotations.
 - Relating sexually explicit anecdotes;
 - Threat to take vindictive action for denial of sexual favours;
 - Singing lewd songs;

3.0 The Constitution of Internal Complaint Committee

The University shall constitute an Internal Complaint Committee to deal with the issue of gender-based violence and to conduct gender sensitization programme under U.G.C. (Prevention, Prohibition & Redressed of Sexual Harassment of woman Employees & Student in Higher Educational Institution) Regulation-2015. The ICC shall be constituted in the following manner with more than 50% members being women:

1. Presiding officer: Chairperson (A Senior woman faculty)
2. Faculty Teachers – Member
3. One non-teaching Employee – Member
4. A member from N.G.O. dealing with cases of women – Member
5. Three student nominees (if the issue involves students) – Members

The ICC at the college shall be named 'College Complaint Committee', while at the University, it shall be called as 'University Complaint Committee'.

3.1 College Complaint Committee

The Institute Complaint Committee shall be constituted by the Dean /Director / Principal of the institute, comprising of 3 ordinary members. At least two members of the Committee shall be women. The Chairperson of the Institute Complaint Committee shall be nominated by the Dean /Director / Principal and shall be a woman. Presence of all members in the meeting shall be essential.

3.2 University Complaint Committee

The University Complaints Committee shall be constituted by the Vice-Chancellor, comprising of 5 ordinary members. At least half of the members of the Committee shall be women. The Chairperson of the Complaints Committee will be nominated by the Vice-Chancellor and shall be a woman. Committee may have co-opted members in addition to above. Three members shall form the quorum.

4.0 Eligibility for Membership of the Committee

(i) College Complaint Committee

A person employed as a teacher or in equivalent grade shall be appointed as ordinary members of the Committee, taking into consideration their seniority, ability and background.

The Committees as (I) and (II) above, may co-opt as many members as are necessary to make an informed, reasonable and expeditious decision. No Students, Staff, NGO's or other relevant persons can be co-opted as members.

(ii) University Complaint Committee

A person employed as Professor or as Reader or in an equivalent grade in the University shall be appointed as ordinary Members of the Committee

In appointing ordinary members, the Vice-Chancellor may take into account the seniority, ability and background of the member.

5.0 Jurisdiction

All teaching or non-teaching members of staff and all students whether studying in the GS University Campus or a constituent college are subject to the jurisdiction of this ordinance.

The territorial jurisdiction of the University Complaints Committee shall extend to acts of sexual harassment committed in the GS University Campus, while that of Institute Complaint Committee to the Institute campus. The campus shall also include hostels, guesthouses, car parks and other properties owned, maintained or under the control of the University/ institute.

In the case of sexual harassment of a third person by a student or staff of GS University or of any constituent college or institution, the Complaints Committee may in its discretion provide information regarding the student or staff to facilitate a proper determination of the third person's complaint.

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6.0 Conducting Enquiry by the Compliant Committee

- i) Any person aggrieved has to complain before the Complaints Committee at the earliest point of time and in any case within 15 days from the date of occurrence of the alleged incident.
- ii) The complaint shall contain all the material and relevant details concerning the alleged sexual harassment including the names of the contravener and the complaint shall be addressed to the Complaints Committee
- iii) If the complainant feels that she cannot disclose her identity for any particular reason, the complainant shall address the complaint to the Vice Chancellor / Director of the concerned constituent institute and hand over the same in person or in a sealed cover. Upon receipt of such complaint, the Vice Chancellor / Director of the constituent institute shall retain the original complaint with himself and send to the Complaints Committee a gist of the complaint containing all material and relevant details, other than the name of the complainant and other details, which might disclose the identity of the complainant.
- iv) The Complaints Committee shall take immediate necessary action to cause an enquiry to be made discreetly or hold an enquiry, if necessary.
- v) The Complaints Committee shall, after examination of the complaint submit its recommendations to the Vice Chancellor / Director of the constituent institute recommending the penalty to be imposed.
- vi) Vice Chancellor / Director of the constituent institute upon receipt of the report from the Complaints Committee shall after giving an opportunity of being heard to the persons complained against, confirm with or without modification the penalty recommended after duly following the prescribed procedure.
- vii) In cases, pertaining to the officer holding the posts of Assistant Registrar / Lecturers or above the case shall be submitted to the Board of Management/Governing body of the college, which shall with or without modification confirm the penalty recommended, after duly following the prescribed procedure.

7.0 Disciplinary Action

Where the conduct of an employee amounts to misconduct in employment as defined in the conduct rules, appropriate disciplinary action in accordance with the relevant rules shall be initiated.

In the case of an employee of an affiliated institution, the matter will be referred to the management of the institution for appropriate disciplinary action.

Where the conduct of a student amounts to misconduct, appropriate disciplinary action in accordance with the relevant ordinance on 'Maintenance of discipline amongst students' shall be initiated by the competent authority.

8.0 Third Party Harassment

Where sexual harassment occurs as a result of an act or omission by any third party or outsider the employer and the persons incharge shall take all steps necessary and reasonable to assist the affected persons in terms of support and preventive action.

9.0 Annual Report

The Complaints Committees shall prepare an Annual Report giving a full account of its activities during the previous year and forward a copy thereof to the Vice Chancellor concerned who shall report to the Board of Management.

10.0 Right to Legal Remedy

Nothing contained in this code shall prejudice any rights available to the employee or prevent any person from seeking any legal remedy under the National Commission for Woman Act 1990, Protection of Human Rights Commission Act 1993 or under any other law for the time being in force. Where such conduct amounts to a specific offence under the Indian Penal Code or under any other law, the University shall initiate appropriate action in accordance with law by making a complaint with the appropriate authority. In particular, it should ensure that victims or witnesses are not victimized or discriminated against while dealing with complaints of sexual harassments. The victims of sexual harassments should have the option to seek transfer of the perpetrator or their own transfer.

11.0 Who Can Make a Complaint?

A person who is –

- (i) A student of GS University constituent college;
- (ii) Seeking to be an employee or employed in GS University constituent college;
- (iii) A member of the staff of GS University or a member of any committee, board, management, academic council or holds an administrative or consultative position in GS University / constituent college;
- (iv) An applicant for admission into any course offered by GS University/ constituent college.

Subject to the condition that:

Where a complaint instituted before the Complaints Committee is found to be frivolous or vexatious, the Committee shall, with reasons recorded in writing, dismiss the complaint and institute appropriate administrative punitive action will be taken against the individual who makes such false charges.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 5.



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Ordinance 6

Students' Grievance Redressal

1.0 Definition

A **Students' Grievance** is a formal complaint or expression of dissatisfaction by a student of the University or a person seeking admission regarding unfair treatment, injustice, or a conundrum related to the institution's academic, administrative, or non-academic operations.

The purpose of a grievance procedure is to provide a clear mechanism for students to air their complaints and seek a fair and timely resolution without fear of discrimination or victimization.

Common Areas of Student Grievances

Grievances can cover a wide range of issues, including:

- **Academic Matters**

- Irregularities or non-transparent practices in examinations, assessments, or grading.
- Issues related to course registration, curriculum, or quality of education.
- Delay in the conduct of examinations or declaration of results.
- Withholding of academic documents like certificates or degrees.

- **Administrative and Financial Matters**

- Admission irregularities or refusal of admission contrary to the stated policy.
- Demand for excess fees or non-payment/delay in scholarships/financial aid.
- Issues with student amenities such as hostel facilities, transportation, or library services.

- **Behavioural and Discrimination Issues**

- Harassment, bullying, or victimization by peers, faculty, or staff.
- Alleged discrimination based on caste, tribe, gender, minority status, or disability.
- Unfair or arbitrary treatment by any college employee.

The Redressal Process

GS University has established a Students' Grievance Redressal Committee (SGRC) to address these complaints. Students are encouraged to try and resolve the issue informally first (e.g., with a mentor or faculty member) before submitting a formal written grievance. If the student is not satisfied with the SGRC's decision, they can exercise the option to appeal to an external authority. The University Ombudsperson is a person of stature well versed in university regulations.

"Grievance" refers to, and encompasses, a complaint lodged by a student who feels wronged about any of the following:

- i. Admission granted contrary to merit as assessed under GS University's stated admission policy.
- ii. Irregularities occurring in the admission process as outlined by the University's declared policy.
- iii. Denial of admission that does not align with the University's established admission policy.
- iv. Failure of the University to publish its prospectus in accordance with these regulations.
- v. Issuance of any information in the prospectus by the University that is false or misleading and not based on factual data.
- vi. Retention of, or refusal to return, any documents such as certificates, degrees, diplomas, or other awards provided by a student for the purpose of applying for admission, in an attempt to force the student to pay fees for a course or program they do not intend to pursue.
- vii. Request for payment beyond the amount specified in the University's declared admission policy.
- viii. Breach, by the University, of any applicable laws regarding the reservation of seats for different categories of students during admission.
- ix. Delays or failure to disburse scholarships or financial aid entitled to any student according to the University's declared admission policy or any guidelines set by the Commission.
- x. A delay by the University in carrying out examinations or announcing results beyond the timeline outlined in the academic calendar of the University, or in any calendar set forth by the Uttar Pradesh Higher Education/Government.
- xi. The University's failure to offer student facilities as described in the prospectus, or as required by any applicable legal provisions.
- xii. Adoption of opaque or unjust practices by the University in the assessment of students.
- xiii. A delay in, or refusal of, the refund of fees owed to a student who withdraws their admission within the stipulated timeframe mentioned in

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- the prospectus, or as may be announced by the UGC.
- xiv. Allegations of discrimination against students belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, Women, minorities, or individuals with disabilities.
- xv. Failure to provide the quality education that was promised at the time of enrollment or is mandated to be delivered, along with instances of student harassment or victimization, except for harassment cases that should be addressed through the applicable legal provisions currently in effect.

The Student Grievance Redressal Cell will operate in accordance with the UGC Notification under reference No. D.O.No.F1-13(CPP11) dated April 12, 2023. The committee will function for a duration of two years. The committee members will adhere to the stipulations outlined in the aforementioned UGC notification.

2.0 College Student Grievance Redressal Committee (CSGRC)

A College Student Grievance Redressal Committee (CSGRC) will be established in every College. The Committee will consist of the following members:

- Dean/Principal/Director of the College – Chairperson
- Two Professors, from outside the College to be nominated by the Vice Chancellor.
- A Faculty of the College, well-versed with the mechanism of grievance redressal, to be nominated by the Chairperson – Member
- A representative from among students at the College to be nominated by the Vice Chancellor based on academic merit/excellence in sports/performance in co-curricular activities – Special Invitee.

3.0 University Student Grievance Redressal Committee (USGRC)

- i. The Vice Chancellor shall establish the necessary number of University Student Grievance Redressal Committees (USGRC) to address grievances that remain unresolved by one or more SLSGRC.
- ii. The Chairperson shall be the Pro-Vice Chancellor or, if unavailable, a dean appointed by the Vice-Chancellor.
- iii. Dean of Student Welfare shall be a member.
- iv. Deans of any of those two colleges, not involved with the SGRC reports under consideration, shall be appointed by the Vice-Chancellor as members.
- v. One Professor from GS University, designated by the Vice-Chancellor, shall serve as a member.

vi. Two student representatives from the college shall be appointed by the Vice Chancellor based on criteria such as academic achievement, sports excellence, or performance in extracurricular activities, and will act as Special Invitees.

Note: To ensure representation of women on the committee, the Vice-Chancellor may induct one women faculty.

- i. The Chairperson, committee members, and nominees will serve a term of two years.
- ii. The minimum number of members required for a meeting of the SLSGRC, including the Chairperson but excluding special invitees, shall be three.
- iii. Any complaint related to the School, or its Department must be directed to the administrative officer of the respective School by the student who is aggrieved, who will either address the issue at the School level or forward it to the relevant Department.
- iv. If the grievance is not resolved within five (5) working days after the complaint is received at the school, it will automatically be referred to the ULSGRC.
- v. In reviewing grievances, the SLSGRC shall adhere to the principles of natural justice.
- vi. The SLSGRC will provide its report along with any recommendations to the Registrar, and a copy will be sent to the aggrieved student, within fifteen (15) days of receiving the complaint.
In case the aggrieved student remains unsatisfied, he may take up the matter to the level of University Student Grievance Redressal Committee (USGRC). Likewise, the University may either accept the recommendations for follow up action or may, at its discretion, take up the matter to the level of USGRC.

4.0 Ombudsperson

Any student dissatisfied with the ruling of the University Student Grievance Redressal Committee and the Vice-Chancellor's handling of the appeal may submit an additional appeal to the Ombudsperson.

Pending appointment of the Ombudsperson by the State Government, the Vice-Chancellor shall be the final authority for disposal of the appeal(s).

4.1 Functions of Ombudsperson

- (i) The Ombudsperson is authorized to consider appeals from a student who feels aggrieved, but only after the student has pursued all other remedies available under this Ordinance.

- (ii) Although issues related to examination malpractices or evaluation processes can be brought to the Ombudsperson's attention, appeals or requests for revaluation or re-totaling of answer sheets will not be accepted unless a specific irregularity that significantly influences the outcome of a particular case of discrimination is demonstrated.
- (iii) The Ombudsperson may seek the help of any individual, as an amicus curia, to assist in addressing complaints of alleged discrimination.
- (iv) The Ombudsperson shall strive to resolve grievances within 30 days of receiving the appeal from the affected student(s).

4.2.1 Procedure for Redressal of Grievances by Ombudsperson and Student Grievance Redressal Committee

- (i) GS University will operate an Online Portal where any student with a grievance can file a request for resolution.
- (ii) Upon receiving an online complaint, the University will, based on the nature of the issue, direct the complaint to the relevant Administrative Officer in the respective Schools of Studies (for academic issues) or to the Head of the Service Departments (for non-academic matters) for appropriate action, as outlined in the earlier clause of the Grievance Redressal Committee(s).
- (iii) The Student Grievance Redressal Committee will set a date to hear the complaint and will inform the involved officials within the University as well as the student who raised the grievance.
- (iv) A student with a grievance may attend the hearing in person or designate a representative to speak on their behalf.
- (v) If the University Student Grievance Redressal Committee fails to resolve the issue, or if the outcome is appealed to the Vice Chancellor without resolution, the student may escalate the matter to the Ombudsperson within the specified timeframe.
- (vi) The University will assist the Ombudsperson or the Student Grievance Redressal Committee(s), as applicable, in promptly addressing grievances; any lack of cooperation can be reported by the Ombudsperson to the Commission, which will take action according to these regulations.
- (vii) After providing both parties with a fair opportunity to present their case, the Ombudsperson will conclude the proceedings and issue an order with justifications, aimed at resolving the grievance and offering appropriate relief to the affected student.
- (viii) Copies of the order, signed by the Ombudsperson, will be given to both the University and the aggrieved student, and the University will publish it for

public access on its website.

- (ix) The University will adhere to the Ombudsperson's recommendations, and any failure to comply will be reported to the Commission by the Ombudsperson.
- (x) The Ombudsperson may suggest appropriate measures against the complainant if the complaint is determined to be untrue or trivial.

4.3 Information regarding Ombudsperson and Student Grievance Redressal Committees

The University will prominently display all pertinent information regarding the Student Grievance Redressal Committee(s) and the Ombudsperson for appeals on its website and in the prospectus.

5.0 Group Grievance Redressal

Resolution of group grievances may involve the following steps:

- (a) Group grievances submitted by multiple students will be directed to the Head of the Department, who will attempt to address the issue within one week.
- (b) If students are dissatisfied with the Head of Department's resolution, they may approach the Admission and Facilitation Cell for further consideration.
- (c) If the grievance remains unresolved within two weeks from the day the grievance was lodged with the Admission and Facilitation Cell, an appeal may be made to the Vice-Chancellor, who will try to resolve the matter. The Decision of the Vice-Chancellor shall be final and binding.

6.0 Redressal of Grievances concerning Accounts, Library, Hostels, Food, Maintenance, Sports, and Security, etc.:

- (a) Grievances related to the Accounts Department, Library, Hostels, Food services, Maintenance, Sports, Security, and other associated matters should be submitted to the respective administrative Head or in-charge. The Heads are responsible for personally addressing the grievance(s) and resolving the issue within one week.
- (b) If a resolution is not achieved within this time frame, the student has the option to contact the Admission and Facilitation Cell, which will make an effort to resolve the issue(s) within a week.
- (c) Should the issue remain unresolved after reaching out to the Facilitation Cell, students may appeal to the Registrar, who will endeavor to settle the matter within one week.
- (d) The Registrar's decision will be conclusive and obligatory.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 6.


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Ordinance 10

Maximum Period Permitted for Completion of Diploma/ Undergraduate/Post-Graduate Degree Program

- 1.0 The maximum duration for the completion of a diploma/undergraduate/postgraduate degree programme, shall be as per the statutory body (National Medical Commission, National Commission of Indian System of Medicine, Indian Nursing Council and Pharmacy Council of India etc.) governing the academic program.
- 2.0 The enrolment of the student, who fails to complete the requirements of the award of a diploma/degree in maximum permissible duration, shall stand cancelled without the award of the diploma/ degree for which the candidate was enrolled.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act,2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 10.


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Ordinance 13

Curriculum of Bachelor of Medicine and Bachelor of Surgery (MBBS) Programme

1.0 Purpose and Objective

This ordinance shall apply to the Programme leading to M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) degree of GS University. These regulations are congruent with the current regulations of the National Medical Commission and are designed to create an "Indian Medical Graduate" (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that s/he may function appropriately and effectively as a physician of first contact of the community while being globally relevant.

2.0 Definitions

2.1 **Academic Programme:** shall mean a Programme leading to award of M.B.B.S (Bachelor of Medicine and Bachelor of Surgery) degree.

2.2 **Course:** shall mean a component of Academic Programme, carrying a distinctive code number. ★Courses included in the First Professional are Anatomy, Physiology and Biochemistry. ★Courses included in the Second Professional are Pathology, Microbiology, Pharmacology. ★Courses included in the Third Professional Part I are Ophthalmology, E.N.T. (Oto-rhino-laryngology), Community Medicine, and Forensic Medicine and Toxicology. ★Courses included in the Third Professional Part II are Medicine and Allied Subjects, Paediatrics, Surgery and Allied Subjects, Orthopaedics and Obstetrics and Gynaecology. ★Teaching of various courses included in the various Professionals begin at the start of the next Professional i.e. from the second year of the MBBS course in second Professional, from third year in III Professional Part I and from fourth year in III Professional Part II. ★However, teaching in Community Medicine begins at the start of the First Professional and continues till the end of Part II of the curriculum.


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2.3 Board of Studies (BOS) shall mean the Board of Studies of GS Medical College & Hospital, GS University.

2.4 External examiner shall mean an examiner who is not in the employment of GS University.

2.5 Student shall mean a person admitted to GS University for the academic Programme to which this Ordinance is applicable.

2.6 UGMEB: shall mean Undergraduate Medical Education Board, duly constituted under Section 16 of the National Medical Commission Act, 2019.

2.7 NEET-UG: shall mean 'National Eligibility-cum-Entrance Test' in Section 14 of the National Medical Commission Act, 2019.

2.8 Act means the National Medical Commission Act, 2019 (30 of 2019);

2.9 Commission means the National Medical Commission constituted under section 3 of the Act;

2.10 Foreign Medical Graduate shall have the meaning assigned to it in clause (c) of regulation 2 of the National Medical Commission (Foreign Medical Graduate Licentiate) Regulations, 2021;

2.11 Intern means a medical graduate undergoing compulsory rotating internship training under these regulations;

2.12 Log Book means an official document chronicling the performance of an intern and a record of the work done, procedures performed and competencies achieved by him;

2.13 Mentor shall mean an appropriately qualified and trained medical teacher and senior to the trainee, who guides the trainee in all aspects of graduation, such as, education, skill enhancement, research work and ethical values;

2.14 Permanent Registration is the registration of eligible persons with a duly recognised primary medical qualification as regulated under the provisions of Chapter VI of the Act, that provides license to an individual to independently practice modern scientific system of medicine or allopathy in India;

2.15 University shall mean GS University, Hapur.

3.0 Admission Process

Admissions to GS Medical College will be made by Director General Medical Education, Uttar Pradesh, strictly as per the merit of NEET-UG. Candidates shall deposit their fee to the Director General Medical Education, Uttar Pradesh, and shall report to GS Medical College & Hospital, Pilkhuwa, district Hapur on receiving the college allocation. The candidates will be required to submit a copy

of the following documents at the time of admission to GS Medical College & Hospital:

- (a) Certificate of having passed the 10+2 or equivalent examinations, showing the subjects offered by her/him in the Examination.
- (b) Certificate from the Board from which s/he passed the High School/Higher Secondary Examination, showing his/her date of birth.
- (c) Certificate/Mark sheet from the Board from which s/he passed the 10+2 or equivalent Examination showing that s/he has secured 50% or more marks.
- (d) Migration Certificate from the University/Board last attended by him/her.

3.1. Enrolment Method:

3.2. Fees and Other Payments:

The fees and other payments may vary with each batch in compliance of the fees fixed by the regulatory body.

3.3. Hostel and Accommodation:

GS Medical College & Hospital offers furnished hostel accommodation, with dining and both indoor and outdoor recreational facilities.

4.0 Training Programme:

4.1 Duration Of Course:

The course of studies leading to the award of degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.) of the GS Medical College & Hospital shall last for a minimum of five and a half academic years including one-year compulsory internship.

4.2 Duration of Training in Clinical Subjects:

Training in various clinical subjects of the programme will be according to latest CBME guidelines prescribed by NMC from time to time, presently the one notified on 12.09.2024.

4.3 Attendance:

- 4.3.1 Attendance to MBBS course is compulsory.
- 4.3.2 There shall be a minimum of 75% attendance in theory and 80% attendance in practical /clinical for eligibility to appear for the examinations in that subject.
- 4.3.3 In subjects that are taught in more than one phase — the learner must have 75% attendance in theory and 80% attendance in practical in each phase of instruction in that subject.
- 4.3.4 There shall be a minimum of 75% attendance in AETCOM and minimum of 80% attendance in family visits under Family Adoption Programme.
- 4.3.5 If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have a minimum of 75% attendance in each subject including its allied branches, and 80% attendance in each clinical posting.

4.4 Compulsory Rotatory Internship:

After passing the Final M.B.B.S. Examination, all the candidates will be required to do compulsory internship for a period of one calendar year (12 months). The degree of M.B.B.S. shall only be awarded after satisfactory completion of one year internship.

4.5 Academic Committee:

- 4.5.1. The Academic Committee is constituted by the faculty of GS Medical College& Hospital. It comprises of maximum twenty-five members.
- 4.5.2. This Committee shall coordinate the implementation of the courses for optimum utilization of resources.
- 4.5.3. There shall be an Academic Coordinator for every Professional.
- 4.5.4. The Academic Coordinators shall also perform other tasks as assigned to them by the Board of Studies.
- 4.5.5. The Academic Coordinators shall meet various Head of Departments as and when required but at least once during every six months.

4.6 Schedule Of Terms:

Schedule of terms will be as notified in the Academic Calendar every year by the Dean, GS Medical College & Hospital with the approval of the Vice Chancellor, GS University.

4.7 Anti-Ragging Measures:

As per the directions of the Hon'ble Supreme Court of India, the Government has banned ragging completely in any form inside and outside the campus. All authorities at GS Medical College& Hospital are therefore determined *not to* allow any form of ragging. Whosoever directly or indirectly commits, participates in, abets or instigates ragging within or outside the institution shall have an FIR lodged against him/her and s/he will be suspended or rusticated from the institution and shall also be liable to be fined.

5.0 Minimum Standard Of Requirements (MSR) For Medical Education

GS Medical College & Hospital shall follow the guidelines for minimum standards of requirements (MSR) for undergraduate medical education prescribed by the UGMEB of NMC from time to time.

6.0 Competency Based Dynamic Curriculum At Undergraduate Level

6.1. Preamble:

Curriculum guidelines are learner-centred, patient-focused, gender-sensitive, and outcome-oriented, aligning with global trends. They emphasize the integration of subjects both horizontally and vertically while maintaining the importance of subject-based instruction and

assessment. The defined competencies align with global standards in Graduate Medical Education. Ethical values, patient needs, and communication skills are prioritized through a longitudinal Programme called 'AETCOM,' focusing on Attitude, Ethics, and Communication. The curriculum also highlights collaborative teamwork, professionalism, altruism, and respect in professional relationships, with sensitivity to differences in thought, socioeconomic status, and gender.

6.2. Objectives of the Indian Graduate Medical Training Programme:

The undergraduate medical Programme aims to produce an "Indian Medical Graduate" (IMG) with the necessary knowledge, skills, attitudes, and values to effectively serve as the first-contact physician in the community, while being globally relevant. The IMG should be skilled in primary care, as well as promotive, preventive, rehabilitative, palliative care, and referral services.

6.3. National Goals:

At the end of undergraduate Programme, the Indian Medical Graduate is required to possess the ability of delivering the following goals:

- Possess the ability to recognize "health for all" as a national goal and health right of all citizens and by undergoing training for medical profession to fulfil his social obligations towards realization of this goal.
- Know the key aspects of National policies on health and devote himself to its practical implementation.
- Achieve competence in the practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
- Become an exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

6.4. Institutional Goals:

Indian Medical Graduates from GS Medical College & Hospital should:

- Be skilled in diagnosing and managing common health problems at various healthcare levels using clinical skills.
- Work effectively in healthcare teams from Phase 1 MBBS to CRMI, with increasing complexity and multi-department involvement.

- Practice preventive, promotive, curative, palliative, and rehabilitative medicine for common health issues.
- Understand the rationale for different therapeutic modalities and essential medicines.
- Consider socio-psychological, cultural, economic, and environmental factors in healthcare, with a humane attitude towards patients.
- Commit to lifelong learning and pursue expertise or research in any medical field.
- Understand National Health Programs and their implementation, covering areas like Family Welfare, sanitation, disease control, immunization, and more.
- Develop management skills for human resources, materials, and healthcare delivery.
- Identify community health issues and work towards resolving them with community participation.
- Lead healthcare teams, refine communication skills, and work across various healthcare settings with professional integrity.

