



SAD
MS
2/2/22

POLICY SCHEDULE FOR INFORMATION TECHNOLOGY ERRORS AND OMISSIONS LIABILITY INSURANCE

UIN NUMBER - IRDAN190P0080100001

Insured's Name	: SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL		
Insured's Details		Issuing Office Details	
Customer ID	: PO97345055	Office Code	: PURASAWALKAM (710900)
Address	: KALITHEERTHALKUPPAM, PUDUCHERRY 605107 PONDICHERY ,PONDICHERY, 605013	Address	: C.D.U IX Garden Appartments 68, Purasawalkam Chennai - 60000 ,600007
Phone No	: XXXXXX0409	Phone No	: 23456802 / 23456800
E-mail/Fax	: sao@smvmch.ac.in, /	E-mail/Fax	: nia.710900@newindia.co.in / 23456801
PAN No	: AAATM95998	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: NA / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 71090036221200000001	Business Source Code	
Period of Insurance	: From: 02/06/2022 12:00:01 AM To: 01/06/2023 11:59:59 PM	Dev.Off. level/Broker/Corp. Agent/Web Aggregator/CPSC User	: Mr. MR. ANDREWS KIRUBAKARAN - (DM3047745)
Date of Proposal	: 02-Jun-22	Agent/Bancassurance/S pecified Person	: Mrs. N.V. SUMATHI , (NIAAG00004201) AGENT_SITE_331709 (SI00009434)
Prev. Policy no.	:	Phone No	: 04442661968, 9884032119 / NA
Client Type	: Corporate	E-mail/Fax	: / /

Premium(₹)	GST(₹)	Total(₹)	Total (₹ in words)	Receipt No. & Date
212000	38160	250160	RUPEES TWO LAC FIFTY THOUSAND ONE HUNDRED SIXTY ONLY	7109008122000000114 2 - 01/06/22

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductible \$ Worldwide excluding USA & Canada	Worldwide including USA & Canada
02/06/2021	India	India	50000000	1:1	50000000	AMT	250000	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Deductibles Worldwide excluding USA & Canada	Worldwide including USA & Canada
RETROACTIVE DATE 1	02/06/2021	India	India	50000000	1:1	50000000	Amount	250000	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

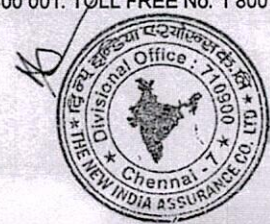
Signature valid

Digitally signed by SRINIVASAN VADESVARAN Date: 2022.06.06 16:17:01 IST

Policy No. : 71090036221200000001 Document generated by 29934 at 06/06/2022 16:16:59 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

தமிழ்நாடு அரசு சர்க்கார் ஆர்டர் (ஆர்.ஓ. எண் 395) திகதி 06.09.2022 க்கு கீழ்க்
சமீகித ஸ்டாம்பு ட்யூட்டி கா புகுதான கிவா
Consolidated Stamp duty paid via
G.O. (Rt.) No. 395 Dated 06.09.2022
valid upto 31-05-2023
issued by the Govt. of Tamil Nadu





Extensions under the Policy		
Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
IP/OP	₹5000000	₹250000
Dishonesty of Employees	₹5000000	As Per Policy Deductible
Loss of documents	₹5000000	As Per Policy Deductible
RADIOACTIVE	₹5000000	₹250000
NON MEDICAL STAFF, MEDICAL ESTABLISHMENT ENDORSEMENTS	₹5000000	₹250000
LIBEL AND SLANDER, BREACH OF CONFIDENTIALITY	₹5000000	₹250000

Type Of Risk	: IT ERRORS, OMISSIONS LIABILITY
Details of Products/Services	MEDICAL SERVICES, INCLUDING SURGERY, MEDICAL LAB, RADIOLOGY, ICU/CCU, BIOCHEMISTRY MICROBIOLOGY HISTOPATHOLOGY

Special Conditions	THE POLICY SHALL BE SUBJECT TO MEDICAL ESTABLISHMENTS ERRORS AND OMISSIONS INSURANCE CLAUSE DEDUCTIBLE-₹2,50,000/-each claim IP/OP PATIENTS, RADIOACTIVITY, NON MED STAFF INCLUDED, PREMIUM FOR THE SAME HAS BEEN COLLECTED
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Special Exclusions	NA
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Special Excess/Deductible	250000
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This Policy shall be subject to INFORMATION TECHNOLOGY ERRORS AND OMISSIONS LIABILITY INSURANCE policy clauses attached herewith

Clauses	Description
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Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 212000.00
SGST	0	0
CGST	0	0
IGST	18	38160

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 06th day of June, 2022.

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



Policy No. : 71090036221200000001 Document generated by 29934 at 06/06/2022 16:16:59 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Dr. KAGNE. R.N
DEAN
SRIMANAKU VINAYAKAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : PURASAWALKAM (710900)
Address : C.D.U IX Garden Appartments 68, Purasawalkam Chennai - 60000
.600007
CHENNAI
Insured Pan Number : AAATM95998
Phone : 23456802
Email : nia.710900@newindia.co.in
Fax : 23456801
Collection Number : 71090081220000001142
Collection Date : 01/06/2022
Business Source Code : DM3047745
PAN No of Payer : AAATM95998

Received with thanks from SRI MANAKULA VINAYAGAR MEDICAL COLLAGE AND HOSPITAL.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount	A/C Code	Sub A/C Code
71090036221200000001	Bank-710900	250160.00	9100.710900	BA00000105-710900-9100

Total = ₹ 250160.00

Your Payment/Adjustment Details are as under -

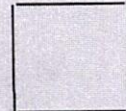
Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
RTGS	250160.00	01062022	01-JUN-22	STATE BANK OF INDIA	CH	7109002210005720	N.A.

