



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BENGALURU
4th T Block, Jayanagar, Bengaluru – 560 041

APPLICATION FOR STARTING NEW DEGREE /DIPLOMA / FELLOWSHIP COURSES.

(Submit one hard copy to Department of Curriculum development and mail soft copy of the application to dcdrguhs@gmail.com)

1. The proposed course must be a “New” and should not already be existing either with National Apex body or RGUHS.
2. Courses with change in only Nomenclature but having similar course content of the existing courses shall not be considered.
3. Duration of the course:
12 months for Non-Clinical / Clinical subjects which have non-surgical aspects in the courses.
18 months for Clinical subjects which have Surgical aspects in the course.
4. All the fellowship courses **must be a full time course**. There is no provision for online courses.

MSR – Minimum Standard Requirement

01	Name of the Course	
02	Duration of the Course	
03	Medium of Instruction	
04	Maximum Intake per year per institute	
05	Eligibility	MD/MS/DNB in the concerned subject
06	Selection Procedure	
07	Minimum Experience of Teachers	

08	Teaching Faculty	
	(1) Teaching Faculty requirement	Minimum of three qualified teacher or consultants of which one teacher appointed shall be full time, other two may be part – time visiting consultant and these two they should not be faculty for Fellowship Programme in any other institution
	(2) Minimum number of Full-time Senior Teacher/Consultant per fellow trainee (10 Years of Teaching/Professional Experience (after Post Graduation in concerned Subject)	One
	(3) Minimum number of Part-time Senior Teacher/Consultant per fellow trainee (10 Years of Teaching/Professional Experience (after Post Graduation in concerned Subject)	Two
	(4) Minimum number of Part-time Junior Teacher/Consultant per fellow trainee (One Year of Teaching/Professional Experience (after Post Graduation in concerned Subject)	One
09	Hospital Infrastructure	
	(1) <u>Minimum number</u> of Functional total Beds and Functional Beds for Fellowship Training for General Hospital.	
	(2) <u>Minimum number</u> of Functional total Beds and Functional Beds for Fellowship Training specialty stand alone Hospital.	
	(3) Hospital functioning for Minimum How many years.	

	(4) Single campus/ multiple.	
	(5) Minimum Number of Examination chambers Rooms.	
	(6) Minimum Number of Operating Rooms.	
	(7) Minimum Number of Minor OTs / procedure Rooms	
	(8) Minimum Number of ICU Beds Required	
	(9) Minimum Number of Post Op Recovery Beds Required	
	(10) Minimum essential Emergency Care facilities / Backup services facility (Only for stand alone facility)	
	(11) Trained Para-Medical staff necessary (perfusionist/ Echo technician)	
	(12) Minimal number of Staff Nurses Essential.	
	(13) Availability of Simulators/ trainers for particular fellowship	
	(14) Applicable relevant / essential Statutory permissions such Fellowship training. Eg. AERB, PNDT, Pollution control board, Fire dept.	
	(15) Computerised Registration & Record Keeping essential?	
	(16) Any other requirement particularly for the above Fellowship Course	
10	Library Facilities with Essential Journals & Books	
11	Clinical conference / discussion room.	
12	Trainee Fellows duty Room with facilities.	
13	Required Clinical work Load	

	(1) Optimal Number of New OPD/week (Month)	
	(2) Optimal Number of IP/week (Month)	
	(3) <u>Minimum essential</u> Number of New OPD per week (Month)to recognize the Institute for Training	
	(4) <u>Minimum essential</u> Number of IP per week(Month) to recognize the Institute for Training	
	Applicable Procedures/Surgeries	
	(5) <u>Optimal and Minimum essential</u> Number of Procedures or surgeries/week to recognize the Institute for Training as applicable)	
14	List of Essential Equipment's required	
15	Any Other Comments suggestion relevant to particular fellowship/ Certificate course.	

CURRICULUM

01	Aims and Objectives of the Course:	Attach as Annexure - 1
02	Number of Teaching Days (6 hours per day):	Attach as Annexure - 2
03	Number of Theory Hours :	Attach as Annexure - 2A
04	Number of Practical Hours(Clinical):	Attach as Annexure - 2B
05	Minimum Attendance:	80% attendance in theory and practical / Clinical separately
06	Number of Theory Examination (Papers)	Scheme of examination to be annexed (Total marks allotted for each subject (Theory /Practical), Internal marks, University exam marks, etc)
07	Number of Practical Examination (Clinical)	Attach as Annexure - 3
08	Scheme of Examination:	Two Theory Papers of 100 marks each One Practical Exam for 140 marks One Viva Exam for 60 Marks (Viva is practical component)
09	<u>Distribution of type of question and marks</u>	10 Questions carrying 10 Marks Each
10	Criteria for Pass:	50% in theory 50% in Practical (Practical + Viva)

11	Declaration of Class	i. Pass class/Second class: 50 – 59.99% ii. First class: 60-74.99% iii. Distinction: 75 % and above.
12	Number of Examiners:	One internal and one external examiner should jointly conduct practical / clinical examination for each student.
13	Eligibility of Examiner:	Attach as Annexure – 4
4	COURSE DESCRIPTION	The course shall be pursued on full time basis. Attach as Annexure – 5
15	Expected outcome	Attach as Annexure – 6

Unit	Time (Hrs)	Learning Objectives	Content and Teaching learning Method
1	T- P-	Attach as Annexure – 7 and 8	Attach as Annexure – 9 and 10

16	RECOMMENDED BOOKS	
17	RECOMMENDED JOURNALS	



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UNDERTAKING

I hereby declare that this course is not being conducted by any national Apex bodies/ RGUHS affiliated institutions and the course content is not similar to any of the existing courses conducted by any National apex bodies or RGUHS

Place:
Date:

**Signature of the Principal/
Head of the Institution with Seal**

Endorsement by the Principal / Head of the Institution

The information provided by the teacher is verified from the office records and found to be correct. I shall take the sole responsible for any wrong information provided and liable for any action taken by the university.

Place:
Date:

**Signature of the Principal/
Head of the Institution with Seal**



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CHECK LIST

YES / No

- | | |
|---------------------|--------------------------|
| 1. Application form | <input type="checkbox"/> |
| 2. Annexure 1 | <input type="checkbox"/> |
| 3. Annexure 2 | <input type="checkbox"/> |
| 4. Annexure 3 | <input type="checkbox"/> |
| 5. Annexure 4 | <input type="checkbox"/> |
| 6. Annexure 5 | <input type="checkbox"/> |
| 7. Annexure 6 | <input type="checkbox"/> |
| 8. Annexure 7 | <input type="checkbox"/> |
| 9. Annexure 8 | <input type="checkbox"/> |
| 10. Annexure 9 | <input type="checkbox"/> |
| 11. Annexure 10 | <input type="checkbox"/> |