6.5. Goals for the Learner:

The Indian Medical Graduate must be able to function in the following roles appropriately and effectively:

- Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
- Leader and member of the health care team and system with capabilities to collect, analyse, synthesize, and communicate health data appropriately.
- Communicate with patients, families, colleagues, and community in a methodological and skilful way using various approaches in family visits, family adoption Programme, clinic-social cases, clinical cases and AETCOM training programs.
- Lifelong learner committed to continuous improvement of skills and knowledge.
- Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession and society. Training of humanities and social sciences will be useful for this training.
- Critical Thinker who demonstrates problem solving skills in professional practice
- Researcher who generates and interprets evidence to ensure effective patient care as well as contribute in the field of medical research and practice.

6.6. Competency Based Training Programme:

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. To effectively fulfil the roles, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

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

- Demonstrate understanding of normal human structure, function, and development from various perspectives (molecular, cellular, biological, clinical, behavioural, and social).
- Demonstrate understanding of abnormal human structure, function, and development in similar contexts.
- Demonstrate knowledge of medico-legal, ethical, societal, and humanitarian principles influencing healthcare.
- Demonstrate knowledge of national and regional health policies, including the National Health Mission, NRHM, NUHM, and their impact on health promotion, disease prevention, and patient safety.
- Demonstrate ability to gather comprehensive patient history relevant to disease identification, prevention, and health promotion, considering all sources (patient, family, caregivers).
- Demonstrate the ability to gather patient history considering factors such as gender, age, socioeconomic status, and individual preferences.
- Demonstrate proficiency in performing a thorough physical examination relevant to disease prevention and health promotion.
- Perform physical examinations that consider gender, social, and economic status, and patient values.
- Demonstrate clinical problem-solving and judgment to integrate data and form effective management plans that address preventive, promotive, and therapeutic goals.
- Maintain accurate and legally compliant patient records.
- Demonstrate ability to choose and interpret diagnostic tests based on clinical context, scientific validity, and cost-effectiveness.
- Prescribe appropriate therapies, including nutrition and pharmacotherapy, based on rational drug therapy and evidence-based guidelines aligned with national health policies.
- Provide continuous care at primary or secondary levels, addressing

chronic conditions and disabilities, including mental health.

- Appropriately identify and refer patients for specialized or tertiary care when necessary.
- Demonstrate familiarity with clinical and translational research relevant to patient care.

6.6.2. Leader and member of the health care team and system

- Collaborate effectively with colleagues in an inter-professional healthcare team, respecting diverse roles, responsibilities, and competencies.
- Lead a healthcare team in primary and secondary settings, educating and motivating team members to enhance healthcare delivery.
- Use healthcare system components efficiently, ensuring cost-effectiveness, fairness, and adherence to national health policies, while collecting and analysing health data.
- Contribute to improving healthcare quality and patient safety within the system.
- Advocate for health promotion, disease prevention, and healthcare quality improvement, focusing on lifestyle diseases and cancer, in collaboration with the healthcare team.

6.6.3. Communicator with patients, families, colleagues and community

- Communicate effectively, sensitively, and respectfully with patients, families, colleagues, and the community in a way that is mutually beneficial and promotes positive healthcare outcomes.
- Build professional, ethical, empathetic, and trustworthy relationships with patients, families, colleagues, and the community.
- Communicate in a way that respects patient preferences, values, beliefs, and confidentiality.
- Encourage shared decision-making and participation in healthcare, addressing any hesitations towards health initiatives.

6.6.4. Lifelong learner committed to continuous improvement of skills and knowledge

- Perform self-assessment of knowledge and skills, continue learning, and refine or acquire new abilities.
- Apply newly learned knowledge and skills to patient care.
- Reflect on experiences to promote personal and professional growth, and critically evaluate medical literature to improve patient care.
- Identify and choose a career path that is both professionally rewarding

and personally fulfilling.

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

- Demonstrate selflessness, integrity, responsibility, accountability, and respect in practice.
- Maintain professional boundaries with patients, colleagues, and society.
- Recognize and manage ethical and professional conflicts.
- Adhere to ethical and legal codes of conduct.
- Contribute to the growth of the medical profession.
- Analyse and evaluate information to make rational clinical decisions.
- Assess the credibility of information sources.
- Consider social, cultural, and geographic factors in personalized medicine.
- Develop independent, clear, and confident decision-making skills.
- Engage in research to generate and apply evidence for effective patient care.
- Review and critique scientific literature for Evidence-Based Medicine.
- Apply a scientific approach to generate evidence and understand research ethics.

6.7. Curriculum:

6.7.1. Phase 1:

6.7.1.1. ANATOMY

Subject Goals:

At the end of anatomy teaching, the student should be able to:

- Understand the normal structure, development, genetic pattern of organs and systems, and the clinical relevance of these structures in diseases.
- Comprehend the normal disposition, inter-relationships, functional, and cross-sectional anatomy of organs and structures.
- Identify the microscopic structure of organs and tissues and relate them to disease processes.
- Recognize the principles and stages of organ/system development and the effects of teratogens, genetic mutations, and environmental factors.
- Understand karyotyping principles and identify gross congenital anomalies.
- Understand newer imaging techniques and interpret CT scans, sonograms, MRIs, and angiography.

6.7.1.2. PHYSIOLOGY

Subject Goals:

At the end of physiology teaching, the learner must be able to:

- Demonstrate knowledge of normal human physiology, inter-relationships between cells, tissues, organs, and systems, and age/sex-related physiological changes.
- Explain physiological variations across the lifespan and the physiological responses and adaptations to the environment and exercise.
- Perform experiments to demonstrate physiological phenomena and interpret relevant investigation results.
- Apply physiological principles in diagnosing and managing clinical conditions.
- Conduct general and system-based physical examinations and recognize altered findings in diseased conditions.

6.7.1.3. BIOCHEMISTRY

Subject Goals:

After biochemistry teaching, the learner should be able to:

- Understand and explain the biochemical and molecular processes in health and disease.
- Describe cell organelles with their molecular and functional organization.
- Understand enzymology and its clinical applications in disturbed enzymatic activity.
- Explain the importance of nutrition in health and disease.
- Describe nutrient digestion, assimilation, and the consequences of malnutrition.
- Explain the function and interrelationships of biomolecules and deviations from normal.
- Integrate metabolic pathways of biomolecules and their regulation in clinical conditions.
- Understand the biochemical basis of clinical laboratory tests and perform relevant biochemical tests for diagnosis.
- Explain the biochemical basis of inherited disorders and their consequences.
- Understand the mechanisms of water, electrolyte, and acid-base balance, and the effects of imbalances.
- Understand the basics of genetics, gene expression, regulation, biotechnology principles, and their medical applications.
- Solve scientific and clinical problems and make informed decisions.

6.7.2 Phase 2:

6.7.2.1 PATHOLOGY

Subject Goals:

At the end of pathology teaching, the learner should be able to:

- Demonstrate knowledge of the causes, mechanisms, and morphological changes of organs in disease.
- Analyse and interpret pathology in relation to clinical conditions, including regionally relevant diseases.
- Conduct routine pathological tests on blood, explain principles, and interpret results.
- Perform pathological investigations on various biological samples and explain principles, interpreting results.
- Apply updated pathological investigations on biological samples.

6.7.2.2 MICROBIOLOGY

Subject Goals:

At the end of microbiology teaching, the learner should be able to:

- Understand immunological mechanisms in health and disease.
- Recognize the role of microbial agents in health and disease.
- Relate the natural history and clinical manifestations of infectious diseases to microbial properties.
- Comprehend infection control measures and their application.
- Understand the selection and interpretation of laboratory diagnostic tests.
- Understand principles of antimicrobial therapy and infection prevention.
- Recognize antimicrobial resistance (AMR) mechanisms and the role of antimicrobial stewardship.
- Understand outbreak investigation and control.
- Describe commensals, opportunistic, and pathogenic organisms, and host-parasite relationships.
- Explain the characteristics of microorganisms, including morphology, virulence factors, and transmission.
- Understand the host's defence mechanisms against infections.
- Describe the laboratory diagnosis of microorganisms causing human infections.
- Understand prophylaxis for specific infectious microorganisms.
- Operate routine and advanced laboratory instruments.
- Ensure patient sample confidentiality and demonstrate effective communication in patient care.


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6.7.2.3 PHARMACOLOGY:

Subject Goals:

At the end of pharmacology teaching, the learner should be able to:

- Understand commonly used drugs and the pharmacological basis of therapeutics.
- Apply pharmacokinetics and pharmacodynamics in drug selection and dosing.
- Explain the mechanism of action of commonly used drugs.
- Select and prescribe drugs based on clinical conditions, efficacy, safety, and cost.
- Understand different types of drugs: generic, branded, OTC, and prescription.
- Understand pharmacovigilance and identify adverse drug reactions and interactions.
- Understand essential medicine concepts and sources of drug information.
- Administer drugs via common routes of administration.
- Apply evidence-based medicine and rational drug use principles.
- Communicate drug-related information effectively to patients.
- Understand new drug delivery systems and the industry-doctor relationship.
- Critically evaluate drug promotional literature and formulations.
- Understand regulatory and ethical aspects of drug discovery and use.

6.7.3 Phase 3 Part 1

6.7.3.1 FORENSIC MEDICINE AND TOXICOLOGY

Subject Goals:

At the end of teaching in forensic medicine and toxicology, the learner should be able to:

- Understand the medico-legal responsibilities of a general physician in rural and urban community settings.
- Comprehend basic medico-legal aspects of hospital and general practice.
- Apply scientific and legal principles to the investigation of crime.
- Understand medico-legal frameworks, codes of conduct, ethics, professional misconduct, and medical negligence.
- Conduct medico-legal examinations, document cases, and interpret post-mortem findings in unnatural deaths.
- Perform post-mortem exams and prepare reports for suicidal, homicidal, and accidental deaths.

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- Prepare Medical Certificates of Cause of Death (MCCD) and medico-legal reports for injuries and age estimation.
- Document sexual offenses, intoxication cases, and preserve materials for medico-legal examination.
- Analyse and manage the legal aspects of acute and chronic poisoning cases.
- Understand the latest laws related to medical professionals, such as the MTP Act, CPA, and HOTA.

6.7.3.2 COMMUNITY MEDICINE

Subject Goals:

At the end of community medicine teaching, the learner should be able to:

- Understand the role of a primary care physician in preventive, promotive, curative, rehabilitative, palliative care, and referrals.
- Comprehend health concepts, demography, population dynamics, and disease burden globally and nationally, including health economics and hospital management.
- Recognize and manage common health problems at individual, family, and community levels within the context of National Health Programs.
- Implement and monitor National Health Programs in primary care settings.
- Identify and manage community health problems, including malnutrition and emergencies.
- Apply the role of nutrition in health promotion and disease prevention.
- Understand epidemiological study designs and critically review disease epidemiology.
- Investigate and plan responses to emerging diseases and health crises, in line with national and international health regulations.
- Apply public health and community medicine principles, utilizing family adoption programs and providing services under mentor guidance.
- Use behaviour change communication to improve health in relation to diseases, addictions, and misinformation.

6.7.3.3 OTO-RHINOLARYNGOLOGY (ENT)

Subject Goals:

At the end of ENT training, the learner should be able to:

- Recognize and manage common ENT emergencies in primary care.
- Perform basic ENT procedures in a primary care setting.
- Identify hearing impairments and refer patients to appropriate

rehabilitation programs.

- Communicate empathetically and respectfully with patients.
- Discuss medico-legal, socio-cultural, and ethical issues related to ENT procedures and address patient concerns in simulated environments.

6.7.3.4 OPHTHALMOLOGY

Subject Goals:

- At the end of ophthalmology teaching, the learner should be able to:
- Recognize and manage common eye diseases in the community and primary care setting.
- Diagnose and manage ocular emergencies and understand when referral is needed.
- Understand the causes of blindness and visual impairment in the community.
- Apply knowledge of national programs for blindness control and implement them in primary care.
- Know common ocular drugs, their actions, dosages, and side effects.
- Understand common ocular surgeries, patient counselling, and indications for referral.
- Understand eye donation, transplantation, and eye bank processes.
- Perform basic ocular procedures in primary care.
- Participate in national blindness control programs.
- Maintain positive rapport with patients, colleagues, and staff.
- Counsel patients and families on ocular conditions, management, and referrals.
- Provide rehabilitation counselling for blind and visually impaired patients.

6.7.4 Phase 3 Part 2

6.7.4.1 GENERAL MEDICINE:

Subject Goals:

By the end of training, the learner should be able to:

- Understand pathophysiology, epidemiology, signs, symptoms, and management of diseases.
- Conduct competent patient interviews, examinations, and clinical diagnoses.
- Order and interpret laboratory tests appropriately.
- Initiate rational and cost-effective treatments, including medical interventions and preventive measures.



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- Follow up with patients and refer as necessary.
- Communicate, educate, and counsel patients and families effectively.
- Manage common medical emergencies and refer when needed.
- Independently perform common medical procedures and understand patient safety.
- Diagnose common clinical disorders, focusing on infectious, nutritional, tropical, and environmental diseases.
- Outline various management modes, including drug therapy and potential side effects, dosages, and contraindications.
- Propose and interpret diagnostic and investigative procedures.
- Provide first-level management of emergencies and determine appropriate referral.
- Recognize and manage geriatric disorders.
- Develop clinical skills to diagnose common medical disorders and emergencies.
- Refer patients to higher-level care after providing primary care.
- Perform routine investigations like hemogram, stool, urine, sputum, and biological fluid examinations.
- Assist with common bedside investigative procedures like pleural tap, lumbar puncture, and biopsies.

6.7.4.2 PAEDIATRICS

Subject Goals:

By the end of training, the learner should be able to:

- Assess and promote optimal growth, development, and nutrition in children and adolescents.
- Recognize and provide care for neonates, infants, children, and adolescents in emergencies and routine settings.
- Perform necessary procedures in primary care for children of all ages.
- Recognize children with special needs and refer appropriately.
- Promote child health and disease prevention.
- Participate in national child health programs, following the IMNCI strategy.
- Communicate effectively with children and families.
- Describe normal growth and development stages and deviations.
- Recognize common paediatric disorders, their diagnosis, treatment, and rehabilitation.
- Determine age-related requirements for nutrition, fluids, and drug dosages.

- Discuss preventive strategies for infectious diseases, malnutrition, genetic/metabolic disorders, and accidents.
- Outline national child health programs, including immunizations.
- Take detailed paediatric and neonatal histories and perform clinical examinations.
- Perform bedside investigations and interpret laboratory results.
- Take anthropometric measurements, perform neonatal resuscitation, and administer vaccines and other basic interventions.
- Recognize the need for special care in newborns and provide appropriate care, including for preterm or low birth weight babies.
- Provide ambulatory care and refer for specialized care when necessary.

6.7.4.3 DERMATOLOGY, VENEREOLOGY, AND LEPROSY:

Subject Goals:

By the end of training, the learner should be able to:

- Understand diagnosis principles for skin, hair, nail, and mucosa diseases.
- Recognize, diagnose, and treat common skin diseases, including leprosy, and refer appropriately.
- Apply a syndromic approach to manage sexually transmitted diseases, including HIV.
- Recognize and manage emergencies, including drug reactions.
- Educate and counsel patients on sexual health and disease prevention.

6.7.4.4 PSYCHIATRY:

Subject Goals:

By the end of training, the learner should be able to:

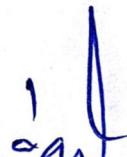
- Promote mental health and hygiene.
- Diagnose and manage common psychiatric disorders.
- Manage psychotic disorders, primarily schizophrenia.
- Address stress-related psychiatric disorders and provide preliminary treatment and referrals.
- Identify and refer alcohol/substance abuse disorders.
- Assess suicide risk and refer appropriately.

6.7.4.5 GENERAL SURGERY:

Subject Goals:

By the end of training, the learner should be able to:

- Understand the principles of diagnosis and management of common

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surgical problems in adults and children.

- Administer appropriate fluids, electrolytes, and blood products.
- Apply aseptic techniques and use antibiotics rationally.
- Recognize common malignancies and their prevention and management.
- Perform diagnostic and surgical procedures at the primary care level.
- Understand organ retrieval from donors.
- Administer informed consent for surgical procedures.
- Recognize and manage common surgical problems, including emergencies.
- Identify types of anaesthetic agents and their uses.
- Plan and interpret laboratory tests for surgical conditions.
- Manage shock, septicaemia, and haemorrhage.
- Perform Basic Life Support in trauma cases.
- Monitor patients with head, chest, spinal, and abdominal injuries.
- Provide primary care for burn victims.
- Learn principles of operative surgery and patient monitoring.
- Manage open wounds and prevent infections like tetanus.

6.7.4.6 ANAESTHESIOLOGY

Subject Goals:

By the end of training, the learner should be able to:

- Administer general, regional, and local anaesthesia, including case selection and pre-operative evaluation.
- Manage acute and chronic pain, including labour analgesia, and maintain airways in unconscious patients.
- Administer oxygen therapy and select appropriate devices.
- Perform cardiopulmonary resuscitation and transfer patients for advanced care.
- Obtain informed consent for procedures and maintain documentation.

6.7.4.7 RADIO DIAGNOSIS

Subject Goals:

By the end of training, the learner should be able to:

- Choose appropriate imaging modalities for common diseases.
- Understand risks associated with imaging techniques.
- Work with interdisciplinary teams and document effectively.
- Interpret normal and abnormal x-rays, particularly for emergency conditions.



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6.7.4.8 OBSTETRICS AND GYNECOLOGY

Subject Goals:

By the end of training, the learner should be able to:

- Provide preconception counselling and antenatal care.
- Identify high-risk pregnancies and refer when necessary.
- Conduct normal deliveries and manage complications.
- Safely prescribe medications during pregnancy and lactation.
- Diagnose labour complications and refer when needed.
- Perform early neonatal resuscitation.
- Offer postnatal care and breastfeeding education.
- Counsel on contraception choices.
- Interpret test results in obstetric care.
- Apply medico-legal principles related to reproductive health.
- Perform gynaecologic history-taking and examinations, including PAP smears.
- Recognize and manage common reproductive tract infections.
- Identify and manage common genital cancers and refer for further care.

6.8 Phase Wise Training and Time Distribution for Professional Development

The Competency-Based Undergraduate Curriculum 2024 and the Attitude, Ethics, and Communication (AETCOM) course will serve as the curriculum for MBBS batches starting from the academic year 2024-25. These will be updated periodically.

Teaching and assessment will be conducted in a bilingual mode alongside English. GS Medical College will organize a Foundation Course to prepare medical students, focusing on communication, technical, and language skills.

6.8.1 Training period and time distribution:

- Admissions will be organized to ensure teaching in Phase I begins with the Foundation Course at the start of the academic year, with no student admitted beyond the specified dates.
- The MBBS course lasts 4½ years, divided into four professional years, followed by a compulsory rotating internship. Each academic year will consist of at least 39 weeks with a minimum of 39 hours per week.
- Large group teaching will be limited to one-third of the total allotted hours, with the remainder dedicated to small group teaching, clinical sessions, practical, and self-directed learning.

- Learner-centred methods will be used, with early clinical exposure, problem-based learning, and integrated teaching across specialties. University exams will be held at the end of each professional year.

7.0 Faculty Development Programme

The new curriculum training requires the teaching faculty to understand and apply the concepts of group dynamics in teaching students, team building exercises and small group teachings, encourage the students towards self-directed learning and enhance their skills to become team leaders at the primary health care level. These training skills shall be imparted through various programs as described in the guidelines to be notified from time to time.

8.0 Student Welfare

The student welfare is central to good learning atmosphere. The issues related to ragging disrupt student's well-being. Hence, students are expected to abide by Prevention and Prohibition of Ragging in Medical Colleges and Institutions Regulations, 2021. Provided that there shall be an elected student association and representation of students in decision making by the GS Medical College affecting student welfare.

9.0 Vacation For Students

Vacation for students shall be two weeks duration during a professional out of which one week shall be designated for sports and cultural events, which will be notified in the Academic Calendar every year.

10.0 Compulsory Rotating Medical Internship

- These regulations are in accordance with the National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.
- No medical graduate shall be eligible to permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India.
- The Dean/ Principal/ Director or any other equivalent authority shall be responsible for implementation of these Regulations.

10.1. Total Duration

The overall duration of compulsory rotating medical internship shall not be less than twelve months after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for

MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

10.2. Period of Completion

- The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NEXT Step-1 examination, whenever in force.
- The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by GS Medical College & Hospital or GS University for reasons including but not limited to:
 - insufficient period of attendance; or
 - any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.
- The duration of internship may be curtailed or temporarily suspended or even withdrawn or cancelled at any time by the GS Medical College & Hospital or GS University, provided-
 - the registrant, due to any reason whatsoever, desires not to pursue CRMI; or
 - the registrant is not found to have fulfilled eligibility requirements; or
 - there are proven acts of indiscipline; or
 - there are proven acts of professional misdemeanour or misconduct; or
 - any other acts or actions including those violating law of the land.

10.3. Leaves :

An intern shall be allowed to avail the following leaves:

10.3.1. Normal Leave:

- Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
- The entire period of fifteen days cannot be availed during any of the one week or two weeks postings applicable to a single department or specialty

10.3.2 Maternity Leave:

Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations.

10.3.3 Medical Leave:

Medical Leave shall be included within the fifteen days of normal leave.

- Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board.
- The internship shall be extended if the leave of absence of any kind

exceeds beyond this period.

- The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

10.4 Eligibility Criteria for Completion of CRMI

The following requirements need to be fulfilled to be eligible for CRMI.

10.4.1. Indian Medical Graduates

- The applicant should have successfully completed the MBBS course from GS Medical College.
- The qualifying examination for Indian Medical Graduates shall be:
 - The Final MBBS Examination of GS Medical College;
 - The National Exit Test (NEXT) Step-1, whenever this examination becomes operational.

10.4.2 Foreign Medical Graduates

Foreign Medical Graduates are also permitted by U.P. Medical Council to complete a period of internship in GS Medical College following counselling.

10.5 Curriculum And Specialities Of Compulsory Rotating Medical Internship (CRMI)

An intern shall be posted by rotation in different specialities and shall fulfil the duties as specified in the table below.



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
1.	Mandatory Exclusive	Community Medicine	12 weeks	<p>(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of:</p> <ol style="list-style-type: none"> 1) 3 weeks- General Surgery 2) 3 weeks- General Medicine 3) 3 weeks- Obstetrics and Gynaecology 4) 3 weeks- Community Medicine <p>(b) Not more than 15 interns at any given time in one centre</p>	<p>to diagnose and treat common medical illnesses and recognize the importance of community involvement.</p>	<ol style="list-style-type: none"> 1. able to diagnose common ailments and advise primary care 2. able to demonstrate knowledge on 'Essential drugs' and their usage; 3. be able to recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same. 4. familiar with all National Health Programs as recommended by the Ministry of Health and Family Welfare.