Total = ₹ 250160.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
212000.00	38160.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00004201	N.V. SUMATHI .	36

For The New India Assurance Company Limited
Revenue Stamp



Date of Issue: 01/06/2022

Cashier's Initial

Authorized Signatory

Note -

- 1.Please note the Policy Number, Collection Number and date in all future correspondence. .
- 2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 71090022P0002404

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Signature valid
Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

Digitally signed by SRI MANAKULA VINAYAGAR
Date: 2022.06.01 18:31:31 IST

KALI Policy No. : 71090036221200000001 Document generated by 35854 at 01/06/2022 18:31:30 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

MEDICAL ESTABLISHMENT - PROFESSIONAL NEGLIGENCE ERRORS & OMISSIONS INSURANCE POLICY

1. OPERATIVE CLAUSE:

WHEREAS the insured named in the Schedule hereto and carrying on the business/profession described in the said Schedule has applied to THE NEW INDIA ASSURANCE COMPANY LIMITED (hereinafter called 'the COMPANY') for the indemnity hereinafter contained and has made a written proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein and has paid the premium as consideration for or on account of such indemnity.

NOW THIS POLICY WITNESSETH that subject to the terms exceptions and conditions contained herein or endorsed hereon the Company will indemnify the Insured against their legal liability to pay compensation including defence costs, fees and expenses anywhere in India in accordance with Indian Law.

2. INDEMNITY

The Indemnity applies only to claims arising out of bodily injury and/or death of any patient caused by or alleged to have been caused by error, omission or negligence in professional service rendered or which should have been rendered by the Insured or qualified assistants named in the Schedule or any nurse or technician employed by the Insured (hereinafter referred to as the 'Act').

PROVIDED ALWAYS THAT

there shall be no liability hereunder for any claim made against the insured for act committed or alleged to have been committed prior to the Retroactive Date specified in the Schedule.

For the purpose of determining the Indemnity granted (a) 'Policy Period' means the period commencing from the effective date and hour shown in the Policy Schedule and terminating at midnight on the expiry date as shown in the Policy Schedule.

(b) 'Period of Insurance' means the period commencing from the retroactive date and terminating on the expiry date as shown in the Policy Schedule.

(c) 'Bodily Injury' means death, injury, illness or disease of or to any person.

3. LIMIT OF INDEMNITY

Irrespective of the number of persons or entities named as insured in the Schedule or added by endorsement, the total liability of the Company hereunder for damages inclusive of

Dr. KAGNE. R.N.

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SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107



defence costs (as hereinafter defined) shall not exceed the limit of indemnity set out in the Schedule for Any One Act (AOA) in respect of any or all claims made against the insured arising out of Any One Act (AOA).

The indemnity limit for Any One Year as set out in the Schedule, shall represent the aggregate amount of Company's liability during the policy period, arising out of all Acts.

4. DEFENCE COSTS

The Company will pay all costs, fees and expenses incurred with their prior consent in the investigation, defence or settlement of any claim made against the Insured and the costs of representation at any inquest, inquiry or other proceedings in respect of matters which have a direct relevance to any claim made or which might be made against the Insured, provided such claim or claims are the subject of indemnity by the Policy whether liability ultimately attaches to the policy or not. Such costs, fees and expenses are called 'Defence Costs'.

5. (a) NOTIFICATION EXTENSION CLAUSE

Should the Insured notify the Company during the Policy Period in accordance with General Condition No. 10.1 of any specific event or circumstance which the company accepts may give rise to a claim or claims which form the subject of indemnity by this policy, then the acceptance of such notification means that the Company will deal with such claim or claims as if they had first been made against the Insured during the Policy period. The extension under the Clause will be subject to the maximum time limit laid down under the Indian Limitation Act in force from time to time.

(b) EXTENDED CLAIM REPORTING CLAUSE

In the event of non-renewal or cancellation of this Policy either by the Company or by the Insured, the Company will allow a time limit not exceeding 90 days from the date of expiry or cancellation of the policy, provided no insurance is in force during this extended reporting period for the same interest, for notification of claims for accidents which had taken place during the period of insurance but could not be made during the Policy Period, provided however, all claims made during the extended reporting period shall be handled as if they were made on the last day of the expiring policy period and are subject to the limits of indemnity and the terms, conditions and exceptions of the policy.

6. CLAIMS SERIES CLAUSE

For the purpose of this policy where a series of losses and/or bodily injuries and/or deaths are attributable directly or indirectly to the same cause or error or omission relating to discharge of professional services all such losses and/or bodily injuries and/or death claims shall be added together and all such losses and/or bodily injuries and/or death shall be treated as one claim and such claim

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shall be deemed to have been made at the point in time when the first of the claims was made in writing. There shall, however, be no coverage for claims made arising from one specific cause which are made later than 3 years after the first claim of the series.

7. COMPULSORY EXCESS

The Insured shall bear for each and every claim a compulsory Excess of 0.25 pct of the Indemnity limit shown in the schedule subject to minimum of Rs. 1000/- and maximum of Rs. 1 lac.

8. VOLUNTARY EXCESS

In the event of the Insured opting the policy shall be subject to a voluntary excess as mentioned in the schedule. This voluntary excess shall be applicable to each and every claim. The Company's liability shall attach for the claim in excess of such compulsory and Voluntary excess.

9. EXCLUSIONS

1. No liability shall attach to the Company in respect of
 - (a) any criminal not or any act committed in violation of any law or ordinance
 - (b) services rendered while under the influence of intoxicants or narcotics
 - (c) Third Party Public Liability
 - (d) Claims made against the insured arising from the performance of cosmetic plastic surgery, hair transplants, punch grafts, flap rotations and the like (hereinafter referred to as cosmesis) it being understood that the following shall not be deemed to be cosmesis :
 - 1) Anaesthetic x-ray or other medical nursing or laboratory services provided in connection with the performance of cosmesis.
 - 2) Plastic surgical repair of scar tissue being the result of previous surgery unrelated to cosmesis performed by the Insured.
 - 3) Plastic surgery in connection with burns or other traumatic injury.
 - (e) claims arising from any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (HTLV 111) or LYMPHADENOPATHY ASSOCIATED VIRUS (LAV) or the mutants derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome or any Syndrome or condition of a similar kind howsoever it may be named.

Dr. KAGNE, R.N

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PUDUCHERRY-605107.