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>5. able to gain full expertise in immunization against infectious disease;</p> <p>6. able to participate in programs related to prevention and control of locally prevalent endemic diseases including nutritional disorders.</p> <p>7. able to learn skills in family welfare planning procedures.</p> <p>8. able to establish linkages with other agencies as water supply, food distribution and other environmental or social agencies.</p> <p>9. able to acquire managerial skills</p>

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.
2.	Mandatory Exclusive	General Medicine	6 Weeks	Includes postings in out-patient, in-patient wards and admission day emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)	to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of	<ol style="list-style-type: none"> able to observe/assist or preferably perform following procedures: Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy; Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration; Cerebrospinal Fluid (CSF) aspiration, Air way tube installation; Oxygen administration, etc. able to do Biopsy

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					management	<p>Procedures under supervision</p> <p>3. familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser;</p> <p>4. be able to advise about management and prognosis of acute & chronic illnesses and participate in counselling sessions for patients with non-communicable diseases and tuberculosis, HIV patients, etc.</p> <p>5. able to confirm death and demonstrate understanding of World Health Organization</p>

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>cause of death reporting and data quality requirements.</p> <p>6. be able to demonstrate understanding of the coordination with local and national epidemic management plans.</p> <p>7. be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.</p>
3.	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies	to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric reactions.	<p>1. able to diagnose and manage common psychiatric disorders.</p> <p>2. able to identify and manage psychological reactions.</p>

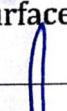
Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.	3. able to diagnose and manage behavioural disorders in medical and surgical patients. 4. able to do ECT administration. 5. able to do therapeutic counselling and follow-up.
4.	Mandatory Exclusive	Paediatrics	3 weeks	Includes postings in Outpatient, Inpatient wards and Admission Day Emergency postings and exposure to Neonatal or Paediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)	to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall acquire competence	1. able to diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child, making a record of information; 2. able to perform Diagnostic techniques: for clinical diagnosis blood collection, drainage of

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					<p>based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.</p>	<p>abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine</p> <p>3. able to perform techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;</p> <p>4. able to use equipment: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;</p> <p>5. able to institute early management of common childhood disorders with special reference to</p>

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>paediatric dosage and oral rehydration therapy;</p> <p>6. able to screen new born babies and those with risk factors for any anomalies</p> <p>7. able to recognise growth abnormalities; recognise anomalies of psychomotor development;</p> <p>8. able to assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels.</p> <p>9. familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.</p>

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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						10. able to advise about management and prognosis of acute and chronic illnesses.
5.	Mandatory Exclusive	General Surgery	6 Weeks	Includes postings in Out-patient, In-patient wards, Admission Day Emergency and both Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)	to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and suspect with reasonable accuracy all acute and chronic surgical illnesses.	1. An intern must have observed / assisted or preferably performed the following procedures: <ul style="list-style-type: none"> (i) venesection or venous access; (ii) tracheostomy and endotracheal intubation; (iii) catheterization of patients with acute retention or trocar cystostomy; (iv) drainage of superficial abscesses; (v) basic suturing of wound and wound management (including bandaging); (vi) biopsy of surface tumours;



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>(vii) perform vasectomy.</p> <p>2. able to advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer; rehabilitation of patients after surgery and assist them for early recovery;</p> <p>3. able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements;</p> <p>4. able to demonstrate understanding of the use of national and state/ local cause of death statistics.</p> <p>5. An intern must have observed or preferably assisted at the following operations/procedures:</p>



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<ul style="list-style-type: none"> (i) Resuscitation of critical patients; (ii) Basic surgical procedures for major and minor surgical illnesses; (iii) Wound dressings and application of splints; (iv) Laparoscopic/ Minimally Invasive surgery; (v) Lymph node biopsy.
6.	Mandatory Exclusive	Anaesthesiology and Critical Care	2 weeks	<p>Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available</p>	<p>to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform</p>	<p>A. An intern must have observed or preferably assisted in:</p> <ul style="list-style-type: none"> (i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications; (ii) Venepuncture and set up intravenous drip; (iii) Laryngoscopy and endotracheal intubation; (iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks;

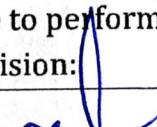
Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					<p>cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.</p>	<p>(v) Simple general anaesthetic procedures under supervision;</p> <p>(vi) Monitor patients during anaesthesia and in the post-operative period;</p> <p>(vii) Maintain anaesthetic records;</p> <p>(viii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.</p> <p>Able to counsel and advise regarding various methods of anaesthesia;</p> <p>Able to Recognise problems associated with emergency anaesthesia;</p> <p>able to Recognise assist in treating complications in the post-operative period.</p>

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
7.	Mandatory Exclusive	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out-patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU), Intensive Care Units (ICU) and Family Planning methods	to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labour and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.	<ol style="list-style-type: none"> able to do diagnosis of early pregnancy and provision of ante-natal care; able to diagnose abortion, ectopic pregnancy, tumours complicating pregnancy, acute abdomen in early pregnancy, hyperemesis gravidarum able to detect high risk pregnancy cases and give suitable advice e.g. PIH, hydramnios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation. able to do induction of labour and amniotomy under supervision, management of normal labour, detection of abnormalities, post-partum

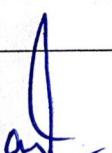
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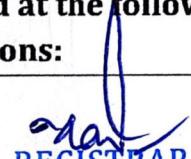
Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>haemorrhage and repair of perennal tears, assist in forceps delivery;</p> <p>5. able to detect and manage abnormalities of lactation.</p> <p>6. able to do evaluate and prescribe oral contraceptives with counselling.</p> <p>7. able to do per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;</p> <p>8. able to do medico-legal examination in gynaecology and obstetrics.</p> <p>9. be able to perform under supervision:</p> 

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<ul style="list-style-type: none"> (i) dilatation and curettage and fractional curettage (ii) endometrial biopsy; (iii) endometrial aspiration; (iv) pap smear collection; (v) intra uterine contraceptive device (iucd) insertion; (vi) mini-lap-ligation; (vii) urethral catheterization; (viii) suture removal in post-operative cases; (ix) cervical punch biopsy. <p>10. able to assist in major abdominal and vaginal surgery cases; second trimester medical termination of pregnancy (mtp)procedures</p>


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
8.	Mandatory Exclusive and Concurrent PMR with Orthopaedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out-patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)	to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis and common congenital deformities	A. An intern must have observed or preferably assisted in (i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post-operative splintage and application of Thomas splint; (ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture; (iii) Manual reduction of common dislocations- interphalangeal, metacarpal-phalangeal, elbow and shoulder dislocations;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>(iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;</p> <p>(v) Emergency care of a multiple injury patient;</p> <p>(vi) Transport and bed care of spinal cord injury patients.</p> <p>B. Skill that an intern should be able to perform under supervision:</p> <p>(i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;</p> <p>(ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.</p> <p>C. An intern must have observed or preferably assisted at the following operations:</p>



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<ul style="list-style-type: none"> (i) Drainage for acute osteomyelitis; (ii) Sequestrectomy in chronic osteomyelitis; (iii) Application of external fixation; (iv) Internal fixation of fractures of long bones.
9.	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	<p>Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures</p>	<p>to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses</p>	<p>A. An intern must perform or assist in:</p> <ul style="list-style-type: none"> (i) Identification of acute emergencies in various disciplines of medical practice; (ii) Management of acute anaphylactic shock; (iii) Management of peripheral-vascular failure and shock; (iv) Management of acute pulmonary oedema and Left Ventricular Failure(LVF);

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					<p>including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.</p>	<p>(v) Emergency management of drowning, poisoning and seizure;</p> <p>(vi) Emergency management of bronchial asthma and status asthmaticus;</p> <p>(vii) Emergency management of hyperpyrexia;</p> <p>(viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries;</p> <p>(ix) Assessment and administering emergency management of burns;</p> <p>(x) Assessing and implementing emergency management of various trauma victims;</p>



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>(xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medico- legal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.</p> <p>B. Skill that an intern should be able to perform under supervision:</p> <p>(i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same;</p> <p>(ii) Electrocardiogram(ECG);</p> <p>(iii) Routine radiographs of chest, abdomen, skull, etc.</p> <p>C. An intern must have observed or preferably</p>



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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						assisted at the following operations/ procedures: (i) Resuscitation of critical patients; (ii) documentation medico legal cases; (iii) management of bleeding and application of splints.
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings	to impart such knowledge and skills that may enable him to identify and know the basic procedures related to medico-legal cases.	A. An intern must have observed or preferably assisted in: (i) Documentation and certification of trauma; (ii) Diagnosis and certification of death; (iii) Legal documentation related to emergency cases; (iv) Certification of medical-legal cases e.g. Age estimation, sexual assault, etc.;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>(v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.</p> <p>B. An intern must have observed a medico-legal autopsy/ post-mortem.</p>
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies	to impart such knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy. He/she shall acquire competence for clinical diagnosis based on history,	<p>A. At the end of internship an intern must be able to:</p> <p>(i) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies;</p> <p>(ii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.</p>

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					physical examination and relevant laboratory investigations and institute appropriate line of management	B. An intern must have observed or preferably assisted at the following procedures: (i) Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases; (ii) Skin biopsy for diagnostic purpose.
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres	to impart such knowledge and skills that may enable him to diagnose and treat common	A. An intern must have observed or preferably assisted in: (i) Ear syringing, antrum puncture and packing of the nose for epistaxis;


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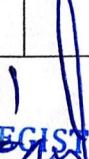
Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					otorhinolaryngological conditions	<p>(ii) Nasal douching and packing of the external canal;</p> <p>(iii) Removing foreign bodies from nose and ear;</p> <p>(iv) Observing or assisting in various endoscopic procedures and tracheostomy.</p> <p>B. Skill that an intern should be able to perform under supervision-</p> <p>(i) as a team member in the diagnosis of various ENT-related diseases and be aware of National Programme on prevention of deafness;</p> <p>(ii) Intern shall acquire knowledge of various ENT related rehabilitative programs.</p>

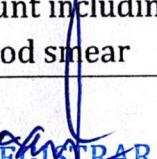
Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						C. An intern must have observed or preferably assisted at the following operations/ procedures: Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems.
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres	to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions	A. An intern must have observed or preferably assisted in: (i) Sub-conjunctival injection; (ii) Ocular bandaging; (iii) Removal of concretions; (iv) Epilation and electrolysis; (v) Corneal foreign body removal;

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<p>(vi) Cauterization of corneal ulcers;</p> <p>(vii) Chalazion removal;</p> <p>(viii) Entropion correction;</p> <p>(ix) Suturing conjunctival tears;</p> <p>(x) Lids repair;</p> <p>(xi) Glaucoma surgery (assisted);</p> <p>(xii) Enucleation of eye in cadaver.</p> <p>B. An intern should be able to advise under supervision regarding methods for rehabilitation of the blind.</p> <p>C. An intern must have observed or preferably assisted at the following operations/procedures:</p> <p>(i) Assessment of refractive errors and advise its correction;</p>

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
						<ul style="list-style-type: none"> (ii) Diagnose ocular changes in common systemic disorders; (iii) Perform investigative procedures such as tonometry, syringing; (iv) direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.
14.*	Electives Exclusive*	Broad Specialties Group	4 weeks total. 2 weeks minimum,	<ul style="list-style-type: none"> • Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Centre 	<p>The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she</p>	<p>A. An intern must perform or assist in:</p> <ul style="list-style-type: none"> (i) Diagnosing and managing common respiratory disorders and emergencies; (ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
					<p>shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.</p>	<p>organism like AFB, interpretation of chest X-rays and respiratory function tests;</p> <p>(iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.</p> <p>B. An intern must have observed or preferably assisted at the following operations/ procedures:</p> <p>(i) Laryngoscopy;</p> <p>(ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo- thoracic drainage aspiration;</p> <p>(iii) Therapeutic counselling and follow up.</p>


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Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			• Radio diagnosis	The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.	A. An intern must acquire competency in: (i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis. (ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT scans with emphasis on fractures and head injuries; (iii) Recognizing basic hazards and precautions in radio-diagnostic practices specially related to pregnancy. (iv) Demonstrating awareness of the various laws like Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).	
			• Lab Medicine	Lab services consist of clinicalpathology, laboratory medicine, biochemistry and	An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations: (i) Blood: Complete blood count including Platelet count, peripheral blood smear	 REGISTRAR

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
				haematology services along with blood banking	preparation and examination including malarial parasites; (ii) Urine: (Routine chemical and microscopic examination); (iii) Stool: (for ova/cyst and occult blood); (iv) Blood Banking: Blood grouping (manual), saline cross-matching; (v) Sputum and throat swab for Gram stain and acid-fast stain; (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear; (vii) Performing blood sugar test by glucometer; (viii) Pleural and ascitic fluid for routine chemistry and microscopy; (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations; (xi) Fill requisition forms appropriately.	

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
Electives	Broad Specialties Exclusive Group e*	4 weeks total. 2 weeks minimum,	• Respiratory Medicine and Directly Observed Treatment Short Course in Tuberculosis (DOTS-TB) Centre	The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate line of management.	A. An intern must perform or assist in: (i) Diagnosing and managing common respiratory disorders and emergencies; (ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests; (iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses. B. An intern must have observed or preferably assisted at the following operations/ procedures: (i) Laryngoscopy; (ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage aspiration; (iii) Therapeutic counselling and follow up.	

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			• Radio diagnosis	The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and prepare patients for various radiologic procedures.	A. An intern must acquire competency in: (i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis. (ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT scans with emphasis on fractures and head injuries; (iii) Recognizing basic hazards and precautions in radio-diagnostic practices specially related to pregnancy. (iv) Demonstrating awareness of the various laws like Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).	
			• Lab Medicine	Lab services consist of clinicalpathology, laboratory medicine, biochemistry and		An intern must be able to PERFORM without assistance and interpret the results of the following laboratory investigations: (i) Blood: Complete blood count including Platelet count, peripheral blood smear

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
				haematology services along with blood banking	preparation and examination including malarial parasites; (ii) Urine: (Routine chemical and microscopic examination); (iii) Stool: (for ova/cyst and occult blood); (iv) Blood Banking: Blood grouping (manual), saline cross-matching; (v) Sputum and throat swab for Gram stain and acid-fast stain; (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear; (vii) Performing blood sugar test by glucometer; (viii) Pleural and ascitic fluid for routine chemistry and microscopy; (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations; (xi) Fill requisition forms appropriately.	

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
Elective s Exclusiv e	Indian Systems of Medicine	1 week	<p><i>May choose any:</i></p> <ul style="list-style-type: none"> • Ayurveda • Yoga • Unani • Siddha • Homeopathy • Sowa Rigpa <p>Major broad specialty: One minimum for 1 week - Remaining 3 weeks- Any broad</p>			

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			specialty or 2 weeks for broad specialty and 1 week for AYUSH • Indian systems of Medicine: Optional any one for 1 week. If the college does not have facilities for Electives in AYUSH, and Memorandum of Understandi ng (MOU) with any Government			

Sr. No.	Nature of Posting	Department/ Specialty	Duration	Remarks	Goals	Therapeutic: An intern must be:
			institution in the same town/ city / district may be established by the college; training must be certified by the mentor with the concurrence of college/ institution where the candidate is enrolled for MBBS.			


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10.6. Mentor: A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

10.7. Assessment:

- The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.
- Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken which shall predominantly test clinical/ practical skills.
- Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.
- The Dean/Principal of GS Medical College & Hospital shall issue cumulative certificate of satisfactory completion of training at the end of internship.

10.8. Stipend:

All interns shall be paid stipend as fixed by GS University.

11 Award of Degree

Following successful completion of the program and having been declared pass by GS University, the degree will be awarded. Various medals and Prizes will also be given to rank holders.

12. Provision to Amend the Graduate Medical Education Ordinance

The national regulatory body NMC is empowered to notify any addition, deletion, substitution or any other amendment to Graduate Medical Education Ordinance at any time. These amendments shall be applicable to the University with effect from the date such amendments are promulgated.



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13. Annexures

Annexure 1: AETCOM Modules teaching and assessment

The tables below show the suggested AETCOM blueprinting for various university papers and for module leader/in-charge for coordinating Module teaching. Each module leader/in-charge should select a multi-subject team and then the module is taught by various members of the team. The module teaching learning activities should be planned and conducted by this team.

Assessment: All internal and University exams must have one question/application based question on AETCOM in each theory paper (5%) and it should be assessed in various components of practical/clinical exams.

AETCOM Phase 1	
Subject	Module number
Anatomy	1.5 1.4 Foundations of communications
Physiology	1.2 1.3
Biochemistry	1.1 <ul style="list-style-type: none">Enumerate and describe professional qualities and roles of a physicianDescribe and discuss commitment to lifelong learning as an important part of physician growth 1.1 <ul style="list-style-type: none">Describe and discuss the role of a physician in health care systemIdentify and discuss physician's role and responsibility to society and the community that she/he serves

AETCOM Phase 2

Subject	Paper	Module number
Microbiology	Paper 1	2.1
	Paper 2	2.8
Pharmacology	Paper 1	2.2, 2.3
	Paper 2	2.5
Pathology	Paper 1	2.4
	Paper 2	2.7

AETCOM Phase 3, part I

Subject	Paper	Module number
Ophthalmology	Single paper	3.1
ENT	Single paper	3.3
Forensic Medicine & Toxicology	Single paper	2.6, 3.4
Community Medicine	Paper 1	3.2
	Paper 2	3.5

AETCOM Phase 3, part 2

Subject	Competency Number	Competency
Medicine and Allied Subjects, integration	Paper 1	4.1
	Paper 2	4.3
Surgery and Allied Subjects,	Paper 1	4.4
	Paper 2	4.5, 4.6
Obstetrics and Gynaecology	Paper 1	4.2, 4.7
	Paper 2	4.8
Paediatrics	Single paper	4.9

Annexure 2: Time distribution of MBBS Teaching & Examination Schedule

Academic calendar for admission batch 2024-2025

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Adm year										1 14 Oct	2	3
Phase 1 exam	4	5	6	7	8	9	10	11	12 Phase 1 exam, result	13 Phase 2 starts	14	15
Phase 2 exam	16	17	18	19	20	21	22	23	24 Phase 2 exam, result	25 Phase 3 part 1starts	26	27
Phase 3 part I exam	28	29	30	31	32	33	34	35	36 Phase 3 Part1 exam, result	37 Phase 3 part 2 starts	38	39
	40	41	42	43	44	45	46	47	48	49	50	51
Phase 3 part II exam	52	53	54 Proposed NExTstep1	1 CRMI	2	3	4	5	6	7	8	9
Internship	10	11	12 Proposed NExTstep2									

Legends: CRMI-Compulsory rotating medical internship

Proposed time distribution of MBBS Teaching & Examination Schedule from A.Y. 2025-'26

Generic proposed academic calendar from admission batch 2025-2026 onwards

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Adm year									1	2	3	4
Phase 1 exam	5	6	7	8	9	10	11	12	Phase 1 exam, result	13	14	15
Phase 2 exam	17	18	19	20	21	22	23	24	Phase 2 exam, result	25	26	27
Phase 3 part I exam	29	30	31	32	33	34	35	36	Phase 3 Part 1 exam, result	37	38	39
	41	42	43	44	45	46	47	48		49	50	51
Phase 3 part II exam	53	54	1 Proposed NExT step1	2	3	4	5	6		7	8	9
Internship	11	12 Proposed NExT step2										

Legends:


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CRMI-Compulsory rotating medical internship



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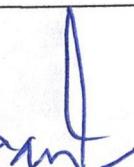
Annexure 3 :Distribution of subjects in each Professional Phase

Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Examination
Phase-1	<ol style="list-style-type: none"> 1. Foundation course of 2 weeks at start of course 2. Anatomy, Physiology & Biochemistry, Introduction to Community Medicine, including Family adoption Programme (FAP) through village outreach 3. Early Clinical Exposure 4. Attitude, Ethics, and communication Module (AETCOM) including Humanities 	12 months	Phase 1
Phase-2	<ol style="list-style-type: none"> 1. Pathology, Microbiology, Pharmacology 2. Community Medicine (including FAP) 3. Forensic Medicine and Toxicology 4. Introduction to clinical subjects 5. Clinical postings, Family visits for FAP 6. AETCOM 	12 months	Phase 2



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Phase & year of MBBS training	Subjects & Teaching Elements	Duration (months)	University Examination
Phase- 3, Part-I	<ol style="list-style-type: none"> Community Medicine, Forensic Medicine and Toxicology, Medicine & allied, Surgery & allied, Paediatrics, Obstetrics & Gynaecology Family visits for FAP Otorhinolaryngology, Ophthalmology Clinical postings AETCOM 	12 months	Phase 3, Part 1
Electives	2 blocks, 15 days each (after the annual exams are over, irrespective of result outcome)	1 month	Phase 3, Part II
Phase-3, Part- II, MBBS	<ol style="list-style-type: none"> General Medicine, Dermatology, Psychiatry, Paediatrics, General Surgery, Orthopaedics, Radio diagnosis, Anaesthesiology, Obstetrics & Gynaecology Clinical postings AETCOM 	18 months (including electives)	Phase 3, Part II



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Subjects/Contents	Teaching hours
Orientation Module including History of Indian Medicine	15
Skills Module	15
Community orientation module	5
Professional Development and Ethics Module (P&E) including Mental health	20
Enhancement of Language and Computer Skills Module including clinico-laboratory communication	10
Sports and Extracurricular Activities	15
Total	80



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Annexure 5 : Distribution of Subject Wise Teaching Hours for each Professional Phase of MBBS

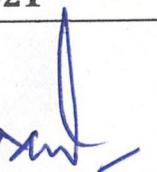
Distribution of Subject Wise Teaching Hours for Phase -1 MBBS

Subject	Large group teaching	SGT/ Practical/ Tutorials/ Seminars	SDL	Total
Foundation Course				80
Anatomy	180	430	10	620
Physiology	130	305	10	445
Biochemistry *	82	157	10	249
Early Clinical Exposure (ECE)**	-	27	-	27
Community Medicine	20	20	-	40
Family adoption Programme (FAP)	-	24	-	24
(AETCOM)***	-	26	-	26
Sports and extra-curricular Activities	-	-	-	10
Total	412	989	30	1521

SGT: Small group teaching, SDL: Self-directed learning

*Including Molecular Biology

**Minimum ECE hours. These hours are to be divided equally by anatomy, physiology & biochemistry.



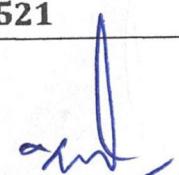
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***AETCOM module is a longitudinal Programme.

Distribution of Subject Wise Teaching Hours for Phase-2 MBBS

Subjects	Large group teaching	SGT/ Practical's/ Tutorials/ Seminars	Clinical Postings*	SDL	Total
Pathology	80	170	-	10	260
Pharmacology	80	170	-	10	260
Microbiology	75	143	-	10	228
Community Med (including FAP)	25	0	24	10	59
Forensic Medicine and Toxicology	12	25	-	08	45
Clinical Subjects	60		540	-	600
AETCOM	-	29	-	8	37
Sports, Yoga extra- curricular activities	-	-	-	32	32
Final total	332	537	564	88	1521

SGT: Small group teaching SDL: Self-directed learning



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Pl. note: *Clinical postings shall be for 3 hours per day, Monday to Friday.
There will be 15 hours per week for all clinical postings.

Distribution of Subject Wise Teaching Hours for MBBS Phase-3, part 1

Subject	Large group teaching	SGT/ Practical/ Tutorials/ Seminars	SDL	Total
Electives	0	156	0	156
Gen. Medicine	20	30	10	60
Gen Surgery	20	30	10	60
Obstetrics & Gynaecology	20	30	10	60
Paediatrics	20	30	05	55
Forensic Medicine and Toxicology	35	65	20*	120
Community Med	50	80	20	150
FAP (Visits +log book submission)	-	26	10	36
Otorhinolaryngology (ENT)	30	50	20	100
Ophthalmology	30	50	20	100
Clinical posting#				593
AETCOM	0	19	12	31
Total	225	566	137	1521

*Out of this, 21 Hours (07 days x 03 hours) must be utilized for demonstration of post mortem examinations

#Clinical postings shall be for 3 hours per day, Monday to Saturday. There will be 18 hours per week for all clinical postings.

Distribution of Subject wise Teaching Hours for Phase 3 part-2 MBBS

Subjects	Lectures	SGL	SDL	Total
General Medicine	110	185	40	335
General Surgery	90	153	30	273
Obstetrics and Gynaecology	80	150	30	260
Paediatrics	20	35	10	65
Orthopaedics	30	50	20	100
AETCOM	30	0	22	52
Dermatology, Venereology & Leprosy	13	17	10	40
Psychiatry	13	17	10	40
Radiodiagnosis	8	10	8	26
Anaesthesiology	8	10	8	26
Clinical postings*				1201
TOTAL	402	627	188	2418


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Pl. note: *Clinical postings shall be for 3 hours per day, Monday to Saturday. There will be 18 hours per week for all clinical postings.

Extra hours may be used for preparation of NeXT or SDL

Annexure 6 :Clinical Posting Schedules in weeks phase wise

Subjects	Period of training in weeks			Total Weeks
	Phase 2	Phase 3, Part 1	Phase 3, Part 2	
Electives	0	4	0	4
General Medicine	8	3	13	24
General Surgery	6	5	13	24
Obstetrics & Gynaecology	6	3	13	22
Paediatrics	4	2	6	12
Community Medicine	4	4	0	8
Orthopaedics	0	2	6	8
Otorhinolaryngology	4	4	0	8
Ophthalmology	4	4	0	8

Psychiatry	0	2	4	6
Radio-diagnosis	0	0	2	2
Dermatology, Venereology & Leprosy	0	0	6	6
Anaesthesiology	0	0	2	2
Total	36	33	65	134

Annexure 7 : Learner- Doctor Programme (Clinical Clerkship)

Year of Curriculum	Focus of Learner-Doctor Programme
Phase-1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness, family adoption Programme
Phase-2	History taking, physical examination, assessment of change in clinical status, communication and patient education, family adoption Programme
Phase-3, Part -1	All of the above and choice of investigations, basic procedures and continuity of care
Phase-3, Part -2	All of the above (except Family adoption Programme) and decision making, management and outcomes



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Annexure 8 : Marks distribution for various subjects for University Annual Examinations

Phase of Course	Theory	Practical's	Passing criteria
Phase-I MBBS			
Anatomy- 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Physiology- 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Biochemistry- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
Phase-II MBBS			
Pathology - 2 papers	Paper 1- 100	100	
	Paper 2 -100		
Microbiology- 2 papers	Paper 1- 100	100	
	Paper 2- 100		
Pharmacology- 2 papers	Paper 1 -100	100	
	Paper 2- 100		
Phase-III MBBS part 1			
Forensic Medicine and	Paper 1 - 100	100	
Toxicology- 1 paper			
Community Med -	Paper 1 -100	100	

2 papers		
	Paper 2- 100	
Otorhinolaryngology	Paper-1 100	100
Ophthalmology	Paper-1 100	100
Phase-III MBBS part 2		
Medicine & allied	Paper 1- 100	100
	Paper 2- 100	
Surgery & allied	Paper 1- 100	100
	Paper 2- 100	
Obstetrics and Gynecology	Paper 1- 100	100
	Paper 2- 100	
Paediatrics	Paper-1 100	100

Medicine & allied Paper-2 to have Medicine 50%, Psychiatry 25% and Dermatology 25% questions.

Surgery & allied Paper-2 to have General Surgery 40%, Orthopaedics 40%, Anaesthesia 10% and Radio diagnosis 10%.