2. This Policy does not cover liability

- (i) assumed by the Insured by agreement and which would not have attached in the absence of such agreement.
- (ii) arising out of deliberate, wilful or intentional non-compliance of any Statutory provision.
- (iii) arising out of loss of pure financial nature such as loss of goodwill, loss of market etc.
- (iv) arising out of all personal injuries such as libel, slander, false arrest, wrongful eviction, wrongful detention, defamation, etc. and mental injury, anguish or shock.
- (v) arising out of fines, penalties, punitive or exemplary damages.
- (vi) directly or indirectly occasioned by happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power.
- (vii) directly or indirectly caused by or contributed by
 - i) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
- (viii) arising out of genetic injuries caused by x-ray treatment/diagnostic or treatment/diagnosis with radioactive substances.
- (ix) In respect of professional services rendered by the Insured prior to the Retroactive Date in the Schedule.
- (x) the deliberate conscious or intentional disregard of the insured's technical or administrative management of the need to take all reasonable steps to prevent claims.
- (xi) injury to any person under the contract of employment or apprenticeship with the Insured their contractor(s) and/or Sub-Contractor(s) when such injury arises out of the execution of such contract.

10. CONDITIONS

10.1 The Insured shall give written notice to the Company as soon as reasonably practicable of any claims made against the

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KALITHEESTHALKUPPAM,
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- Insured (or any specific event or circumstances that may give rise to a claim being made against the Insured) and which forms the subject of indemnity under this policy and shall give all such additional information as the Company may require. Every claim, writ, summons or process and all documents relating to the event shall be forwarded to the Company immediately they are received by the Insured.
- 10.2 No admission offer promise or payment shall be made or given by or on behalf of the Insured without the written consent of the Company.
- 10.3 The Company will have the right but in no case the obligation, to take over and conduct in the name of the insured the defence of any claims and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defence of any claim may relinquish the same. All amounts expended by the Company in the defence, settlement or payment of any claim will reduce the limits of indemnity specified in the Schedule of the Policy.
- In the event that the Company, in its sole discretion chooses to exercise its right pursuant to this condition, no action taken by the company in the exercise of such right will serve to modify or expand in any manner, the company's liability or obligations under this policy beyond what the company's liability or obligations would have been had it not exercised its rights under this condition.
- 10.4 The Insured shall give all such information and assistance as the Company may reasonably require.
- 10.5 The Insured shall give notice as soon as reasonably practicable of any fact, event or circumstance which materially changes the information supplied to the Company at the time when this policy was effected and the Company may amend the terms of this policy.
- 10.6 The Company may at any time pay to the Insured in connection with any claim or series of claims under this policy to which an indemnity limit applies the amount of such limit (after deduction of any sums already paid) or any lesser amount for which such claims can be settled and upon such payment being made the Company shall relinquish the conduct and control of and be under no further liability in connection with such claims.
- 10.7 The Policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning had been attached in any part of this policy or the Schedule shall bear such specific meaning wherever it may appear. The terms and exclusions of this policy (and any phrase or word contained therein) shall be interpreted in accordance with the Indian Law.
- 10.8 If at the time of happening of any event resulting into a liability under this policy, there be any other liability insurance or insurances effected by the Insured or by any other person covering the same liability, then the Company shall not be liable to pay or contribute more than its rateable proportion of such liability.
- 10.9 This Policy does not cover liability which at the time of happening of any event resulting into such liability, be insured by or would but for the existence of this policy, be

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PUDUCHERRY-605107.

insured by, any other policy (but not a liability policy) or policies, except in respect of any excess beyond the amount which could have been payable under such policy/policies had this insurance not been effected.

10.10 The Company may cancel this Policy by giving thirty days' notice in writing of such cancellation to the Insured's last known address and in such an event the company will return a pro-rata portion of the premium (subject to a minimum retention of 25 per cent of the annual premium) for the unexpired part of the Insurance.

This Policy may also be cancelled by the Insured by giving thirty days' notice in writing to the Company in which event the Company will retain premium at short period scale provided there is no claim under the Policy during the period of Insurance. In case of any claim under the policy, no refund of premium shall be allowed.

10.11 In the event of Liability arising under the Policy or the payment of a claim under this Policy, the limit of indemnity per any one year under the policy shall get reduced to the extent of quantum of liability to be paid or actual payment of such claim. Under no circumstance it shall be permissible to reinstate the aggregate limit of indemnity to the original level even on payment of extra premium.

10.12 It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of suit in a court of Law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

10.13 The Company shall not be liable to make any payment under this Policy in respect of any claim if such claim shall be in any manner fraudulent or supported by any statement or device whether by Insured or by any person on behalf of the Insured and/or if the insurance has been continued in consequence of any material mis-statement or the non-disclosure of any material information by or on behalf of the Insured.

10.14 Policy disputes Clause

Any dispute concerning the interpretation of the terms conditions limitations and/or exclusions contained herein is understood and agreed to by both the Insured and Company to be subject to Indian Law. Each party agree to submit to the jurisdiction of any Court of competent jurisdiction within India and to comply with all requirements necessary to give such Court of jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

N.B: In the event of dishonour of premium cheque policy automatically stands cancelled as from inception.



Dr. KACHE. R. N

DEAN

SRI MANAKULA VINAYAK
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.



POLICY SCHEDULE FOR PROFESSIONAL INDEMNITY INSURANCE (Medical Establishment)

UIN NUMBER - IRDAN190P0083100001

Insured's Name	: SRI MANAKULA VINAYAGAR MEDICAL COLLEGE AND HOSPITAL		
Insured's Details		Issuing Office Details	
Customer ID	: PO97345055	Office Code	: PURASAWALKAM (710900)
Address	: KALITHEERTHALKUPPAM, PUDUCHERRY 605107 PONDICHERY ,PONDICHERY, 605013	Address	: C.D.U IX Garden Appartments 68, Purasawalkam Chennai - 60000 ,600007
Phone No	: XXXXXX0409	Phone No	: 23456802 / 23456800
E-mail/Fax	: sao@smvmch.ac.in, /	E-mail/Fax	: nia.710900@newindia.co.in / 23456801
PAN No	: AAATM9599A	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 34AAATM9599A1ZE / NA	GSTIN	: 33AAACN4165C4ZV
		SAC	: 997139 (Other non-life insurance services excl RI)

Policy Details			
Policy Number	: 71090036230200000018	Business Source Code	
Period of Insurance	: From: 02/06/2023 12:00:01 AM To: 01/06/2024 11:59:59 PM	Dev.Off. level/Broker/Web Aggregator/CPSC User	: Mr. MR. ANDREWS KIRUBAKARAN - (DM3047745)
Date of Proposal	: 02-Jun-23	Agent/Bancassurance/Speccified Person	: Mrs. N.V. SUMATHI , (NIAAG00004201) AGENT_SITE_331709 (SI00009434)
Prev. Policy no.	:	Phone No	: 04442661968, 9884032119 / NA
Client Type	: Corporate	E-mail/Fax	: / /

Premium(₹)	GST(₹)	Total (₹)	Total:(₹ in words)	Receipt No. & Date
170,000	30,600	2,00,600	RUPEES TWO LAC SIX HUNDRED ONLY	7109008123000000138 4 - 05/06/23

Details of risk covered under current year policy:

Retroactive Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide Including USA & Canada
02/06/2023	India	India	50000000	1:1	50000000	AMT	250000	0	0

Retroactive Dates

Retroactive Date Details	Date	Jurisdiction	Territory	AOA	AOA:AOY	AOY	Deductible Type (Amount/Percentage/Amount & Percentage)	India	Worldwide excluding USA & Canada	Worldwide Including USA & Canada
RETROACTIVE DATE 1	02/06/2021	India	India	5000000	1:1	5000000	Amount	250000	0	0

Signature Not Verified
Digitally signed by JAGAT YEE PANIGRAHI
Date: 2023.06.06 12:20:59 IST

Dr. KAGNE, R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.



RETROACTIVE DATE 2	02/06/2022	India	India	5000000 0	1:1	5000000 0	Amount	250000	0	0
RETROACTIVE DATE 3	02/06/2023	India	India	5000000 0	1:1	5000000 0	Amount	250000	0	0

RETRO-DATE IS SUBJECT TO LESSER OF LIMITS - NARROWER OF COVER.

Description of Business	Address of Business Premises	Compulsory Excess	Voluntary Excess
MEDICAL COLLEGE AND HOSPITAL ESTABLISHED YEAR : 2004 MEMBER OF NATIONAL MEDICAL COUNCIL	KALITHEERTHALKUPPAM, PUDUCHERR605107.	1000	0

Details of Business	Address of Business Premises	No of Qualified Person	No of Administrative Staff	Compulsory Excess	Voluntary Excess
MEDICAL COLLEGE AND HOSPITAL ESTABLISHED YEAR : 2004 MEMBER OF NATIONAL MEDICAL COUNCIL	KALITHEERTHALKUPPAM, PUDUCHERR605107.	0	0	1000	0

Total Annual Fees/Wages Payable	Compulsory Excess	Details of Business	Address of Business Premises	Voluntary Excess
0	1000	MEDICAL COLLEGE AND HOSPITAL ESTABLISHED YEAR : 2004 MEMBER OF NATIONAL MEDICAL COUNCIL	KALITHEERTHALKUPPAM, PUDUCHERR605107.	0

Category of Establishment	Unqualified Staff Covered	No of Members	Compulsory Excess	Voluntary Excess
Hospital	Yes	NA	1000	0

Sl.No.	Type of Service

Details of Business	Address of Business Premises	Professional Category	Excess	Voluntary Excess
MEDICAL COLLEGE AND HOSPITAL ESTABLISHED YEAR : 2004 MEMBER OF NATIONAL MEDICAL COUNCIL	KALITHEERTHALKUPPAM, PUDUCHERR605107.	NA	0	0

Extensions under the Policy

Name of the Extension	Sub limit of the Extension	Deductibles of the Extension
BREACH OF CONFIDENTIALITY (INFORMATION)	₹5000000	₹250000
Unqualified Staff covered	0	As Per Policy Deductible
Radioactive Treatment (Other Than X-Ray) available	0	As Per Policy Deductible
DISHONESTY OF EMPLOYEE	₹5000000	₹250000
NON MEDICAL STAFF, MEDICAL ESTABLISHMENT	₹5000000	₹250000
LIBEL AND SLANDER, BREACH OF CONFIDENTIALITY	₹5000000	₹250000
LOSS OF DOCUMENTS	₹5000000	₹250000
Amount & Percentage of Deductible Type/for Extension		Value

Dr. KAGNE. R.N.

DEAN
SRI MANAKULU NAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.



Special Conditions	SUBJECT TO POLICY CONDITIONS AND EXCESS AS PER POLICY UNAUALIFIED/ADMINISTRATIVE STAFFS-684
Special Exclusions	NA

This Policy shall be subject to PROFESSIONAL INDEMNITY INSURANCE policy clauses attached herewith

Premium and GST Details

Premium	Rate of Tax	Amount In INR
SGST	0	₹ 1,70,000
CGST	0	0
IGST	18	30600

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this 06th day of June, 2023.

Date of Issue: 06/06/2023

For and on behalf of
The New India Assurance Company Limited

Duly Constituted Attorney(s)

Stamp Duty under the Policy is ₹1/-.

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

Dr. KAGNE, R.N.

SRI MANAKOTA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL

Policy No. : 71090036230200000018 Document generated by 28680 at 06/06/2023 12:20:51 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.