Annexure 9 : Suggested format for a Theory paper

Suggested format for a Theory paper – Universities and colleges may design their unique question paper blueprint as per the principles given in the format

Duration-3 hours 100 marks

Type of question/ Number of questions	Marks per question

Q No 1	Scenario based MCQ/ 10-20	1-2
Q No 2	Long essay question/ ONE	10-12
Q No 3	Reasoning Questions/ FIVE	3
Q No 4	Short notes (applied aspects)/ FOUR All four subparts related to six integrated topics if subject is part of integrated modules. However, if a subject has less competencies in integrated module than at least 2 sub-parts from integrated modules.	4-5
Q No 5	Short notes / THREE	5-6
Q No 6	Short notes / FOUR (one subpart of 5 marks from AETCOM)	4-5

Annexure 10 : Phase I Alignment

Suggested Phase - I Alignment Table (Anatomy, Physiology & Biochemistry)

Topics written here are indicative and can be adjusted if required

Month	Anatomy	Physiology	Biochemistry

1	General Anatomy Lower Limb (LL)	General Physiology, Blood	Cell Membrane And Organelles, Extracellular Matrix, Chemistry Of Carbohydrates, Amino Acid & Proteins, Lab Safety And Biomedical Waste Management And Chromatography (Demo)
2	LL/UL General Embryology & Histology	Blood , N-M	Plasma Protein, Immunoglobulins, Enzymes, Haemoglobin Structure And Hemoglobinopathies, Electrophoresis(Demo), Heme Synthesis, Porphyria's, Hem catabolism, Iron Metabolism (Mineral), Bilirubin Formation, Jaundice, Colorimetry (Demo)
3	UL General Embryology & Histology	ANS, CVS	Clinical Enzymology, Chemistry Of Lipids And Lipoprotein Metabolism, Carbohydrate Metabolism , Vitamins, Estimation Of Protein And Albumin
4	Abdomen Related Systemic Embryology & Histology	GIT, Renal	Vitamins, Nutrition , Liver Function Tests, Renal Function Tests, Acid Base Balance And Its Disorders, Water And Electrolyte Normal And Abnormal Analysis Of Urine (DOAP), Estimation Of Urea, Creatinine
5	Abdomen , Pelvis Related Systemic Embryology & Histology	GIT (cont.), Repro.	Metabolism Of Proteins And Their Metabolic Disorders, Metabolism Of Carbohydrate And Their Metabolic Disorders, Diabetes Mellitus, Electron Transport Chain And Oxidative Phosphorylation, Xenobiotics, Estimation Of Glucose
6	Thorax Related Systemic Embryology & Histology	Repro (contd.), RS	Metabolism Of Lipids(Remaining) And Disorders, Metabolism Of Proteins, Minerals, Vitamins, Reproductive Hormones, Prenatal Screening, New Born Screening
7	H & N-I Related Systemic Embryology & Histology, Genetics	Endocrine (Neck region), CNS	Hormone Biochemistry, Tumour Markers And Thyroid Function Tests, Adrenal Function Tests, Free Radicals And Antioxidant

8	H & N-II Related Systemic Embryology & Histology, Genetics	CNS cont., Special senses	Purine And Pyrimidines Metabolism, Gout, Purine Salvage Pathway, Replication, DNA Damage And Repair Mechanism, Transcription , Translation, Post Translational Modifications, Protein Synthesis Inhibitors, Genetic Code And Mutations, Estimation Of Uric Acid
9	Neuroanatomy Related Systemic Embryology & Histology	CNS (cont.), Integrated physiology	Molecular Biology Techniques And Miscellaneous

Annexure 11: Phase 2 Alignment

	Pathology	Microbiology	Pharmacology
1 st month	Gen. Path	Gen. Micro, Communication and Ethics(14 competencies)	Gen. Pharm
2 nd month	Gen. Path	Gen. Micro, Communication and Ethics(14 competencies)	Gen. Pharm
3 rd month	Inflammation Immunology HIV	Immunology and Immunological Disorders (8 competencies)	(ANS/PNS) NSAIDs
4 th month	Immunology	Immunology and Immunological Disorders	Immunosuppressant CVS
	CVS	CVS & Bloodstream infections (1.5 months)	
1st Internal Assessment			
5 th month	CVS	CVS & Bloodstream infections (1.5 months)	CVS

	Haematology		Blood
6 th month	Respiratory System (2-3 weeks)	Respiratory System (2.5 weeks) Tb	Chemo
7 th month	Respiratory System	CNS 1.5 weeks	Respiratory System TB (7 hours)
	CNS 2 hours Kidney		CNS 4 weeks

2nd Internal Assessment

8 th month	Kidney Genito-urinary 2 weeks	Genito-urinary and STI 2 weeks GIT Hepatobiliary	Chemotherapy
9 th month	GIT Hepatobiliary	GIT Hepatobiliary	GIT
10 th month	Bone Breast Skin, eye, joints Endocrine	Musculoskeletal system, Skin and Soft Tissue Infections (2 weeks) Zoonotic & Miscellaneous Infections (2 weeks) HAI and Antimicrobial Stewardship Hospital Infection Control	Drugs on skin, ocular Endocrine

3rd Internal Assessment/ Pre University

11 th month	Phase 2 University Exam
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Annexure 12: Family Adoption Programme

Curriculum For Family Adoption Programme (FAP)

The National Medical Commission (NMC) envisages the FAP as an opportunity for the Institute(s) to discharge its social responsibility and as a critical platform to facilitate *Authentic learning* of the under-graduate students to sensitize them with the real-life challenges of working for the Universal health coverage (UHC). The FAP will present an opportunity for the students to experience the health inequities and understand the social factors contributing to it.

The FAP is expected to complement the other Competency-Based Medical Education (CBME) reforms e.g., posting of interns in the public health facilities under the Compulsory Rotating Medical Internship (CRMI) and the District Residency Programme (DRP) for producing socially-responsive competent Indian Medical Graduates who would contribute for the cause of reducing inequities in health and society in the future. Institute(s) should leverage collaboration and partnership with the community and the public health care delivery system for effective implementation of the FAP so as to serve the larger purpose of the CBME reforms in the country.

Targets To Be Achieved By Students:

Phase 1:

1. Rapport building and connect with the families
2. Learning communication skills and inspire trust building amongst families
3. Understand the dynamics of community set-up of that region
4. Mobilize families for participation in Screening programs
5. Undertake detailed family study and prepare the family diagnosis to identify diseases/ ill-health/ malnutrition of allotted families/ risk factors / scope for health promotion

Phase 2:

1. Continue active involvement to become the first doctor /reference point of the family by continued active interaction
2. Ensure follow-up of members from adopted families for vaccination, growth monitoring and promotion, menstrual

- hygiene, IFA prophylaxis, health lifestyle adoption, nutrition, vector control measures, compliance to medications etc.
- 3. Work collaboratively with adopted families to achieve the formulated objectives
- 4. Inform families about ongoing government sponsored health related programs
- 5. Ensure appropriate referral of family members considering their choice for additional or annual screening at higher health facilities.

Phase 3:

- 1. Work collaboratively with adopted families to achieve the formulated objectives
- 2. Observation of services delivered at the community level during Village Health Nutrition Days (VHND), Community-based events (CBEs), Health and Wellness Centres (HWC) camps under the different national health Programme
- 3. Build understanding regarding work of frontline workers (ANM, ASHA/USHA, AWW, MPW) through interaction
- 4. Build understanding around intersectoral action for health through Local self- governing bodies, NGOs, SHGs etc. for health promotion
- 5. Undertake short term action projects for improving health in the adopted families or community
- 6. Analysis of their own involvement and impact on improving the health conditions in the adopted families

Final visit to have last round of active interaction with families and preparation of a report to be submitted to department addressing:

- 1. Improvement in overall health of the family
- 2. Immunization
- 3. Sanitation,
- 4. De-addiction
- 5. Whether healthy lifestyles like reading good books, sports/yoga activities have been inculcated in the house-holds
- 6. Improvement in anaemia, tuberculosis control
- 7. Health awareness
- 8. Any other issues

9. Role of the student in supporting family during illness / medical emergency.

10. Social responsibility in the form of environment protection Programme in form of plantation drive (medicinal plants/trees) cleanliness and sanitation drive with the initiative of the medical student.

Phase wise competencies to be achieved through the FAP

Professional year and topics for visit	Competency	Objectives	Suggested T-L methods	Suggested Assessment methods	Teaching Hours
First year Visit 1- Rapport building with the families and orientation socio -demographic and socio-economic profile Visit 2- Environmental health Drinking water supply,	Collect demographic profile of allotted families, take history and conduct clinical examination of all family members	By the end of this visit, students should be able to compile the basic demographic profile of allocated family members and formulate objectives for each family	Family survey, Screening camps Field visit clinics	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 24 hours [A minimum of 4 visits of full day of around 6 hours] OR [if 3 hours visit then 8 visits to be conducted]
	Mobilize the adopted family members for participation in screening camps	By the end of this visit, students should be able to report the basic health profile and	Screening camps Field visit clinics PLA techniques (sorting, ranking etc)	Community case presentation, OSPE, Observation, FAP logbook, Multi-source feedback, Reflections,	

<p>Sanitation and Vector control</p> <p>Visit 3- Individual health profile including Anthropometry</p> <p>Visit 4- Addictions, Tobacco, Alcohol, Screen addiction and other addictions</p>	<p>and coordinate treatment of adopted family under overall guidance of mentor</p>	<p>treatment history of allocated family members</p>		<p>Case studies</p>	
	<p>Maintain communication and follow up of remedial measures</p>	<p>By the end of this visit, students should be able to provide details of communication maintained with family members for follow up of treatment and suggested remedial measures.</p>	<p>Family survey, Screening camps Field visit clinics Reporting of follow up visits.</p>	<p>Community case presentation. OSPE, FAP logbook based verification of competency, Multi-source feedback Reflections</p>	
	<p>Take part in health promotion, environment protection and sustenance activities</p>	<p>By the end of this visit, students should be able to report the activities undertaken for health promotion,</p>	<p>Participation in and process documentation of activities (NSS activities) along with reporting of case studies</p>	<p>Community case presentation. OSPE, Observation, FAP logbook, Multi-source feedback Reflections</p>	

		environment protection and sustenance like tree plantation, herbal plantation activities conducted in the community		Case studies	
Second year Visit 5 - Healthy Lifestyle Dietary assessment, Physical activity and Exercise	Take history and conduct clinical examination of all family members	By the end of this visit, Students should be able to compile the updated medical history of family members through family follow-up	Family survey, Field visit clinics Referral and follow-up	Community case presentation. OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 24 hours [A minimum of 4 visits of full day of around 6 hours]
	Facilitate checkup and/or referral of adopted family under overall guidance of mentor	By the end of this visit, students should be able to report the details of clinical examination and investigations like HB %, blood group , urine	Field visit clinics Referral Field visit clinics Reporting of follow up visits.	Community case presentation. OSPE, FAP logbook Case studies Multi-source feedback	OR [If 3 hours visit then 8 visits to be conducted]

Care of under-5 children Visit 7 - Feeding, vaccination, HBYC Maternal health Visit 8 - Care of Pregnant and		routine and blood sugar or any other investigation along with treatment history, compliance to treatment, of allocated family members			
Lactating mothers	Maintain communication and follow-up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members including information about National programs provided. Students should also be able to follow up on treatment and	Family survey, Screening camps Field visit clinics Reporting of follow up visits	Community case presentation. OSPE, FAP logbook based verification of competency, multi-source feedback Reflections	

		suggested remedial measures under the guidance of a mentor. Documentation of referral in logbook			
Third year Visit 9 - Communicable diseases - Tuberculosis, Influenza and others	Take history and conduct clinical examination of all family members and facilitate health check-up if required	By the end of this visit, students should be able to maintain follow- up with the families and update the medical history of family members	Family survey Field visit clinics Referral and follow-up	Community case presentation, OSPE, Observation, FAP logbook Multi-source feedback Reflections Case studies	Total 36 hours [A minimum of 6 visits of full day of around 6 hours] OR [If 3 hours visit then 12 visits to be conducted]
	Maintain communication and follow-up of remedial measures	By the end of this visit, students should be able to provide details of communication maintained with family members and collaborative	Family survey, Field visit clinics Referral and tracking Reporting of follow up visits.	Community case presentation. OSPE, Observation, FAP logbook-based verification of competency, Multi-source feedback Reflections	

Visit 11 - Adolescent health / School health Menstrual hygiene, Life skills		efforts undertaken with family members for improving their health.			
Visit 12 - Healthy ageing Health care of the Elderly	Counsel the family members of allotted families and analyse the health trajectory of adopted family under overall guidance of mentor	By the end of this visit, students should be able to analyse and report the findings of short-term action projects and its effect on health trajectory at individual Family and community level	Participation in and process documentation of activities (NSS activities) along with reporting of photographic evidence. Small group discussion (report of the health trajectory of adopted family)	Community case presentation. OSPE, Logbook based verification of competency. Observation Viva-voce Multi-source feedback Reflections	
Visit 13 - Mental health Healthy coping strategies and Resilience					
Visit 14 - Well-being of the Families Final visit and Report submission	Work as a member of Health Team and facilitate intersectoral action for health	By the end of this visit, students should be able to report the role of various frontline functionaries' delivery primary	Observation and reporting of events Exposure visits Interaction with frontline functionaries	Logbook based verification of competency, Observation Viva-voce , Multi-source feedback Reflections	

		health care and Local self-governing bodies, NGOs, SHGs etc for health promotion		
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In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act,2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 13.


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Ordinance 14

Curriculum of Post-Graduate Degrees {Doctor of Medicine (M.D.) and Master of Surgery (M.S.)}

1.0 Purpose and Objective

The purpose of formulating this ordinance is to define the regulations pertaining to post-graduate Doctoral Degrees {Doctor of Medicine (M.D.) and Master of Surgery (M.S.)} of GS University. These regulations are congruent with the existing regulations of the National Medical Commission.

These academic programmes centre on developing the following attributes among the candidates pursuing these programmes:

- Acquiring the necessary competencies for providing healthcare services while staying informed about the latest advancements in the field. Effectively addressing community health care needs.
- Fostering a spirit of scientific inquiry and understanding research and epidemiology.
- Promoting integrity, accountability, and compassion towards others, while upholding professional ethics.

2.0 Definitions

2.1 **Academic Programme** shall mean a programme leading to a postgraduate doctoral degree in any of the NMC recognised branches of medical sciences (MD: Doctor of Medicine; MS: Master of Surgery).

2.2 **Course** means a component of Academic Programme, carrying a distinctive code number.

2.3 **Board of Studies (BOS)** shall mean the Board of Studies of G.S. Medical College, G.S. University, consisting of PG-BOS in Medicine & Allied Subjects, PG-BOS in Surgery & Allied Subjects and PG-BOS in Pre- & Para-Clinical Subjects.

2.4 **External examiner** shall mean an examiner who is not in the employment of G.S. University.

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- 2.5 **Student** shall mean an individual admitted to G.S. University.
- 2.6 **University** shall mean G.S. University, Hapur.
- 2.7 **PGMEB** shall mean Post-Graduate Medical Education Board duly constituted under Section-16 of National Medical Commission Act, 2019.

3.0 Admission Process

3.1 Eligibility for Post-Graduate Broad Specialty Courses

- 3.1.1 The eligibility for admission to a post-graduate broad-specialty course shall be on the basis of "NMC, National Exit Test Regulations, 2023" from the time it becomes operational.
- 3.1.2 Until the first batch based on National Exit Test (NeXT becomes eligible for admission to broad-specialty courses, the existing system of admission through National Eligibility-cum-Entrance Test-Postgraduate (NEET-PG as per Post- Graduate Medical Education Regulation, 2000 (PGMER-2000 shall continue to prevail.
- 3.1.3 Without prejudice to anything stated above, the NMC Post-Graduate Medical Education Board is empowered to determine the manner, modalities, etc. of conducting the NEET-PG for broad specialty courses by way of a notification.
- 3.1.4 The UP-State authority shall draw a state merit list of the eligible candidates on the basis of the marks obtained in NEET-PG or NeXT and all admissions to the post-graduate courses shall only be through this merit list.

3.2 Admission to the Post-Graduate Courses

Admissions to all seats of post-graduate courses shall be through a common counselling for all state medical institutions conducted by the UP-state counselling authority based on the merit of the eligibility examination. This counselling process may entail multiple rounds.

The PGMEB of NMC shall publish the guidelines and time schedule for conduct of the examination, counselling, admission, joining and commencement of academic session; and the designated authority within the state shall conduct the counselling in accordance with those guidelines and time schedule.

G.S. University will enter the details of seat matrix and state the fees for each post-graduate course before the commencement of the counselling process.

3.3 Prohibition of admission through any other way than counselling

G.S. University shall *not* admit any candidate to the post-graduate medical education courses in contravention of the NMC-PGMEB regulations.

3.4 Submission of the Final List

G.S. University shall submit a final list of the admitted students in the prescribed format to the PGMEB-NMC within a week of the last date of joining the course.

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3.5 Student Migration

No student shall be permitted migration to any other medical institution once they are finally designated to G.S. University.

4.0 Training Programme

Programme Contents and Duration

4.1 The Post Graduate Degree (M.D./M.S.) shall comprise of courses and/or other components as specified in the scheme of teaching and examination and syllabi of the concerned Programme as are approved by the academic council.

4.2 The minimum period required for completion of Programme shall be three years, as specified in the scheme of teaching and examination and syllabi for the concerned programme.

4.3 Students admitted to the M.D./M.S. courses must pass the degree examination within five years of registration to the course.

4.4 The University is empowered to initiate any of the following National Medical Commission recognised academic programmes leading to Post-Graduate Broad Speciality Qualifications (M.D./M.S.) provided it receives the letter of permission for the subject from the National Medical Commission. M.D. (Doctor of Medicine)

- Anatomy
- Anaesthesiology
- Biochemistry
- Community Medicine
- Dermatology, Venereology & Leprosy
- Forensic Medicine & Toxicology
- General Medicine
- Microbiology
- Paediatrics
- Pathology
- Pharmacology
- Physiology
- Psychiatry
- Radiation Oncology
- Radio-diagnosis
- Respiratory Medicine

M.S. (Master of Surgery)

- General Surgery
- Orthopaedics
- Obstetrics & Gynaecology
- Ophthalmology
- Otorhinolaryngology

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Note: For all the programmes mentioned above, the candidate must possess a recognized MBBS degree or its equivalent degree recognized by NMC.

4.5 Components of the Post-Graduate Curriculum

The G.S. Medical College, G.S. University shall implement the prevailing model curriculum published by the Post-graduate Medical Education Board of the National Medical Commission and adopt its outcome objectives.

a) Methods of Postgraduate Training

The postgraduate training shall consist of training of the students through lectures, seminars, journal clubs, group discussions, participation in laboratory and experimental work and research, and through clinical meetings, grand rounds, and clinic-pathological conferences, and practical training in the diagnosis and medical and surgical treatment, and training in the basic medical sciences as well as in allied clinical specialties, etc. as per the requirement of each specialty.

b) Graded responsibility in the management and treatment of patients

In those postgraduate specialties where the clinical management of patients is a part of the training process, the postgraduate students are expected to bear responsibility towards the management of patients entrusted to their care in a graded manner.

c) Full-time Course

All post-graduate students shall work full-time as resident doctors.

d) Maintenance of dynamic e-Log book

All postgraduate students must maintain a dynamic e-log book. This log-book would need to be updated on a weekly basis about the work being carried out by them and the training programme that they undergo during the period of training.

The postgraduate guides imparting the training shall be required to assess and authenticate the record (e-Log books each month).

e) Participation in teaching and training of UG students

The post-graduate students shall be required to conduct and participate in the teaching and training programme of undergraduate students and interns.

f) Training in Basic Medical Sciences

During the training for award of Degree, there shall be proper training in basic medical sciences related to the disciplines concerned. During the training programmes emphasis will be laid on preventive and social aspects.

g) Academic Presentation and Publication

A post-graduate student of a degree course in broad specialty will do at least one of the following to make him/her eligible to appear in his/her final examination:

- i) **Poster presentation** at a National/Zonal/State conference of his/her specialty;
- ii) **Podium presentation** at a National/Zonal/State conference of his/her specialty;
- iii) Must have one **research paper** published/accepted for publication in journal of his/her specialty as first author.

h) Course in Research Methodology

- i) All post-graduate students shall complete an online course in Research Methodology.
- ii) The students shall have to register on the portal of the designated training institutions.
- iii) The students shall complete the course in the first year of their course.
- iv) The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.
- v) The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective post-graduate course.
- vi) This requirement shall be applicable for all post-graduate students.

i) Course in Ethics

- i) All post-graduate students shall complete course in ethics including Good Clinical Practices and Good Laboratory Practices, whichever is relevant to them, to be conducted by G.S. University.
- ii) The students are expected to complete the course in the first year.
- iii) No post-graduate student shall be permitted to appear in the examination without the above certification.

i) Course in Cardiac Life Support Skills

- i) All post-graduate students shall complete a course in Basic Cardiac Life Support (BCLS and Advanced Cardiac Life Support (ACLS skills to be conducted by the institution.
- ii) The students are expected to complete the course in the first year.
- iii) No post-graduate student shall be permitted to appear in the examination without the above certification.

k) Other Beneficial Courses

G.S. University may arrange training in any other courses like awareness in medical audit, medical law, exposure to human behaviour studies, finance, accounts, etc, which are beneficial for the postgraduate students.

l) Research Work and Thesis Writing

- i) The post graduates given to a department will be distributed by 'draw of lots' to avoid any element of favouritism.
- ii) All postgraduate students pursuing a MD/MS course in a broad-specialty must carry out thesis related research and write a thesis dissertation in compliance with the NMC regulations.
- iii) Each post-graduate will be guided by a recognized supervisor/co-supervisor and will carry out research on an assigned project under their guidance. The results of the research work will be duly recorded, analysed, written and submitted in the form of a thesis dissertation. In case the supervisor/co-supervisor superannuates before the completion of the candidate's writing of the thesis, the candidate may

continue to take guidance from the superannuated teacher for up to six months of the supervisor's superannuation.

- iv) Each post-graduate must comply with the timetable related to the thesis work as notified by G.S. University in its academic calendar for the batch.
- v) Students who fail to submit the thesis protocol by the stipulated date for any reason, except maternity leave, are liable to face stern action. Their salary may be stopped or they may even be terminated from G.S. University, if the Head of Department makes such a recommendation to the Dean, G.S. Medical College.
- vi) The thesis must be submitted to the Office of the Dean, G.S. Medical College by the date specified in G.S. University academic calendar.
- vii) In general, no candidate will be granted any extension of time for the submission of thesis. However, the Academic Council, G.S. Medical College, may decide to grant such an extension in specific cases based on the merit of the case. In such cases, where a candidate is allowed extension of time, G.S. University will be within its right to levy a monetary penalty upon the candidate.
- viii) In case a candidate fails to submit the thesis on time, they will be debarred from appearing in the University examination. They will however be permitted to appear in the supplementary/next due examination once they fulfil the requirement of the acceptance of thesis.

m) District Residency Programme (DRP)

- a) All post-graduate students pursuing M.D./M.S. in broad specialties shall undergo a compulsory residential rotation of *three months* in District Hospitals/District Health System as a part of the course curriculum. The training thus imparted shall be considered as training imparted in a medical institution. This rotation shall be termed as 'District Residency Programme' (DRP) and the post-graduate medical student undergoing training shall be termed as a 'District Resident'.

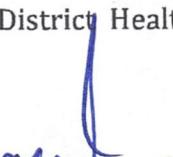
b) Timing of DRP

The rotation shall take place in the 3rd or 4th or 5th semester of the postgraduate programme.

c) Training and Responsibilities of District Residents

- i. The District Resident will work under the overall directions and supervision of the District Residency Programme Coordinator (DRPC).
- ii. During this rotation, the Resident doctor will be posted with the concerned/allied Specialty team/unit/sections/services at the District Health System/District Hospital.
- iii. The clinical responsibilities assigned to the Residents would include serving in the outpatient, inpatient, casualty, and other areas pertaining to their Specialty and shall include night duties.
- iv. Post-graduate students of pre- and para-clinical specialities where direct patient care is not involved will be trained by District Health System/District Hospital teams within the available avenues in coordination with the District Health Officer/Chief Medical Officer.

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- v. They would be trained in and contribute to the diagnostic/laboratory services, pharmacy services, forensic services, general clinical duties, managerial roles, public health programmes etc., as applicable.
- vi. They may also be posted in research units/facilities, laboratories and field sites of the Indian Council of Medical Research and other national research organizations.

d) Stipend and Leave for District Residents

- i. The District Residents shall continue to draw full stipend from G.S. Medical College for the duration of the rotation. This will be subject to the attendance record submitted by appropriate district authorities.
- ii. Subject to exigencies of work, the District Resident will be allowed one weekly holiday by rotation.
- iii. The District Resident will also be entitled to leave benefits as per the rules/guidelines of G.S. Medical College.

e) Training during DRP and Certification

- i. The quality of training shall be monitored by logbooks, supportive supervision, and continuous assessment of performance. The attendance and performance of District Residents shall be tracked by the District Residency Programme Coordinator (DRPC) of the district concerned, as well as G.S. Medical College through an appropriate electronic/digital or mobile enabled system. Such monitoring systems shall also be accessible to the Uttar Pradesh State Steering Committee and the National Coordination Cell.
- ii. The District Residents would remain in contact with their designated post-graduate teachers and departments at G.S. Medical College by phone and e-communication for guidance, learning, and for being able to participate remotely in scheduled case discussions, seminars, journal clubs, thesis discussion, etc. and other academic activities.
- iii. Satisfactory completion of the District Residency shall be an essential condition before a PG resident is allowed to appear in the final examination of the respective post-graduate course.
- iv. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format of the PGMEB to G.S. Medical College and the Govt. of UP.

f) Responsibility of GS Medical College towards DRP

It shall be incumbent upon G.S. Medical College to place the post-graduate students at the disposal of the Government of UP for the District Residency Programme. The faculty of the concerned departments would provide guidance to the District Residents by phone/e-communication.

g) Responsibility of the State Government towards DRP

Under the NMC regulations, the State Government will implement the District Residency Programme within their jurisdiction as under:

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- i. The Programme will be coordinated jointly by the Directorate of Medical Education and the Directorate of Health Services. An Officer of the Uttar Pradesh State Government shall be designated as the State District Residency Programme (DRP) Nodal Officer. The Uttar Pradesh Government shall be responsible for the facilitation, oversight and supervision of the District Residency Programme.
- ii. The designated Uttar Pradesh State DRP Nodal officer will identify and designate District Health System/District Hospital that are suitable for such rotation in terms of availability of specific specialties, specialists, facilities and services available in consultation with the Directorate of Health Services of the State and G.S. Medical college and develop a placement schedule of the post-graduate residents of the medical college due for rotation at least six months in advance. This official will also be responsible for grievance redressal at State level.
- iii. The Uttar Pradesh State DRP Nodal officer will undertake rule-based allotment of the training facilities to the Post-graduate Residents.
- iv. The State Government will provide appropriate amenities to the District Residents, including, amongst others, suitable accommodation, mess, transportation to workplace (if living quarters are far away), security, especially for female residents.
- v. The District Residents will remain under the jurisdiction of respective State DRP Nodal officer where they are undergoing District Residency.
- vi. The concerned State Government will also designate a senior official of the District Health System as the District Residency Programme Coordinator (DRPC) in each District for coordinating between the State DRP Nodal officer and the medical college.
- vii. The District Residency Programme Coordinator will also be responsible for orienting the Post-graduate Residents to the District health system, supervising the postings within the district, ensuring their accommodation, safety and transport needs, grievance redressal, etc.
- viii. District Residency Programme Coordinator will be the competent authority for sanctioning leave to District Residents.
- ix. G.S. Medical College will submit the DRP posting details of the students to PGMEB of the National Medical Commission within one week of completion of the DRP.