புதுவைப் பல்கலைக்கழகம்
पांडिचेरी विश्वविद्यालय

PONDICHERRY UNIVERSITY
(மத்திய பல்கலைக்கழகம்/கேடிரீய விஸ்வவித்யாலய/ A Central University)
தேர்வு பிரிவு/பரிक्षा ச்க்ஷ/Examination Wing

கு. முருகன்
உதவி பதிவாளர் (மருத்துவ பிரிவு)
க. முருகன்
सहायक कुलसचिव (चिकित्सा अनुभाग)
K. MURUGAN
ASSISTANT REGISTRAR (MEDICAL SECTION)

ஆர்.வி.நகர்/ ஆர்.வி.நகர்/ R.V. NAGAR
காலாபேட்ட / காலாபேட்ட/KALAPET
புதுச்சேரி/ புதுச்சேரி/ PUDUCHERRY-14
டூ.பி./Phone :(Off.)0413-2654546

ई-मेल / E-mail: medicalsection1985@yahoo.in

PU/Exam/Med./MBBS/E5/2023-24/ 1552

दिनांक/Date: 02.02.2024

To
The Dean / Principal
SMVMC/SVMC/PIMS/IGMC/ANIIMS
Puducherry / Port Blair

Sir,

Sub: Pondicherry University – Conduct of IV Year (Regular) MBBS Degree
Examinations, Feb/March 2024 Session – Time-Table forwarded – Reg.

I am directed to forward herewith the Theory & Practical Time Table for Conduct of IV Year (Regular) MBBS Degree Examinations, February/March 2024 session. I request you to kindly verify and let us know with justification, required changes, if any, immediately. If no reply is received on or before 08.02.2024, this time table will be treated as final.

Important dates to be adhered by the colleges:

Online Registration opens on	:	06.02.2024
Online Registration closes on	:	08.02.2024
Last date for submitting payment details to University by the colleges.	:	15.02.2024
Date of commencement of online entry of Internal Assessment marks	:	20.02.2024
Closing of online entry of Internal assessment marks	:	22.02.2024
Hall Ticket generation opens on	:	23.02.2024
Date of commencement of Theory Exam	:	28.02.2024
Date of completion of Theory Exam	:	13.03.2024

DR. KACIVELAN

SRI MANA
MEDICAL COLLEGE
KALITHEE, THALKUPPOM,
PUDUCHERRY-605107.

-P.T.O-

Date of commencement of Practical Exam [Tentative] : 20.03.2024
Date of completion of Practical Exam : 28.03.2024

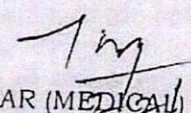
The college should submit the hard copy of the application duly filled in and signed by the student concerned along with the prescribed fee and countersigned by the Dean / Director of the Institution.

The subject wise tentative practical schedule for February/March, 2024 session may be submitted at the earliest for further processing at our end.

Further, the college should not permit the Students who are not having sufficient IA Marks as per regulations to register the Examination.

The receipt of this letter with its enclosures may kindly be acknowledged.

Yours faithfully,


ASSISTANT REGISTRAR (MEDICAL) 24

Copy to:

1. The P.S. to Controller of Examinations
2. A.R. [Confidential Section] – With a request to follow the QP Code as mentioned in the Time Table while printing the Question Papers.
3. A.R. [Finance] – To provide required advance and stationery.
4. The STA [Computer Section], Exam Wing - to comply with the above schedule & host the Time Table in the Examination Portal and ensure the following:
 - i) To follow the QP Code as mentioned in the Time Table while printing the Date war Scheme and other related materials.
 - ii) To provide Date war with Galley Sheet to the Section on 20-02-2024 without fail.
 - iii) To provide IA mark details to the Section on 23-02-2024.

E-mail id: medicalsection1985@yahoo.in

Phone: 0413-2654232, 2654819

Dr. KACVE. R.N

DEAN
SRI MANAKALUNAYAGAR
MEDICAL COLLEGE HOSPITAL
KALITHURUPPAM,
TAMILNADU-605107.



PONDICHERRY UNIVERSITY
EXAMINATION WING

IV M.B.B.S. DEGREE EXAMINATION, FEBRAURY/MARCH 2024
TIME-TABLE - THEORY EXAM

FINAL YEAR (PART II) (2019-2020 Batch (**CBME**))

Time: 2.00 to 5.00 P. M

Date	Day	Sess.	Time	Subject	Q. P. CODE
28.02.2024	Wednesday	A.N.	2.00 to 5.00	GENERAL MEDICINE-I	6540401
01.03.2024	Friday	A.N.	2.00 to 5.00	GENERAL MEDICINE-II	6540402
04.03.2024	Monday	A.N.	2.00 to 5.00	GENERAL SURGERY-I	6540403
06.03.2024	Wednesday	A.N.	2.00 to 5.00	GENERAL SURGERY-II	6540404
08.03.2024	Friday	A.N.	2.00 to 5.00	OBSTETRICS & GYNAECOLOGY-I	6540405
11.03.2024	Monday	A.N.	2.00 to 5.00	OBSTETRICS & GYNAECOLOGY-II	6540406
13.03.2024	Wednesday	A.N.	2.00 to 5.00	PAEDIATRICS	6540407

FINAL YEAR (PART II) (2017-2018 Batch (**NON-CBME**))

Time: 2.00 to 4.00 & 5.00 PM

Date	Day	Sess.	Time	Subject	Q. P. CODE
28.02.2024	Wednesday	A.N.	2.00 to 5.00	GENERAL MEDICINE-I	6140401
01.03.2024	Friday	A.N.	2.00 to 5.00	GENERAL MEDICINE-II	6140402
04.03.2024	Monday	A.N.	2.00 to 5.00	GENERAL SURGERY-I	6140403
06.03.2024	Wednesday	A.N.	2.00 to 5.00	GENERAL SURGERY-II	6140404
08.03.2024	Friday	A.N.	2.00 to 4.00	OBSTETRICS & GYNAECOLOGY-I	6140405
11.03.2024	Monday	A.N.	2.00 to 4.00	OBSTETRICS & GYNAECOLOGY-II	6140406
13.03.2024	Wednesday	A.N.	2.00 to 4.00	PAEDIATRICS	6140407

FINAL YEAR (PART II) (Prior to 2017-2018 Batch (**NON-CBME**))

Time: 2.00 to 5.00 PM

Date	Day	Sess.	Time	Subject	Q. P. CODE
28.02.2024	Wednesday	A.N.	2.00 to 5.00	GENERAL MEDICINE-I	MU341R
01.03.2024	Friday	A.N.	2.00 to 5.00	GENERAL MEDICINE-II	MU342R
04.03.2024	Monday	A.N.	2.00 to 5.00	GENERAL SURGERY-I	MU343R
06.03.2024	Wednesday	A.N.	2.00 to 5.00	GENERAL SURGERY-II	MU344R
08.03.2024	Friday	A.N.	2.00 to 5.00	OBSTETRICS & GYNAECOLOGY-I	MU345R
11.03.2024	Monday	A.N.	2.00 to 5.00	OBSTETRICS & GYNAECOLOGY-II	MU346R
13.03.2024	Wednesday	A.N.	2.00 to 5.00	PAEDIATRICS	MU347R

PRACTICAL SCHEDULE [TENTATIVE]:

IV MBBS : 20.03.2024 to 28.03.2024

ASSISTANT REGISTRAR (MEDICAL)

Dr. KANNE. R.N

DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE HOSPITAL
KALITHEERU KUPPAM,
PUDUCHERRY-605107.



புதுவைப் பல்கலைக்கழகம்
पांडिच्चेरी विश्वविद्यालय

PONDICHERRY UNIVERSITY
(மத்திய பல்கலைக்கழகம்/கேਂரீய விஸ்வவிद्यालय/ A Central University)
தேர்வு பிரிவு/பரீक्षा ச்க்ந்த/Examination Wing

கு .முருகன்
உதவி பதிவாளர் (மருத்துவ பிரிவு)
கு முருகன்
सहायक कुलसचिव (चिकित्सा अनुभाग)
K. MURUGAN
ASSISTANT REGISTRAR (MEDICAL SECTION)

ஆர்.வி.நகர்/ ஆர்.வி.நகர்/ R.V. NAGAR
காலாபேட் / காலாபேட்/KALAPET
புதுச்சேரி/ புதுச்சேரி/ PUDUCHERRY-14
தூ.பி./Phone :(Off.)0413-2654546
ई-मेल / E-mail: medicalsection1985@yahoo.in

PU/Exam/Med./MBBS/E5/2023-24/1559

दिनांक/Date: 08.02.2024

To
The Dean / Principal
SMVMC/SVMC/PIMS/IGMC/ANIIMS
Puducherry / Port Blair

Sir,

Sub: Pondicherry University – Conduct of II & III Year MBBS Degree
Examinations (Regular), Feb/Mar, 2024 session – **Revised** Time-Table
forwarded – Reg.

Ref: This officer letter No. 1) PU/CE/Med/E-5/2024/1530 dt.09.01.2024
2) PU/CE/Med/E-5/2024/1539 dt.20.01.2024

With reference to the subjected cited above, I am to forward herewith the Theory & Practical revised Time Table for Conduct of II & III Year MBBS Degree Examinations, Feb/Mar, 2024 (Regular) session. Further, I request you to kindly verify and let us know with justification, required changes if any, immediately. If no reply is received on or before 12.02.2024, this time table will be treated as final.

Important dates to be adhered by the colleges:

Online Registration opens on	:	15.02.2024
Online Registration closes on	:	20.02.2024
Last date for submitting payment details to University by the colleges.	:	22.02.2024
Date of commencement of online entry of Internal Assessment marks	:	26.02.2024
Closing of online entry of Internal assessment marks	:	28.02.2024
Hall Ticket generation opens on	:	01.03.2024
Date of commencement of Theory Exam	:	05.03.2024
Date of completion of Theory Exam	:	22.03.2024
Date of commencement of Practical Exam [Tentative]	:	01.04.2024
Date of completion of Practical Exam	:	09.04.2024

-P. T. O.

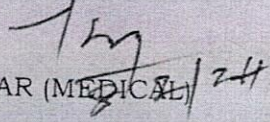
The college should submit the hard copy of the application duly filled in and signed by the student concerned along with the prescribed fee and countersigned by the Dean / Director of the Institution.

The subjectwise tentative practical schedule for Feb/Mar, 2024 (Regular) session may be submitted at the earliest for further processing at our end.

Further, the college should not permit the Students who are not having sufficient IA Marks as per regulations to register the Examination.

The receipt of this letter with its enclosures may kindly be acknowledged.

Yours faithfully,

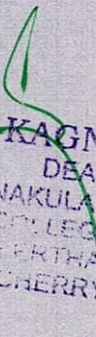

ASSISTANT REGISTRAR (MEDICAL) 24

Copy to:

1. The P.S. to Controller of Examinations
2. A.R. [Confidential Section] - With a request to follow the QP Code as mentioned in the Time Table while printing the Question Papers.
3. A.R. [Finance] - To provide required advance and stationery.
4. The STA [Computer Section], Exam Wing - to comply with the above schedule & host the Time Table in the Examination Portal and ensure the following:
 - i) To follow the QP Code as mentioned in the Time Table while printing the Date war Scheme and other related materials.
 - ii) To provide Date war with Galley Sheet to the Section on 21-02-2024 without fail.
 - iii) To provide IA mark details to the Section on 29-02-2024.

E-mail id: medicalsection1985@yahoo.in

Phone: 0413-2654232, 2654819


Dr. KAGNE. R.N
DEAN

MANAKULA VINAYAGAR
COLLEGE & HOSPITAL
BERTHALKUPPAM,
KUDLCHERRY-605107.



PONDICHERRY UNIVERSITY EXAMINATION WING

II M.B.B.S. DEGREE EXAMINATION, FEBRUARY/MARCH 2024 SESSION
REVISED TIME-TABLE - THEORY EXAM

SECOND YEAR (2019-2020 Batch onwards)

Time: **10.00 A.M. to 1.00 P. M.**

DATE	DAY	SESSION	TIME	SUBJECT	Q. P. CODE
05.03.2024	Tuesday	F.N.	10.00 to 1.00	PATHOLOGY-I	6540201
07.03.2024	Thursday	F.N.	10.00 to 1.00	PATHOLOGY-II	6540202
12.03.2024	Tuesday	F.N.	10.00 to 1.00	MICROBIOLOGY-I	6540203
14.03.2024	Thursday	F.N.	10.00 to 1.00	MICROBIOLOGY-II	6540204
18.03.2024	Monday	F.N.	10.00 to 1.00	PHARMACOLOGY-I	6540205
20.03.2024	Wednesday	F.N.	10.00 to 1.00	PHARMACOLOGY-II	6540206