5.0 **Stipend to Post-Graduate Students**

The students of G.S. Medical College undergoing post-graduate degree program shall be paid a stipend each month.

6.0 **Leave Rules for Post-Graduate Students**

The following leave rules shall apply to the post-graduate students pursuing any of the M.D./M.S. programmes:

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- 6.1 Every post-graduate student will be allowed a maximum 20 days of paid leave per year. In addition to the 20 days paid leave, the candidates will be allowed paid academic leave of 5 days per year.
- 6.2 Subject to exigencies of work, post-graduate students will be allowed a weekly holiday.
- 6.3 Female post-graduate students will be allowed maternity leave as per the existing rules and regulations.
- 6.4 If candidate avails leave in excess of the permitted number of days, their tenure shall be extended by the same number of days to complete their training period. However, they shall be able to appear in the examination if they have 80% of the attendance.

7.0 Accommodation for Post-Graduate Students

G.S. Medical College will provide residential accommodation to post-graduate students. However, it shall not be mandatory for the post-graduate students to stay in the hostel.

8.0 Academic Programme Committee

- 8.1 G.S. Medical College shall be served by an Academic Programme Committee. The Dean, G.S. Medical College shall be its Chairman. All teachers of G.S. Medical College shall be its members. This Committee shall coordinate the implementation of the courses for optimum utilization of resources.
- 8.2 The Academic Programme Committee shall perform all tasks as assigned to it by the Dean, G.S. Medical College.
- 8.3 The Academic Programme Committee shall meet as and when required but at least once during every six months. The Chairman of the Committee will convene the meetings.

9.0 Academic Cell

G.S. Medical College shall set up an Academic Cell, under the chairmanship of a senior faculty member, who shall monitor the implementation of training programmes in each specialty and ensure its quality as mandated by the PGMEB.

10.0 Updating of Training Programmes

The training programmes shall be updated as and when the PGMEB-NMC revises the curriculum and other prescribed requirements. The structured training programme shall be duly documented and followed. This will help the examiners to determine the training undergone by the candidates.

11.0 Role of University in Training of Postgraduates

- 11.1 The GS University shall partner with the National Medical Commission in the training of postgraduates in the following manner:
 - 11.1.1 It shall implement the NMC curriculum to provide high-quality and affordable post-graduate medical education to the student to make him/her a competent specialist and/or medical teacher.
 - 11.1.2 It shall provide training in clinical and practical skills along with theoretical knowledge, while laying emphasis upon attitude, ethics and communication skills to ensure competency-based medical education.
 - 11.1.3 It shall encourage scholars in both self-directed and assisted learning.
 - 11.1.4 It shall provide periodic and transparent assessment of medical education to meet with the highest global standards.
 - 11.1.5 It shall provide a summative assessment for overall successful completion of the post-graduate programme.
 - 11.1.6 It shall develop the students' confidence to handle emergencies and casualties at all levels.
- 11.2 G.S. University will ensure that a proper record of the residents' work is maintained so that it forms the basis of objective, efficient and transparent internal assessment. These documents can be called for at any time, particularly during a NMC assessment.
- 11.3 G.S. University will constantly endeavour to develop strategies for optimal utilisation of evolving technology by the faculty, medical education department and scholars during the period of training at the post-graduation level.
- 11.4 G.S. University will endeavour to maximize the use of digital technology for conducting examinations and issuance of Degrees/Diploma and other certificates in digital mode which should be available on the Digi locker platform.

12.0 Department, Units, Faculty, Senior Residents and Junior Residents

12.1 Department

The name of the Department will be as per the name of the Specialty subject. Each Department will be headed by a Professor.

12.2 Unit

All Departments with inpatient beds will have a unit structure (Units, where applicable).

12.3 Faculty

Each Department will have full time faculty in the form of one or more Professors, Associate Professors and Assistant Professors. Appointment and promotion of faculty in various teaching specialties imparting post-graduate medical education, falling within the purview of the National Medical

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Commission, shall be in accordance with the norms of Teachers Eligibility Qualifications in Medical Institutions Regulations as laid down by the NMC from time to time. The number of faculty requirement and the number of post-graduate students registrable under each faculty will be as per Post-Graduate Medical Education Regulations of the NMC.

12.4 Senior Residents

- Senior Resident shall have a post-graduate degree qualification in the respective broad- specialty.
- Post-graduate students pursuing super-specialty courses will also be called as senior residents.

12.5 Junior Residents

Students pursuing broad-specialty courses will be called as junior residents.

13.0 Running Of Concurrent Post-Graduate Courses

As stipulated under the NMC regulations, no department shall seek to apply for any post-graduate course under any other body like the National Board of Examinations in Medical Sciences (NBEMS) against the very same units, teaching personnel and infrastructure which remain engaged in the running of postgraduate degree programmes (M.D./M.S.: Doctor of Medicine/Master of Surgery).

14.0 Miscellaneous

- 14.1 **Faculty Development Programme:** The Post-graduate Medical Education Board shall prescribe the Faculty Development Programme to enhance the skills of the faculty for post-graduate training, which will have to be mandatorily followed.
- 14.2 **Animal experimentation** should continue to be included as an integral part of the competency-based curriculum of post-graduate courses in Physiology and Pharmacology. However, the use of non-animal, human relevant methods may be encouraged for teaching and training of post-graduate students in these subjects, wherever possible. If animals are used as a part of research studies or thesis work, biomedical ethics and relevant rules and guidelines framed under the Prevention of Cruelty to Animals Act, 1960, must be strictly adhered to.
- 14.3 **Collaborative Research:** Impetus may be provided to Research in medical field to produce Physicians and Scientists of the highest calibre by collaborative arrangement with other scientific organizations of excellence as well as Institutions of Eminence/ Excellence conferred by the Government of India. Inter-disciplinary research with AYUSH may be encouraged.

15.0 Provision to Amend

The national regulatory body NMC is empowered to notify any addition, deletion, substitution or any other amendment to Post-graduate Medical Education Ordinance at any time.

These amendments shall be applicable to the University with effect from the date such an amendment is placed in public domain by the NMC. The Board of Studies and Board of Faculty of GS Medical College and Hospital shall take cognizance of the amendment and refer it to the Academic Council of GS University to adopt.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 14.


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Ordinance 17

Curriculum of Bachelor of Pharmacy (B. Pharm)

1.0 Short Title and Commencement

These regulations shall be called as "The Revised Regulations for the B. Pharm. Degree Program". They shall come into effect from the Academic Year 2025-26. The regulations framed are subject to modifications from time to time by Pharmacy Council of India.

2.0 Eligibility for Admission

2.1 First Year B. Pharm

Candidate shall have passed 10+2 examination conducted by the respective state/central government authorities recognized as equivalent to 10+2 examination by the Association of Indian Universities (AIU) with English as one of the subjects and Physics, Chemistry, Mathematics (P.C.M) and or Biology (P.C.B / P.C.M.B.) as optional subjects individually. Any other qualification approved by the Pharmacy Council of India as equivalent to any of the above examinations.

2.2 B. Pharm Lateral Entry (directly to B. Pharm Third Semester)

A pass in D. Pharm. course from an institution approved by the Pharmacy Council of India under section 12 of the Pharmacy Act 1948.

3.0 Duration of The Program

The course of study for B. Pharm. shall extend over a period of eight semesters (four academic years) and six semesters (three academic years) for lateral entry students. The curricula and syllabi for the program shall be modified as prescribed from time to time by Pharmacy Council of India, New Delhi.

4.0 Medium of Instruction and Examinations

Medium of instruction and examination shall be in English.

5.0 Working Days in Each Semester

Each semester shall consist of not less than 100 working days. The odd semesters shall be conducted from the month of August/September to

January/February and the even semesters shall be conducted from February/March to June/July in every calendar year.

6.0 Attendance and Progress

A candidate is required to put in at least 80% attendance in individual courses considering theory and practical separately. The candidate shall complete the prescribed course satisfactorily to be eligible to appear for the respective examinations.

7.0 Program/Course credit structure

As per the philosophy of Credit Based Semester System, certain quantum of academic work viz. theory classes, tutorial hours, practical classes, etc. are measured in terms of credits. On satisfactory completion of the courses, a candidate earns credits. The amount of credit associated with a course is dependent upon the number of hours of instruction per week in that course. Similarly, the credit associated with any of the other academic, co/extra-curricular activities is dependent upon the quantum of work expected to be put in for each of these activities per week.

7.1. Credit assignment

7.1.1. Theory and Laboratory courses

Courses are broadly classified as Theory and Practical. Theory courses consist of lecture (L) and /or tutorial (T) hours, and Practical (P) courses consist of hours spent in the laboratory. Credits (C) for a course is dependent on the number of hours of instruction per week in that course, and is obtained by using a multiplier of one (1) for lecture and tutorial hours, and a multiplier of half (1/2) for practical (laboratory) hours. Thus, for example, a theory course having three lectures and one tutorial per week throughout the semester carries a credit of 4. Similarly, a practical having four laboratory hours per week throughout semester carries a credit of 2.

Table I: Credits for Theory and Practical

Category	Credits	Syllabus units
Core Theory	4	5
Core Lab	2	10- 15 experiments
Core Project (GROUP)	7	

7.2. Minimum credit requirements

The minimum credit points required for award of a B. Pharm degree is 213. These credits are divided into Theory courses, Tutorials, Practical, Practice School and Project over the duration of eight semesters. The credits are distributed semester-wise as shown in Table X. Courses generally progress in sequences, building competencies and their

positioning indicates certain academic maturity on the part of the learners. Learners are expected to follow the semester-wise schedule of courses given in the syllabus. Lateral entry students shall receive 52 credit points transferred from their D. Pharm. program. Such students shall take up additional remedial courses of 'Communication Skills' (Theory and Practical) and 'Computer Applications in Pharmacy' (Theory and Practical) equivalent to 3 and 4 credit points respectively, a total of 7 credit points to attain 59 credit points, the maximum of I and II semesters.

8.0 Academic Work

A regular record of attendance both in Theory and Practical shall be maintained by the teaching staff of respective courses.

9.0 Course of Study

The course of study for B. Pharm. shall include Semester Wise Theory & Practical as given in Table- II to IX. The number of hours to be devoted to each theory, tutorial and practical course in any semester shall not be less than that shown in Table- II to IX.

Table-II: Course of study for semester I

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP101T	Human Anatomy and Physiology I- Theory	3	1	4
BP102T	Pharmaceutical Analysis I – Theory	3	1	4
BP103T	Pharmaceutics I – Theory	3	1	4
BP104T	Pharmaceutical Inorganic Chemistry – Theory	3	1	4
BP105T	Communication skills*	2	-	2
BP106RBT	Remedial Biology- Theory*	2	-	2
BP106RMT	Remedial Mathematics – Theory*			
BP107P	Human Anatomy and Physiology – Practical	4	-	2
BP108P	Pharmaceutical Analysis I – Practical	4	-	2
BP109P	Pharmaceutics I – Practical	4	-	2
BP110P	Pharmaceutical Inorganic Chemistry – Practical	4	-	2
BP111P	Communication skills – Practical	2	-	1
BP112RBP	Remedial Biology – Practical*	2	-	1
Total		34\$ /36#	4	29\$ /30#

#Applicable ONLY for the students who have studied Mathematics/ Physics/ Chemistry at HSC and appearing for Remedial Biology (RB) course.

\$Applicable ONLY for the students who have studied Physics / Chemistry / Botany / Zoology at HSC and appearing for Remedial Mathematics (RM) course.

*Remedial Biology (T&P) and Remedial Mathematics (T) and Communication Skills (T&P) is a non-university examination as per PCI regulations.

Table-III: Course of study for semester II

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP201T	Human Anatomy and Physiology II - Theory	3	1	4
BP202T	Pharmaceutical Organic Chemistry I - Theory	3	1	4
BP203T	Biochemistry - Theory	3	1	4
BP204T	Pathophysiology- Theory	3	1	4
BP205T	Computer Applications in Pharmacy - Theory*	3	-	3
BP206T	Environmental sciences - Theory*	3	-	3
BP207P	Human Anatomy and Physiology II - Practical	4	-	2
BP208P	Pharmaceutical Organic Chemistry I- Practical	4	-	2
BP209P	Biochemistry - Practical	4	-	2
BP210P	Computer Applications in Pharmacy - Practical*	2	-	1
Total		32	4	29

*Computer Applications in Pharmacy – Theory, Environmental Sciences Theory, and Computer Applications in Pharmacy – Practical- These subjects are non-university examination as per PCI regulations


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Table-IV: Course of study for semester III

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP301T	Pharmaceutical Organic Chemistry II – Theory	3	1	4
BP302T	Physical Pharmaceutics I – Theory	3	1	4
BP303T	Pharmaceutical Microbiology – Theory	3	1	4
BP304T	Pharmaceutical Engineering – Theory	3	1	4
BP305P	Pharmaceutical Organic Chemistry II – Practical	4	-	2
BP306P	Physical Pharmaceutics I – Practical	4	-	2
BP307P	Pharmaceutical Microbiology – Practical	4	-	2
BP308P	Pharmaceutical Engineering – Practical	4	-	2
Total		28	4	24

*The lateral entry students taking admission directly to second year shall compulsorily appear for and pass the additional remedial course of Communications Skill Subject (Theory & Practical) Examination in the Third Semester and its mandatory as per PCI regulations.

Table-V: Course of study for semester IV

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP401T	Pharmaceutical Organic Chemistry III- Theory	3	1	4
BP402T	Medicinal Chemistry I – Theory	3	1	4
BP403T	Physical Pharmaceutics II – Theory	3	1	4
BP404T	Pharmacology I – Theory	3	1	4
BP405T	Pharmacognosy and Phytochemistry I- Theory	3	1	4
BP406P	Medicinal Chemistry I – Practical	4	-	2
BP407P	Physical Pharmaceutics II – Practical	4	-	2
BP408P	Pharmacology I – Practical	4	-	2
BP409P	Pharmacognosy and Phytochemistry I – Practical	4	-	2
Total		31	5	28

*The lateral entry students taking admission directly to second year shall compulsorily appear for and pass the additional remedial course of Computer Applications in Pharmacy Subject (Theory & Practical) Examination in the Fourth Semester and its mandatory as per PCI regulations.

Table-VI: Course of study for semester V

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP501T	Medicinal Chemistry II – Theory	3	1	4
BP02T	Industrial Pharmacy I- Theory	3	1	4
BP503T	Pharmacology II – Theory	3	1	4
BP504T	Pharmacognosy and Phytochemistry II- Theory	3	1	4
BP505T	Pharmaceutical Jurisprudence – Theory	3	1	4
BP506P	Industrial Pharmacy I – Practical	4	-	2
BP507P	Pharmacology II – Practical	4	-	2
BP508P	Pharmacognosy and Phytochemistry II – Practical	4	-	2
Total		27	5	26

Table-VII: Course of study for semester VI

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP601T	Medicinal Chemistry III – Theory	3	1	4
BP602T	Pharmacology III – Theory	3	1	4
BP603T	Herbal Drug Technology – Theory	3	1	4
BP604T	Biopharmaceutics and Pharmacokinetics -Theory	3	1	4
BP605T	Pharmaceutical Biotechnology – Theory	3	1	4
BP606T	Quality Assurance -Theory	3	1	4
BP607P	Medicinal chemistry III – Practical	4	-	2
BP608P	Pharmacology III – Practical	4	-	2
BP609P	Herbal Drug Technology – Practical	4	-	2
Total		30	6	30

Table-VIII: Course of study for semester VII

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP701T	Instrumental Methods of Analysis – Theory	3	1	4
BP702T	Industrial Pharmacy II – Theory	3	1	4
BP703T	Pharmacy Practice – Theory	3	1	4
BP704T	Novel Drug Delivery System – Theory	3	1	4
BP705P	Instrumental Methods of Analysis – Practical	4	-	2
BP706PS	Practice School*	12	-	6
Total		28	4	24

*Practice School is a non-university examination as per PCI regulations #
The credit points assigned for extracurricular/ co-curricular activities/training/ Internship activities shall be given by the Dean of the School and the same shall be submitted to the University. The credit points for these activities may be included in the VII semester

Table-IX: Course of study for semester VIII

Course code	Name of the course	No. of hours	Tutorial	Credit points
BP801T	Biostatistics and Research Methodology	3	1	4
BP802T	Social and Preventive Pharmacy	3	1	4
BP803ET	Pharma Marketing Management			
BP804ET	Pharmaceutical Regulatory Science			
BP805ET	Pharmacovigilance			
BP806ET	Quality Control and Standardization of Herbals			
BP807ET	Computer Aided Drug Design			
BP808ET	Cell and Molecular Biology			
BP809ET	Cosmetic Science			
BP810ET	Experimental Pharmacology			
BP811ET	Advanced Instrumentation Techniques			
BP812ET	NPTEL/SWAYAM/LSSSDC*			
BP813PW	Project Work	12	-	6
Total		24	4	22

Course related to NPTEL/SWAYAM/LSSSDC should carry a minimum of FOUR credit points

Table-X: Semester wise credits distribution

Semester	Credit Point
I	29\$ /30#
II	29
III	24
IV	28
V	26
VI	30
VII	24
VIII	22
Extracurricular/ Co-curricular activities*	01
Total credit points for the program	213\$ /214#

* The credit points assigned for extracurricular and or co-curricular activities shall be given by the principals of the colleges and the same shall be submitted to the University. The criteria to acquire this credit point shall be defined by the colleges from time to time.

\$Applicable ONLY for the students studied Physics / Chemistry / Botany / Zoology at HSC and appearing for Remedial Mathematics course.

#Applicable ONLY for the students studied Mathematics / Physics / Chemistry at HSC and appearing for Remedial Biology course.

10.0 Programme Committee

1. The B. Pharm. program shall have a Program Committee constituted by the Head of the institution in consultation with all the Heads of the departments.
2. The composition of the Program Committee shall be as follows: A senior teacher shall be the Chairperson; One Teacher from each department handling B. Pharm. courses; and four student representatives of the program (one from each academic year), nominated by the Head of the institution.
3. Duties of the Program Committee:
 - (i) Periodically reviewing the progress of the classes.
 - (ii) Discussing the problems concerning curriculum, syllabus and the conduct of classes.
 - (iii) Discussing with the course teachers on the nature and scope of assessment for the course and the same shall be announced to the

students at the beginning of respective semesters

(iv) Communicating its recommendation to the Head of the institution on academic matters.

(v) The Program Committee shall meet at least thrice in a semester preferably at the end of each Sessional exam (Internal Assessment) and before the end semester exam.

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11.0 Schemes for Internal Assessments and End-Semester Examinations Semester-Wise

Semester I

Course Code	Name of the Course	Continuous Mode	Internal Assessment			End Semester Exams		Total Marks	
			Sessional Exams		Total	Marks	Duration		
			Marks	Duration					
BP101T	Human Anatomy and Physiology- Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP102T	Pharmaceutical Analysis I - Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP103T	Pharmaceutics I - Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP104T	Pharmaceutical Inorganic Chemistry- Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP105T	Communication Skills - Theory*	20	30	2 Hrs.	50	---	---	50	
BP106RBT BP106RMT	Remedial Biology*/ Mathematics – Theory*	20/ 25	30/ 50	2 Hrs.	50 /75	---	---	50/ 75	
BP107P	Human Anatomy and Physiology –Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP108P	Pharmaceutical Analysis I – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP109P	Pharmaceutics I – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP110P	Pharmaceutical Inorganic Chemistry- Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP111P	Communication Skills – Practical*	10	15	2 Hrs.	25	---	---	25	
BP112RBP	Remedial Biology- Practical*	10	15	2 Hrs.	25	---	---	25	
Total		#120/ 115\$	#190/1 95\$	#28/26\$ Hrs.	310	440	28 Hrs.	750	

\$Applicable ONLY for the students who studied Physics / Chemistry / Botany / Zoology at HSC and appearing for the Remedial Mathematics course. #Applicable ONLY for the students who studied Mathematics / Physics / Chemistry at HSC and appeared for the Remedial Biology course.
 * These subjects are non-university examination as per PCI regulations

Semester II

Course Code	Name of the Course	Internal Assessment			End Semester Exams		Total Marks	
		Continuous Mode	Sessional Exams		Total	Marks	Duration	
			Marks	Duration				
BP201T	Human Anatomy and Physiology II – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP202T	Pharmaceutical Organic Chemistry I – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP203T	Biochemistry – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP204T	Pathophysiology – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP205T	Computer Applications in Pharmacy – Theory*	25	50	2 Hrs.	75	---	---	75
BP206T	Environmental Sciences – Theory*	25	50	2 Hrs.	75	---	---	75
BP207P	Human Anatomy and Physiology II – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50
BP208P	Pharmaceutical Organic Chemistry I – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50
BP209P	Biochemistry – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50
BP210P	Computer Applications in Pharmacy – Practical*	10	15	2 Hrs.	25	---	---	25
Total		115	205	22 Hrs.	320	405	24 Hrs.	725

* These subjects are non-university examination as per PCI regulations

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Semester III

Course Code	Name of the Course	Internal Assessment				End Semester Exams		Total Marks	
		Continuous Mode	Sessional Exams		Total	Marks	Duration		
			Marks	Duration					
BP301T	Pharmaceutical Organic Chemistry II – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP302T	Physical Pharmaceutics I – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP303T	Pharmaceutical Microbiology – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP304T	Pharmaceutical Engineering – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP305P	Pharmaceutical Organic Chemistry II – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP306P	Physical Pharmaceutics I – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP307P	Pharmaceutical Microbiology – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP308P	Pharmaceutical Engineering – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
Total		60	100	20	160	440	28 Hrs.	600	


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Semester IV

Course Code	Name of the Course	Internal Assessment				End Semester Exams		Total Marks	
		Continuous Mode	Sessional Exams		Total	Marks	Duration		
			Marks	Duration					
BP401T	Pharmaceutical Organic Chemistry III- Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP402T	Medicinal Chemistry I – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP403T	Physical Pharmaceutics II – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP404T	Pharmacology I – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP405T	Pharmacognosy I – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP406P	Medicinal Chemistry I – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP407P	Physical Pharmaceutics II – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP408P	Pharmacology I – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP409P	Pharmacognosy I – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
Total		90	115	21 Hrs.	185	515	31 Hrs.	700	


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Semester V

Course Code	Name of the Course	Internal Assessment				End Semester Exams		Total Marks
		Continuous Mode	Sessional Exams		Total	Marks	Duration	
			Marks	Duration				
BP501T	Medicinal Chemistry II – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP502T	Industrial Pharmacy I – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP503T	Pharmacology II – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP504T	Pharmacognosy and Phytochemistry II – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP505T	Pharmaceutical Jurisprudence – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP506P	Industrial Pharmacy I- Practical	5	10	4 Hrs.	15	35	4 Hrs.	50
BP507P	Pharmacology II – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50
BP508P	Pharmacognosy and Phytochemistry II – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50
BP509P	Report on Hospital Training-I	--	--	--	--	100	--	100
Total		65	105	17 Hrs.	170	580	27 Hrs.	750


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Semester VI

Course Code	Name of the Course	Internal Assessment				End Semester Exams		Total Marks	
		Continuous Mode	Sessional Exams		Total	Marks	Duration		
			Marks	Duration					
BP601T	Medicinal Chemistry III – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP602T	Pharmacology III – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP603T	Herbal Drug Technology – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP604T	Biopharmaceutics and Pharmacokinetics – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP605T	Pharmaceutical Biotechnology- Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP606T	Quality Assurance- Theory	10	15	1 Hrs.	25	75	3 Hrs.	100	
BP607P	Medicinal Chemistry III – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP608P	Pharmacology III – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP609P	Herbal Drug Technology – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50	
BP610P	Report on Industrial Training	--	--	--	--	100	--	100	
Total		75	120	18 Hrs.	195	655	30 Hrs.	850	

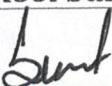

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Semester VII

Course Code	Name of the Course	Internal Assessment				End Semester Exams		Total Marks
		Continuous Mode	Sessional Exams		Total	Marks	Duration	
BP701T	Instrumental Methods of Analysis – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP702T	Industrial Pharmacy II – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP703T	Pharmacy Practice – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP704T	Novel Drug Delivery System – Theory	10	15	1 Hrs.	25	75	3 Hrs.	100
BP705P	Instrumental Methods of Analysis – Practical	5	10	4 Hrs.	15	35	4 Hrs.	50
BP706PS	Practice School*	50	100	5 Hrs.	150	---	---	150
BP707P	Report on Hospital Training II	--	--	--	--	100	---	100
Total		115	200	13 Hrs.	315	435	16 Hrs.	700

* These subjects are non-university examination as per PCI regulations, the subject expert shall conduct the examination.

The credit points of Extracurricular/Co-curricular/Training/Internship activities shall be given by the Dean of the school based on certificate/report submitted by the student.