SECOND YEAR (2017-2018 & 2018-2019 Batch)

Time: **10.00 A.M. to 12.00 Noon**

DATE	DAY	SESSION	TIME	SUBJECT	Q. P. CODE
05.03.2024	Tuesday	F.N.	10.00 to 12.00	PATHOLOGY-I	6140201
07.03.2024	Thursday	F.N.	10.00 to 12.00	PATHOLOGY-II	6140202
12.03.2024	Tuesday	F.N.	10.00 to 12.00	MICROBIOLOGY-I	6140203
14.03.2024	Thursday	F.N.	10.00 to 12.00	MICROBIOLOGY-II	6140204
18.03.2024	Monday	F.N.	10.00 to 12.00	PHARMACOLOGY-I	6140205
20.03.2024	Wednesday	F.N.	10.00 to 12.00	PHARMACOLOGY-II	6140206
22.03.2024	Friday	F.N.	10.00 to 12.00	FORENSIC MEDICINE	6140207

SECOND YEAR (Prior to 2017-2018 Batches)

Time: **10.00 A.M. to 1.00 P. M.**

DATE	DAY	SESSION	TIME	SUBJECT	Q. P. CODE
05.03.2024	Tuesday	F.N.	10.00 to 1.00	PATHOLOGY-I	MU321R
07.03.2024	Thursday	F.N.	10.00 to 1.00	PATHOLOGY-II	MU322R
12.03.2024	Tuesday	F.N.	10.00 to 1.00	MICROBIOLOGY-I	MU323R
14.03.2024	Thursday	F.N.	10.00 to 1.00	MICROBIOLOGY-II	MU324R
18.03.2024	Monday	F.N.	10.00 to 1.00	PHARMACOLOGY-I	MU325R
20.03.2024	Wednesday	F.N.	10.00 to 1.00	PHARMACOLOGY-II	MU326R
22.03.2024	Friday	F.N.	10.00 to 1.00	FORENSIC MEDICINE	MU327R

Dr. KAGIE, R.N

ASSISTANT REGISTRAR (MEDICAL)

SRI MANI
MEICA
KOLLET
PUDUCHERRY-605007.



PONDICHERRY UNIVERSITY
EXAMINATION WING

III M.B.B.S. DEGREE EXAMINATION, FEBRUARY/MARCH, 2024 SESSION
REVISED TIME-TABLE - THEORY EXAM

THIRD PROFESSIONAL (2019-2020 CBME Batch)

Time: 2.00 P.M to 5.00 P. M

DATE	DAY	SESSION	TIME	SUBJECT	Q. P. CODE
05.03.2024	Tuesday	A.N.	2.00 to 5.00	COMMUNITY MEDICINE-I	6540301
07.03.2024	Thursday	A.N.	2.00 to 5.00	COMMUNITY MEDICINE-II	6540302
12.03.2024	Tuesday	A.N.	2.00 to 5.00	OPHTHALMOLOGY	6540303
14.03.2024	Thursday	A.N.	2.00 to 5.00	OTO-RHINO-LARYNGOLOGY	6540304
18.03.2024	Monday	A.N.	2.00 to 5.00	FORENSIC MEDICINE & TOXICOLOGY	6540305

THIRD YEAR (PART-I) (2017-18 & 2018-19 Batch)

Time: 2.00 to 4.00 & 5.00 P. M

Date	Day	Sess.	Time	Subject	Q. P. CODE
05.03.2024	Tuesday	A.N.	02.00 to 05.00	COMMUNITY MEDICINE-I	6140301
07.03.2024	Thursday	A.N.	02.00 to 05.00	COMMUNITY MEDICINE-II	6140302
12.03.2024	Tuesday	A.N.	02.00 to 04.00	OPHTHALMOLOGY	6140303
14.03.2024	Thursday	A.N.	02.00 to 04.00	OTO-RHINO-LARYNGOLOGY	6140304

THIRD YEAR (PART-I) (Prior to 2017-2018 Batches)

Time: 2.00 to 5.00 P. M

Date	Day	Sess.	Time	Subject	Q. P. CODE
05.03.2024	Tuesday	A.N.	2.00 to 5.00	COMMUNITY MEDICINE-I	MU331R
07.03.2024	Thursday	A.N.	2.00 to 5.00	COMMUNITY MEDICINE-II	MU332R
12.03.2024	Tuesday	A.N.	2.00 to 5.00	OPHTHALMOLOGY	MU333R
14.03.2024	Thursday	A.N.	2.00 to 5.00	OTO-RHINO-LARYNGOLOGY	MU334R

PRACTICAL SCHEDULE [TENTATIVE]:

II MBBS : 01.04.2024 to 09.04.2024

III MBBS : 01.04.2024 to 09.04.2024

ASSISTANT REGISTRAR (MEDICAL)

Dr. KATNE. R.N.
DEAN
SRI MANJUNATHAN
MEDICAL COLLEGE
KALITHEEVA
PUDUCHERI
605 007



No. U-14021/01/2024-UGMEB Government of
India
National Medical Commission
(Under Graduate Medical Education Board)



Pocket- 14, Sector- 8,
Dwarka, Phase-1, New Delhi-77

Date: 6th February, 2024

PUBLIC NOTICE

All Medical Colleges/Institutions/Deemed Universities are hereby directed to furnish the Video Recording of the forth coming annual Examinations for every phase of MBBS (1st MBBS, 2nd MBBS, 3rd-First MBBS and 3rd-Final) to be conducted by respective Colleges/Institutions/Deemed Universities alongwith completed STANDARD ASSESSMENT FORM- C (copy enclosed) through electronic link such as Google, Share point etc. to National Medical Commission on designated e-mail ug.exam@nmc.org.in immediately after the completion of the Examination.

2. Further, it is intimated that the submission of above information is necessary for considering the proposals for grant of renewal of permissions. Failing of submission of above required recording/documents shall invite appropriate action as deemed fit.