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Semester VIII

Course Code	Name of the Course	Internal Assessment			Total	End Semester Exams		Total Marks
		Continuous Mode	Sessional Exams			Marks	Duration	
BP801T	Biostatistics and Research Methodology	10	15	1 Hrs.	25	75	3 Hrs.	100
BP802T	Social and Preventive Pharmacy	10	15	1 Hrs.	25	75	3 Hrs.	100
BP803ET	Pharmaceutical Marketing Management							
BP804ET	Pharmaceutical Regulatory Science							
BP805ET	Pharmacovigilance							
BP806ET	Quality Control and Standardization of Herbal							
BP807ET	Computer-Aided Drug Design							
BP808ET	Cell and Molecular Biology							
BP809ET	Cosmetic Science							
BP810ET	Experimental Pharmacology							
BP811ET	Advanced Instrumentation Techniques							
BP812ET	NPTEL/ SWAYAM/ LSSSDC Courses*							
BP813PW	Project Work	-	-	-	-	150	4 Hrs.	150

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BP814P	Report on Industrial Tour	-	-	-	-	100	-	100
	Total	40	60	4 Hrs.	100	550	16 Hrs.	650

*Non-University Examination (NUE). Internal assessment only.

***Course related to NPTEL/SWAYAM/LSSSDC* should carry a minimum of FOUR credit points, may be considered as one of the elective subjects.**



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12.0 End Semester Examinations

The End Semester Examinations for each theory and practical course through semesters I to VIII shall be conducted by the university except for the subjects with the asterisk symbol (*) in Tables II and III for which examinations shall be conducted by the subject experts at the college level and the marks/grades shall be submitted to the university.

13.0 Value Added/Skill Enhancement Certificate Course

Table-XI: Value Added/Skill Enhancement Certificate Course

Sem	Course code	Name of the course	No. of hours	Tutorial
Sem III	VAP001T	Health and Hygiene- Theory	2	-
Sem V	VAP002T	Human Values & Ethics- Theory	2	-
Sem VI	SEP001P	Soft Skill & Personality Development- Practical	2	-
Sem VII	SEP002P	Medical Coding- Practical	2	-
Sem VIII	SEP003P	Medical Writing- Practical	2	-
Total			10	-

VA- Value Added, SE- Skill Enhancement

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 5th Meeting held on 01.10.2025 passed a resolution confirming Ordinance 17.


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Ordinance 18

Curriculum of Diploma in Pharmacy (D. Pharm)

1.0 Short Title and Commencement

These regulations may be called "The revised regulations for the D. Pharm. program of the Pharmacy Council of India, New Delhi". They shall come into force from the Academic Year 2025-2026. D. Pharm. shall consist of a certificate, having passed the course of study and examination as prescribed in these regulations, for the purpose of registration as a pharmacist to practice the profession under the Pharmacy Act, 1948. The regulations framed are subject to modifications from time to time by Pharmacy Council of India.

1.1 Eligibility for Admission

- Minimum qualification for admission to Diploma in Pharmacy, pass in 10+2 examination (science academic stream) with Physics, Chemistry and Biology or Mathematics. (OR)
- Any other qualification approved by the Pharmacy Council of India as equivalent to the above examination.

1.2 Duration of the course:

- The duration of the course shall be for two academic years. Each academic year shall be spread over a period of not less than one hundred and eighty working days.
- In addition, there shall be a five hundred hours of practical training spread over a period of not less than three months.

1.3 Medium of Instructions and Examinations

Medium of instruction and examination shall be in English.

1.4 Attendance and Progress

A candidate is required to put in at least 75% attendance in individual

courses considering theory and practical separately. The candidate shall complete the prescribed course satisfactorily to be eligible to appear for the respective examinations.

1.5 Certificate of Diploma in Pharmacy

A certificate of Diploma in Pharmacy shall be granted by the examining authority to a successful candidate on producing certificates of having passed the Diploma in Pharmacy Part I and Part II and satisfactory completion of practical training for Diploma in Pharmacy (Part-III).

1.6 Course of study

The course of study for Diploma in Pharmacy Part-I and Diploma in Pharmacy Part-II shall include the subjects as given in Table I & II below. The number of hours devoted to each subject for its teaching in Theory and Practical, shall not be less than that noted against it in columns 2 and 3 of the Tables below. However, the course of study and practical training may be modified by the Pharmacy Council of India from time to time.

Table - I: ER-2020 Diploma in Pharmacy (Part - I)

Number of Hours					
Course Code	Subject	Total Theory /Practical Hrs.	Total Tutorial Hrs.	Theory / Practical Hrs. per Week	Tutorial Hrs. per Week
ER20-11T	Pharmaceutics- Theory	75	25	3	1
ER20-11P	Pharmaceutics- Practical	75	-	3	-
ER20-12T	Pharmaceutical Chemistry- Theory	75	25	3	1
ER20-12P	Pharmaceutical Chemistry- Practical	75	-	3	-
ER20-13T	Pharmacognosy- Theory	75	25	3	1
ER20-13P	Pharmacognosy- Practical	75	-	3	-
ER20-14T	Human Anatomy & Physiology- Theory	75	25	3	1
ER20-14P	Human Anatomy & Physiology- Practical	75	-	3	-
ER20-15T	Social Pharmacy- Theory	75	25	3	1
ER20-15P	Social Pharmacy- Practical	75	-	3	-
Total		750	125	30	5

Table - II: ER-2020 Diploma in Pharmacy (Part - II)

Number of Hours					
Course Code	Subject	Total Theory /Practical Hrs.	Total Tutori al Hrs.	Theory / Practical Hrs. per Week	Tutorial Hrs. per Week
ER20-21T	Pharmacology- Theory	75	25	3	1
ER20-21P	Pharmacology- Practical	50	-	2	-
ER20-22T	Community Pharmacy & Management- Theory	75	25	3	1
ER20-22P	Community Pharmacy & Management- Practical	75	-	3	-
ER20-23T	Biochemistry & Clinical Pathology- Theory	75	25	3	1
ER20-23P	Biochemistry & Clinical Pathology- Practical	50	-	2	-
ER20-24T	Pharmacotherapeutics- Theory	75	25	3	1
ER20-24P	Pharmacotherapeutics- Practical	25	-	1	-
ER20-25T	Hospital & Clinical Pharmacy- Theory	75	25	3	1
ER20-25P	Hospital & Clinical Pharmacy- Practical	25	-	1	-
ER20-26T	Pharmacy Law & Ethics	75	25	3	1
Total		675	150	27	6

The course of regular academic study prescribed under regulation shall be conducted in an institution, regulation approved by the Pharmacy Council of India under sub-section (1) of Section 12 of the Pharmacy Act, 1948.

TABLE III: Diploma in Pharmacy (Part III) Practical Training - 500 hours Activities

1.	Stocking of Drugs and Medical Devices
2.	Inventory Control Procedures
3.	Handling of prescriptions
4.	Dispensing (250hrs)
5.	Patient Counseling

2.0 Syllabus / Exam Scheme: ER-2020 D Pharma Syllabus

The ER-2020 D. Pharm Syllabus has the following structure in every course. Though the theory and practical courses are not mutually exclusive, as per the Regulations, the theory and practical are to be considered as individual courses. Scope: These are broader statements on the purpose of the course in the curriculum, key contents of the course that will contribute to the specific knowledge and or skill developments. The teacher is expected to orient the students about the scope of the particular course at the beginning and intermittently.

Course Objectives: The course objectives describe the key topics that are intended by the teacher to be covered in the course. In general, these are more specific than the scope and broader than the course outcomes. The teacher is expected to discuss the objectives of the course with the students and break-down the course objectives into micro levels as objectives of a specific topic / objectives of a specific lecture, etc. Such an exercise shall make the students to understand the significance of the course / topic / lecture and enhance their attention on the course / topic / lecture.

Course Outcomes: The course outcomes are more specific than the course objectives describe that describe the abilities of the students to perform/act, upon successful completion of the course. Hence, conventionally the course outcomes are described with verbs that are measurable or observable actions. The teacher is expected to describe the desired outcomes of the particular course, so that the students shall understand the various assessment criteria, modalities, and parameters. This also serves as a broader guideline for the teachers for preparing the assessment plan. A well-structured assessment plan associated with the course outcomes shall enable to mapping with the professional competencies and their attainment levels that are attributed to the program outcomes.

Theory Courses: The theory courses basically provide concepts and explain the relationships between the concepts. Understanding of the theoretical courses enable the students to identify the problems in real life situation and plan for addressing such problems. Also, the theory course helps to understand what is not known and thus is the tool for accumulation of knowledge. The syllabus of the theory courses has been

systematically and logically described as different chapters and the minimum number of hours to be spent on teaching are mentioned chapter wise and course wise. The teachers shall further distribute the total hours of any given chapter among the sub-topics as required by the subject matter.

Practical Courses: The practical courses are designed for applying the theoretical knowledge in the given experimental / simulated conditions. The practical courses deepen the understanding of theories, develop the skills, hone professional competencies, provide opportunities to observe, think and analyse problem solving methods. Further, they help to gain experience with the real things in practice. The teachers shall train the students in actual / simulated practical conditions.

Tutorials: The purpose of the tutorial hour is typically to engage the students in smaller groups in order to pay a closer attention on their learning process. This is an opportunity for the students to complete their assignments, develop specific skills, discuss any problems in the study topics in a less formal way. During the tutorial hour, the students shall exchange their ideas within the small group, and learn to accept constructive criticism and listen to others. Also, the tutorial hour enables the teachers to closely monitor the progress of the individual student and provide additional academic support to individuals, if necessary.

Assignments: The purpose the assignments are to encourage the students for self- directed learning. Further, the assignments will provoke critical thinking, enhance the skills such as literature search, data mining, data interpretation, report formatting, time-management, and written communication. This is also a mode of self-assessment for the student about the level of understanding of the concepts of a particular course. The teachers shall apply their knowledge and wisdom in choosing the assignment topics at a micro level in alignment with the topics given in the syllabus. The assignments shall be evaluated against a set of criteria. A typical format for the assessment of an assignment is given in Appendix -1.

Field Visits: The purpose of field visits is to provide a real-world experience to the students. The field visits will help them to realize that what they learn within the walls of the classroom / laboratory can help them solve the problems they see in the world around them. Also, this is

helpful to the teachers to widen their horizons of knowledge and broadening the scope of the syllabus. Every student shall submit a report describing their objectives, experience, learning points, etc. pertaining to the field trip, in the typical format given in Appendix-2.

Recommended Books: For each course, a list of recommended books is given in the syllabus. The list shall be considered as an important and common resource for the teaching-learning process, but not the complete list. It is always encouraged to use the latest edition of the books specified. Further, the teachers and students are encouraged to explore more primary, secondary, and tertiary resources as required.

Practical Training: The goal of the practical training for the students is to provide a real-time, supervised experience on the professional tasks emphasized in their course of study. Further, it helps them to apply their acquired knowledge and skills in the professional working environment. The practical training intensively prepares the students with adequate competencies and qualifications required for the career opportunity in the future.

Thus, the ER 2020 D. Pharm syllabus is designed to nurture the students in all the three domains of Bloom's Taxonomy viz. cognitive (knowledge), affective (attitude) and psychomotor (skills). Further, it also provides ample of scope to the students for different learning styles viz. visual, auditory and kinesthetic, i.e., 'see, hear and do'. The summary of the curriculum, courses and other activities and their metrics across the ER-2020 D. Pharm program (Part I, II & III) are given here.

The summary of the curriculum, courses and other activities and their metrics across the ER-2020 D. Pharm program (Part I, II & III) are given here.

Criteria	Metrics
Number of subject areas (considering both theory & practical together)	11
Number of theory courses	11
Number of practical courses	10
Number of theory hours	825
Number of practical hours	600
Number of practical training hours	500
Number of tutorial hours	275

Number of course outcomes for theory courses	45
Number of course outcomes for practical courses	40
Number of courses which have given assignments	9
Number of assignment topics given	75
Number of assignments reports each student shall submit	27
Number of courses which have field visit	5
Number of field visit reports each student shall submit	9
Number of professional competencies	10

3.0 Diploma in Pharmacy (Part-III) (Practical Training)

3.1 Period and other conditions for practical training-

- (i) After having appeared in Part-II examination for the Diploma in Pharmacy held by an approved Examining Authority a candidate shall be eligible to undergo practical training in one or more of the following institutions namely:
 - (a) Hospitals/Dispensaries run by Central /State Governments.
 - (b) A pharmacy licensed for retail sale of drugs under the Drugs and Cosmetics Rules, 1945 having the services of registered pharmacists.
 - (c) Hospital and Dispensary other than those specified in sub-regulation (i) above for the purpose of giving practical training shall have to be recognized by Pharmacy Council of India on fulfilling the conditions specified in Appendix-C to these regulations.
- (ii) The institutions referred in sub-regulation (1) shall be eligible to impart training subject to the condition that number of student pharmacists that may be taken in any hospital, dispensary or pharmacy licensed under the Drugs and Cosmetics Rules, 1945 made under the Drugs and Cosmetics Act, 1940, shall not exceed four where there is one registered pharmacist engaged in the work in which the student pharmacist is undergoing practical training, where there is more than one registered pharmacist similarly engaged, the number shall not exceed two for each additional such registered pharmacist.
- (iii) In the course of practical training, the trainee shall have exposure to -
 - (a) Working knowledge of keeping of records required by various Legislative
 - (b) Acts concerning the profession of pharmacy; and Practical

experience in activities mentioned in Table III under ER-2020.

- (iv) The practical training shall be not less than five hundred hours spread over a period of not less than three months provided that not less than two hundred and fifty hours are devoted to actual dispensing of prescriptions.

3.2 Procedure to be followed prior to commencement of the training-

- I. The head of institution imparting practical training, on application, shall supply in triplicate 'Practical Training Contract Form for Pharmacist' (hereinafter referred to as the Contract Form) to the candidate eligible to undertake the said practical training. The Contract Form shall be as specified in Appendix-E, ER-2020.
- II. The head of institution imparting practical training shall fill Section I of the Contract Form. The trainee shall fill Section II of the said Contract Form and the head of the institution agreeing to impart the training (hereinafter referred to as the Apprentice Master) shall fill Section III of the said Contract form.
- III. It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the head of institution imparting practical training and the other two copies (hereinafter referred to as the second copy and the third copy) shall be filed with the Apprentice Master (if he so desires) or with the trainee till completion of the training.

3.3 Certificate of passing Diploma in Pharmacy Part-III

- (i) On satisfactory completion of the practical training period the Apprentice Master shall fill Section IV of the second copy and third copy of the Contract Form and forward it to the head of institution imparting practical training who shall suitably enter in the first copy of the entries from the second copy and the third copy and shall fill Section V of the three copies of Contract Form and thereafter hand over both the second copy and the third copy to the trainee.
- (ii) This Contract Form, completed in all respects, shall be regarded as a certificate of having successfully completed the course of Diploma in Pharmacy (Part- III).

4.0 Certificate of Diploma in Pharmacy

A certificate of Diploma in Pharmacy shall be granted by the examining authority to a successful candidate on producing certificates of having passed the Diploma in Pharmacy Part I and Part II and satisfactory completion of practical training for Diploma in Pharmacy (Part-III).

5.0 Working Days in Each Academic Year

Each year shall consist of working days as per GS University norms. The academic year shall be conducted from the month of June/July to May/June in every calendar year.

6.0 Attendance and Progress

A candidate is required to put in at least 80% attendance in individual courses considering theory and practical separately. The candidate shall complete the prescribed course satisfactorily to be eligible to appear for the respective examinations.

7.0 Appendix - 1

A typical format for the assessment of an Assignment

Name of the College:

Name of the Student:	
Academic Year of the Student:	
Name of the Subject:	
Title of the Assignment:	
Date on which the Assignment was given:	
Date on which the Assignment was submitted:	
Name & Designation of the Evaluator:	
Signature of the Evaluator with Date:	

Directions: For evaluation, enter rating of the student utilizing the following scale: 5 – Excellent; 4 - Very Good; 3 – Good; 2 – Satisfactory;

1 – Poor

Assessment Criteria	Score	Comments if any
a. Relevance with the content		
b. Use of resource material		
c. Organization & mechanical accuracy		
d. Cohesion & coherence		
e. Language proficiency & Timely submission		
Total Score		

Signature of the Student with Date:

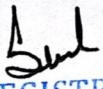
Note: Subject teacher should try to cover all assignments mentioned in the list for each practical subject by assigning the topics to the students. Students should be encouraged to submit an assignment (in a format decided by the Institute) and encouraged to present assignments (at least anyone assignment per subject) in the class.

7.2 Appendix – 2**A typical format for the assessment of a Field Visit Report****Name of the College:**

Name of the Student:	
Academic Year of the Student:	
Name of the Subject:	
Name & full address of the organization visited:	
Date and Duration of Visit:	
Name & Designation of the Evaluator:	
Signature of the Evaluator with Date:	

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 5th Meeting held on 01.10.2025 passed a resolution confirming Ordinance 18.

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APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. _____

(Name of student pharmacist) son of / daughter of _____

residing at _____

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: _____

Head of the Academic
Training Institution

SECTION - II

I _____ (Name of the Student Pharmacist)

accept _____ (Name of the Apprentice Master) of

_____ (Name of the College / Institution)

_____ (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: _____

Signature of the Student Pharmacist

SECTION - III

I, _____ (Name of the Apprentice Master)

accept Sri / Smt. _____

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


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Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: _____

Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that _____ (Name of student pharmacist) has undergone _____ hours training spread over from Date _____ to _____ for a period of _____ months in accordance with the details enumerated in SECTION III

Date: _____

Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that _____ (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: _____

Head of the Academic
Training Institution


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NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



Ordinance 19

Rules and Regulations Pertaining to the University Examination for Bachelor of Medicine & Surgery (MBBS) Programme

1.0 **Short Title and Commencement**

- 1.1 The term "Ordinance" denotes the rules set forth by G.S. University, located in Pilkhua, Hapur, Uttar Pradesh, concerning the examinations for MBBS students. This ordinance is relevant to the examination process for obtaining the M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) degree at GS University. These guidelines are congruent with the existing regulations of the National Medical Commission and aim to foster an "Indian Medical Graduate" (IMG).
- 1.2 MBBS examinations refer to the formal assessments undertaken during the Bachelor of Medicine, Bachelor of Surgery (MBBS) degree, which is the foundational medical qualification.
- 1.3 These examinations, divided into four professional exams (First, Second, and Third Phase Part I and Part II), are conducted in phases throughout the four-and-a-half-year course and evaluate a student's knowledge and skills in pre-clinical, para-clinical, and clinical subjects.
- 1.4 GS University shall follow the guidelines prescribed by the National Medical Commission (NMC) in relation to the conduct of MBBS Examinations.

2.0 **Key Aspects of MBBS Examinations**

- 2.1 Purpose: To assess the progress and knowledge of students in the medical curriculum and to determine their eligibility for professional practice as doctors.
- 2.2 Structure: The MBBS program typically includes a four-and-a-half-year academic course followed by a 1-year mandatory internship. The professional examinations are usually structured into four main phases: First, Second, Third Part I, and Third Part II.

2.3 Subjects

- 2.3.1 Phase 1 (First Professional): Anatomy, Physiology and Biochemistry.
- 2.3.2 Phase 2 (Second Professional): Pathology, Pharmacology and Microbiology.
- 2.3.3 Phase 3 Part I (Third Professional Part I): Ophthalmology, Otorhinolaryngology (ENT), Forensic Medicine and Toxicology and Community Medicine.
- 2.3.4 Phase 3 Part II (Third Professional Part II): Medicine, Surgery, Paediatrics, and Obstetrics & Gynaecology.

3.0 Supplementary Examinations

- 3.1 The supplementary exams will be held 6-8 weeks after the regular examinations.
- 3.2 A candidate failing the supplementary exam in Phase I will join the junior batch for further training.
- 3.3 A candidate is allowed a maximum of four attempts to pass the Phase I examinations, with completion limit of four years. Graduation should occur within ten years of starting the MBBS course. This includes the compulsory rotating internship of one year.

4.0 Phase wise details

Failure in Phase I exams prevents progression to Phase II.

Candidates failing in Phase II or III shall continue with their training in the next phase but shall not be eligible to appear for that phase of university examinations until they pass the prior Phase University Examination.

4.1 Phase I (12 months, including Foundation Course)

Phase I includes subjects Anatomy, Physiology, Biochemistry, AETCOM, and Family Adoption Program, with early clinical exposure and simulation-based learning.

4.2 Phase II (12 months, including university exams)

Subjects include Pathology, Pharmacology, Microbiology, General Medicine, Surgery, Obstetrics & Gynaecology, and a continuation of Family Adoption Program, with increased clinical complexity and simulation-based learning.

4.3 Phase III (30 months)

- Phase III Part 1 (12 months, including exams): Subjects include Forensic Medicine, Community Medicine, Paediatrics, Obstetrics & Gynaecology, and Clinical Postings.
- Phase III Part 2 (18 months, including exams): Subjects include Medicine, Surgery, Obstetrics, Paediatrics, and Clinical Postings.

5.0 Teaching hours Distribution

- Phase I, II, and III Part 1: Each 12 months with 1,521 hours.
- Phase III Part 2: 18 months with 2,418 hours, including clinical postings.

6.0 New teaching/learning elements

- **Foundation Course:** Focuses on medical ethics, skills development, and physical and mental well-being. Includes language programs and extracurricular activities, with mandatory 75% attendance.
- **AETCOM Module:** Focuses on attitude, medical ethics, communication, and professionalism, with mandatory 75% attendance.
- **Early Clinical Exposure:** Aimed at understanding basic sciences, patient care, and professionalism through direct patient interaction.
- **Alignment and Integration (AIT):** Aligns subjects across phases to minimize redundancy and enhance interconnected learning.
- **Clinical Clerkship:** Provides hands-on patient care experience, with supervision and a logbook for evaluation.
- **Electives:** Offers diverse learning experiences in subjects like Research, Global Health, Nutrition, and more, with mandatory participation.
- This structure ensures comprehensive training, integrating theoretical knowledge with practical, real-world medical experience.

7.0 Eligibility for Professional Examinations

Eligibility is based on three criteria:

- (i) attendance,
- (ii) internal assessment, and
- (iii) certifiable competencies. Training performance in key components must be assessed.

7.1 Attendance

- There shall be a minimum of 75% attendance in theory and 80% attendance in practical/clinical for eligibility to appear for the examinations in that subject.
- In subjects that are taught in more than one phase - the learner must have 75% attendance in theory and 80% attendance in practical in each phase of instruction in that subject.
- There shall be a minimum of 75% attendance in AETCOM and minimum of 80% attendance in family visits under Family adoption programme. Each student shall adopt minimum 3 families/ households and preferably five families. The details shall be as per Family Adoption Program guidelines.
- If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have a minimum of 75% attendance in each subject including its allied branches, and 80% attendance in each clinical posting.
- Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination/NExT.

7.2 Internal Assessment (IA)

- Internal assessment shall be based on day-to-day assessment. For subjects taught in more than one phase, there shall be IA in every phase in which the subject is taught.
- It shall relate to different ways in which learners participate in the learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/ problem solving exercise, participation in project for health care in the community, Quiz, Certification of competencies, museum study, log books, SDL skills etc.
- Internal assessment should have both subjective and objective assessment.
- Internal assessment shall not be added to summative assessment. However, internal assessment marks in absolute marks should be displayed under a separate column in a detailed marks card.
- The internal assessment marks for each subject will be out of 100 for theory and out of 100 for practical/clinical (except in General Medicine, General Surgery and Obstetrics & Gynaecology, in which theory and practical assessment will be of 200 marks each).
- For subjects that teach in more than one phase, cumulative IA to be used as eligibility criteria. The final cumulative marks are to be used for eligibility. The details are:
- General medicine: The IA of 200 marks in medicine shall be divided across phases as:

Phase II: 50 marks

Phase III part 1 50 marks

Phase III part 2 100 marks

Phase III part 2 100 marks is divided as:

Medicine 75 marks

Psychiatry 13 marks

Dermatology 12 marks

The final cumulative IA for Medicine is out of 200 marks for theory and practical each.

- General surgery: The IA in surgery shall be divided across phases as:

Phase II: 25 marks

Phase III part 1 25 marks

Phase III part 2 150 marks

Phase III part 2 150 marks is divided as

General surgery 75 marks

Orthopaedics 50 marks

Anaesthesia 13 marks

Radiodiagnosis 2 marks

- The final cumulative IA for surgery is out of 200 marks for theory and practical each.

- IA of Forensic Medicine and Toxicology is divided as 25 marks in phase II and 75 marks in Phase III part 1. The final cumulative IA is out of 100 for theory and practical each.
- IA in Community Medicine is divided as 25 marks in phase I, 25 marks in phase II, and 50 marks in Phase III- part 1. The final cumulative IA for Community Medicine is out of 100 marks for theory and practical each.
- IA in ophthalmology and ENT is divided as 25 marks in phase II and 75 marks in Phase III part 1. The final cumulative IA is out of 100 for theory and practical each for each subject.
- Learners must secure at least 50% of the total marks (combined in theory and practical/clinical; and minimum 40% in theory and practical separately) for internal assessment in a particular subject in order to be eligible to appear at the final University examination of that subject.

7.3 Certifiable Competencies

- Learners must complete certifiable competencies and logbooks to be eligible for the final examination.
- Regular periodic examinations shall be conducted throughout the course. There shall be no less than three theory and practical internal assessment examinations in each subject of phase I & II, and this mandatorily includes pre-university examination. There shall be no less than two theory and clinical examinations in each subject of Phase III part 1 & 2 and this mandatorily includes an end of posting assessment.
- Log book (including required skill certifications) to be assessed and marks given from 10-20% in internal assessment.
- A minimum of 50% overall marks (40% theory and practical separately) in IA is required for exam eligibility.
- The results of internal assessment should be intimated to students at least once in 3 months and as and when a student wants to see the results

7.4 Remedial Measures

A student whose has deficiency(s) in any of the 3 criteria that are required to be eligible to appear in university examination, should be put into remedial process as below:

7.4.1 During the course: If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book in quarterly/ six monthly monitoring, the students/parents must be intimated about the possibility of being detained much before the final university examination, so that there is sufficient time for remedial measures. These students should be provided remedial measures as and when needed to improve IA. Any certifiable competency/ IA marks deficiency shall be attended with planned teaching/tests for them. Student should complete the remedial measures and it should be

documented. In spite of all above measures, if student is still not meeting the criteria to be eligible for regular exam he shall be offered remedial for the same batch supplementary exam. For attendance, s/he will be allowed remedial measures ONLY IF attendance is more than 60% for each component.

- 7.4.2 *At the end of phase:* If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book at the end of regular classes in a phase, the student is detained to appear in regular university examination of that batch.
- 7.4.3 Remedial classes can be planned for students missing regular classes on genuine grounds, thus ensuring that all certifiable competencies are achieved.
- 7.4.4 Students who have less than 75% attendance in theory and 80% attendance in practical cannot appear for University examination. They may appear for Supplementary examination provided they attend the remedial classes organised between University Sit and Supplementary exam. Students who have attendance 60% or above shall be eligible for such remedial classes.

8.0 University Examinations

- Nature of questions in theory examinations shall include different types such as structured essays like Long-Answer Questions (LAQ), Short-Answer Questions (SAQ) and Multiple-Choice Questions (MCQ) shall be accorded minimum 20% weightage of the total marks of each theory paper.
- Scenario based MCQs shall be accorded more weightage in view of NEXT.
- Blueprint may be used for theory question papers.
- Practical/clinical examinations shall be conducted in the laboratories and /or hospital wards and a blueprint must be used. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyse the case and develop a management plan.
- Viva/oral examination should assess approach to patient management, emergencies and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data like X-rays, identification of specimens, ECG, etc. is to be also assessed.
- Application based questions should be included for newer CBME components like foundation course, ECE, AETCOM, Integrated topics, student-learner methods etc. in all theory, practical and clinical examinations of all internal assessments and university assessments

8.1 University Exam Phases

- Phase I: Anatomy, Physiology, Biochemistry at the end of Phase I (12th month).
- Phase II: Pathology, Microbiology, Pharmacology at the end of Phase II (12th month).
- Phase III Part 1: Community Medicine, Forensic Medicine, Ophthalmology, Otorhinolaryngology at the end of Phase III part 1 (12th month).
- Phase III Part 2 /NEXT: General Medicine, Surgery, Obstetrics & Gynaecology, Paediatrics at the end of Phase III part 2 (17th/18th month).

8.2 Passing Criteria

- A cumulative 50% in university exams, with at least 40% in both theory and practical, is required to pass a subject.
- For subjects with two papers, a 40% aggregate is necessary.

8.3 Setting of Theory Papers

- There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall mandatorily moderate the theory question paper(s).
- At least two sets of theory question papers shall be asked from External Examiners. Out of the two sets, one set will be selected randomly for holding the University Examination. The other set may be safe kept for the Supplementary Examination.
- All theory paper assessments will follow a standard assessment plan of the university.

8.4 Appointment of Examiners

- Eligibility: Examiners must have at least three years of teaching experience post-MBBS in a recognized medical college.
- Number of Examiners: For Practical /Clinical examinations, there shall be at least six examiners (looking at the volume of work including evaluating theory copies of 250 MBBS students) for every learner, out of whom not less than 50% must be external examiners.
- Chairman and Coordinator: Of the Six Examiners, the senior-most internal examiner shall act as the Chairman and Coordinator of the whole examination program so that uniformity in the matter of assessment of candidates is maintained.
- Internal examiners shall be appointed from GS Medical College and Hospital.
- External examiners may be from outside the college/ university/ state/ union territory.
- Rotation of Internal Examiners: The Head of the Department will always be an Internal Examiner. The second and subsequent Internal examiner will rotate every 2 years. Eligible examiners with the required qualifications and experience may be appointed as Internal examiners by rotation in their subjects.

- Examiners for General Surgery and allied subjects must be from General Surgery, with 25% from Orthopaedics. One orthopaedics examiner will be included out of six examiners (internal or external).
- Ophthalmology and ENT examinations will be held separately, not combined with other subjects.

8.5 Appointment of External Observer for Theory Examinations

For the smooth and fair conduct of theory examinations, an external observer shall be appointed to oversee the process at the examination centre. The observer shall be appointed by the Controller of Examination following the approval by the Vice Chancellor, and the role of External Observer is to ensure that the examinations are conducted in accordance with established rules and regulations.

Scope of Duties:

The External Observer shall be tasked with various responsibilities, such as:

- Observing the conduct of examinations at the centre.
- Ensuring that the examination environment is conducive to fair assessment.
- Verifying the identity of candidates.
- Checking for any instances of unfair means.
- Reporting any irregularities or violations to the appropriate authorities.

8.6 Handling Students who are caught using Unfair Means

What constitutes UFM?

For a student to be considered an instance of UFM, they may not necessarily need to be actively involved in cheating. Wilful or inadvertent failure to follow the exam's instructions or rules could potentially result in UFM charges. Possession of property or participation in an activity that could result in illegal gains also constitutes use of unfair means.

Action by the Invigilators on Detecting Unfair Means Case

- (a) The invigilator or another authorized individual must promptly seize the answer sheet and any pertinent materials that were discovered with the student if they suspect that the student has used unfair methods. The student and the invigilator must properly sign any papers, notes, books, electronic devices, etc. that are discovered in the student's possession. The documents must then be sealed and affixed to the confiscated answer sheet while the student is present. If it is discovered that a student has written something on a body part, a picture of the item may be taken.
- (b) The invigilator must appropriately document the nature of the offense if the student engages in UFM in any way other than possessing unauthorized material, like food conversing with a fellow student, trying to copy from a fellow student, permitting a fellow student to copy, discussing an answer with a fellow student outside the hall, etc.
- (c) The student must fill out and sign the prescribed form about unfair means, and the invigilator in charge must provide feedback on it at the designated location.

- (d) A new answer sheet marked "B" copy will be provided to the student to finish the test once all the aforementioned procedures have been completed.
- (e) It will be noted on the prescribed form if the student fails to turn in the necessary paper work and/or declines to complete and sign it. The co-invigilator may sign as a witness to the incident in this situation.
- (f) As a result of this process, no additional time will be allotted for finishing the test.
- (g) Following the test, the answer sheets designated as 1 (confiscated copy) and 2 (freshly issued copy), together with any materials discovered in the possession of the invigilator in charge and the prescribed form duly completed and signed by them, must be delivered separately to the Controller of Examination.

8.7 Grace Marks

Candidates will not be given any grace marks for passing a university examination.

8.8 Rules and Regulations for Re-Evaluation

- 1. Re-evaluation means evaluating/examining/checking/assessing again the answer scripts of the theory subjects, and re-awarding of the marks by an evaluator other than the first evaluator.
- 2. The process of re-evaluation shall involve, scrutiny of the answer script before re-evaluation, verification of the marks on the answer script with the award-list, retotalling, and re-examining of the answer script through an evaluator from the approved list of the evaluators forwarded by the Department/College concerned.
- 3. A Student (examinee) can apply for re-evaluation of his/her answer script of any subject, on the following conditions:
 - a) The re-evaluation of the answer script of the subjects should be applied within one week of the declaration of the results, excluding the day on which the result was declared. The Examination Branch shall reject all the applications for re-evaluation after the due date of submission. No request in this regard shall be entertained.
 - b) Only theory subjects' re-evaluation shall be carried out.
 - c) Revaluation for practical examination/ lab course/ internal examination/ dissertation/ thesis/ project work/ viva voce will not be carried out.
 - d) The application for the re-evaluation of the answer script should be submitted through the "Re-evaluation Form" prescribed by the Examination Branch, GS University. Any other form of application shall not be considered for processing.

- e) Re-evaluation Fee for answer script(s) relating to each theory paper shall be chargeable separately as prescribed.
- f) A student is necessarily required to submit with the "Re-evaluation Form" the following documents: 1) his/her Original Memorandum of Marks, 2) a photocopy of his/her "Admit Card" issued by the University, 3) Prescribed Re-evaluation Fee, in favour of GS University.
- g) If the application form is not filled properly, or if any of the documents mentioned in *3f is not submitted with the application form, the application shall be rejected and the fee paid will be forfeited.
- h) The Re-evaluation Application Form must be submitted in the Office of the Controller of Examinations, GS University.

4. If the Student's marks decrease on re-evaluation, his/her original marks (i.e. the marks that he/she was awarded in the first evaluation), will still be replaced by the marks given in re-evaluation.

5. There shall be no re-evaluation wherever double evaluation system exists. Such a system at this time exists in BAMS.

6. The results of the re-evaluation shall be declared within 15 days from the last date of submission of the "Re-Evaluation Application Form" by the student.

7. Whether the re-evaluation of the answer script (s) changes the result or not, the student shall not claim refund or reimbursement of the re-evaluation fee in any circumstances. Any application or request in this regard shall not be entertained by the University.

8. The result declared after the re-evaluation shall be final and binding on the student. No request of any kind shall be entertained thereafter.

9. The result shall be declared on the website.

10. Only the student (examinee) concerned can apply for the re-evaluation. Application will not be accepted if any other person applies for re-evaluation of the answer script on some other person's behalf.

11. The names of the evaluators will not be disclosed to the student.

12. No third evaluation or challenged evaluation is permissible, and will not be carried out.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act,2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 19.



Ordinance 20

Rules and Regulations Pertaining to the University Examination of Medicine/Master of Surgery (MD/MS)

1.0 Short Title and Commencement

The term "Ordinances" denotes the rules set forth by G.S. University, located in Pilkhuwa, Hapur, Uttar Pradesh, concerning the examinations for MD/MS programmes will be as per the Postgraduate Medical Education Regulations, 2000 by the National Medical Commission (NMC). This ordinance is relevant to the examination process for Obtaining MD/MS Post Graduate degree at GS University.

1.1 Examination Structure

The examinations for MD/MS include theory, practical, clinical, and viva voce examinations. For broad specialties, there are usually three theory papers, with one covering Basic Medical Sciences.

2.0 Examination Methodology:

- 2.1 G.S. University shall hold the examinations for awarding post-graduate degrees (M.D./M.S.: Doctor of Medicine/ Master of Surgery as per the prescribed schemes of syllabi, teaching and examination.
- 2.2 Examinations of the University shall only be open to regular students i.e. candidates who have undergone a course of study in G.S. Medical College for a period specified for that programme of study in the scheme of syllabi, teaching and examination.
- 2.3 Provided further that a student may be debarred from appearing in a university examination as provided for in any of the University Ordinance.

3.0 Frequency of University Examination

The G.S. University shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 months and not more than 6 months between the two examinations.

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3.1.1 Formative Assessment and Summative Assessment

- GS Medical College will conduct regular Formative Assessment (examination and
- GS University will conduct regular Summative Assessment of examination.

3.1.2 Composition of Assessment

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

4.0 Format of Theory Examination

The theory examination (both formative and summative may be of descriptive answer of a question type, Multiple Choice Question (MCQ type or mix of both types. Theory examination for formative examination will be done in respective departments. It will be evaluation of performance in real time basis while Summative examination will be held by the University regularly in 1st, 2nd, 3rd, 4th. & 5th semester and in 6th semester it will be held by the name "Pre University examination" on the pattern of University Examination consisting of theory Papers. All these examinations will be communicated well in advance. **Clinical/Practical and Viva Voce**

- i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a consultant/specialist/teacher.
- ii. The viva voce examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the Specialty.
- iii. Clinical/practical examination shall include Objective Structured Clinical Examination (OSCE).
- iv. Passing Criteria : Obtaining a minimum of 40% marks in each theory paper and not less than 50% aggregate in all the four papers for degree examination in broad specialty and obtaining 50% marks in practical examination shall be mandatory for passing the examination as a whole.
- v. Hence a candidate shall secure not less than 50% marks in theory and practical including clinical, Objective Structured Clinical Examination (OSCE) and viva voce examination.
- vi. Five per cent of practical marks will be of dissertation. External examiner will evaluate dissertation thesis and take viva on it and marks will be given on quality of dissertation and performance in viva voce. No grace mark is permitted in post-graduate examination either for theory or for practical.

6.0 Examiners:

6.1.1 The examiner (both internal and external) for the post-graduate examination in Broad Specialties shall have three years' experience as recognized Post-graduate Guide in the concerned subject.

6.1.2 The minimum number of examiners for post-graduate examination shall be four. Out of which, at least two shall be external examiners and at least one of them shall be from different university.

6.1.3 An examiner shall not be appointed for more than two consecutive regular examinations for the same institution.

7.0 Selection of examiners: The Internal examiners will be appointed by rotation among eligible examiners.

8.0 Valuation

8.1 All the teachers of the other colleges of G.S. University or other Universities, who are eligible to be post-graduate examiners, can perform the valuation of the answer scripts.

8.2 All the answer scripts shall be subjected for two valuations by G.S. University. The average of the total marks awarded by the two valiators for the paper, which is rounded off to the nearest value, shall be considered for computation of the results. All the answer scripts, where the difference between two valuations is 15% and more of the total marks prescribed for the paper, shall be subjected to third valuation. The average of the best two total marks, awarded by the three evaluators for the paper, rounded off to the nearest value, shall be considered for final computation of the results.

8.3 After the computation and declaration of the results, under no circumstances, revaluation is permitted by any authority.

8.4 G S University shall implement digital valuation.

9. Thesis Evaluation:

The thesis presented to G.S. University shall be assessed by external examiner(s). There shall be one referee examiner, whose decision will be binding in case of a dispute. If a guide retires or leaves in between, a provision of guiding for 6 months is allowed.

9.1 Criteria for Evaluation of M.S./M.D. Courses:

The M.D., M.S. degree programmes will have 800 marks, 400 in theory and 400 in Practical/Clinical including Viva voce.

S. No.	Description	M.S./M.D. Courses
1	THEORY	
	No. of Theory Papers	4
	Description	M.S./M.D. Courses
	Marks for each Theory Paper	100
	Total marks for Theory Paper	400
	Passing Minimum for Theory	200/400 (40% minimum in each paper)
2	PRACTICAL/CLINICAL	300

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

9.2 Use of Unfair Means:

All cases regarding reported use of Unfair Means in the examination shall be placed before an **Unfair Means Committee** of G.S. University for decision in individual cases, and recommending penalties, as per the laid down rules of the University.

9.3 Examination Fees:

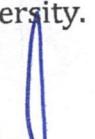
The Registrar shall notify the fees payable by the students for various examinations, after the same is approved by the Vice-Chancellor. A student who has not paid the prescribed fees before the start of examinations shall not be eligible to appear in the examination. The Vice-Chancellor may at his discretion allow, in certain cases of genuine hardship, an extension in the last date of payment of fees. The result of such student shall, however, be withheld till all the dues are cleared. The examination fees in the case of M.D./M.S. shall include a thesis protocol fee and thesis fee.

10. Award Of Degree

A student shall be awarded a degree if:

- 10.1.1 If he/she has successfully passed the university examination.
- 10.1.2 There are no dues outstanding in his/her name to the G.S. University.
- 10.1.3 No disciplinary action is pending against him/her.

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10.1.4 Subject to the provisions of the Act, the Statutes and the Ordinances; such administrative issues as disorderly conduct in examinations, other malpractices, dates for submission of examination forms, issue of duplicate degrees/diplomas, instructions to examiners, superintendents, invigilators, their remuneration and any other matter connected with the conduct of examinations will be dealt with as per the guidelines approved for the purposes by the Academic Council.

10.1.5 Notwithstanding anything stated in this Ordinance, for any unforeseen issues arising and not covered by this Ordinance, or in the event of differences of interpretation, the Vice- Chancellor's decision shall be final. She/he may take decision after obtaining, if necessary, the opinion/advice of a committee including the Dean of G.S. Medical College.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 20.

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Ordinance 21

Rules and Regulations Pertaining to the University Examination for Bachelor of Ayurvedic Medicine and Surgery (BAMS)

1.0 General Guidelines

- 1.1 The University shall hold examinations for the academic programme, as is approved by the Academic Council and for awarding B.A.M.S degree, as per the prescribed Schemes of Teaching and Examination and Syllabi as approved by the Academic Council as per the norms of NCISM act.
- 1.2 The Professional examination shall ordinarily be held and completed by the end of the professional session.
- 1.3 The main as well as supplementary examinations conducted by the University shall be as per National Commission for Indian System of Medicine (NCISM).
- 1.4 The student who failed in one or two subjects of First Professional shall be allowed to keep terms of the Second Professional session and to appear in Second Professional examination, the student who failed in more than two subjects shall not be allowed to keep term in Second Professional.
- 1.5 The Second Professional examination shall ordinarily be held and completed by the end of Second Professional session. The student who failed in one or two subjects of Second Professional shall be allowed to keep the term of the Third (Final) Professional session, the student who failed in more than two subjects shall not be allowed to keep term in Third (Final) Professional session.
- 1.6 The Third (Final) Professional examination shall ordinarily be held and completed by the end of Third (Final) Professional session. Before appearing for Third (Final) Professional examination the students shall have to pass all the subjects of first and second professional and shall qualify nine electives.

- 1.7 There shall be no separate class for odd batch student (those students who could not keep the term) and the student must attend the class along with regular batch or with junior batch as applicable.
- 1.8 The subsequent supplementary examination of First Professional, Second Professional, and Third (Final) professional will be held at every six months.
- 1.9 The minimum marks required for passing the examination shall be fifty per cent. In theory component and fifty percent in practical component (that include practical, clinical, viva-voce, internal assessment and electives wherever applicable) separately in each subject.
- 1.10 A student is considered passed if he/she secures above 50% OR marks as mentioned above and there is no provision of mentioning any division as standard of passing criteria/qualifying the final examinations to obtain MBBS degree. However, a student securing above 75% marks in a course, is deemed to have passed the course/courses, is deemed to have passed the course/courses with distinction.

2.0 Evaluation Of Electives

Electives shall be evaluated in terms of attendance and assessment and on the basis of evaluation, the student shall be awarded credits as well as grades as under.

- 2.1 One credit shall be awarded for attending minimum five hours of a modular programme and a student can earn maximum five credits for each elective.
- 2.2 Assessment shall be conducted at the end of each module and average of five modular assessments shall be considered for grading i.e., up to 25 per cent. Bronze; 26-50 per cent. Silver; 51-75 per cent. Gold; 76 per cent. and above Platinum.
- 2.3 The structure of elective shall be as per the following table, namely:

(Structure of Elective)

Each Elective: Five Modules of Nine Hours Each (5*9=45)					
Sl. No.	Component	Duration (Hours)		Credits	Grades
		Module	Elective		
1	Teaching	5	25	One Credit for attending minimum of five hours of each modular programme. Maximum five credits	Grade is awarded on the basis of average of all five modular assessments. Bronze: <25 per cent. Silver: 26-50 per cent. Gold: 51-75 per cent. Platinum: 76 per cent. & above.
2	Guided Learning	2	10		
3	Expert Interaction/Reflection	1	5		

(a) Student shall have to qualify (obtaining any grade) minimum of three elective subjects for each professional session.

(b) List of elective subjects shall be made available under three sets (A, B and C) for each professional session i.e., sets FA, FB and FC for first professional B.A.M.S.; sets SA, SB and SC for second professional B.A.M.S.; sets TA, TB and TC for third professional B.A.M.S.

(c) Student may opt any one elective as per their choice from each set specified for respective professional B.A.M.S.

(d) Weightage of two marks for each credit and maximum of ten marks shall be awarded for each elective.

(e) These elective marks shall be added to the viva-voce marks of respective subjects as specified in these regulations.

(f) Apart from three mandatory electives for each profession, students have freedom to choose and qualify as many numbers of additional electives as per their interest.

(g) Marks weightage shall be only for three electives per professional session i.e., one elective subject from each set of respective professional session.

(h) A separate online certificate shall be generated for each elective mentioning credits earned and grades obtained.

2.4 The examination branch of the institution shall compile the marks of electives obtained by students as specified above and submit to university through the Head of the Institution so that the university shall add the same in viva-voce of respective subjects.

2.5 A candidate obtaining sixty-five per cent. and above marks shall be awarded first class in the subject and seventy-five percent and above marks shall be awarded distinction in the subject.

2.6 The award of class and distinction shall not be applicable for supplementary examinations.

2.7 (Each student shall be required to maintain minimum seventy-five percent attendance in each subject in theory (i.e., lecture hours) practical and clinicals (i.e., non-lecture hours) separately for appearing in examination.

2.8

- Where the institute maintains physical attendance register, it shall be recorded in cumulative numbering method as per **Annexure-iv** and at end of the course/term/ part of the course, after obtaining each student signature the same is to be certified by respective Head of the Department and approved by Head of the Institute.
- The approved attendance shall be forwarded to university.

2.9 If a student fails to appear in regular examination for cognitive reasons, he may appear in supplementary examination as regular student and his

non-appearance in regular examination shall not be treated as an attempt.

3.0 Assessment

Assessment of students shall be in the form of Formative and Summative Assessments as under-

- 3.1 **Formative Assessment-** Students shall be assessed periodically to assess their performance in the class, determine the understanding of programme material and their learning outcome in the following manner, namely:
- 3.2 Periodical Assessment shall be carried out at the end of teaching of a topic or module or a particular portion of syllabus and the evaluation methods as per the following table may be adopted as suits to the content, namely:

Evaluation Methods for Periodical Assessment

Sl. No.	Evaluation Method
1.	Practical / Clinical Performance
2.	Viva Voce, MCQs, MEQ (Modified Essay Questions/Structured Questions)
3.	Open Book Test (Problem Based)
4.	Summary Writing (Research Papers/ Samhitas)
5.	Class Presentations; Work Book Maintenance
6.	Problem Based Assignment
7.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OPSE), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedures (DOP), Case Based Discussion (CBD)
8.	Extra-curricular Activities, (Social Work, Public Awareness, Surveillance Activities, Sports or Other Activities which may be decided by the department).
9.	Small Project

- 3.3 Internal evaluation shall be conducted by the College and Institute at the end of six months (First Term Test) for thirty per cent. of the syllabus and at twelve months (Second Term Test) for forty per cent. new part of the syllabus. The remaining thirty per cent. of syllabus shall be completed in the last six months (Third Term) before university examination.
- 3.4 There shall be minimum of three periodical assessments for each subject before First Term Test (ordinarily at 6th month of respective professional B.A.M.S.) minimum of three periodical assessment before Second Term Test (ordinarily at 12th month of respective professional B.A.M.S.) and

minimum of three periodical assessments before final university examinations (Summative Assessment) of respective professional B.A.M.S.

3.5 The scheme and calculation of assessment shall be as per the following tables, namely:

Scheme of Assessment (Formative and Summative)

Sl. No.	Professional Course	Duration of Professional Course		
		First Term (1-6)	Second Term (7-12 Months)	Third Term (13-18)
1	First Professional B.A.M.S.	3 PA and First TT	3 PA and Second TT	3 PA and UE
2	Second Professional B.A.M.S.	3 PA and First TT	3 PA and Second TT	3 PA and UE
3	Third Professional B.A.M.S.	3 PA and First TT	3 PA and Second TT	3 PA and UE

PA: Periodical Assessment; TT: Term Test; UE: University Examinations

(Example for Internal Assessment for the subject having 30 marks)

Term	Periodical Assessment					Term Test	Term Assessment	
	A	B	C	D	E		G	H
	1 (15)	2 (15)	3 (15)	Average (A+B+C /3)	Converted to 30 (D/45*30)	Term Test (30)	Sub Total	Term Assessment
FIRST							E+F	E+F/2
SECOND							E+F	E+F/2
THIRD						NIL	E	E
Final IA	Average of Three Term Assessment Marks as Shown in 'H' Column							

3.6 Summative Assessment

- Final university examinations conducted at the end of each professional B.A.M.S. shall be the Summative Assessment.
- There shall be double valuation system and shall be no provision for revaluation.
- There shall be two examiner (one internal and one external) for university practical/clinical/viva voce examinations.

d. While declaring the results of Summative Assessment, Internal Assessment component and Elective marks shall be considered as per the distribution of marks pattern.

3.7 The Profession wise Subjects, Number of Papers, Marks Distribution shall be as per the following tables, namely:

Number of Papers and Marks Distribution for First Professional B.A.M.S. Subjects

Sl. No.	Subject Code	Papers	Theory	Practical or Clinical Assessment						Grand Total
				Practical / Clinical	Viva	Electives	IA	Sub Total		
1.	AyUG-SN & AI	2	200	-	75*	10 (Set-FA)	15	100	300	
2.	AyUG-PV	2	200	100	60	10 (Set-FB)	30	200	400	
3.	AyUG-KS	2	200	100	70	-	30	200	400	
4.	AyUG-RS	2	200	100	70	-	30	200	400	
5.	AyUG-SA1	1	100	-	75	10 (Set-FC)	15	100	200	
Grand Total										1700

*Viva voce examination shall be for Sanskrit and not for Ayurved Ithihasa
(Set-FA, FB, FC – sets of Electives for First Professional B.A.M.S.)

Teaching Hours for Second Professional B.A.M.S. Subjects

Sl. No.	Subject Code	Number of teaching hours		
		Lectures	Non-Lectures	Total
1.	AyUG-DG	150	250	400
2.	AyUG-RB	150	300	450
3.	AyUG-RN	150	300	450
4.	AyUG-AT	100	200	300
5.	AyUG-SA2	100	140	240
6.	AyUG-SW	150	250	400
Total		800	1440	2240

(Number of Papers and Marks Distribution for Second Professional B.A.M.S. Subjects)

Sl. No.	Subject Code	Papers	Theory	Practical or Clinical Assessment					
				Practical or Clinical	Viva	Elective	IA	Sub Total	Grand Total
1.	AyUG-DG	2	200	100	70	-	30	200	400
2.	AyUG-RB	2	200	100	70	-	30	200	400
3.	AyUG-RN	2	200	100	70	-	30	200	400
4.	AyUG-AT	1	100	100	60	10 (Set-SA)	30	200	300
5.	AyUG-SA2	1	100	-	75	10 (Set-SB)	15	100	200
6.	AyUG-SW	2	200	100	60	10 (Set-SC)	30	200	400
Grand Total								2100	

(Set-SA, SB, SC – sets of Electives for Second Professional B.A.M.S.)