3. All permitted seats stand recognized as per MSMER 2023 dated 19th September, 2023.

(Shambhu Sharan Kumar)
Director, UGMEB

Signed by

Shambhu Sharan Kumar

Date: 06-02-2024 18:44:38

Dr. KAGNE. R.N
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

NATIONAL MEDICAL COMMISSION

STANDARD ASSESSMENT FORM

FORM – C

File No: / Assessment No.:

Name of Course :

Name of Subject :

Name of College :

Name of University :

Place of examination :

Date/s of examination :

1. ASSESSORS

Sl.	Name	Official address	Mobile No.	email address

Assessment order/letter number:

Dr. K. R. N.
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEENTHALKUPPAM,
PUDUCHERRY-605107

2. REPORT OF PREVIOUS ASSESSMENT

Deficiencies pointed out in the last Assessment/ if any	Remarks

A. Scheme of Examination

Marks allotted

Minimum passing marks

1. Theory:
 - Final examination :
 - Internal assessment :
 - Total for Theory :
2. Clinical/practical:
 - Final examination :
 - Internal assessment :
 - Total for Practical :
3. Viva-voce:
 - Final examination :
 - Internal assessment :
 - Total for Viva-voce :

Grand Total :**B. Theory (Attach 1 copy of each of the papers)**

1. Theory paper:

Subject:

Time: __ Hrs.

Date of exam:

No. 1:

No. 2:

2. Place of conduct of exam. :

3. Invigilation arrangements :

4. No. of candidates appeared :

DE. KAGNE
DEAN
SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

C. Remarks by the Assessor/s regarding:

- a) Nature of the questions—MCQs/SAQs/Structured Essay type/Long answers:
- b) Type of Questions – Recall based/Application based/Problem based:
- c) Standard of questions - level of difficulty: Easy / Moderate / Difficult:
- d) Do they broadly cover the prescribed curriculum?
- e) Standard of the answers: (On a scale of 10 where 0 = Very poor and 10 = Outstanding)
- f) Internal assessment marks (to be reviewed by the assessors) that have contributed to final examination:
- g) Method/pattern of examination of internal examinations conducted during the course of training/study (to be clearly stated):
- h) Have the Internal assessment marks influenced the final examination?

II. PRACTICAL / CLINICAL EXAMINATION:**PRACTICAL**

- a) Conduct of the practical examination (provide details including OSCE).
- b) Does the practical examination broadly cover the discipline?
- c) Time allotted for different sections of the examination (Provide details).
- d) Details of examiners: (please attach brief cv of the examiners).

Note: Provide this information in a sealed envelope marked confidential.

Names	Qualification	Designation	Years of Experience as UG Teacher / Examiner
Internal examiners			
External examiners			

- e) Mode of practical examination: In batches or otherwise and number of students per day (Provide details)

Dr. KAGNE. R.N

DEAN

SRI MANAKULA VINAYAGAR
MEDICAL COLLEGE & HOSPITAL
KALITHEE THALKURPANI,
PUDUCHERRY-605007

- f) Are there other examination centers in the same University: Yes /No
- If yes, provide details.
- g) Do the same examiners conduct the examination in other centers too? Yes/No
- If not. what steps are taken to ensure uniformity of standards? Are meetings of the examiners being conducted and guidelines are given by the University)
- h) Date of Examination in different centers
- i) Date and time when the examination was inspected by the assessors
- j) Are the invigilation arrangements satisfactory?
- k) No. of candidates appeared.
- l) Number and type of practical exercises allotted to candidates (enclose copy of questions/tasks)
- m) The standard displayed (On a scale of 10 where 0 = Very poor and 10 = Outstanding)
- n) Minimum marks required for passing:

PRACTICAL

1. No of Long cases
2. No of Short cases
3. How many cases were given to each candidate – long and short cases?
4. Type of cases given (attach list of long and short cases)
5. Average time for (long cases and short cases) for each Candidate.
 - a. Time for examining the patient
 - b. Time for discussion fixed time or changed as per the answers of the candidate.
6. How was the assessment done?
7. Standard displayed by candidates in general in the clinical part of the examination.(On a scale of 10 where 0 = Very poor and 10 = Outstanding)
8. Nature of Discussion of case by the candidate – level of difficulty of questions (On a scale of 10 where 0 = Very easy and 10 = very difficult)
 - a. Number & type of questions (a copy of the question asked by the examiners may be attached)

Dr. KAGNE, R.N.
DEAN
SRI MANAKULA VINAYAK
MEDICAL COLLEGE & HOSPITAL
KALITHEERTHALKUPPAM,
PUDUCHERRY-605107.

- b. Have all the candidates been uniformly examined and grades or marks awarded as per merit of the question?
 - c. Was the discussion fair, searching and sufficient for the assessment of practical knowledge and skills?
 - d. Was the atmosphere friendly and allowed the candidates to express themselves freely?
 - e. Were supplementary questions asked by the examiners to gauge the depth of knowledge of the candidates?
9. Was the assessment done jointly by more than one Examiner?
10. How many marks are allotted for clinical examination?
11. What is the minimum percentage for passing the clinical part?
12. Are marks obtained in regular internal examinations added on to the marks obtained in the final clinical examination?
13. Were any other marks from their course of training, or clinical works done in the wards added to the marks obtained in the final clinical examination?
14. If so, to what extent (in percentage of marks)?
15. Has it influenced the result at the final examination?

(Method of assessment of clinical work in the wards may be clearly stated).

VIVA-VOICE

1. The content of the interaction (Give extent of coverage of subject)
2. How was it conducted (provide details)?
3. What was the standard? (On a scale of 10 where 0 = Very poor and 10 = Outstanding).

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4. What was the nature of assessment?
5. Was it done jointly by more than one examiner?
6. How are the marks obtained in different parts of the examination grouped?
7. What is the minimum for passing in each section and in the grand total?
8. Results for the last three years.
9. No. of students appeared?
10. No. of students passed?
11. Other remarks if any.

Conclusions :

Was the standard sufficient for the M.B.B.S. examination as required by Regulations of the Medical Council of India/National Medical Commission?

Was the examination conducted satisfactorily to the assessor?

If not, the reasons to be mentioned:

Observations of the assessors are to be made in assessment report only.

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