Number of Papers and Marks Distribution for Third Professional B.A.M.S. Subjects

Sl. No.	Subject Code	Papers	Theory	Practical or Clinical Assessment					Grand Total
				Practical or Clinical	Viva	Electives	IA	Sub Total	
1	AyUG-KC	3	300	100	70	-	30	200	500
2	AyUG-PK	1	100	100	70	-	30	200	300
3	AyUG-ST	2	200	100	70	-	30	200	400
4	AyUG-SL	2	200	100	70	-	30	200	400
5	AyUG-PS	2	200	100	60	10 (Set-TA)	30	200	400
6	AyUG-KB	1	100	100	60	10 (Set-TB)	30	200	300
7	AyUG-SA3	1	100	-	75	10 (Set-TC)	15	100	200

8	AyUG-RM	1	50	-	-	-	-	-	50
Grand Total									2550

(Set-TA, TB, TC – sets of Electives for Third Professional B.A.M.S.)

3.8 **Appointment of examiner in Ayurveda:** No person other than regular or retired teacher with minimum five years of teaching experience in the concerned subject shall be considered eligible for examinership and the maximum age limit of Examiner shall be sixty-five years.

4.0 Attendance

4.1 For pursuing BAMS programme, a student shall be required to fulfill the criteria of Attendance as per NCISM.

4.2 The University/affiliated institution shall maintain an attendance record of students registered in the B.A.M.S course. The teachers/ faculty must intimate the Dean of the School/Director/Principal of the affiliated institution, at least 10 days prior to the first day of the Professional examination, the names of such students who cannot be allowed to take examination as per prescribed attendance criteria.

4.3 The Dean of the school and/or Director/Principal of the affiliated Institution shall announce the names of all such students who are not eligible to appear in the professional examination at least 5 calendar days before the start of the examination and simultaneously intimate the same to the Controller of Examination.

5.0 Examination Fees

5.1 The Registrar shall notify the fees payable by the students for various examinations, after the same is approved by the Vice-Chancellor. A student who has not paid the prescribed fees before the commencement of examination shall not ordinarily be eligible to appear in the examination. The Vice-Chancellor may at his discretion allow, in certain cases of genuine hardship, an extension in the last date of payment of fees. The result of such student shall, however, be withheld till all dues are cleared

6.0 Supplementary Examinations

6.1 A student obtaining less than 50% of maximum marks assigned to a course and failing in the course shall be allowed to reappear in a supplementary examination as per National Commission for Indian System of Medicine (NCISM) However, the marks obtained by such a student out of teacher(s) continuous evaluation component shall remain unchanged

6.2 A student, having attended the course as per minimum attendance requirements, if is not able to appear in the professional examination, shall be allowed to appear in the supplementary/subsequent examination of the concerned course, in subsequent turn when these are offered. S/he shall not be required to attend the classes again, and the marks obtained by the

student out of teacher's continuous evaluation component shall remain unchanged. However, the student shall be required to obtain a minimum of 50% marks in the professional examination in the concerned course

- 6.3 A student who has not been allowed to take an examination because of shortage of attendance, shall be required to repeat the course and will be required to attend lectures, tutorials, practical or any other component of the course as prescribed. In such cases the continuous evaluation by teachers shall be taken into account while repeating the course
- 6.4 The Institution may, at its discretion, arrange for additional teaching for students repeating the examination of a course.

7.0 Use of Unfair Means

- 7.1 All cases regarding reported use of Unfair Means in the examination shall be placed before a Standing Unfair Means Committee/s for decision in individual cases, and recommending penalties, as per as the laid down rules of the University.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act,2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 21.



REGISTRAR
GS UNIVERSITY
PILKHUWA, HAPUR (U.P.)



Ordinance 23

Rules and Regulations Pertaining to the University Examination for Bachelor of Pharmacy (B. Pharm)

1.0 Academic Progression:

No student shall be admitted to any examination unless he/she fulfils the norms given in 6. Academic progression rules are applicable as follows:

- (i) A student shall be eligible to carry forward all the courses of I, II and III semesters till the IV semester examinations. However, he/she shall not be eligible to attend the courses of V semester until all the courses of I and II semesters are successfully completed.
- (ii) A student shall be eligible to carry forward all the courses of III, IV and V semesters till the VI semester examinations. However, he/she shall not be eligible to attend the courses of VII semester until all the courses of I, II, III and IV semesters are successfully completed.
- (iii) A student shall be eligible to carry forward all the courses of V, VI and VII semesters till the VIII semester examinations. However, he/she shall not be eligible to get the course completion certificate until all the courses of all the semesters are successfully completed.
- (iv) A student shall be eligible to get his/her CGPA upon successful completion of the courses of I to VIII semesters within the stipulated time period as per the norms specified in 26.
- (v) A lateral entry student shall be eligible to carry forward all the courses of III, IV and V semesters till the VI semester examinations. However, he/she shall not be eligible to attend the courses of VII semester until all the courses of III and IV semesters are successfully completed.
- (vi) A lateral entry student shall be eligible to carry forward all the courses of V, VI and VII semesters till the VIII semester examinations. However, he/she shall not be eligible to get the course completion certificate until all the courses of III, IV, V, VI, VII and VIII semesters are successfully completed.
- (vii) A lateral entry student shall be eligible to get his/her CGPA upon successful completion of the courses of III to VIII semesters within the stipulated time period as per the norms specified in 26.
- (viii) Any student who has given more than 4 chances for successful completion of I / III semester courses and more than 3 chances for successful completion of II / IV semester courses shall be permitted to attend V / VII semester classes ONLY during the subsequent academic year as the case may be. In simpler terms there shall NOT be any ODD BATCH for any semester.

Note: Grade AB should be considered as failed and treated as one head for deciding academic progression. Such rules are also applicable for those students who fail to register for examination(s)

of any course in any semester.

2.0 Internal Assessment: Continuous Mode

The marks allocated for Continuous mode of Internal Assessment shall be awarded as per the scheme given below.

Table-I: Scheme forwarding internal assessment: Continuous mode

Theory		Maximum Marks	
Criteria			
Attendance (Refer Table - II)		4	2
Academic activities (Average of any 3 activities e.g. quiz, assignment, open book test/class test, field work, group discussion and seminar)		3	1.5
Student - Teacher interaction		3	1.5
	Total	10	5
Practical			
Attendance (Refer Table - II)		2	
Based on Practical Records, Regular viva voce, etc.		3	
	Total		5

Table- II: Guidelines for the allotment of marks for attendance

Percentage of Attendance	Theory	Practical
95 - 100	4	2
90 - 94	3	1.5
85 - 89	2	1
80 - 84	1	0.5
Less than 80	0	0

2.1 Sessional Exams

Two Sessional exams shall be conducted for each theory / practical course as per the schedule fixed by the college(s). The scheme of question paper for theory and practical Sessional examinations is given below. The average marks of two Sessional exams shall be computed for internal assessment

Sessional exam shall be conducted for 30 marks for theory and shall be computed for 15 marks. Similarly Sessional exam for practical shall be conducted for 40 marks and shall be computed for 10 marks. As per Schemes for Internal Assessments and End-Semester Examinations Semester-Wise in B. Pharm ordinance point no. 11.

3.0 Question Paper Pattern for Theory Sessional Examinations

3.1 For subjects having University examination

Objective Type Questions (5 x 2) $5 \times 2 = 10$ (Answer all the questions)

Long Answers (Answer 1 out of 2) $1 \times 10 = 10$

Short Answers (Answer 2 out of 3) 5x2 = 10

Total = 30 Marks

3.2 For Subjects Having Non-University Sessional Examination

I. Long Answers (Answer 1 out of 2)	=	1x10=10
II. Short Answers (Answer 4 out of 6)	=	4x5=20

Total = 30 Marks

4.0 Question Paper Pattern for Practical Sessional Examinations

I. Synopsis	=	10
II. Experiments	=	25
III. Viva voce	=	05

Total = 40 Marks

5.0 Promotion and Award of Grades

A student shall be declared PASS and eligible for getting grade in a course of B.Pharm program if he/she secures at least 50% marks in that particular course including internal assessment. For example, to be declared as PASS and to get grade, the student has to secure a minimum of 50 marks for the total of 100 including continuous mode of assessment and end semester theory examination and has to secure a minimum of 25 marks for the total 50 including internal assessment and end semester practical examination.

6.0 Carry Forward of Marks

In case a student fails to secure the minimum 50% in any Theory or Practical course as specified in 12, then he/she shall reappear for the end semester examination of that course. However, his/her marks of the Internal Assessment shall be carried over and he/she shall be entitled for grade obtained by him/her on passing.

7.0 Improvement of Internal Assessment

A student shall have the opportunity to improve his/her performance only once in the Sessional exam component of the internal assessment by paying internal assessment improvement fee of that subject prescribed by the university. The re-conduct of the Sessional exam shall be completed before the commencement of the next end-semester theory examinations.

8.0 Re-Examination of End Semester Examinations

Re-examination of end semester examination shall be conducted as per the schedule given in Table III. The exact dates of examinations shall be notified from time to time.

Table-III: Tentative schedule of end semester examinations

Semester	For Regular Candidates	For Failed Candidates
I, III, V & VII	December/ January	June/July
II, IV, VI & VIII	June/ July	December/January

9.0 Question Paper Pattern for End Semester Theory Examinations For 75 marks paper

Objective Type Questions (10 x 2)	=	10x2=20 (Answer all the questions)
Long Answers (Answer 2 out of 3)	=	2x10 =20
Short Answers (Answer 7 out of 9)	=	7x5 =35
Total	=	75 Marks

For 50 marks paper

Long Answers (Answer 2 out of 3)	=	2x10=20
Short Answers (Answer 6 out of 8)	=	6x5 =30
Total	=	50 Marks

For 35 marks paper

Long Answers (Answer 1 out of 2)	=	1x10=10
Short Answers (Answer 5 out of 7)	=	5x5 =25
Total	=	35 Marks

10.0 Question Paper Pattern for End Semester Practical Examinations

I. Synopsis	=	5
II. Experiments	=	25
III. Viva voce	=	5
Total	=	35 Marks

11.0 Grading of Performances

Letter grades and grade points allocations: Based on the performances, each student shall be awarded a final letter grade at the end of the semester for each course. The letter grades and their corresponding grade points are given in Table - IV.

Table - IV: Letter Grades and Grade Points Equivalent to Percentage of Marks and Performances

Percentage of Marks Obtained	Letter Grade	Grade Point	Performance
90.00 – 100	O	10	Outstanding
80.00 – 89.99	A	9	Excellent
70.00 – 79.99	B	8	Good
60.00 – 69.99	C	7	Fair
50.00 – 59.99	D	6	Average
Less than 50	F	0	Fail
Absent	AB	0	Fail

A learner who remains absent for any end semester examination shall be assigned a letter grade of AB and a corresponding grade point of zero. He/she should reappear for the said evaluation/examination in due course.

12.0 The Semester Grade Point Average (SGPA)

The performance of a student in a semester is indicated by a number called 'Semester Grade Point Average' (SGPA). The SGPA is the weighted average of the grade points obtained in all the courses by the student during the semester. For example, if a student takes five courses

(Theory/Practical) in a semester with credits C1, C2, C3, C4 and C5 and the student's grade points in these courses are G1, G2, G3, G4 and G5, respectively, and then students' SGPA is equal to:

$$\text{SGPA} = \frac{\text{C1G1} + \text{C2G2} + \text{C3G3} + \text{C4G4} + \text{C5G5}}{\text{C1} + \text{C2} + \text{C3} + \text{C4} + \text{C5}}$$

The SGPA is calculated to two decimal points. It should be noted that, the SGPA for any semester shall take into consideration the F and ABS grade awarded in that semester. For example, if a learner has a F or ABS grade in course 4, the SGPA shall then be computed as:

$$\text{SGPA} = \frac{\text{C1G1} + \text{C2G2} + \text{C3G3} + \text{C4G4} + \text{C5G5}}{\text{C1} + \text{C2} + \text{C3} + \text{C4} + \text{C5}}$$

13.0 Cumulative Grade Point Average (CGPA)

The CGPA is calculated with the SGPA of all the VIII semesters to two decimal points and is indicated in final grade report card/final transcript showing the grades of all VIII semesters and their courses. The CGPA shall reflect the failed status in case of F grade(s), till the course(s) is/are passed. When the course(s) is/are passed by obtaining a pass grade on subsequent examination(s) the CGPA shall only reflect the new grade and not the fail grades earned earlier. The CGPA is calculated as:

$$\text{CGPA} = \frac{\text{C1S1} + \text{C2S2} + \text{C3S3} + \text{C4S4} + \text{C5S5} + \text{C6S6} + \text{C7S7} + \text{C8S8}}{\text{C1} + \text{C2} + \text{C3} + \text{C4} + \text{C5} + \text{C6} + \text{C7} + \text{C8}}$$

where C1, C2, C3,....is the total number of credits for semester I,II,III,... and S1, S2, S3,....is the SGPA of semester I,II,III,.....

Cumulative Grade Point Average = Sum of (Grade Value \times Credit Point of Each Course)/Total Credit Value.

13.1 Categorization of Result

On the basis of the CGPA, the student shall be awarded:

First Class with Distinction	= CGPA of 7.50 and
First Class	= CGPA of 6.00 to 7.49
Second Class	= CGPA of 5.00 to 5.99

13.2 Conversion Factor for Converting CGPA Into Marks Equivalent

If a conversion to marks is required, the following formula shall be used to calculate the same:
The equivalent percentage of Marks= CGPA \times 10.

14.0 Rules and Regulations for Re-Evaluation

1. Re-evaluation means evaluating/examining/checking/assessing again the answer scripts of the theory subjects, and re-awarding of the marks by an evaluator other than the first evaluator.
2. The process of re-evaluation shall involve, scrutiny of the answer script before re-evaluation, verification of the marks on the answer script with the award-list, retotalling, and re-examining of the answer script through an evaluator from the approved list of the evaluators forwarded by the Department/College concerned.

3. A Student (examinee) can apply for re-evaluation of his/her answer script of any subject, on the following conditions:
 - a) The re-evaluation of the answer script of the subjects should be applied within one week of the declaration of the results, excluding the day on which the result was declared. The Examination Branch shall reject all the applications for re-evaluation after the due date of submission. No request in this regard shall be entertained.
 - b) Only theory subjects' re-evaluation shall be carried out.
 - c) Revaluation for practical examination/ lab course/ internal examination/ dissertation/ thesis/ project work/ viva voce will not be carried out.
 - d) The application for the re-evaluation of the answer script should be submitted through the "Re-evaluation Form" prescribed by the Examination Branch, GS University. Any other form of application shall not be considered for processing.
 - e) Re-evaluation Fee for answer script(s) relating to each theory paper shall be chargeable separately as prescribed.
 - f) A student is necessarily required to submit with the "Re-evaluation Form" the following documents: 1) his/her Original Memorandum of Marks, 2) a photocopy of his/her "Admit Card" issued by the University, 3) Prescribed Re-evaluation Fee, in favour of GS University.
 - g) If the application form is not filled properly, or if any of the documents mentioned in *3f is not submitted with the application form, the application shall be rejected and the fee paid will be forfeited.
 - h) The Re-evaluation Application Form must be submitted in the Office of the Controller of Examinations, GS University.
4. If the Student's marks decrease on re-evaluation, his/her original marks (i.e. the marks that he/she was awarded in the first evaluation), will still be replaced by the marks given in re-evaluation.
5. There shall be no re-evaluation wherever double evaluation system exists. Such a system at this time exists in BAMS.
6. The results of the re-evaluation shall be declared within 15 days from the last date of submission of the "Re-Evaluation Application Form" by the student.
7. Whether the re-evaluation of the answer script (s) changes the result or not, the student shall not claim refund or reimbursement of the re-evaluation fee in any circumstances. Any application or request in this regard shall not be entertained by the University.
8. The result declared after the re-evaluation shall be final and binding on the student. No request of any kind shall be entertained thereafter.
9. The result shall be declared on the website.
10. Only the student (examinee) concerned can apply for the re-evaluation. Application will not be accepted if any other person applies for re-evaluation of the answer script on some other person's behalf.
11. The names of the evaluators will not be disclosed to the student.
12. No third evaluation or challenged evaluation is permissible, and will not be carried out.

15.0 Project Work

All the students shall undertake a project under the supervision of a teacher and submit a report. The area of the project shall directly relate any one of the elective subjects opted by the student in semester VIII. The project shall be carried out in group not exceeding 5 in number. The project report shall be submitted in triplicate (typed & bound copy not less than 25 pages). The internal and external examiner appointed by the University shall evaluate the project at

the time of the Practical examinations of other semester(s). Students shall be evaluated in groups for four hours (i.e., about half an hour for a group of five students). The projects shall be evaluated as per the criteria given below.

Evaluation of Dissertation Book:

Objective(s) of the work done	=	15 Marks
The methodology adopted	=	20 Marks
Results and Discussions	=	20 Marks
Conclusions and Outcomes	=	20 Marks
Total	=	75 Marks

Evaluation of Presentation

Presentation Work	=	25 Marks
Communication skills	=	20 Marks
Question and answer skills	=	30 Marks
Total	=	75 Marks

Explanation: The 75 marks assigned to the dissertation book shall be same for all the students in a group. However, the 75 marks assigned for the presentation shall be awarded based on the performance of individual students in the given criteria.

16.0 Industrial Training (Desirable)

Every candidate shall be required to work for at least 150 hours spread over four weeks in a Pharmaceutical Industry/Hospital. It includes Production unit, Quality Control department, Quality Assurance department, Analytical laboratory, Chemical manufacturing unit, Pharmaceutical R&D, Hospital (Clinical Pharmacy), Clinical Research Organization, Community Pharmacy, etc. After the Semester – VI and before the commencement of Semester – VII, and shall submit satisfactory report of such work and certificate duly signed by the authority of training organization to the head of the institute.

17.0 Practice School

In the VII semester, every candidate shall undergo practice school for a period of 150 hours evenly distributed throughout the semester. The student shall opt any one of the domains for practice school declared by the program committee from time to time.

At the end of the practice school, every student shall submit a printed report (in triplicate) on the practice school he/she attended (not more than 25 pages). Along with the exams of semester VII, the report submitted by the student, knowledge and skills acquired by the student through practice school shall be evaluated by the subject experts at college level and grade point shall be awarded.

18.0 Award of Ranks

Ranks and Medals shall be awarded on the basis of final CGPA. However, candidates who fail in one or more courses during the B. Pharm program shall not be eligible for award of ranks. Moreover, the candidates should have completed the B. Pharm program in minimum prescribed number of years, (four years) for the award of Ranks.

18.1 Award of Degree

Candidates who fulfil the requirements mentioned above shall be eligible for award of degree

during the ensuing convocation.

19.0 Duration for Completion of the Program of Study

The duration for the completion of the program shall be fixed as double the actual duration of the program and the students have to pass within the said period, otherwise they have to get fresh Registration.

20.0 Re-Admission following Break of Study

Candidate who seeks re-admission to the program after break of study has to get the approval from the University by paying a condonation fee.

No condonation is allowed for the candidate who has more than 2 years of break up period and he/she have to rejoin the program by paying the required fees.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act,2019, the Executive Council of GS University in its 5th Meeting held on 01.10.2025 passed a resolution confirming Ordinance 23.



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Ordinance 28

Medium of Instruction and Examination

- 1.0 The medium of instruction for MBBS, MD, MS, BSc Nursing, D. Pharm and B. Pharm programs in the University shall be English as is prescribed by their respective statutory bodies.
- 2.0 The medium of instruction for the BAMS program shall be Sanskrit or Hindi or English as is prescribed by Nation Commission for Indian System of Medicine.
- 3.0 The medium of examination in MBBS, MD, MS, BSc Nursing, D. Pharm and B. Pharm programs in the University shall be English.
- 4.0 The medium of examination in BAMS program in the University shall be Sanskrit or Hindi or English.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act,2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 28.


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Ordinance 29

Internal Quality Assurance Cell (IQAC)

GS University will create an Internal Quality Assurance Cell as a post-accreditation quality maintenance measure in accordance with the criteria laid down by the National Assessment & Accreditation Council (NAAC).

1.0 IQAC - Vision

To ensure quality culture as the prime concern for the GS University through institutionalizing and internalizing all the initiatives will take with internal and external support.

2.0 The primary aim of IQAC

- 2.1 To develop a system for conscious, consistent and catalytic action to improve the academic and administrative performance of the institution.
- 2.2 To promote measures for institutional functioning towards quality enhancement through internalization of quality culture and institutionalization of best practices.

3.0 Strategies IQAC

- a) Ensuring timely, efficient and progressive performance of academic, administrative and financial tasks.
- b) Relevant and quality academic/ research programmes.
- c) Equitable access to and affordability of academic programmes for various sections of society.
- d) Optimization and integration of modern methods of teaching and learning.
- e) The credibility of assessment and evaluation process.
- f) Ensuring the adequacy, maintenance and proper allocation of support structure and services.
- g) Sharing of research findings and networking with other institutions in India and abroad.

4.0 Functions of the IQAC.

- a) Development and application of quality benchmarks.

- b) Parameters for various academic and administrative activities of the University.
- c) Facilitating the creation of a learner-centric environment conducive to quality education and faculty maturation to adopt the required knowledge and technology for participatory teaching and learning process.
- d) Collection and analysis of feedback from all stakeholders on quality-related institutional processes.
- e) Dissemination of information on various quality parameters to all stakeholders.
- f) Organization of inter and intra institutional workshops, seminars on quality related themes and promotion of quality circles.
- g) Documentation of the various programmes/activities leading to quality improvement.
- h) Acting as a nodal agency of the Institution for coordinating quality-related activities, including adoption and dissemination of best practices.
- i) Development and maintenance of institutional database through MIS for the purpose of maintaining /enhancing the institutional quality.
- j) Periodical conduct of Academic and Administrative Audit and its follow-up.
- k) Preparation and submission of the Annual Quality Assurance Report (AQAR) as per guidelines and parameters of NAAC.

5.0 Composition of the IQAC

1. The Vice-Chancellor- Chairman
2. The Pro-Vice-Chancellor(s);
3. The Registrar;
4. Dean, Academic Affairs;
5. Deans of all the Schools;
6. Dean of Students' Welfare;
7. Controller of Examinations;
8. One member from industry/ employers to be nominated by the Chancellor;
9. Five experts nominated by the Chancellor;
10. Up to five faculty members to be nominated by the Vice- Chancellor;
11. Three students/ alumni nominated by the Vice-Chancellor;
12. Senior Administrative Official(s) nominated by the Vice-Chancellor; and
13. Director, IQAC - Convener

- 5.1 The membership of each nominated member shall be for a period of two years.
- 5.2 The IQAC should meet at least once in every quarter.
- 5.3 The quorum for the meeting shall be two-third of the total number of members.
- 5.4 The agenda, minutes and Action Taken Reports are to be documented with official signatures and maintained electronically in a retrievable format.
- 5.5 IQAC members shall be responsible for ensuring and maintaining the quality of academic and administrative activities in the University. Their duties shall focus

on developing and implementing good practices, monitoring and evaluating quality assurance, promoting a quality culture through training and workshops, and facilitating a learner-centric environment. They will also help institutionalize good practices and prepare reports, such as the Annual Quality Assurance Report (AQAR).

5.6 Role of IQAC Coordinator

The IQAC Coordinator shall oversee and coordinate quality assurance activities within the University. This will include ensuring the timely implementation of decisions made by the IQAC, developing and applying quality benchmarks, and facilitating the documentation of programs for quality improvement. The coordinator's responsibilities also involve coordinating activities for quality enhancement, preparing reports like the Annual Quality Assurance Report (AQAR), promoting a quality culture through workshops, and coordinating the dissemination of information on quality parameters.

Key roles and responsibilities

- **Coordination and implementation:**
 - Coordinate the execution of the decisions made by the IQAC committee.
 - Ensure timely and efficient progress of academic, administrative, and financial tasks.
 - Coordinate the implementation of quality parameters across university departments.
- **Quality assurance and improvement:**
 - Develop and apply quality benchmarks for various institutional activities.
 - Facilitate and coordinate quality-related activities and programs within the institution.
 - Monitor the relevance and quality of academic and research programs.
 - Promote the internalization of a quality culture within the institution.
- **Documentation and reporting:**
 - Coordinate the documentation of programs and activities that lead to quality improvement.
 - Coordinate the preparation of mandatory quality reports, such as the Annual Quality Assurance Report (AQAR).
- **Stakeholder engagement and communication:**
 - Coordinate the dissemination of information on quality parameters to all stakeholders.
 - Arrange for feedback from students, parents, and other stakeholders on the institution's quality-related processes.
- **Capacity building and knowledge sharing:**
 - Organize workshops, seminars, and training sessions on quality-related themes.
 - Promote the use of technology in teaching and learning.

- Facilitate collaboration with other institutions to share best practices.
- **Evaluation and planning:**
 - Ensure the credibility of evaluation procedures.
 - Assist in developing and implementing strategic plans for quality enhancement.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2025 passed a resolution confirming Ordinance 29.



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Ordinance 30

Miscellaneous Provisions

When the Executive Council is convinced that an ordinance's operation would cause undue hardship in a specific case, it may, with the Chancellor's prior approval, by order, waive or relax the ordinance's requirements to the extent and subject to the conditions it deems necessary to handle the case in a fair and just manner.

In exercise of the powers conferred under clause 20.11 of Statute 20 of the GS University Act, 2019, the Executive Council of GS University in its 1st Meeting held on 19.07.2024 passed a resolution confirming Ordinance 30.



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